



CARE BRAVELY

SB402 – Health Care Practitioners - Telehealth

Senate Education, Health, and Environmental Affairs Committee – February 13, 2020

Testimony of Martha D. Nathanson, Vice President, Government Relations and Community Development LifeBridge Health

Position: **SUPPORT**

I am writing in strong SUPPORT of SB402. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

LifeBridge engages patients and providers in many telehealth initiatives, with the goals of managing patients in their homes and other non-acute hospital settings, identifying risk factors as early as possible for seriously ill patients, and ultimately enhancing access to care in areas of medicine where providers are in short supply. Asynchronous transmission of data is an essential element of many of these initiatives. A sampling of LifeBridge telehealth programs follows.

Psychiatry Telehealth Program. LifeBridge provides emergency psychiatric evaluations by licensed mental health clinicians between the hours of 11pm to 7am. Patients are assessed and placed accordingly. The telepsych-evaluators communicate with the site-specific ED attendings and nursing teams, and coordinate patient transitions, documenting patient information in the EHR. Telepsychiatry services are beneficial to a mental health care delivery system, when on-site services are not available or would be delayed because of distance, location, time of day, or availability of resources. Benefits include improved ED throughput resulting from improved access to care, provision of care locally in a timely manner and improved continuity of care.

Pediatric Telehealth Service. Newly established at Grace Medical Center, where pediatric emergency services have not historically been available where a child presenting in the Emergency Department will be seen by a physician who generally treats adult emergencies. Such physicians can access a Pediatric Emergency Physician located on-site at Sinai Hospital's Pediatric Emergency Department section. The physicians, patient, and family can all see the pediatrician and interact with him or her in real time on video.

Telehealth Triage and Check in Service. This program targeting high utilizers in skilled nursing facilities facilitates improved continuity of care from inpatient to post-acute setting. It reduces the total cost of care by reducing potentially avoidable utilization (PAU), leading to better patient outcomes and improved staff and patient satisfaction. The process includes weekly clinical review using telehealth, followed by referral to an appropriate level of service, not necessarily the

Emergency department. It also includes on-demand telehealth visit for unscheduled medical concerns with appropriate treatment-in-place, which, besides reducing ED utilization, prevents disruptive transfers for frail SNF residents.

Remote Patient Monitoring for Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. This asynchronous telehealth program uses smart connective devices such as scales, blood pressure, heart rate and pulse ox monitors in the patient's home which transmit data asynchronously to the health care team. Data are monitored by nurses at a call center, and when weight or blood pressure show certain danger signs, the nurses see that data in real time and contact the patient and local clinical staff. The local nurse connects with the patient by telephone.

Telehealth Triage in Emergency Department. Upon registration in ED and triage with nurse, patient is seen remotely by video by a physician assistant who not only sees the patient for visual examination but also orders tests and labs in real time. While the standard is to have a provider (MD or PA) in triage, this reduces the need to have such a provider onsite during periods when volume is slow. Through this process, providers can see more patients and flex through any particular shift, enabling patients to move through the ED more quickly.

Community Paramedicine. This program provides home-based care in lieu of emergency transport. It includes telephone advice to 911 callers, chronic disease management, preventive care or post discharge follow up visits by paramedics. When necessary, patients are transported or referred to one of many healthcare settings. In addition, the LifeBridge model is unique as a workforce development driver, as paramedics obtain CNA and phlebotomy certifications, and while not providing field care, can work in the hospital setting, or perform ongoing medical care visits for patients of LifeBridge Health. This program creates a pipeline for community members to health careers by providing EMTs with superior additional workforce training and credentials – all while keeping patients out of the hospital when appropriate.

Telehealth Stroke Intervention. Specialist remotely evaluates patients in ERs (Carroll, NW and Sinai) when stroke provider is not located in that ER. Upon patient arrival in ED, stroke physician is accessed for real-time audio/video session, assisted by onsite nurse, PA or other provider to assist with exam, and stroke provider makes a recommendation as a consult. Stroke providers carry wireless cellular enabled laptops carried and can provide consults as needed. After consult, onsite physician continues to provide care, if patient admitted.

For all the above stated reasons, we request a **FAVORABLE** report for SB402.