THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Testimony of
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Chairman Hackett, Vice Chair Tavares, and members of the committee, my name is Karen Jackson. I am a registered nurse and the director of Virtual Health at the Ohio State University's Wexner Medical Center.

I am here today to verbalize support for the inclusion of telemedicine coverage in the substitute version of HB 49 in the FY18-19 budget. Telemedicine is a cost-effective method to deliver health care services, improves quality and safety and increases access to specialized care in underserved areas.

Telemedicine uses secure audio video technology and data transmission for "real time" connection of patients with their own physician or with a consulting physician who provides additional expertise.

The Ohio State University Wexner Medical Center has been a pioneer in the use of telemedicine. Twenty years ago – even before Medicare began reimbursing for telemedicine – we started using technology to increase access to timely and appropriate care for inmates in the state of Ohio.

In 2010, the Ohio Department of Health recognized that the disparity in stroke care across the state impacted lives and the cost of care. Where you lived made a difference. Access to timely stroke care wasn't just based on rural status but also on the availability of a stroke expert. Even larger cities such as Lima, Springfield, and Chillicothe struggled with access to neurologists.

Stroke is a time sensitive diagnosis requiring alteplase administration within three hours of onset. Due to the risk of bleeding, most physicians are not comfortable administering without a neurologist's evaluation and recommendation. Even if there was a community hospital, a person with stroke symptoms would be transferred to a hospital where a neurologist could evaluate them – either missing the treatment window or learning that it wasn't a stroke and the emergent transport wasn't indicated. They could have remained in their own community.

The Ohio State University Wexner Medical Center is a Comprehensive Stroke Center – offering the highest level of stroke prevention, treatment and rehabilitation. As such, we received the Ohio Department of Health's TeleReach grant to provide telestroke services in

southeastern Ohio. The outcomes were so successful that ODH extended the grant for another year to include northeastern Ohio. Telestroke has continued to expand 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.

We collaborate with regional hospitals to provide telestroke and other telemedicine services. These hospitals are not Ohio State University Wexner Medical Center hospitals. We do not own them. We collaborate with them to provide telestroke and other telemedicine services based on patient and community need for access to clinical expertise. Within our telestroke program during state fiscal years 2015, -2017 to date, 1700 patients have averted emergent transportation. This alone has resulted in a savings of $2M to $13.5M depending on whether ground or air transport would have been used.

As an additional example, we offer a tele hemophilia clinic together with Wooster Community Hospital. The Amish patient population in this area would otherwise need to find transportation to travel to Columbus to see the hematology subspecialist.

Last July together with Holzer Medical Center we started offering a telehepatology clinic to serve patients with Hepatitis C and other liver diseases. We started with a half day clinic a month, have already increased to a full day and will soon be adding a second day. After clinic one day, Dr. Hanje, the hepatologist, said, “This is why I do this. Without this clinic, this patient would have died.” There are no liver specialists in this community. However, from a private payer perspective, only United Healthcare covers this telemedicine clinic in Gallipolis. Medicaid started providing coverage in 2015. Medicare’s determination for a specific location varies year to year. For example, Medicare would have covered it in 2015; did not cover it in 2016 and then once again is providing coverage in 2017.

Other tele services Ohio State’s Wexner Medical Center is providing includes burn, psychiatry and behavioral health, genetic counseling, otolaryngology, sports medicine, neurorehabilitation, and orthospine surgery follow up. Over the last 6 months we have started to provide Primary Care Physician video visits for a select patient population.

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 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
- Two payers use exclusive vendors to administer their telehealth benefits. Neither of these payers will reimburse if the Ohio State’s physician uses Ohio State’s existing technology. Both of these payors will not pay for telemedicine unless their vendor is

used. For one of the payers, there is also fee for our physicians to be a provider using their online service.

- 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 state of Ohio is currently behind 30 other states that have passed laws providing reimbursement for telemedicine services. The language included in sub-HB 49 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 also prohibits a health benefit plan from imposing any annual or lifetime benefit for telemedicine services other than a benefit maximum imposed on all benefits offered under then plan.

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.