

From: Larson, Mark <Mark.Larson@state.vt.us>  
Date: Mon, Apr 21, 2014 at 4:52 PM  
Subject: RE: Telemonitoring  
To: Martha Heath <mpheathvt@gmail.com>  
Cc: "nlangweil@leg.state.vt.us" <nlangweil@leg.state.vt.us>, "Hickman, Selina" <Selina.Hickman@state.vt.us>, "Hathaway, Carrie" <Carrie.Hathaway@state.vt.us>

Martha,

We have reviewed the existing research on telemonitoring again. What we have found is that the evidence for cost neutrality exists for telemonitoring for congestive heart failure. The evidence is inconclusive for COPD and not strong for Asthma and Diabetes. One option that I would offer is to support implementation of telemonitoring for CHF where the evidence is strongest. I think that we could feel comfortable in stating that with this narrower focus it could be cost neutral and we could continue to look at the other conditions. I would be ok with language authorizing us to expand beyond CHF if we determine that doing so is determined cost effective. We really already have that authority but it might provide some additional encouragement.

Please let me know if you have any questions.

Mark