



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home
Before the Insurance and Real Estate Committee

February 3, 2015

**To SUPPORT Proposed SB 5:
*AAC HEALTH INSURANCE COVERAGE FOR TELEMEDICINE SERVICES***

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, my name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with over 30 years experience in home health, hospice, long term and acute care.

The Association represents 62 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home.

Collectively, our agency providers deliver care to more Connecticut residents each day than those housed in CT hospitals and nursing homes combined. As a major employer with a growing workforce, our on-the-ground army of 17,000 home health care workers is providing high-tech and tele-health interventions for children, adults and seniors.

We SUPPORT the expansion of the use of telemedicine and the need for health insurance coverage for such services.

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. The use of telemedicine has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies, private physician offices as well as consumer's homes and workplaces.

Examples include:

- Transmission of medical images (wound photos or xrays) between healthcare centers for diagnosis across distance
- Tele-consultation: Provision of knowledge or experience of an expert across distance (e. g. teleradiology)



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- **Diagnosis at distance:** Diagnosis of a patient by a physician at distance (e. g. telecardiology)
- **Telemonitoring:** Supervision of a patient and his data at distance, who is not in the hospital and/or clinic (e. g. diabetes patients, patients with heart insufficiencies)
- **Tele-learning:** Education and training of patients and/or professionals at distance (Health coaching)

Today, nearly half of our home health agencies use telemonitors (a form of telemedicine) in their clients' homes to remotely monitor blood pressure, weight, blood glucose, EKGs, and oxygen levels. Through close monitoring and communication with the physician, we can catch an early warning sign, such as a sudden rise in blood pressure or weight, and treat it before it becomes a bigger problem such as hospitalization.

Used for nearly two decades in home health, this proven, cost-effective approach to health care is not reimbursed from insurance companies, Medicare or Medicaid. Yet, home health providers have embraced the use of this technology, despite the out-of-pocket cost to the agency, simply because it works - and it's the right thing to do for the individual.

Local and national studies have found that telemedicine:

- Reduces costly hospitalizations
- Improves the quality of life for individuals receiving care at home
- Enables self-care education and intervention
- Improves depression symptoms
- Is cost-effective and saves millions of dollars across the health continuum
- Produces positive outcomes for patients

As the state of Connecticut increases the number of residents receiving health care at home and aging in place, the cost-benefit of this shift will only be achieved by reimbursing the increased use of telemedicine and technology.

Please reach out to us as a resource for additional information at any time.

Thank you.