

Members of the Vermont House Committee on Health Care,

I am writing today in regards to the timely question of pay parity for audio only telehealth visits, with a critical reminder to our responsibility to our most vulnerable citizens, who in this moment of COVID-19 are our elderly.

I have patients of all ages. As a family doctor I enjoy caring for neighbors from birth to 105! In my experience, very few patients over 90 own a tablet, a smart phone, an email address or access the internet. Since we have asked patients to remain safely at home, our goal is to continue to provide medical care by any means necessary, to prevent the deferment of acute or chronic disease management, which will clearly lead to even worse health conditions. Our options are limited: see the patient in a home visit, call the land-line for an audio-only visit, make the patient come to the office, or defer care. We favor the first two.

The telehealth visit has been an absolute blessing for the COVID pandemic, and we will insist that it stay as a necessary means for patients to access health care. Patients and providers limit exposure to dangerous illnesses. With telehealth, we cut down on travel time, gas expenses and calling out of work for a quick health visit. I now will have a telehealth visit with patients on their lunch breaks from work, or from their beds at home sick with a fever. I can see the patient and their surroundings, make an assessment, do counseling and manage their health with them.

But, our elderly and impoverished do not have the means, experience nor interest in the technology required to make a video telehealth call. Most do not have cell phones, but they do have landlines, and that should be enough. We must “ensure that all Vermonters have equitable access to services..” and this includes primary care. At this moment, asking a patient who is old, disabled, sick or mentally ill to drive an hour in the snow to come into the clinic for a visit is not logical. We ask again, what are our options? Home or phone - and we will do either even if the payers will not reimburse us. We will still do the right thing and take care of that patient, for free. But, there is only so much free care we should be asked to provide. Insurers have to take some responsibility as well.

Insurance payers claim that the care is not worth the same rate as an in-person visit. I challenge them to follow one of us for a day and tell those patients on the phone that we did less, cared less or listened less than we did for those patients who were able to make it to the office.

Three examples:

Last week I had an audio-only telehealth visit with a 94 year old woman. I usually actually make house calls for her, but due to COVID-19, she prefers that I do not. She also does not want to come to the office for the same reason. She has a land line. So, we spoke for 25 minutes. She told me that this was the first winter of her life that she has not made a snowman because her shoulder is bothering her. She will accept the home health physical therapists to come in and see her, so we set that up.

We talked about her appetite, which has been failing. She has lost weight and has a good scale to tell me her numbers. We talked about the possibility of depression, asked about her support systems, can she get out for a drive with her daughter?, and how is

she sleeping, does she have food? We talked about her cats, and which movies she is watching, and what medications she is taking. We checked in, just as we used to when she was able to come to the clinic, and last year when I was still able to see her at home. It was a full visit.

Another example is an older gentleman, a veteran, who has been blind in one eye for decades due to a fishing accident. He has a terribly arthritic hip, and would like to have it replaced, but the surgeons say he is too old with too many other illnesses. He takes insulin for diabetes, and lives alone ever since his wife died. Despite many ailments, his mind is very sharp. He is able to tell me his blood sugar readings, his blood pressure (on a home blood pressure cuff) and his weight. Over the phone we can have a lot of information exchanged that helps me make decisions with him about his medications, his overall health and his safety at home. Clearly patients need occasional eyes-on care - either with a home health nurse, or a home visit, but asking him to come into the office alone with everything going on is just not safe.

My last example highlighting the importance of pay parity for audio-only telehealth care is that of a family who recently had COVID-19. Family doctors and other outpatient primary care providers across the state and country have managed likely 80% of the COVID-19 cases. In our office, we have managed every positive case with frequent televisits, and when necessary in-person visits. As far as I know, we have had no patients need hospitalization for COVID-19. In this example, I had 5 patients in one home with COVID-19. With frequent phone visits, most without the ability to have video, I was able to assess each patient's stability and illness progression. We were able to make plans about quarantine rules, return to work protocols and contact tracing. They had a pulse oximeter and so I was able to judge severity of illness with some objective data as well as how they sounded over the phone. These calls were necessary, time-consuming and absolutely important to the overall health of Vermont neighbors. All five have done well.

Family doctors spend hours and hours of unpaid time on the phone. We call specialists, talk with patients about labs and other findings, return calls about medication questions, and triage COVID-19 calls by the hundreds. These calls have been free for eternity. But, in this moment, with the necessary shift out of the office to telehealth, we have seen better compliance with mental health visits, greater satisfaction of patients who did not have to drive an hour for a 15 minute appointment, and improved care of the elderly and disabled who are remote to care. Financially we were also able to recoup the costs of fewer patients in the office.

We are asking that the legislature recognize the value in telehealth, including audio-only visits. These are Vermonters without technology, without internet, without the funds to have a smart phone, but they still need the attention and care of everyone else. If their doctor believes that the 20 or 30 minutes on the phone equates to a visit, then we ask that the payers be required to reimburse providers for our time and care. This is a question of equality and access.

Thank you for your time and attention to this important matter. If there are any further questions, please contact me below.

Respectfully,

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