January 29, 2021

Members of the Vermont House Committee on Health Care and Chair Lippert,

I am here to day as a community pediatrician, business owner of a private practice Timber Lane Pediatrics, or TLP(part of Primary Care Health Partners) and parent to offer my opinion on "audio-only"/phone visits in pediatric health care delivery. I plan to illustrate how our health care system and patients can all benefit from this pay parity. I do not wish to talk about "free" care versus "paid care" because it pits providers against patients.

There are two crucial concepts involved and they are:
******* Patient care needs. Families need access more than ever. Health care has looked different in the pandemic. Delivery has not let up, it just comes in many forms. People know we are here and how to find us. We never start off with a parent call by saying, "let's get you started with a phone visit". Phone/audio visits only occur if that is the best technology for the encounter or if it is a patient or family choice. Often times it is the only way for a family to access care or the only way for the provider to be in touch with a family. The delivery of health care is going very well amidst this pandemic in our state and I am proud to say at TLP we have delivered 40% of our visits via video or phone since March 2020. Coverage and frankly trust from insurance companies is not going well. Being an essential worker has been a great source of personal pride during this difficult time, being told what to do and how to practice by executives from largely for-profit insurance companies makes the work harder to accomplish. Forbes magazine covered the following in late 2020, and it came as no surprise. "Health Insurers Profits Boom amidst Pandemic" https://www.forbes.com/sites/niallmccarthy/2020/08/06/us-health-insurers-profits-boom-amid-pandemic-infographic/?sh=66d771ef451f**

We have to flex with patient care needs to stay safe. We are educating and managing active issues and real time and patients appreciate it. They should not have to be fearful of "being charged" for these things; I don't want them to know how important those charges are for our survival even though it is the truth.

******Maintaining healthy and robust primary care. Without more capitation to count on to keep the door open, we need income. Our appointment #s are down by 20-30% and while insurance companies get paid premiums regardless of a patient's use of the system. Now in 2021, we get paid based on encounters. The income helps us, at TLP, maintain an embedded model with SW, CC, therapists in house and do vision screening, lipid screening, lead and hemoglobin screening. Those features keep our quality measures high and**

patient care both comprehensive and of excellent quality which we like (and all of the regulating bodies like too). This steady income in addition to relief payments helps us pay rent, salaries, malpractice and supply costs.

This concept should not be about "free" care but trust in the health care delivery system. The administrative burden on providers, insurers and quality observers to document, charge and collect for all phone calls is not small. It would be another driver of fee for service(FFS) health care costs, but if that helps providers delivery great care with fewer boundaries than it is reasonable first step.

My practice, and our larger umbrella organization, has booked about 40% of our appts as video or phone visits since COVID - 19 hit. This helps us educate the public, triage in person or virtual visits and minimize in-office time to protect patients, families and our staff.

Let me walk you though my last weekend on call. We keep a skeleton crew. Less appts overall. Many have to shift to VID or PHONE due to covid quarantine guidelines. We do not force families to work outside of their comfort zone, so give choice unless the safety of the child is at risk. I saw 8 patients in office. I then received about 25 calls/pages of which many led to phone or video visits. The topics included: panic attacks, breastfeeding while ill with COVID, injuries, insomnia, rashes, fevers and eating honey before age one.

The work gets done. We document what we need and what we can and think about what is best for the patient first and always. I hate to hear angry parents says "I hope you are not going to charge me for this" for acute rash advice for parents hoping to go to work.

Including all communication entities in care delivery is important. We can come together to break down the specifics but the "value" determination comes from the patient, NOT the payer. I say we take these sentiments and ride on with capitation. Let's not keep fee for service forever.

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