Statement of

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Roundtable on Harnessing the Power of Telehealth: Promises and Challenges

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Chairman Nelson, Senator Collins, senators, staff of the Senate Special Committee on Aging, fellow participants and members of the public, thank you for the opportunity to appear before you today to participate in this roundtable, "Harnessing the Power of Telehealth." We at Mayo Clinic appreciate all the hard work that has been done over the years in Congress to not only highlight the promise of telehealth, but also your efforts to move toward a viable federal policy that benefits patients, providers and taxpayers. In my role as Medical Director of Mayo Clinic's Center for Connected Care, I would like to thank you for shining light on how advances in telehealth, what we call connected care, are rapidly changing and extending the delivery of health care services.

Mayo Clinic uses connected care in many aspects of our practice from saving lives with our telestroke program, to enabling video consultations in skilled nursing facilities, to monitoring intensive care patients across state borders, to sharing our knowledge with physicians across the country though eConsults and our AskMayoExpert program. In all of these situations, we have observed that connected care improves access, service and affordability for our patients. People with mobility concerns, those residing in skilled nursing facilities, and those with chronic diseases derive particular benefit from accessing health care, health guidance and health information where they are, when they need it, rather than having to travel to traditional facilities.

We think the use of connected care needs to be encouraged and are concerned that some government policies are inhibiting the effective use of this valuable technology. For example, the patchwork of state-by-state medical licensing rules and a lack of consistent reimbursement present costly and administrative barriers to connected care services.

With connected care, we bring our knowledge and expertise to local communities allowing patients to stay within their local healthcare organization. This not only brings greater comfort to patients and their families, but saves on health care costs.

Mayo Clinic and the Mayo Clinic Center for Connected Care

Mayo Clinic is a not-for-profit health care system dedicated to medical care, research and education. Ask any one of our 3,600 salaried physicians or 60,000 allied employees about the primary value of Mayo Clinic and they will say "the needs of the patient come first." Each year, more than one million people from all 50 states and 140 countries come to Mayo Clinic in order to receive the highest quality of care. We believe that Mayo's vast cadre of sub-specialists—who diagnose and treat very rare and complex conditions—should be available to patients and physicians across the country to help them bring safer care, better outcomes, fewer redundancies, and ultimately higher quality while saving cost for their patients. Health care technology via connected care services is a critical success factor in accomplishing the goal of quality and affordable health care. The Mayo Clinic Center for Connected Care empowers patients to access the best and most appropriate health care with a variety of technology-enabled services:

- **Patient Portals:** Electronic (web and mobile) portals to view their own health information remotely and communicate with their health care team via secure messaging.
- **eConsults:** This service enables diagnosis, therapy or management through a review of the patient's medical record, imaging studies and laboratory tests without the patient having to schedule an appointment time or go to a specific location. This also saves us the time and cost of scheduling this visit, and opens access for patient situations that require face-to-face encounters. Local and regionally based primary care physicians help bring the expertise of specialists to their local patients. Not only does this help alleviate the physician shortage in rural areas, but also saves the regional providers the costs and salary of hiring dedicated sub-specialists.
- **Video Visits and Consults:** Real-time video visits and consultations that allow critical examination components and crucial dialogue for complicated or more nuanced conditions.
- Collaboration with the **Mayo Clinic Care Network**, which consists of more than 30 health-care organizations across the U.S. that share a commitment to improving the delivery of health care in their communities through high quality, evidence-based medical care:
    - A cardiologist at a Mayo Clinic Care Network location in Illinois with a pediatric patient with arrhythmia is able to use a dedicated connected care services room with high-definition audio and video and clinical features including a stethoscope and scopes for eyes, ears, nose and throat and vital signs. This connection allows a Mayo pediatric cardiologist in Rochester, Minnesota to listen to the young patient's heart, take vital signs in real time, and observe the patient.

    - Cancer patients, who are often too ill to travel, benefit from a remote assessment that allows them to determine whether a trip to a Mayo Clinic site would be beneficial.
- **E-ICU:** Intensive Care Unit (ICU) patients in Eau Claire and La Crosse, Wisconsin are monitored 24 hours a day, seven days a week by specialist Intensivists located in Rochester, Minnesota who care for their patients remotely via connected care services systems. Through constant surveillance, and by providing the physicians with timely needed patient information, e-ICUs have been associated with:
    - 55% reduction in ICU mortality.
    - 40% reduction in clinical complications.
- **Telestroke program:** Mayo Clinic neurologists remotely assess and offer critical, time sensitive and effective treatments for stroke patients. This real-time audio/visual consultative service has a neurology stroke expert at a hub site monitoring acute stroke patients in their local community hospital.

Connected Care and Aging

Insights from our Healthy Aging & Independent Living Program inform us that as people age they value autonomy, dignity, security and safety. Transportation becomes an increasing concern whether the individual has overt mobility issues or simply becomes uncomfortable or unsafe with driving:

> *"Not having to go in to the office is HUGE! I love being able to call to go over things. I hate bugging my son or [my neighbor] even though I know they are happy to take me." CHF/Diabetes patient, Stewartville, MN*

Maintaining health and avoiding medical crises is paramount. Having the ability to touch base with care team members despite physical distance via phone calls, secure messages, or via remote monitoring devices saves time and improves outcomes:

> *"You have got to be kidding!? Come back so you can say I'm fine? We live an hour from anything! Eight hours from here! Can't we do the follow-up over the phone or something? Use a camera or something?" Wife of valve patient, North Dakota while in St. Marys Hospital, Rochester MN*

Studies have shown that for management of chronic medical conditions, those that become more prevalent with age, such as congestive heart failure, stroke, chronic obstructive pulmonary disease and diabetes that outcomes and costs are improved when patients and their care teams can be connected remotely (Bashshur et al. Connected care services and e-Health, Sept 2014):

- Congestive Heart Failure
  - 45-50% reduction in hospitalizations and readmissions
  - Hospital stays reduced by 6 days
  - Deaths reduced by 15-50%
  - Costs reduced 7-14% per person per quarter

- Stroke
  - Reduced death by 29%
  - More patient discharged to independent living
  - Estimated cost savings of $150,000 – $1.3M per year

- Chronic obstructive pulmonary disease
  - Readmission reduced by 40%
  - Exacerbations reduced by 33%

Challenges for the Expansion of Connected Care

With patients from every state in the U.S, Mayo Clinic is acutely aware of the barriers that exist at both the federal and state levels that inhibit the delivery of medical services through connected care. The patchwork of state-by-state medical licensing rules presents a costly and time-consuming administrative barrier to connected care services expansion. Presently, in order to provide medical advice via connected care services, providers must be licensed in the state where the patient resides. Reimbursement, or specifically, lack thereof, for connected care activities also represents a very significant hurdle for expansion of connected care services in most medical practices. We believe that these barriers should be removed in the very near future in order to realize the significant impacts outlined above.

Licensure and Connected Care

As you know each state has its own standards, fees and prerequisites for obtaining and maintaining a license to practice in that state. States vary in their allowance for provider-to-provider consultations across state lines, but nearly universal is the requirement that in order to provide direct to patient medical advice the provider must be licensed in the state where the patient resides. This results in a significant threat to the appropriate application of connected care solutions to patients in need.

The airline industry is an often-cited parallel to health care in terms of the obvious need for safety, quality and trust. Imagine if the same rules applied to airline pilots. If pilots were required to maintain a license in order to fly into, or over, airports in each state, either flights crews would have to change at each border, or flight plans altered to avoid the airspace of the states for which the pilot did not hold a license.

We believe that this state-by-state requirement represents a serious impediment to the appropriate evolution of our health care system. While a national licensure system has been part of the policy debate, the adoption of regional compacts would be a significant improvement. On this front, we are encouraged by the effort of the Federation of State Medical Boards (FSMB) to initiate a medical licensure compact between states that would make it easier to license physicians who practice in multiple states. Under the proposed legislation, the practice of medicine occurs where the patient is located. For a physician who wants to obtain a license through the compact, they must already have a full and unrestricted medical license in one of the compact states. They can apply through their “home state” for expedited licensure for other compact states they want to get a license in. We encourage you to afford the FSMB’s proposal serious review as you deliberate methods to advance connected care policies.

Reimbursement and Connected Care

Health care organizations also struggle with developing appropriate, mission-sustaining business plans when CMS reimbursement for connected care solutions are limited to hospital based, or critical access hospital-based dialysis centers, skilled nursing facilities or mental health facilities in Health Professional Shortage Areas (HPFA) or Non-Metropolitan Statistical Areas (Non-MSA). Designed with good intentions to bring services to rural residents, the implementation of the policy has resulted in inconsistent and uneven reimbursement. We see this inconsistency on a daily basis. The advantages of connected care services, as described above, are not the result of the patient being distant or in a very remote location, but rather because they can be in touch more often with more appropriate, logistically simpler methodologies than the traditional face-to-face encounter. Mobility limitations often make it difficult to get out of the house, not just down the interstate. We would like to encourage CMS to remove all geographic and site limitations, which would enable Medicare patients to receive connected care services regardless of location.

At this point, there is no single widely-accepted standard for private payer reimbursement. Some insurance companies value the benefits of connected care and will reimburse a wide variety of services. Others have yet to develop comprehensive reimbursement policies, and so payment for connected care may require prior approval. Likewise, state Medicaid program have various standards.

Conclusion

We offer the following guiding principles to Congress and other government officials aimed at reducing barriers to connected care at the federal and state levels:

- Government policies must keep pace with technology. The use of technology is critical to delivery of high quality, cost-effective health care, health guidance and health information to patients.
- We discourage legislation that presents new barriers to connected care services, such as practice rules that impose higher standards for connected care services than in-person care. Legislation should focus on broad benefits of connected care rather than potentially restrictive reimbursement systems or parsing out a menu of connected care tools and approaches.
- Broader reimbursement policies offer providers the flexibility to develop their unique connected care business model, and make it more likely that investment in connected care will encourage high-quality, cost-effective services focused directly on quality patient care.

- Reimbursement policies also need to be updated to reflect advances in delivering care through connected care services.
- Government policies should advance connected care opportunities by encouraging primary care and specialty providers to break down regional barriers between independent health systems, allowing them to provide better coordinated and cost-effective care to their patients.

Overall, government policies should ensure patient access to connected care by encouraging physician-to-physician consultations and physician-to-patient services that are integrated into local outpatient and inpatient care providing access to expertise and care alongside of the local and regional healthcare organization, offering wider sub-specialty care, convenience and less cost for the patient and their family.