

Comments for Legislature

2/24/21

Audio-Only Telehealth Services

Joe Lasek, MD

My name is Joe Lasek. I'm a community based psychiatrist who's practiced my entire career in Vermont, first at Howard Center in Burlington and most recently at Counseling Services of Addison County in Middlebury where I recently was appointed Medical Director. I also serve as Medical Director for the Vermont Practitioner Health Program a program of Vermont Medical Society, as the president of the Vermont Psychiatric Association and am speaking today on behalf of the CSAC, VMS, VPA and Vermont Care Partners.

I thank you for allowing me to testify today in support of what I consider a positive development in a year that has been extraordinarily trying for everyone, especially in the healthcare field. That positive development is reimbursing health care professionals, including psychiatrists and other mental health professionals, for all tele-health services that we provide including telephone-based services on par with face-to-face health care services.

My message today is pretty straight forward:

- 1) All health care professionals have been providing telephone based service to their patients as an integral part of their practice for as long as we've had telephones.
- 2) As part of our training and through ongoing experience, we've learned to use telephone-based practice to provide safe and effective care to our patients, triaging each case to ascertain the appropriate level of care just like we would during our face-to-face appointments
- 3) Though all healthcare professionals have utilized telephone-based care for decades, as you know, reimbursement for this has been minimal to nonexistent
- 4) This billing conundrum has caused unintended negative consequences including
 - a. Forcing healthcare professionals to perform a great deal of unpaid work which has put significant financial pressure on medical practices and pushed burnout in our field to epidemic levels.
 - b. Further, non-reimbursement for telephone based care disadvantages specialties who provide lots of this care including primary care and psychiatric professionals. This in turn has made primary care and psychiatry financially untenable for many physicians saddled with huge medical school debts and artificially suppressed interest in these specialties, driving many medical students toward other specialties who perform procedures that are reimbursed.
 - c. And most importantly, this has decreased access and burdened patients because physicians sometimes have to direct patients into the office so that we can effectively bill for the care we're providing, even when that care could just as well be provided via telephone
- 5) Finally, in response to concerns about quality of care, I'd note that:
 - a. There is a well-established research literature that shows that phone based care appears to be as effective as in-person care in many treatment situations. I've included a link to a research review showing that in my written comments: [Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies \(nih.gov\)](#)
 - b. And, because the use of telephones and video conferencing has exploded in the last year, that all health care professionals have had to learn a lot about how to best manage our practice with multiple means of communication available to us. Out of necessity, we've all had to develop effective means to work with them fluidly to provide the best care for our patients.

Next, I'd like to share a few examples of how telephone based care has helped me provide better care to my patients:

- Telephone based care has allowed me to serve many patients who are homebound because of their mental health conditions including problems like severe depression or agoraphobia. Several of these folks hadn't initiated treatment previously or had dropped out of treatment because there was no way to serve them at home.

- Telephone based care has decreased geographical barriers for pts who live in rural areas with poor access to internet and transportation or, who like one patient of mine, had moved to another part of Vermont and who was not able to access video telehealth or psychiatric care in his new community.

- While I have heard that there may be some concerns about offering telephone appointments specifically for initial evaluations I have found that telephone appointments can be particularly useful for initial contact in specific situations when a patient has significant trust issues with providers, has significant paranoia and doesn't trust video conferencing or a patient is skeptical about engaging in treatment but a family member or another treatment professional is willing to serve as an intermediary. One very recent example included an appointment this past Friday with a young woman who was experiencing psychosis in addition to having a history of significant trust issues with treatment providers. She did not feel safe with a video appointment, so her therapist joined us and we had a three-way phone conference that established basic trust and a therapeutic relationship. I'm now working toward an in person or video meeting but she still prefers to have the 2nd appointment by phone which will allow me to continue the most important part of early treatment: engagement and building trust

- Finally, telephone based care allows me to stay in contact with my patients for briefer but more regular visits. This has increased access and ensures that I'm following some of my patients more closely when needed

I'd like to conclude with a few comments from colleagues who have seen significant benefits by being able to provide telephone based care:

- One noted that in addition to improving access, that: "Allowing [patients] to make this choice is important because it gives them a greater sense of autonomy... Using their preferred means of communication increases the connection between provider & patients which is likely to improve outcome."

- Another noted that: "[C]lients very much appreciate the telephone option & I am busier than I have ever been! It has made therapy accessible for many more people. Currently, I am seeing about 1/2 of my caseload by telephone. I truly hope that this continues to be an option in Vermont after the pandemic."

- Another noted: "Most of my clients prefer a phone call as they cannot afford a computer... Telephone call[s] have become a life line for many of my clients who also live alone."

- Finally one colleague noted that reimbursing phone care equally with other care is a social justice & equity issue when she stated: "Differential reimbursement for phone versus video... privileges tech comfortable people as well as people with consistent access. There are people who I would not have been able to serve if all I could offer was in person or Zoom. Examples range from... students I continued to see who live in areas with poor WiFi or had limited privacy and could manage phone but not video to an older Vermonter who uses a flip phone and has no other devices."

In closing, I'd once again like to thank you for considering this very important issue and for considering my request to make telephone based care a permanent, reimbursable care option for Vermont's health care professionals.