

Vermont House Committee on Health Care

February 3, 2021

Dear Committee Members,

I would like to briefly describe why I strongly support continuation of reimbursement for phone-only medical services, even after the end of the SARS-CoV-19 pandemic.

I am a cardiologist at UVMMC, and I see outpatients both at the hospital's main cardiology office in South Burlington, as well as at an outreach clinic at NMC in St. Albans.

Since the beginning of the pandemic, we have tried to keep patients safe by changing many of our visits to telemedicine. Even within cardiology, many outpatient visits can be sufficiently conducted via telemedicine. Since the holiday COVID-19 surge approximately 70% of my outpatient volume occurs via telehealth.

What seems most clear to me is that restricting reimbursement to only visits utilizing video telehealth would stand as a barrier to access for many patients. My two outpatient offices have fairly distinct populations of patients with cardiovascular disease. One office serves an urban/suburban population and the other a more rural population. The mix of methods for telehealth skew differently between the two sites, with the urban/suburban site more likely to serve patients with easier access to resources for video telemedicine visits, and the rural site more likely to serve patients who do not have access to video telemedicine resources at home. Even when a video visit is scheduled in my rural office, I frequently have to change the modality to telephone as the patient's technology is inadequate for smooth video. This may be due to the lack of high speed internet or very poor cellular coverage in some parts of the state.

Thus, it is my personal opinion that restricting reimbursement only to video telemedicine would stand as a barrier for patients to have access to both primary AND specialty/subspecialty care, and more of this burden would fall on Vermonters of lesser means.

Sincerely,

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Professor of Medicine

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