



TESTIMONY

Submitted by Almost Family, Inc.
Human Services Committee Public Hearing

February 23, 2016

IN SUPPORT OF SB 115: AN ACT CONCERNING MEDICAID COVERAGE OF TELEMONTORING SERVICES.

Chairwomen Moore and Abercrombie, Ranking Members Markley and Wood, and members of the Committee:

My name is Coulter Minix and I represent Almost Family, Inc., a licensed home health agency serving approximately 3,500 patients and employing around 1,500 people in Connecticut.

We support the adoption of SB 115 because in-home telemonitoring works and has been deployed successfully in several states, including, most recently, New York. It involves easy-to-use, interactive technologies for patients to use in their homes. Physicians and skilled nurses monitor patient vital signs remotely to detect worsening conditions before they become more serious, often avoiding expensive hospital and ER visits.

Research and cost-savings data from around the country clearly demonstrate the benefits of home telemonitoring:

- Colorado's 2013 home telemonitoring pilot, for example, reduced 30-day readmissions by 62% for patients with CHF, COPD, and diabetes. ER visits dropped 92%;ⁱ
- A Pennsylvania-based health plan cut hospital readmissions for patients with CHF by 44% using home telemonitoring;ⁱⁱ
- In New York, non-profit Eddy VNA deployed home telemonitoring to reduce hospitalizations by 55%, ER visits by 29%, and overall medical costs by 42%;ⁱⁱⁱ and
- The Veterans Health Administration has been using home telemonitoring since 1990 to care for veterans, reporting cumulative benefits of over \$3 billion to date.^{iv}

Here in Connecticut, a recent study conducted by VNA Healthcare in conjunction with UConn School of Nursing has shown the use of home telemonitoring, along with certain nursing interventions, can enhance quality of life, empower individuals to self-manage, and significantly reduce hospital readmissions for patients with CHF.^v



Home telemonitoring has also been a proven ally in the fight to increase access for patients living in rural communities.

- In Alaska, a home telemonitoring program reduced the annual cost of care for participants by 99%, from \$700,000 to just over \$40,000.^{vi}
- South of the Mason-Dixon, Mississippi has emerged as a national leader in home telemonitoring with its award-winning Diabetes Telehealth Network. The Network provides care to over 200 diabetics living in the Delta.^{vii}

Lastly, home telemonitoring can be a valuable tool to address the looming critical shortage of health care professionals. In Connecticut, already 26% of family physicians and 28% of internists are not accepting new patients, with 80% of physician practices reporting difficulty recruiting new doctors.^{viii} By 2030, Connecticut will require an estimated 404 more primary care physicians than it has today, an increase of approximately 15%.^{ix}

For these and other reasons, we support the adoption of SB 115. Thank you very much for the time and opportunity to testify on this issue. I look forward to responding to any questions you may have.

Contact: Coulter Minix, 502-640-8096, CoulterMinix@almostfamily.com

ⁱ Andrew Broderick & Valerie Steinmetz, *Case Studies in Telehealth Adoption*. "Centura Health at Home: Home Telehealth as the Standard of Care." *The Commonwealth Fund*, Jan. 2013. See http://www.commonwealthfund.org/~media/files/publications/case-study/2013/jan/1655_broderick_telehealth_adoption_centura_case_study.pdf.

ⁱⁱ Ken Terry, "Geisinger plan reduces readmissions 44% with telemonitoring." *FierceHealthIT*, March 2, 2012. See <http://www.fiercehealthit.com/story/geisinger-plan-reduces-readmissions-44-telemonitoring/2012-03-02>.

ⁱⁱⁱ Home Care Association of New York State, "Home Telehealth: Enhancing Care, Saving Costs: How remote-monitoring technology is changing the landscape of home care delivery by reducing hospitalizations and health care expenses." See <http://htcare.com/assets/Home-Telehealth-Enhancing-Care-Saving-Costs.pdf>.

^{iv} Andrew Broderick, *Case Studies in Telehealth Adoption*, "The Veterans Health Administration: Taking Home Telehealth Services to Scale Nationally." *The Commonwealth Fund*, Jan. 2013. See http://www.commonwealthfund.org/~media/files/publications/case-study/2013/jan/1657_broderick_telehealth_adoption_vha_case_study.pdf.

^v Colleen Delaney, Beka Apostolidis, Susan Bartos, Heather Morrison, Liane Smith and Richard Fortinsky, "A Randomized Trial of Telemonitoring and Self-Care Education in Heart Failure Patients Following Home Care Discharge." *Home Health Care Management & Practice*, Feb. 2013. See <http://hmc.sagepub.com/content/early/2013/02/08/1084822312475137>.

^{vi} Care Plan Solutions, *Case Study – Alaska Federal Health Care Partnership* (2013). See <http://www.cstcareplansolutions.com/files/2013/11/cst-case-study-alaska-federal-health-care-partnership.pdf>.

^{vii} Dr. Kristi Henderson, University of Mississippi Medical Center (UMMC) Center for Telehealth, Testimony before the US Senate Committee on Commerce, Science, and Transportation, Apr. 21, 2015.

^{viii} Ellen Andrews, "Health care workforce." Connecticut Policy Project, May 2010. See <http://www.cthealthpolicy.org/cthealthbook/papers/workforce.pdf>.

^{ix} Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C. See <http://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Connecticut.pdf>.