



**Testimony Regarding the Provision of Telemedicine Service
Public Health Committee**

Senate Bill 246 An Act Defining and Establishing Standards for Telemedicine

Senate Bill 467 An Act Concerning the Facilitation of Telemedicine Services

House Bill 6487 An Act Concerning Standards for Telemedicine Services

February 23, 2015

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the physicians and physicians in training of the organizations listed above, thank you for the opportunity to present this testimony to you today in support proposed legislation before you today seeking to set standards, establish guidelines and facilitate to proper provision o telemedicine service to our patient.

Increasingly, within the transformation of our health care system and with the advent of new technologies, physicians are spending more time providing services to patients outside of the traditional face to face encounter in the office setting. Unfortunately, as these new forms of care delivery develop, no standards or guidelines exist in state statute. However, many efforts have been initiated both locally and nationally to ensure the proper use of telemedicine services when they are in the best interest of a patient and proscribed by the treating physician to supplement and not supplant or replace existing local care options and modalities. National entities such as the Federation of State Medical Boards and the American Medical Association have spent significant time and resources developing policy for the appropriate use of telemedicine services in medicine. Any comprehensive legislation on telemedicine must put in place guidelines for its appropriate use and delivery in order to maximize patient safety while attempting to increase access to health care services.

Connecticut State Statute currently and appropriately requires any physician providing telemedicine services to hold a Connecticut license through the Department of Public Health (DPH). Obviously, this makes sense because standards of practice and care that are in place in Connecticut may not be as rigorous or specific elsewhere. However, should the use of telemedicine services for medical care in Connecticut proliferate, it is foreseeable that a significant amount of medical services be provided by physicians licensed in the state, but with no connection to the state or tie to our communities- both in terms of patients and their treating local physicians. With no clear guidelines for use of telemedicine services in place in Connecticut, some commercial insurers are unfortunately using their own telemedicine models. Yet, these telemedicine models present a scenario in which no connection or relationship exists between physician and patient. In addition, no real connectivity exists to the local healthcare system and no parameters exist for such critical aspects of care such as the prescribing of medications, transparency of who is providing evaluative services online or the ability for the patient and his/her Connecticut treating physician to get access to medical records of the online encounter. In some systems currently in use the ability to reach again that online physician for follow up care or questions does not exist.

Shifting a significant amount of medical care out of state, and even out of country, is not in the best interest of Connecticut's economy, health care delivery system or Connecticut residents and could result in further access barriers for the patients of Connecticut. As we all work hard to try to encourage newly

trained physicians to come to Connecticut, as well as retain those presently practicing or receiving training in Connecticut, what message does it send that we allow the proliferation of care provided from outside of the state for our patients? If nothing else, we want to highlight that the need and demand for in state care is great and will support more well trained and qualified physicians in primary care as well as medical specialty areas of clinical focus to address the increasing demand for medical services with the associated reduction in supply of qualified physicians.

The use of out of state resources for the provision of telemedicine services also raises questions how it may, or rather would impact the existing physician patient relationship associated with the provision of medical care in Connecticut. First, its use should require the establishment of a physician patient relationship. In most situations it should require a face to face care episode first for patients, especially patients with chronic conditions that require additional care management and care coordination at the local level. Parameters should exist for follow up care and the continuity of care if telemedicine is employed. In all situations there must be transparency as to who is providing the care through telemedicine services. Patients must know the credentials, license level, and even location of any person providing services. Consideration must also be given to the frequency of follow up face to face in encounters to ensure that the care modality or treatment regimen is both being followed and effectively treating the medical condition identified. Telemedicine services should be seen as an adjunct to comprehensive, integrated care, not a substitute- it is to supplement the ongoing and necessary medical care of a well trained and qualified local physician or other health care professional. There is already a concern that the electronic medical record has taken away from patient communications and patient care. How will telemedicine services fit in and work so that the patient is not further removed from the local treating physician and the evaluation of the treatment plan?

Although not contemplated in the proposed legislation before you today, important issues that need to be considered relate to the location of both care and billing. Acceptable locations for services to be provided to patients such as in a home or office setting or simply another, remote care facility that would presume to have a connection should be specified. There must be some provision for documenting and preserving the critical elements of the encounter so they may ultimately be integrated into the patient's medical record, either in commonly used Electronic Medical Record (EMR) format or by preservation of the entire video interaction. Also, the need exists for a contract or employment arrangement with the physician providing telemedicine services. Specific guideline would answer such questions as could a patient simply sign on to their computer from their home and receive these services or would and should other clinical and care professionals be included in the telemedicine episode so that the patient has some local evaluation and if necessary medical care. Also, if medical care is to be provided at a remote care site, guidelines should identify the party responsible for the appropriate billing for services, the physician providing remote services or the facility in which the patient was located when receiving services. More specifically, how in-network and out of network situations work if the telemedicine physician is remote and in another state while the patient is at a health care facility in state and in network must be addressed. Whatever model is eventually employed for telemedicine services for patient encounter or physician consultation, in network physicians should not be limited from providing these services locally. The benefits of a robust local network with physicians of all specialties and subspecialties, should not be diminished or further degraded by allowing access only to an out of network telemedicine benefit.

Telemedicine services must be integrated in to the current and evolving health care delivery and payment system in Connecticut. Services must also include parity in services available that many of us have strived to obtain for behavioral and mental health services. Telemedicine services provided properly can offer a cost effective and efficient manner for the provision of necessary and timely care when it can be done safely through indirect patient care with appropriate communication services that offer patient privacy, security and confidentiality protections. Telemedicine services could also be used to supplement and support medical trials, reducing the amount of time and distance to get into the study facility for evaluation of treatment modalities and the impact of experimental treatment options. However, the use of

telemedicine services must be clearly defined and in the best interest of patients and include the physicians of Connecticut who provide their care. We do not want any disincentive for physicians to remain in practice in Connecticut or come to this great state to provide patient care services. Furthermore, as we all work hard to develop a highly integrated and equitable healthcare system, we must not create a subset of the patient population, whether that subset is defined by geography, condition or socioeconomic status (income), to receive one level or form of patient care while another segment receives more direct and face to face medical care. The last thing we want to do in Connecticut is further bifurcate the health care delivery system and more specifically access to medical care services provided by well trained and experienced physicians.

The Connecticut State Medical Society (CSMS) welcomes the opportunity to work with members of this committee in the development of legislation that addresses need for the establishment of appropriate standards and guidelines for the delivery of telemedicine services.