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Louisiana Department of Health
Office of Public Health

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Chairman Gerald E. Connolly
Subcommittee on Government Operations
2157 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Connolly,

Thank you for the recent opportunity to provide testimony during the House Committee on Oversight and Reform's hearing entitled "Birthing While Black: Examining America's Black Maternal Health Crisis". Furthermore, I appreciate the thoughtful questions provided following my testimony. Please find a restatement of the questions and my responses, below:

1. **Do your virtual care solutions, including remote monitoring and telehealth, hold great promise for improving maternal health outcomes?**

Telehealth in combination with remote monitoring does hold great promise for improving maternal health outcomes. Personally, as a practicing obstetrician-gynecologist, I have seen the benefit of telehealth in combination with remote monitoring both during and after pregnancy. At Ochsner Health, where I practice, we launched an obstetrical digital medicine program in 2017. Connected Maternity Online Monitoring (MOM) is a remote monitoring program that allows pregnant individuals to stay connected to their health care team by digitally submitting weekly blood pressure readings and weights to the electronic health record via their smartphone. Enrollees are provided a blood pressure cuff and a scale that connect to their smartphone via Bluetooth technology. This program offers patients more touchpoints to the health care system than in traditional care and contributes to improved outcomes. As an example, during her pregnancy, through Connected MOM, I diagnosed one of my patients with a condition known as "preeclampsia with severe features". Preeclampsia with severe features is a condition during pregnancy in which individuals with no history of hypertension develop

elevated blood pressures. Untreated preeclampsia can lead to serious – or even fatal – complications for mom and baby. This diagnosis may not have been made or may have been delayed if she was enrolled in traditional care.

Some identified barriers to receiving care during pregnancy, especially in the postpartum period, are the lack of transportation, child-care issues, and the logistics of being able to schedule a visit due to busy clinic schedules.[1] Telehealth provides an opportunity to overcome these barriers. This was evidenced at the height of the pandemic when in-person visits were discouraged to stop the spread of the virus. At Ochsner, Connected MOM was a critical aspect of our ability to provide safe access to prenatal and postpartum care during the pandemic.

Telehealth with remote monitoring is a tool that can improve care during the postpartum period. While this time after birth (also now known as the "fourth trimester") is a crucial time to identify and mitigate medical issues, up to 40% of postpartum patients do not attend their postpartum visit.[2] For those women who have a hypertensive disorder of pregnancy, compliance with this postpartum visit can mean the difference between life and death. Elevated blood pressures cause increased risk for potential preventable morbidities such as cerebral hemorrhage, stroke, and eclampsia.[3] Telehealth with remote monitoring, specifically a blood pressure cuff, increases the compliance with the recommendation of blood pressure checks in the postpartum period. In a retrospective cohort study, at Ochsner, we demonstrated individuals with a hypertensive disorder of pregnancy enrolled in Connected MOM were twice as likely to have a blood pressure check within 7-days of discharge from the hospital compared to traditional care. Other institutions who use telehealth with remote blood pressure monitoring have found a decrease in hospital readmissions related to hypertension in addition to improved compliance.[4]

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[1] Bennett WL, Ennen CS, Carrese JA, et al. Barriers to and facilitators of postpartum follow-up care in women with recent gestational diabetes mellitus: a qualitative study. *J Womens Health (Larchmt)*. 2011;20(2):239-245. doi:10.1089/jwh.2010.2233

[2] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol*. 2018;131(5):e140-e150. doi:10.1097/AOG.0000000000002633

[3] Martin JN Jr, Thigpen BD, Moore RC, Rose CH, Cushman J, May W. Stroke and severe preeclampsia and eclampsia: a paradigm shift focusing on systolic blood pressure. *Obstet Gynecol*. 2005;105(2):246-254. doi:10.1097/01.AOG.0000151116.84113.56

[4] Hoppe KK, Thomas N, Zernick M, et al. Telehealth with remote blood pressure monitoring compared with standard care for postpartum hypertension. *Am J Obstet Gynecol*. 2020;223(4):585-588. doi:10.1016/j.ajog.2020.05.027

2. As we consider how to reorient our health care system to bring care to mothers impacted by longstanding health inequities, what more can be done to leverage telehealth and remote monitoring support and manage high-risk pregnancies?

Implicit bias and systemic racism have negatively affected the social determinants of health leading to health inequities. Telehealth with remote monitoring can play a role in improving outcomes for those who have decreased access to health care and economic instability by bringing the health care system to the patient. Patients no longer need to take off a day of work or worry about child-care arrangements to be able to visit with a provider. Those who earn hourly wages simply cannot afford the choice of employment versus accessing the health care system. Further, those persons who live in rural areas can receive care in their community regardless of the number of providers present. There are many areas of the United States deemed as maternity care deserts due to the lack of obstetric providers, and individuals in these areas are further disadvantaged if there is a need for access to high-risk providers. Telehealth has the ability to provide some low and high-risk care to individuals in these areas.

Two significant obstacles to widespread implementation of telehealth are financial and infrastructure limitations. As mentioned in my testimony, the obstetric telehealth system at Ochsner, Connected MOM, is supported by private foundation funding. Each patient enrolled in Connected MOM is provided a blood pressure cuff and scale with Bluetooth capability to allow the readings to be connected to the Electronic Health Record. Federal funding is needed to provide these remote monitoring devices. Congress must enact legislation such as the Connected MOM Act (S.801), which would direct the Centers for Medicare and Medicaid Services (CMS) to provide states with resources and recommendations on expanding coverage for remote monitoring devices under the Medicaid program. Blood pressure cuffs and other remote monitoring devices should be categorized as durable medical equipment and covered under insurance benefits without patients being responsible for cost-sharing. Making patients financially responsible for access to remote monitoring devices will only further disparities in accessing quality care.

It is also critical that telehealth services be reimbursed through all public and private insurance plans. During the COVID-19 pandemic, CMS provided various flexibilities to increase access to telehealth in the Medicare and Medicaid programs, while most private insurers made elections to ensure telehealth services were a covered service. These flexibilities and increased coverage should be made

permanent and not just available in time of crisis. Enactment of CONNECT for Health Act (HR 2903) will ensure all Medicare beneficiaries are able to access telehealth regardless of their location. It also ensures federally qualified health centers and rural health centers are able to deliver telehealth services by permanently removing originating site and geographic restrictions that have been temporarily lifted during the pandemic. Further, it is crucial that visits completed through telehealth be reimbursed at the same rate as in-person visits to encourage clinicians to use telehealth.

Another barrier to making telehealth accessible to all is broadband infrastructure. Diminished speed and connectivity in both rural and urban areas must be addressed. The Congressional Research Service found many telehealth programs require 1.5 Mbps for successful video and audio data.[5] According to the 2018 Broadband Deployment Report, over 30% of rural areas and around 35% of tribal areas did not meet the Federal Communications Commission minimum benchmark for high-speed broadband internet.[6] The federal government must make investments in broadband infrastructure, particularly in rural and minority neighborhoods, to ensure equal access to the benefits of telehealth.

Thank you for the opportunity to express my support for telehealth with remote monitoring, as well as to discuss the obstacles we must overcome in order to make access to telehealth a reality for all birthing persons across the United States. If you have any further questions or require any additional information, please do not hesitate to contact me.

Sincerely,

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Medical Director, Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review

[5] Kruger L. Defining Broadband: Minimum Threshold Speeds and Broadband Policy. Congressional Research Service. 7-5700. R45039. Published December 4, 2017. https://fas.org/sgp/crs/misc/R45039.pdf. Retrieved on May 23, 2021.

[6] Barriers to Telehealth in Rural Areas. Rural Health Information Hub. Barriers to Telehealth in Rural Areas - RHIhub Toolkit (ruralhealthinfo.org). Retrieved on May 23, 2021