

To: Connecticut General Assembly Joint Committee on Public Health

From: Rosalyn Ben-Chitrit, Managing Director, Sanford Rose Associates – Connected Health (Fairfield, CT)

Regarding: SB 467 - **Standards and Health Insurance Coverage for Telemedicine in Connecticut**

The winter of 2014-2015 has been challenging because of danger winter storms and dangerously cold temperatures. Connecticut residents with health challenges – either chronic or acute – were challenged with getting care because of the perils associated with travel or being outdoors.

But a perilous environment is not the only challenge in getting proper care. The costs and logistics of getting to a physician or other provider can be quite a challenge. People with limited access to transportation, frail individuals, or people whose needs come at times when most clinicians are not readily available are also likely to have problems accessing care at any time of year.

Quality of telemedicine and tele-monitoring from home or remote locations has been proven to be comparable to or more effective than face-to-face care in many cases. The Veteran's Administration Health System has been using the technology for years with outstanding results and improved access to care for beneficiaries. Teleradiology has been used successfully for decades. Simply put, telemedicine technology offers tools to improve healthcare in meaningful ways.

Improves Access

As noted above, the use of telemedicine improves access to care by making it significantly easier for ailing citizens to be seen by a clinician despite inclement weather, transportation challenges or opening hours of provider facilities. The ubiquity of internet access on a computer or mobile device enables patients to access care simply and easily.

In some situations, such as telepsychiatry, patients may find a remote encounter that can be made from the security of their home preferable to an office visit. Feelings of anxiety/shame are eliminated when there is privacy and an ability to get help when shielded from the public eye.

Providers who offer their services through a telemedicine portal should have the same credentials that are required of clinicians who see patients in a face to face modality. Also, though, as in the Veteran's Administration model, it would benefit Connecticut residents if clinicians licensed in other states are permitted to care for them.

Maintains or Improves Quality of Care

Telemedicine facilitates prompt diagnosis and treatment plans. By enabling patients to use a service from the comfort of their home or office, practitioners can sometimes identify issues that are not noticeable in a medical office setting. These observations have, in some cases, made the care of patients receiving services through a telemedicine provider more effective than they would have been if the patient came to the office.

In the instance of remote monitoring of chronically ill patients, keeping fragile and "at risk" patients safely in the comfort of their homes is a benefit that may keep them from hospitalization and reduce the risk of flare-ups. Providing devices, like weight scales, blood pressure monitors and pulse oximeters that transmit readings remotely to physicians (or their proxies) and monitoring their use is an excellent way of spotting a patient who may need to adjust medication or who otherwise might continue backsliding. It enables intervention before the situation worsens.

Reduces Cost

Telemedicine services are, more and more, being made available as part of employer health benefit offerings because they save money. Even “retail” telemedicine providers offer consultations with a medical doctor for fees that usually equal or are close to what a patient would pay out of pocket for a co-pay. In a recent survey I completed, typical pricing was \$49 for a telemedicine visit with a physician. This modest fee for an acute care visit is significantly lower than the price of a doctor’s office, urgent care or Emergency Department visit. Although it is a “soft cost saving”, the telemedicine visit also eliminates the cost of travel to and from the physician office, and enables the patient to remain productive (or at least comfortable) in his/her own environment rather than waiting in a waiting room or exam room.

Breaking Down Barriers to Adoption of Telemedicine

Until now, telemedicine has not been adopted as widely as it could be. The Connecticut legislature has the opportunity to broaden access and improve the quality of care for residents of the state by adopting a few guidelines that address the primary challenges of expansion of this technology, to date. I recommend the following:

- Do not impose on providers who offer telemedicine care any burdens that are greater than those burdens imposed on providers who offer face to face care.
- Require parity of reimbursement from all payers that is equal to reimbursement for face to face encounters for like services.
- Require reimbursement for ongoing remote monitoring for patients with chronic conditions.
- Ensure that medical liability is no different for providers who use telemedicine than it is for providers who only see patients in their offices.
- Enable patients in Connecticut to consult with providers licensed in other states.

Conclusion

Technology is changing most industries in our economy, including those that touch our lives in very important ways. Healthcare is no exception. As in other realms, it is important to embrace progress with open eyes, but also without fear of change. Telemedicine can improve our healthcare system by addressing the three major concerns that have plagued that system for years – and by reducing the negatives associated with them. These include:

- Access
- Quality
- Cost

Consider telemedicine simply as a modality by which the practice of medicine can be offered. There is no need for elaborate rules or standards beyond what is currently in place for other modalities through which clinical care is provided. Moving forward with this in mind will lead to the improved health and welfare of the citizens of Connecticut.