



CONNECTICUT PHYSICAL THERAPY ASSOCIATION

A COMPONENT OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

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**Testimony of
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**In support of
S.B. 5, AAC Insurance Coverage for Telemedicine Services**

**Before the Joint Committee on Insurance
February 3, 2015**

Chairperson Crisco, Chairperson Megna, Members of the Insurance & Real Estate Committee. My name is Victor Vaughan and I am a member of the Public Policy Committee for the Connecticut Physical Therapy Association.

First, I would like to thank the Committee for allowing us the opportunity to testify on this issue. The use of telemedicine services and its impact on how we are able to care for our patients is an emerging issue for physical therapists and other health care professionals. We believe that access to this service delivery system will allow for care that can be critically important to a patient's long-term health. As with any health care model, payment for services is integral to patient acceptance and access.

The complex US health care system is under a tremendous amount of pressure. Many traditional health care business models are designed to allow high-volume, low-cost procedures to offset the costs of low-volume, high-cost procedures. An upward shift in the aging population is projected to result in a large increase in demand for health care, and new legislation such as the Affordable Care Act has added uncertainty to the future of health care business models and payment. Telehealth is projected to grow worldwide to 1.8 million users by 2017, according to the World Market of Telehealth.

In physical therapy, our patients/clients are asking for more time-efficient and less costly care models. Their busy lifestyles also can make it difficult for them to attend traditional appointments.

Applications of telehealth in physical therapy already have roots that expand throughout patient/client care and consultation, as it allows PTs to better communicate with patients/clients and provide more flexible care.



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Telehealth will not replace traditional clinical care. However, it will give PTs and PTAs the flexibility to provide services in a greater capacity. Examples:

- Patients typically in clinical or hospital settings could be managed from their homes
- Quicker screening, assessment, and referrals can improve care coordination within collaborative delivery models such as accountable care organizations or patient-centered medical homes
- Telehealth can facilitate consultation between providers or in clinical education

Again, we thank the Committee for allowing us the opportunity to testify on this important issue. I look forward to working with you on this and other issues as the session progresses.