



TESTIMONY

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

February 23, 2016

To SUPPORT

Raised Bill No. 115:

AAC MEDICAID COVERAGE FOR HOME HEALTH TELEMONITORING

Senator Moore, Representative Abercrombie and members of the Human Services 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 full Medicaid Coverage for Home Health Care Telemonitoring. However, this raised bill 115 is specific for 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.

Bills for full Medicaid coverage have been before the legislature for the last couple of 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



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- 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:

- 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 (as 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 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.



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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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