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HB 546: Telehealth Coverage Parity Ohio House Health Committee

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the Ohio House Health Committee, thank you for the opportunity to provide testimony today in support of House Bill 546. My name is Matt Stanton, and I am the Senior Director of Digital Health for the Cleveland Clinic.

House Bill 546 would prohibit health benefit plans from treating telemedicine services differently from in-person health care services solely because they are provided as telemedicine services. In other words, this legislation would create telemedicine coverage parity, which would be an incredible step forward for the people of Ohio to receive care through telemedicine.

Technology is changing the way healthcare is delivered in this country. Each year, innovations disrupt the industry, impacting – and improving – many facets of the health care consumer's experience. As this technology arrives to market, laws and regulations should be re-examined to ensure they are meeting their desired purpose.

There are currently 36 states (and Washington, DC) that have full or partial payment parity laws in place. Ohio is fortunate to have some of the best health care in the nation. In order to best support these institutions and providers we need to ensure they can innovate through the best technologies available. There is no reason a state so rich in health care should be one of only 14 states to have no requirement in law for some telemedicine coverage. We are behind the nation on this issue, and Ohio's providers and patients deserve better.

To showcase the Cleveland Clinic's dedication to telehealth, I would like to share with you information on Cleveland Clinic Express Care Online. Express Care Online is medical care designed for today' society. It's a simple, affordable service that lets a patient see a provider online.

Once patients connect to Express Care Online, from their own mobile device or laptop, we can provide an appointment by speaking directly with them and observing them, we review their medical history, answer their questions and, if appropriate, diagnose, treat and prescribe medication. We can then send the prescription straight to the patient's pharmacy, electronically. We have found that this convenient way of communicating with our patients results in both provider and patient satisfaction.

To date, our data shows that 90% of patients report overall satisfaction with the Cleveland Clinic Express Care Online visit, a satisfaction rate that exceeds our comparable service line in brick and mortar settings. 47% of patients cite that they save 1-3 hours, and 28% cite that they save more than 3 hours through using Express Care Online. 45% of patients indicate that they believed that an online visit improved their personal connection to their clinician. Our data also shows a wide range of ages and generations among the patients who utilize these services, thus showing how user friendly telemedicine can be.

A study last year from Anthem insurance determined that telemedicine visit episodes were less costly than care at other locations for the same diagnoses. They also found similar follow-up visit rates as



compared to in-person visits, indicating a similar rate of problem resolution. The study included Anthem medical claims covering 4,635 telemedicine visits. Anthem estimates that telemedicine visits resulted in savings of approximately \$200 per three-week episode, including medical and pharmacy costs. This is a major insurance company in the State of Ohio, publishing their own research showing reductions in the cost of care driven by the use of telemedicine.

Establishing parity of coverage for telehealth visits allows providers to work in rural areas where access issues persist, and where providers are limited. Expanding access to care in this way is especially important when we take a look at specialties that are in high demand. Another great example where this is useful is in the case of stroke experts, who every day connect into Emergency Rooms within minutes using telemedicine, what previously would have taken far more time, to save lives.

You may be told by leading insurance companies in Ohio that they already pay for telemedicine and that this bill is therefore unnecessary. I would be happy to discuss with you why these policies are not sufficient in a practical setting. While many insurance companies have a telemedicine policy, it is the caveats in the policies that make them unusable for most real world patients and providers. In addition, a policy does not always translate into a signed contract to cover services between an insurer and provider.

Let me provide an example from my experience. One private policy states that telemedicine is paid for generally, but, not for programs that link facilities that don't offer that level of service without the telemedicine, citing explicitly tele-ICU and tele-stroke as examples that would not be paid.

That is precisely the reason to provide a service through telemedicine; to offer a level of service that is not typically provided at another facility. There are few if any telemedicine programs that are as widely adopted with as much patient benefit as tele-ICU and tele-stroke, but that is not paid for by this insurance company.

Another example policy states that telemedicine is paid for, but not when the patient accesses that service from their own home, only when the patient comes to another healthcare facility will it be paid for.

This defeats the purpose of delivering care with the most convenience, and expanding access. Our experience is that the large predominance of telemedicine is delivered straight to the patient's home, not into other healthcare facilities.

Again, the Cleveland Clinic stands in support of this telehealth coverage parity legislation, as it would increase access to care, reduce costs, and improve overall health outcomes.

Thank you again for the opportunity to testify today in support of House Bill 546. I am happy to answer any questions.