

Hi all,

I'd like to offer an opinion from the perspective of a family currently purchasing through the open market via MVP healthcare. I closely watch the costs of healthcare which continue to spiral out of control, and have, for years, been the largest single expense in our household (premium only!). Put bluntly, current costs are crippling, and the proposed match for audio-only health care will only cause further increases in cost alongside a sub-standard level of care.

The fact that this is even considered is disheartening. I have experienced both video care and audio only care. Both fall far short of the service received in person. The thought that providers would be reimbursed at the full rate for these services is a clear disregard for the value of the in-person visit. While desired as an option and alternative, neither should be reimbursed at the same level as an in-person visit.

I'm not opposed to practices offering it as an option, but the level of care is not the same, nor should it be billed as such. This is a VERY slippery slope. It sets precedent for services in the future to be billed at the same rate as in person, as technology changes. With apps taking over, could providers argue that the same level of care can be administered via text message? Via an app with chat? Where would this end?

Here are a few other notable considerations:

- Where does the liability fall when the provider has no ability to test for vitals, yet can provide a diagnosis (or misdiagnosis) via phone?
- What value are we placing on the in-person visit if we now allow providers to charge the same for phone? Is the equipment and staff inside the office now only the value of one person's voice?
- Could some providers offer phone only, thus never seeing any of their patients?
- What would constitute a "visit"? Is a follow up call by a nurse or PA at a Dr office to check in a billable event?
- If "voice" is really considered "communication", which I believe it could be argued that it is in its simplest definition, are we on a path to offering care via text? Does that provide the same value as in-person?
- Are there some areas of health care where this should be considered? For instance, on-going mental health for those who have PREVIOUSLY established a relationship with their provider?

Let's look at this in terms of another service provider, as an example:

"Jon's local auto shop has a \$55 diagnostic fee. Jon hears a weird sound when driving his car. He calls the local shop and says "I have a weird sound coming from my car". The mechanic says "put it on speaker phone and drive around for me". Jon does so and the mechanic, after 3 minutes of listening, determines via the audio quality provided, that the car must have mud stuck in the wheel. He tells the customer to go to the car wash, and everything will be fine.

The next day, Jon's wheel falls off, the car crashes, because the bearing was bad. An easily diagnosed problem when the mechanic can see the car and drive it himself.

Do you think Jon should be billed \$55? Do you think the shop is liable since they told him it would be fine after a car wash?

The point is, people pay for the VALUE of the service provided. Jon wouldn't be expected to pay for the mechanic's time over the phone, and the mechanic would likely tell Jon to bring the car in. But in telehealth, the doctor has no ability to see "the car", yet will be expected to make some diagnosis or offer some level of care and can certainly charge for his/her time (at full price!). The value of which will be far less than if the doctor can check vitals, run tests, notice a strange rash, hear the lungs, etc etc etc.

If this committee moves to allow audio-only health care to be billed at the same cost, you are not only a part of the problem of the systemic fleecing of the American public by the medical industry as a whole, but you are likely going to contribute to mis-diagnosis which may result in further degradation of the patients health and or premature death.

Lastly, for the mental health providers who have advocated for this on-par audio-only billing, they are only half of the story. I have started, and subsequently stopped counseling during the pandemic due to the lack of effectiveness of audio-only care. Before accepting the provider's word on this (those who would profit the most), please consider the patients and work to understand their opinions on the subject.

Thank you for your consideration in the opinions above. I hope this committee makes a choice that supports the needs of their constituents over the desires of the providers to increase profits while decreasing care.

Best,  
Liam

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