

Community Health Center, Inc.

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Testimony Submitted to the Insurance and Real Estate Committee
by Marcia Stein, MS, Vice President for Fiscal Analysis
in support of

SB13, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR TELEMEDICINE SERVICES.

February 16, 2012

Good afternoon, Chairs of the Insurance Committee, Senator Crisco and Representative Megna. On behalf of the Community Health Center, Inc., headquartered in Middletown, CT., I am submitting my strong support, on behalf of the Community Health Center, Inc., for this forward-looking legislation which recognizes that the future of health care requires new approaches to ensure access to critical health services, reduce waste, waits, and delays, improve health outcomes, and lower overall costs.

The Community Health Center, Inc. is a statewide Federally Qualified Health Center (FQHC) focused on special populations and improving health outcomes. Our 130,000 patients count on us for clinically excellent primary care, wherever they are in Connecticut. They also count on us to ensure that they receive the benefit of specialty consult for the purpose of diagnosis, treatment, or management when their health problem cannot be fully resolved by the primary care provider teams at CHC.

Last year, CHC made more than 12,000 referrals to specialists: cardiology, endocrinology, rheumatology, nephrology, dermatology, and others. As you know, patients who utilize community health centers are more likely to suffer from one or more chronic illnesses, be low-income, and face language, literacy, and transportation barriers in accessing care, while suffering from health disparities. Our focus is to eliminate these barriers and ensure that each patient gets the full standard of care.

We face enormous challenges in connecting our patients to specialists for several reasons:

- 1) A limited number of specialists accept Medicaid or uninsured patients who are unable to pay for the service
- 2) The willing treating specialist may be hours and miles away from where the patient lives
- 3) The wait time for an appointment may exceed what is clinically advisable
- 4) When the patient does get to the specialist, too often we find that the specialist will require additional testing—and additional visits—prior to being able to fully evaluate and treat the patient.
- 5) In many cases, patients face language barriers when they do get to the specialist office.

In other words these challenges amount to waits, waste, delay and an inability to fulfill our mandate to provide the right standard of care for every patient, every time.

There is a better way, and it has been used successfully, in many states across the country and particularly in California and Massachusetts, and it is through telemedicine. In these states, telemedicine for numerous specialty services has been shown to be clinically and cost-effective.

SB 13 would make it possible to select the right and needed level of specialist input. Sometimes that is through electronic data sharing, in which the patient's information—the clinical problem/question, labs, meds, diagnostic images—are sent by the Primary Care Provider to the specialist, instead of the patient being sent. The specialist reviews, renders an expert opinion ranging from get additional testing and re-consult, stay the course or adjust/change medication/management, or send the patient—he/she needs to be seen. Telemedicine by videoconference takes patient care to another level, in which the specialist can “see” the patient directly, in the primary care office, and consult with both patient and primary care provider. Sometimes the specialist is within CHC, as when we need to connect a Spanish-speaking child psychiatrist in our Middletown office with a child being seen by a therapist across the state in our Danbury office.

In each situation, we can better meet our goals as a patient centered medical home: ensuring the right care, at the right time, in the best place.

CHC has already undertaken this work, on a pilot basis, without reimbursement, in order to demonstrate the value of telemedicine in an FQHC. Based on the work of colleagues in California in both eConsults (we brought Dr. Mitch Katz of San Francisco to speak to the Primary Care Access Authority a few years ago about the outcomes of their innovation in this area) and telemedicine by videoconnection, we are currently conducting a formal study at CHC looking at the outcomes of eConsults in cardiology. We have recently published three articles in peer-reviewed Journals outlining the successes of a telemedicine pilot with Yale for screening patients with diabetes for diabetic eye disease. The papers, published in the Journal of Healthcare for the Poor and Underserved, Diabetes Spectrum, and Connecticut Medicine further support the need for this type of service, and a very clear cost-benefit for telemedicine.

SB 13 is a long awaited “next step” in our quest for better care, better outcomes, at lower cost and we applaud the General Assembly for considering this legislation—and for ultimately adding Medicaid to the insurers to which it pertains-- and express our full support.