

Testimony related to Telehealth legislation in upcoming CGA Special Session - Mark DeFrancesco, MD, Women's Health CT

Senators Lesser, Hartley and Kelly, Representatives Scanlon, Dathan and Pavalock-D'Amato, and members of the Insurance and Real Estate Committee. My name is Mark DeFrancesco. I have been a practicing physician in Waterbury Connecticut for more than 36 years. For 17 of those years, I also served as the Chief Medical Officer of Women's Health Connecticut and am still a member of its Board of Directors. I had the honor of serving as the President of the American College of Obstetricians and Gynecologists (ACOG) in 2015-16, and was the President of the Accreditation Association for Ambulatory Health Care (AAAHC) in 2009-10. So I have some significant background in clinical practice, quality management and accreditation, as well as in practice management.

But I wasn't always a doctor. In 1972, several years before medical school, I was elected to the Connecticut House as the Representative of the 99th District. I know from personal experience how difficult it is to sit in your chair and make decisions affecting the future of our State and our citizens. And I know the pressure of listening to both sides of so many arguments and doing one's best to make the best decision. I'm providing this testimony today in the hopes of providing you with information that may help, at least with respect to this issue.

First and foremost, I want to thank you very much for holding this special session and, more importantly, for recognizing the value of continuing telehealth options here in the state of Connecticut. During these past 4 months of significantly limited access to most medical services for all but the most urgent of care, we were forced to find alternative ways to provide care for our patients. Due to the willingness of both public and private insurers to allow telemedicine as an alternative method of providing that care, we were able to provide care for approximately 25% of our patient's visits without exposing them or our other patients and medical staff members to the risk of close personal contact.

Our patients quickly adapted to modern technology and most of them had little or no problem downloading the appropriate smart phone apps to allow them to both see and hear their health care providers. While in general, certain routine screening visits and wellness exams were postponed for most people, a large portion of non-routine visits for problems like abnormal bleeding, urinary tract infections and other potentially serious diagnoses that could be evaluated and treated via telehealth options were addressed in a timely and safe manner.

I would like to give you just one example to demonstrate the value of a telehealth visit. One of the first virtual visits I had in March, was with a patient who had called for a specific complaint related to a non-life-threatening gynecological infection. In discussing her symptoms with her, it became more apparent (via the video link) that she was also having difficulty breathing. It was the discomfort on her face as we talked that provided the clue, not an obvious shortness of breath. When I asked her about it, I learned that she had been off her asthma medications recently because she had run out and her primary care physician (PCP) had retired. She simply ran out of her medication and had not been able to

get it refilled due to the fact she no longer had a PCP. Of course, she was my patient too. I knew her and her medical history and thus was safely able to get her prescription re-filled for a period of time long enough to cover her until she found a new PCP. My point being that if I had that particular encounter with that particular patient purely as a phone call, or via a triage nurse's message, and not a true "telehealth" visit, I would likely have missed her distress and not treated her completely.

Over these past few weeks, we have been gradually "re-opening" our practices and are once again starting to see patients in person. In doing so, we have of course maintained social distancing and enhanced hygienic protocols. Our parking lot has become our "waiting room," and patients are being checked in electronically or telephonically, usually the day before their actual appointments. In general, we have made some smart adaptations to the changes in our world brought on by the COVID crisis, but at least the silver lining is that some of these adaptations will ultimately help our healthcare delivery system be more efficient in the future, allowing us to provide more care for more people. This will be even truer after the current crisis has abated and our in-office systems are stressed by even more patients coming back for critically important preventive care.

Telehealth technology is an incredibly important part of these clinical process improvements. Even when patients have returned to the office, having a telehealth option will be invaluable. Think about a patient who is too ill to come to the office, or who may be a member of a vulnerable group who shouldn't come to the office, or who may be working and can't take the time needed to come to the office. In all of these cases, a virtual office visit will provide an efficient and smart way to provide care for those patients. So we are here today to fully support not only the extension of current telehealth provisions in Connecticut through the end of the year, but to keep it viable until longer term legislation can be enacted in the General Assembly in 2021. I want to thank you for taking the time to listen to me on this very important issue. And I also want to thank you for your service to the citizens of Connecticut.

Thank you,
Mark DeFrancesco, MD, Women's Health CT