

House Bill 546  
Proponent Testimony  
Ohio House of Representatives Health Committee  
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Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee, my name is Dr. Ed Levine of The Ohio State University Wexner Medical Center. I am pleased to provide proponent testimony on House Bill 546, which would prohibit health benefit plans from treating telemedicine services differently from in-person health care services solely because they are provided as telemedicine services.

Telemedicine is a cost-effective method for delivering health care services, improving quality and safety and increasing access to care. In 1995 Ohio State started using telemedicine to increase inmate access to care. We found that there were significant savings from a reduction in inmate trips to the emergency room and doctor's offices as well as unnecessary medical tests. We have provided nearly 10,000 telemedicine visits and are currently offering 14 specialty clinics to 29 prison sites across the state. For the past 10 years, I have staffed the gastroenterology clinic and can attest that the quality provided is at the same level as an

in person visit. Most recently I was interviewed by NPR because The Ohio State University's Wexner Medical Center is viewed nationally as a leader in prison telemedicine.

The Ohio State University Wexner Medical Center is a Comprehensive Stroke Center – offering the highest level of stroke prevention, treatment and rehabilitation. As such, in 2011 we received the Ohio Department of Health's TeleReach grant to start a telestroke network to address disparities in stroke care. Telestroke has expanded throughout the state so that today, regardless of where you live, you have access to timely and evidence based stroke care. This has increased quality of life, decreased the need for rehabilitation and extended care and has also decreased the need for emergent air or ground transport. The value of telestroke has been recognized by CMS and starting in 2019, Medicare will cover telestroke regardless of a hospital's rural designation.

In 2013, Ohio State psychiatrists began providing tele behavioral health services for emergency department patients. Timely patient evaluation decreases length of stay, prevents escalation of psychiatric issues, and increases the number of patients that can be discharged to home instead of being admitted to a psychiatric facility.

Last year our primary care physicians started offering follow up video visits for established patients. Patients appreciate the convenience of these visits that address a variety of conditions. Telemedicine also can save patients money as compared to coming to an in person visit, as it may save them the cost of gas, parking, lost wages and/or childcare which for some patients is not insignificant. We are now prioritizing the rollout to Emergency Department providers and other subspecialists to prevent unnecessary ED visits or hospital admissions.

Our primary care providers (PCPs) now have access to electronic consultation keeping them as the coordinator of the patient's care with timely access to subspecialty providers. An example of this is with teledermatology. The PCP securely sends the dermatologist pictures of the skin lesion along with answers to targeted questions and exported medical record information. The dermatologist is able to identify if the condition is benign, make recommendations for treatment, and or fast tracks the patient for an in person evaluation and biopsy. This efficient triage prevents unnecessary delays in care. Pulmonary and Gastroenterology are also providing these services. Subspecialty eConsults give PCPs more immediate feedback and the patient gets more timely access to subspecialty opinions.

Other services in some phase of implementation include tele hepatology, high risk obstetrics, congestive heart failure, palliative care and otolaryngology (so known as ENT).

OSU's College of Nursing is also leading the way in the use of telehealth among advanced practice registered nurses. The College currently provides primary care to students, faculty and staff at the OSU Lima branch campus, filling an unmet need for services at that location. In addition, the College is training advance practice nursing students in telehealth.

For these services to be sustainable, to be able to add additional services to meet the needs of regional communities, and for the state of Ohio to truly realize the value of telemedicine, parity must be achieved.

Not having a uniform payment policy is a barrier to using telemedicine to manage a population and to lower the cost of care. While Medicare and Medicaid provide some level of telemedicine coverage, private payers in Ohio have not consistently embraced the need for

telemedicine reimbursement. The challenges Ohio State's Wexner Medical Center faces surrounding payer reimbursement include:

- Payers not reimbursing for telemedicine at all
- One payer does reimburse but follows Medicare guidelines. This means reimbursement at a given location may change year to year. It also means that based on location there may be no reimbursement even when the community doesn't have the needed specialists or subspecialists.
- Payers that include telemedicine as part of comprehensive primary care payments do not provide reimbursement for these separate and distinct services. While this may be tolerable for primary care, it does not address access to specialist and subspecialists.
- Restrictions based on location and type of provider
- Restrictions on location of patient.

The language in HB 546 aligns Ohio with other states by requiring a health benefit plan to cover telemedicine services on the same basis and to the same extent that the plan covers in-person health services. It does not increase covered services or require specific reimbursement, but explicitly recognizes telemedicine as a way to deliver covered services.

In summary, telemedicine improves access to clinical experts; helps mitigate health disparities across communities; and saves costs related to improper care, unnecessary admissions, extended hospital stays, and transportation. It stimulates the economy in small communities and allows patients to stay with their family in their local community.

The Ohio State University Wexner Medical Center applauds your efforts to ensure that telemedicine in Ohio can be fully utilized and barriers to access to care are removed. Thank you. I am pleased to answer any questions you might have.