



**Matt Stanton**  
**Senior Director, Distance Health, Office of Clinical Transformation, Cleveland Clinic**  
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**HB 49: Biennial State Budget Bill – Telemedicine**  
**Ohio Senate Finance Health and Medicaid Subcommittee**

Chairman Hackett, Vice Chair Tavares, and members of the Ohio Senate Finance Health and Medicaid Subcommittee, thank you for the opportunity to provide testimony today in support of the telemedicine parity language within the state budget bill, House Bill 49. My name is Matt Stanton, and I am the Senior Director of Distance Health in the Office of Clinical Transformation for the Cleveland Clinic.

The inclusion of this language in the state budget bill would create telehealth parity. This would be an incredible step forward for us in Ohio, as we are currently only 1 of 10 states in the nation that, prior to this, had no legislative activity on parity. There are currently 33 States (and DC) that have full or partial Payment Parity laws that have already passed. The remaining states have proposed parity bills in process. So Ohio is in good company in moving forward with this.

To showcase the Cleveland Clinic's dedication to telehealth and telemedicine, I would like to share with you information on Cleveland Clinic Express Care Online. Express Care Online is medical care designed for today's society. It's a simple, affordable service that lets a patient see a provider online. Once patients connect to Express Care Online, we can take a history by speaking directly with them and observing them, 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 excellent provider and patient satisfaction.

To date, our data shows that 86% 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. 59% of patients cite that they save 1-3 hours, and 24% cite that they save more than 3 hours through using Express Care Online. 81% of patients respond that they would recommend Express Care Online to their family members, and 86% report that they found it easy to see, hear, and talk to the clinician online.

In addition, a recent study from Anthem insurance released April 23, 2017 determined that telemedicine visit episodes were less costly than care at other locations for the same diagnoses, they 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 from January 2014-May 2015, which covered 4,635 telemedicine visits. The claims were analyzed for three weeks following the visit to determine differences in lab tests, imaging, subsequent outpatient evaluation and management (follow-up) visits, subsequent ED and inpatient care, and total cost of all care during the episode for initial visit and subsequent care, both medical and pharmacy. 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 for these visits allows providers to work in rural areas where they have critical access issues 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, such as stroke experts who today connect into the Emergency Room within minutes using telemedicine 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 show you the specific payment policies of many of the major insurance companies, and show you why these claims are not genuine. While many insurance companies have a telemedicine policy, it is the caveats in the policies that make them unusable for most real world patients. Let me provide two example from my experience. One policy states that telemedicine is paid for, but, not for programs that link facilities that may not offer that level of service without the telemedicine, citing explicitly tele-ICU and tele-stroke as examples that would not be paid. Why would the facility need access to a specialist by telemedicine if they already offered that specialists services? 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. Our experience is that the large predominance of telemedicine is delivered straight to the patient's home, not into other healthcare facilities. This would be analogous to doing your banking online; by driving into the physical bank to sit at their computer to do online banking.

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

Thank you again for the opportunity to testify today. I am happy to answer any questions.

