



Testimony delivered by Liane M. Smith RN, BSN Telemonitor Nurse/Population Health Manager at Hartford Healthcare at Home formerly VNA Healthcare

Before the Human Services Committee,

February 10 2015

Proposed Bill 6149

Testimony in Support of:

HB 6149 an Act Concerning Medicaid Coverage of Telemonitoring Services

Good afternoon Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Liane Smith and I am a practicing registered nurse in the State of Connecticut and have been for the past 19 years. For the past 12 years, I have been the primary telemonitor nurse for Hartford Healthcare at Home and have had the privilege of caring for patients using this phenomenal technology and assisting in growing the program to its current state.

When I started with the agency, the program was only 11 months old and we had 20 patients on the monitor. We now have 360. My role includes triaging patients using the telemonitor system which provides vital signs such as the patient's blood pressure, heart rate, oxygenation and weight. Questions are asked via the telemonitor according to the patient's specific diagnosis for further triage. I determine if their condition warrants the need for emergent care, an intervention such as coordinating an appointment for a MD assessment, or the need for a nursing visit. I am also watching trends for chronic disease management, for example the diagnosis of heart failure, to decrease emergency room visits and avoid re-hospitalization. Our re-hospitalization rate over the past year ranged from 7% to 13% compared to the state average of 17% and national average of 16% overall.

In the last four months my role has expanded to incorporate a new population health model which includes identifying the service needs of the patient immediately at the start of care and implementing those services as soon as possible to address the needs of the patient and families. Many of our patients are complex with multiple diagnoses and co-morbidities. These services may include but are not limited to a wound specialist, social work intervention, physical, occupational or speech therapy, Meals on Wheels and this also includes implementing telemonitoring. Many homecare patients are complicated: they may have an IV medication infusion, peritoneal dialysis in the home and there are many patients with social and psychological issues due to substance abuse and poverty.

There are many stories that I can tell you of my experience using telemonitoring to improve the quality of care for our patients. It may be as simple as sending a nurse to check on a patient with a history of extremely low blood sugars who did not use his telemonitor the day his blood sugar was critically low; sending a patient to his doctor due to heart palpitations after open heart surgery; monitoring a patient who is on the heart transplant list; or even calling a patient whose spouse is on hospice care to check in with him that day. By using the telemonitor device we are also teaching and encouraging self-care which is empowering our patients.

There is a high cost of caring for these complex patients. As more complex patients require care at home, we will have to address this need in a fiscally viable manner. The telemonitor is a cost effective way to provide enhanced quality care to patients using a proactive approach rather than waiting for the next hospitalization or crisis which can cost thousands.

Please consider supporting this bill to offer Medicaid coverage for home health telemonitoring.

Thank you,

Liane M. Smith RN
Liane.smith@hhchealth.org