

Testimony - Emily Fine, MD, Women's Health Connecticut

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato, and members of the Insurance and Real Estate Committee:

I am a practicing GYN in the New Haven area and my practice, Fine & Gillette, is a member of Women's Health Connecticut - a statewide network of more than 250 ObGyn providers. I submit the following as testimony in the interest of protecting and advancing telehealth.

I am a huge fan of telehealth, especially since my practice has a significant population of older women.

1. The first and foremost argument is that telehealth allows high risk women not to leave their homes and travel to an office and interface with people in a space that may not be safe. Many of the older population have issues and concerns that they want to discuss, both gynecologic and medical as well as behavioral health and these require a significant amount of time which are more comfortably done face-to-face where you can assess someone's affect and concerns more easily. This will allow a visit for the physical part if indicated in a much more expedited way. Patients are happy to review everything with a telehealth visit and then have a very quick breast and pelvic check in a small exam room with no windows where both of us are wearing masks. These exam rooms, and the wearing of masks, are not conducive to long visits requiring verbal communication during Covid.

2. Telehealth allows people to communicate without masks which is very important for people with impaired hearing and for people who depend on facial cues.

3. There are many visits that would be consultations in the office not requiring physical exam that now can be done through telemedicine in a much safer manner. Some examples are bone health consultations, consultations re menopausal issues and treatments, birth control consultations and options, infertility and planning pregnancy consultations, Behavioral health consultations especially PMS and Perimenopausal issues, etc

4. Telehealth is better than a phone call because you can also make a diagnosis over the phone. The following are examples to just name a few that I have made in the last several weeks:

- A patient called with unilateral breast pain and I was able to ask her to show me her breast skin and contour and I diagnosed a skin cellulitis on the undersurface.
- A patient called with what she thought was a recurrent yeast infection involving vulvar pain and she actually was able to show me her vulvar area and I made the diagnosis of herpes.
- I have had several patients call with concerns about a new lesion or mass in the groin, mons or vulvar area and I have been able to examine them through telehealth to assess

whether they represented sebaceous cysts or inclusion cysts, Bartholin's cyst, carbuncle etc.

- I have diagnosed an inguinal hernia in a patient who called complaining of a bulge
- I even recently diagnosed third- degree procidentia in a patient who complained of pressure and what she thought was a mass in her introitis.

Some of these patients were over 70 and clearly were better served through telemedicine then making them come to the office.

I have many more examples if you want them. And I am happy to talk further with anyone who would like more information.

Thank you for your consideration,
Dr. Emily Fine, WHCT