



TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
Before the Human Services Committee

February 25, 2016

To SUPPORT

SB 164: AAC MEDICAID COVERAGE FOR HOME HEALTH TELEMONITORING

Senator Flexer, Representative Serra and members of the Aging Committee, my name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with over 30 years experience in home health, hospice, long term and acute care.

The Association represents 65 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home.

Collectively, our agency providers deliver care to more Connecticut residents each day than those housed in CT hospitals and nursing homes combined. As a major employer with a growing workforce, our on-the-ground army of 17,000 home health care workers is providing high-tech and tele-health interventions for children, adults and seniors.

Our Association and its members support SB 164: AAC Medicaid Coverage for Home Health Care Telemonitoring. As an aside, there is a similar bill in Human Service SB 115 which outlines coverage only through the Money Follows the Person (MFP) demonstration project for services performed by a home health care agency using home telemonitoring services for a Medicaid beneficiary who meet certain criteria.

At the Human Services Committee public hearing on Tuesday February 23rd, DSS opposed **any type of state funded coverage** (MFP or Medicaid) stating they don't have the money to invest in this service.

Bills for full Medicaid coverage have been before the legislature for the last several years but have not been passed. Last year, the Department of Social Services agreed (without formal legislation) to provide this very coverage through MFP with a goal of being able to establish supporting data to the cost-effectiveness of telemonitoring.

Although we haven't implemented the MFP coverage with DSS to date, we can say that subsequent to last year's DSS agreement, more data is now available to prove the value of telemonitoring in home health (see bullets below).



In general, local and national studies have found that telemonitoring:

- Reduces costly hospitalizations
- Improves the quality of life for individuals receiving care at home
- Promotes self-care education and intervention
- Improves depression symptoms
- Is cost-effective and saves millions of dollars across the health continuum
- Produces positive outcomes for patients

In a 2015 report summarizing multiple studies on the effectiveness of telehealth, the American Telehealth Association (attached with testimony) states **“Most of the peer-reviewed research about the cost effectiveness of telemedicine that is based on large sample sizes and follow sound scientific rigor are relatively new, many emerging in the past two years. These studies are consistent in finding that telemedicine saves the patients, providers and payers money when compared with traditional approaches to providing care.”**

More specifically, data from several states and the VA telehealth program show the following results **which all translate into dollars saved!**

- Colorado TM pilot reduced 30-day readmissions by 62% for patients with CHF, COPD, and diabetes. **ER visits dropped 92%.**
- Pennsylvania-based Geisinger Health Plan’s TM program for patients with CHF **reduced hospital readmissions by 44%.**
- New York Eddy VNA’s TM study saw **hospitalizations drop 55%, ER visits drop 29%, and overall medical costs drop 42%.**
- In 2013, the VA’s Care Coordination Home Telehealth (CCHT) program provided services to over 600,000 veterans and **reduced bed days of care by 53%, hospital admissions by 30%, and saved nearly \$2,000 per patient per year.**

To help clarify the differences between Telemedicine and Telemonitoring (a form of telemedicine used in home health), please review the attached information sheet.

Regarding the use of telemedicine in home health care, about a third of our association home health provider members use telemonitors in their clients’ homes to remotely monitor blood pressure, weight, blood glucose, EKGs, and oxygen levels. Through close monitoring and communication with the physician, we can catch an early warning sign, such as a sudden rise in blood pressure or weight, and treat it before it becomes a bigger problem such as need for an emergency room evaluation or a hospitalization.

Used for nearly two decades in home health, telemonitoring is a proven, cost-effective approach to health care yet it is not reimbursed from insurance companies, Medicare or Medicaid. Nonetheless, home health providers have embraced the use



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of this technology, despite the out-of-pocket cost to the agency, simply because it works - and it's the right thing to do for the individual.

As the state of Connecticut's Medicaid population increases so does the number of clients receiving health care at home and aging in place. For home health care to meet the needs of these clients in the most cost-effective way, telemonitoring and technology must play a major role. The cost-benefit of this shift will only be achieved by providing Medicaid reimbursement for the increased use of telemedicine and technology. An investment in the long run that will save costly hospital stays and help manage diseases using a preventative approach rather than reacting to a crisis at a much greater cost.

Please reach out to us as a resource for additional information at any time.

Thank you.

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Telemedicine vs. Home Telemonitoring

Clarifying the difference between technology used by home health care agencies and physicians

TELEMEDICINE

- Telemedicine is “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.” (*American Telemedicine Association*)
- Telemedicine is an “umbrella” term that includes three major types of services:
 - (1) **Store-and-forward**—utilizes software to store data, medical history, images, reports and other info useful to a health care provider. Radiology & dermatology are well-suited for this approach.



- (2) **Interactive services**—patients have real-time virtual visits with their health care providers from home, work or school.



- (3) **Home Telemonitoring****—involves deployment of easy-to-use technologies that help patients and doctors track health conditions *at home*. Once tracked, the info is securely sent to health care providers to assess and treat.



HOME TELEMONTORING

- Home telemonitoring, also called “remote patient monitoring,” is a branch of telemedicine that allows patients and caregivers to use various technologies to test & monitor medical conditions at home.
- Home telemonitoring has been deployed successfully in 18 states for the purpose of increasing access to health care, reducing spend and improving clinical outcomes.
 - It has proven especially effective in treating patients with chronic conditions.
- Benefits of home telemonitoring include:
 - Early detection of worsening conditions
 - Decreased utilization
 - Lower institutional admissions
 - Increased access
 - Lower cost
- The following 18 states currently provide coverage for telemonitoring services:
 - Alabama
 - Alaska
 - Colorado
 - Illinois
 - Indiana
 - Kansas
 - Louisiana
 - Maine
 - Minnesota
 - Mississippi
 - New York
 - Pennsylvania
 - South Carolina
 - South Dakota
 - Texas
 - Utah
 - Vermont
 - Washington



Home Telemonitoring Technology Examples



Bluetooth Scale:

- \$99 online. Complications from chronic heart failure (CHF) arise when the blood vessels, lungs and other organs become overloaded with fluid. While a healthy heart pumps blood normally through vessels and organs, CHF weakens the heart's ability to pump. Because blood isn't moving properly, the blood vessels and organs become congested with fluid. Patients with CHF can use this Bluetooth scale to monitor body weight at home, while health care providers can monitor remotely. Sudden and dramatic increases in weight may indicate a need to take Lasix, which reduces fluid congestion in patients with CHF.



Bluetooth Glucometer:

- \$45 online. Patients with diabetes can use this Bluetooth glucometer to monitor their blood glucose levels at home, while health care providers can use it to track remotely. Glucometers are recommended for all people with diabetes, but especially for those who take insulin.



Bluetooth Pulse Oximeter:

- \$105 from Walmart. Patients with chronic obstructive pulmonary disease (COPD) can use this Bluetooth pulse oximeter to measure the percentage of oxygen in their blood along with pulse rate. This can be a useful tool for any COPD patient, and, if used properly, can catch complications early before they become more serious and require a trip to the hospital/emergency room.

