

Testimony of Ann Hufferberger  
Senate Bill 780  
House Committee on Professional Licensure  
September 12, 2018

Good afternoon, Chairman Mustio, Chairman Readshaw and members of the committee. My name is Ann Hufferberger, I am a registered nurse of over thirty years and serve as the Director for Penn Medicine's Center for Connected Care. I would like to thank Chairman Mustio and the committee for allowing me to provide testimony in support of Senate Bill 780, which would authorize the regulation of telemedicine by professional licensing boards, and provide for insurance coverage of care delivered by telemedicine.

At Penn Medicine, telemedicine is utilized as a method of care delivery to enhance access to high-quality services that promote the wellbeing of our patients and communities. We utilize telemedicine to reduce morbidity and mortality, unplanned readmissions, and avoidable emergency department visits, thereby fostering the appropriate utilization of our health system. Our telemedicine use cases include intensive care, stroke care, trauma-obstetrics care, on-demand primary care, low-risk specialty care, registered nurse case management care, and remote patient monitoring, as well as other virtual care programs. These use cases, specifically in the area of remote patient monitoring, have demonstrated that patients and families are embracing the technology to promote better management of their chronic illness, resulting in superior patient outcomes, and lower health care costs.

Use cases for telemedicine have increased in the past decade as networks and network devices have transformed the way that we connect to our patients. At Penn Medicine, as we actively transition from fee-for-service to value-based models of care, we expect telemedicine will become more mainstream, promoting provider-to-provider collaboration and allowing patients to receive high-quality, cost-effective virtual care wherever and whenever 'hands-on' care is deemed not clinically essential.

Furthermore, there is an emerging body of evidence demonstrating the beneficial outcomes of telemedicine care. Our researchers have affirmed outcomes that include reduced morbidity, mortality, and length of stay with telemedicine intensive care and telemedicine stroke care, reduced readmissions in chronically ill patients with remote patient monitoring, and reduced utilization of emergency department visits and urgent care centers with on-demand virtual primary care. Importantly, our researchers have demonstrated enhanced patient-family satisfaction associated with the convenience and cost-effectiveness of telemedicine visits.

At Penn Medicine, our telemedicine technologies include real time audio-video visits which include the transmission of protected health information, radiological images, and physiological data. Our audio-video visits are conducted within the envelope of our electronic medical record and are therefore inherently secure. In all cases, our telemedicine visits are considered to be the equivalent of our in-person visits and therefore equally subject to the requirements of HIPAA.

As technology evolves and availability increases, telemedicine will play an increasingly large role in supporting health care needs across the commonwealth. Connected Health, particularly in partnership with our rural hospitals, will be effective in supporting four important areas.

1. First, we will continue to expand the utilization of telemedicine in clinical appropriate use cases to provide high-quality, cost-effective health care that improves the wellbeing of our patients and communities.
2. Next, telemedicine will promote access to specialty care from highly specialized providers who manage rarer conditions such as bone marrow and organ transplant as well as complex heart, vascular, cancer, and neurological conditions. Smaller health systems often endure operational challenges in providing these specialties and therefore services tend to concentrate in academic settings.
3. Third, telemedicine will provide supplemental clinical services in rural areas where provider shortages are occurring. We have seen and experienced these challenges in mental health, genetics and genetic counseling, stroke neurology, nutrition, palliative care, and social work.
4. Last, we expect that telemedicine services such as telestroke, teleneurology, teleICU, and virtual specialty care visits will prove useful in providing real time second opinions in situations where timing is critical.

Each of these telemedicine visit paradigms promote value by providing patients with the right care, in the right place, at the right time.

Penn Medicine supports Senate Bill 780 because it will continue to promote the expansion of telemedicine services that improve access to high-quality, cost-effective care for our patients and communities.

I thank the committee for allowing me to testify today and for evaluating this important issue. I am happy to answer any questions the committee members may have.