



BA Healthcare Consulting

**Written Testimony of Beka Apostolidis, RN, MS
Owner BA Healthcare Consulting/Telehealth Solutions**

**Before the Joint Committee on Aging
February 25, 2016**

Raised Bill SB 164

**Testimony in Support of:
Proposed SB No 164 An Act Concerning Medicaid Coverage of Telemonitoring Services**

Dear Senator Mae, Representative Serra and honorable members of the Joint Committee on Aging Committee,

My name is Beka Apostolidis and I have been a registered nurse in the state of Connecticut for over nineteen years. I strongly support SB 164, An Act Concerning Medicaid Coverage of Telemonitoring Services. I am currently owner of BA Healthcare Consulting/Focused on Telehealth Solutions. Previously, I worked at Hartford Healthcare at Home as the Cardiac Program Manager. My position including overseeing the telehealth program which utilized over 300 telemonitors.

A telemonitor is a small device that is placed in a patient's home. It includes a scale, pulse oximeter and blood pressure cuff. In addition yes/no questions pertaining to the patient's specific diagnosis can be preprogrammed. The patient is asked to take a set of vital signs at a specific time each morning. The vitals are then transmitted via a phone line or cell tower to a designated central station where specially trained nurses analyze the data in real time. Any vital signs that fall outside the patient's parameters are automatically flagged. If needed a phone call is made to the patient to discuss any symptoms, diet or medication questions or concerns. The telemonitor nurse can also use the data for clinician decisions, including contacting the physician directly to discuss possible clinical interventions.

Telemonitors have numerous benefits to patients, families and healthcare providers. By utilizing telemonitors seven days a week, patients increase their self efficacy. They begin to see how their behavior, medications, diet, etc directly impact their vital sign results. Thus, patients become more vested in their health and healthcare knowledge. As patients increase the adherence to their medical plan, the risk for hospitalization decreases. Telemonitoring also provides benefits to

family members. As many families are separated by miles or states, children are unable to check in on their mother or father. Remote monitoring provides family members with relief and piece of mind.

Agencies utilizing telemonitors are able to provide improved quality outcomes. Telemonitors are frequently used for chronic conditions, such as cardiac and pulmonary disorders, to improve care and reduce readmissions. Heart failure, a common cardiac homecare condition, is the leading cause of hospitalization for adults over the age of sixty-five with more than 1 million hospitalizations per year.¹ The mean cost of readmission for a heart failure patient is \$13,000 with a 25% readmission rate.² Recent studies at VNA Healthcare (now Hartford Healthcare at Home) in conjunction with the University of Connecticut School of Nursing have shown that the use of telemonitors along with specific nursing interventions on heart failure patients can statistically improve quality of life, reduce depressive symptoms and help reduce hospital readmissions.

Centura Health at Home targeted its home healthcare patients with congestive heart failure, chronic obstructive pulmonary disease and diabetes for its yearlong telehealth pilot program. The project's initial goal was to reduce readmissions rates for these conditions by 2%. It far exceeded that goal – readmissions rates were reduced by 62%. Additionally, the total number of emergency department visits for participants went from 283 to 21.³

Telemonitoring is a reflection of the current changes in our healthcare system as we move towards value based purchasing. Numerous studies have shown telemonitoring provides quality, cost effective care and is something patients are willing to use. For example, in 2003 the Veterans Health Administration (VHA) introduced a national home telehealth program, Care Coordination/Home Telehealth (CCHT), which coordinated the care of patients with chronic conditions. CCHT patients increased from 2,000 to 31,570 (1,500% growth) over four years and is now a routine non institutional care service provided by VHA to support veteran patients. Data analysis from 17,025 CCHT patients showed a 19% reduction in numbers of hospital admissions, and mean satisfaction score rating of 86% after enrollment into the program. These results demonstrate a dramatic reduction in costs and an equally dramatic increase in quality.⁴

¹ American Heart Association, Rehospitalization for Heart Failure, Predict or Prevent. (2012) www.circ.ahajournals.org

² Infection Control & Clinical Quality, 6 Stats on the Cost of Readmission for CMS tracked conditions (Dec. 2013) www.beckershospitalreview.com

³Healthcare Business & Technology, Telehealth programs lead to reduced readmissions, better outcomes(Feb 2013) www.healthcarebusinesstech.com

⁴American Telemedicine Association, Research outcomes: Telemedicine's impact on healthcare cost and quality(April 2015) www.americantelemed.org

The time to include reimbursement and increase implementation of telemonitoring is now. Currently, approximately 17 states have remote patient monitoring coverage for Medicaid patients and 25 states have some form of coverage for home telehealth. Of those 25 states, many are in close proximity of Connecticut, for example, they include New York, Massachusetts, Vermont and Maine.⁵ As more and more patients require care at home, Connecticut will have to address this need in a fiscally viable manner.

Thank you for your support regarding Medicaid coverage of telemonitoring services.

Regards
Beka Apostolidis

⁵ American Telemedicine Association, State Policy Toolkit, Improving Access to Covered Services for Telemedicine (Jan. 2016) www.americantelemed.org