

Written testimony of Jack Fitzgibbons, Chief Operating Officer, EBM Care, in support of Senate Bill 434: AN ACT FUNDING A TRAUMATIC BRAIN INJURY TREATMENT PILOT PROGRAM

Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson and members of the Insurance & Real Estate Committee:

Thank you for allowing me to submit written testimony in support of Senate Bill 434. Good Morning Mr. Chairman and Senators,

By the time today is over, 6 people somewhere here in Connecticut will have suffered a traumatic brain injury, or TBI as it is often referred to. By this time next week approximately 40 people will have suffered a traumatic brain injury, and if we were to return before your Committee this time next year, over 2,200 people here in Connecticut would have been stricken with this condition in the year that went by.

Traumatic brain injury is the leading cause of death and disability in the United States for those between the ages of 1 and 44. Pediatric Traumatic Brain Injury, of equally great concern to our Company, EBM Care, and our work, is also the greatest killer of children in the U.S for young people between the ages of 1 and 14. Some 35,000 kids suffer from a TBI each year in the U.S. and approximately 20 children die here every day from a TBI, making it a larger killer of children in the U.S. than cancer.

In addition to the issue of lives lost or disabled the costs of caring for people who have suffered a TBI are enormous and becoming unmanageable. Estimates for the total cost of caring for TBI annually, just here in Connecticut, both acute care and long term care, are between \$650 and \$700 million.

Much of this cost is borne by the state of Connecticut's Medicaid budget as a person who suffers a TBI and who has a poor outcome may live in a coma for many years, paid for by state Medicaid dollars when his or her own money and insurance expires.

We are here today because there are ways to fight back against this crisis, this crisis in care, crisis in cost, crisis in patients not achieving the best possible clinical outcome. Part of the solution is found in the greater use of evidence based medicine by doctors and nurses and hospitals.

Evidence based medicine is the practice of medicine guided by the strength of the best available clinical research. It is a rigorous approach to evaluating the medical literature and developing practice guidelines proven to lead to better outcomes. In TBI and hundreds of other diseases and illnesses, treatment guidelines rooted in the science of evidence based medicine, when followed by doctors, have been shown to dramatically improve patient outcomes, not just saving lives, but returning patients to good quality lives, requiring less assistance and so saving the payers of care, the state of Connecticut, substantial sums of money.

A few months ago, the NIH, the National Institutes of Health in Washington, issued a statement calling for 90% of all healthcare decisions in the United States to be evidence-based by the year 2020. This is the work of our Company and what we are doing today, initially in traumatic brain injury and soon in stroke, sepsis, pediatric asthma, and spinal cord injury.

We are here today because in other states we have achieved success using our decision support tools to help doctors and nurses and hospitals achieve higher levels of compliance with the treatment protocols for TBI that have then lead to better patient outcomes 3 and 6 months post hospital discharge.

Independent research on our software, on our approach, and on its effectiveness, now coming out of the State of Michigan, our client, and Michigan's Wayne State University, has confirmed these dramatically better patient outcomes and reduced need for so many ongoing medical services.

We have been in discussion with the State of Connecticut for some time now proposing to launch a 3 hospital pilot program in 2016 for a cost of approximately \$300,000 that will allow our software and services to be implemented at 3 participating hospitals, hospitals that would voluntarily participate.

Among the many returns the state of Connecticut can expect with this effort would be, first, an understanding of how TBI is being treated in the state and how compliant care is with evidence-based medicine, something the state could have no knowledge of today, second, a solution to increasing compliance that involves low cost, almost no state staff time, while giving doctors and nurses a fast, collaborative, self correcting tool to bring the highest levels of care to Connecticut's most severely ill, three, a measured improvement in Connecticut's TBI patient outcomes and, an independently measured, reduction in the State's cost of care.

We believe that the most effective and most lasting change comes from within and not through mandates or penalties. Our approach is to put best practices and evidence based medicine right in front of doctors and nurses, at the patient's bedside, in a fast and interactive way, the best way and the best place to produce better patient outcomes and lower cost of care.

Moving forward in the years ahead, it is this at this intersection of science and technology where we believe we will achieve the most effective and most lasting healthcare reform.

In a recently released study from the Ohio State University School of Nursing on evidence based medicine, published in the periodical, "*Worldviews on Evidence Based Nursing*," having surveyed hundreds of hospitals across the country, the University Reported,

"We found that a substantial percentage of hospitals were not meeting national benchmarks for quality and safety, one key explanation is the low level of evidence-based practice happening –multiple studies have shown that evidence-based practice results in high-quality care, improved population health, and lower costs," Ohio State said.

Thank you for your time this morning and we would be happy to try and answer any questions any of you might have.