

**Testimony by Amy Dorrington RN, Director of Telehealth, UC Health
Senate Finance – Health and Medicaid Subcommittee**

**Support of Telemedicine Reimbursement Policy
included in Sub-HB 49, Main Operating Budget
Wednesday May 17, 2017**

Chairman Hackett, Vice Chair Tavares, and members of the Senate Finance - Health and Medicaid Subcommittee – thank you for allowing me to provide testimony in support of language included in Substitute House Bill 49 that will require 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. My name is Amy Dorrington and I am the Director of Telehealth at UC Health in Cincinnati.

UC Health is Cincinnati's academic medical center. We have been committed to our tri-partite mission of education, research and clinical excellence since our first hospital was founded 200 years ago. With our two inpatient facilities: UC Medical Center and West Chester Hospital, we are the only health system in southwest Ohio caring for the most vulnerable, providing comprehensive and coordinated care, providing specialized and lifesaving services, advancing public health, and training future health care professionals.

I'm here to offer support of the telemedicine reimbursement policy included in Sub-HB 49 and thank the Finance Committee Members for their leadership on this issue. At UC Health, we know that telemedicine is proven to improve access to care and quality of care, reduce the cost of care, improve the patient's experience, and improve the patient's safety.

UC Health has invested in the following telemedicine network services:

- **Real-time patient video visits.** UC Health providers meet with patients over encrypted video for scheduled appointments.
- **Specialist video consultations.** UC Health providers are available for urgent or emergent consultations with other providers in the region. An example of this is our UC Health TeleStroke Program, which delivers highly complex care to patients in remote areas and in congested urban areas.
- **Home monitoring.** UC Health providers use monitoring devices to observe patients in their own homes to ensure better outcomes and to avoid potential complications.
- **Video case conferences/education.** Technology connects professionals to enhance training and share expertise.
- **Store-and-Forward.** UC Health providers review images and records to collaborate with other providers in the region.

Using these technologies, UC Health has invested in telemedicine services in a number of health care specialties. In response to the growing prevalence of readmissions for post-operative transplant patients we have turned to telemedicine to more effectively educate patients, develop and share care plans, monitor symptoms, and manage medications. Advances in technology have allowed our physicians to home monitor post-op patients as well as provide video consultation to patients in provider shortage areas. Through use of telemedicine strategies, we are able to reduce cost, and increase patient experience by cutting down our average appointment wait time while increasing patient education and developing a care plan that keeps costly readmissions down. Telemedicine has improved outcomes from ongoing monitoring and enables quick action when needed.

We employ similar services in other care areas including psychiatry, stroke, primary care, weight loss clinics, and nephrology. As the technology grows, we expect to see an expansion in the areas of care we are able to deliver through telemedicine.

The telemedicine reimbursement policy language included in Sub-HB 49 is important because currently commercial insurers only cover limited telemedicine services and only through third-party telemedicine providers. Most telemedicine services provided by Ohio doctors and Health systems are not currently covered by commercial insurers.

It is time for Ohio to join the rest of the nation in recognizing the value of telemedicine. As of today, 32 states and the District of Columbia provide coverage for telemedicine services. The Medicare program covers some telemedicine services and continues to expand coverage. The United States Congress is moving towards passing telemedicine legislation. Ohio, a health care delivery innovator in many respects, is in the minority with respect to coverage of telemedicine services. Passage of this language will give us greater ability to continue to develop more telemedicine programs to serve the needs of even more Ohioans in the near future.

UC Health applauds your efforts to ensure that telemedicine in Ohio can be fully utilized and barriers to access to care are removed. It's time for Ohio to ensure telemedicine parity in the commercial market. Again, thank you for allowing me to provide proponent testimony. I would be happy to answer any questions at this time.