

Testimony - Mat Saidel, MD, Chief Medical Officer, Women's Health CT

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

Women's Health Connecticut consists of more than 250 ObGyn care providers who often function as primary care providers. Last year, we performed 12,000+ deliveries (1/3 of which were Medicaid) and over 400,000 well-woman exams and office visits to our patients in Connecticut. During the state lockdown, (March 17 – June 2), we adhered to all guidelines issued by the State of Connecticut and restricted in-office patient care to only those visits deemed essential for obstetric and gynecologic care. Through the course of the lockdown, 85,000 patient visits were cancelled, affecting essentially a quarter of our patients. We were lucky to have a highly competent team that quickly deployed a telehealth platform across our network, allowing us to supplement our essential visits with telehealth visits to counsel and triage patients experiencing urgent health problems. We feel that it is imperative to share with you the challenges and needs regarding telehealth service coverage we face with patient care as we re-emerge from COVID-19. Ultimately, we ask for your help in preserving this vital service.

We feel the payors are not adequately or accurately representing the challenges medical and behavioral health groups experienced historically with attempts at telehealth implementation. While most payors have supported these services, the coverage was historically limited. In addition, each payor requires providers to utilize a different telehealth platform, with reimbursements insufficient to cover even the software and overhead costs required. Most providers participate in 8-10 health plans and EACH health plan has separate guidance on how these services can be provided, limiting coverage to patients who lived in remote locations and had limited access to providers. For Connecticut residents, that definition essentially eliminated coverage and viability for telehealth services. Further, the coverage guidance did not support patients who were unable to access care due to social determinants of health (transportation, childcare, mobility, etc). Finally, many platforms used a completely different set of remote telehealth-only providers who did not know the patients. This created another layer between the patient and her provider, whereas current telehealth visits allow the provider to have the entire patient history and chart at their disposal.

We have the resources in place in our organization to monitor payor policies and ensure our providers and staff are apprised of changes in telehealth coverage by payors. These requirements were changed during the COVID-19 period but, as we understand it, most payors will revert back to their original policies – which will prevent use of this vital service going forward. We believe this will be detrimental to the health and well-being of women in Connecticut.

While telehealth is vital, the service has limitations and not all care can be transferred to this platform. While the payors cited a 1500% increase in numbers of telehealth visits at the height of COVID-19, that percentage is misleading as it is calculated from a very low baseline. The payors neglect to say that the increase they saw in telehealth visits was more than offset by a

reduction of 40+% in well women exams and associated lab tests (such as cervical cancer screenings). Many will not be recovered given the sheer volume. It will likely take more than six months to accommodate all annual exams that were cancelled.

During the peak of COVID-19, we saw 22% of our normal Gyn appointment activity and 50% of our Ob patients per day; our telehealth visits comprised just 21 % of our average volumes. With recent reopening phases in CT, we are running now at approximately 95% of our historical schedules (in part due to increased time for sanitization of the exam rooms and screening patients for COVID-19 symptoms). Our appointment distribution sits at 64% Gyn visits, 33% Obstetric and 3% telehealth. We believe if current coverage by the payors expanded beyond post-COVID, roughly 5%-10% of our patient visits could be accomplished through telehealth. Ongoing telehealth services are warranted to provide care for at-risk patients (such as elderly or those with compromised immune systems), to perform one of two post-partum visits assessing the home environment and breast feeding progress, and for triaging and pre-screening patients to validate issues that might be managed with a call or office visit to avoid costly ER visits.

We offer the following guidance:

- Allow providers to select a HIPAA-compliant platform that works for their practice rather than forcing providers to invest in duplicative, costly payer-specific telehealth vendors. This creates inefficiencies and a lack of standardization needed for a medical practice to work efficiently. Let us make business decisions for our practice that meet our patients' needs, not just those of specific payors.
- Eliminate the remote barrier to telehealth to ensure patients who cannot get to a medical appointment have access to care. This is particularly important for the elderly, those residing with a family member with risk factors and those with compromised immune systems.
- Expand coverage to self-funded plans. The self-funded plans should see this as a way to reduce their costs and improve quality not as a barrier to care.
- We currently are deferring elderly visits in compliance with the Governor's direction. Help us have the option to do tele-consults to ensure their Gyn health issues are addressed and that further delays in their care do not place them at risk for greater health issues.
- Allow telehealth as a way to pre-screen patients who are experiencing problems - to reduce contact exposure and create a safer environment for our patients.

To summarize, we feel that compromising the ability for providers to offer telehealth services, and taking that option away from patients who truly want/need it, is not an acceptable path forward. We humbly request your assistance as we attempt further conversations with the payors this month in an effort to retain telehealth services.

Sincerely,

Matthew Saidel, M.D., Chief Medical Officer

On behalf of the leadership and providers of Women's Health Connecticut