

Chris O'Brien

From: jdambrad@verizon.net
Sent: Tuesday, July 14, 2020 7:07 PM
To: Chris O'Brien
Subject: Request for consideration in support of Appropriations Act 20-H-7171

July 14, 2020

To House Finance Committee:

I am a solo-practice primary care physician in Washington County, RI. I am writing to ask you to support the policies put forth in the new Article for the FY20201 Appropriations Act (20-H-7171). The recent challenge to healthcare that COVID-19 presented to my practice was aided by rapidly incorporating a telemedicine option to my patients. I have found this option to be an on-going benefit in delivering a safe and effective method of care while promoting social distancing and reducing use of valuable PPE. Most notably, I can address mental health issues, medication questions, and triage sick patients to bring immediate benefit with my expertise at a place and time that is most useful and safe for the patient. I admit it was encouraging that my time and expertise were being accounted for financially by the patient's healthcare coverage.

I am familiar with telemedicine programs utilized by some healthcare insurance companies, but such programs do not link me in any meaningful context to the patient. All my patients that spoke to me via telehealth in these past few months were very pleased that their PCP, the physician that they call to seek advice and treatment, the doctor that has known them for years, was who they were able to talk to. By having true payment parity laws for telemedicine, it would improve my reach to effectively handle many aspects of patient care without limiting payment. When I first learned that there would be telemedicine payment not limiting by location, coverage for audio-only and audio-visual methods of communication, and waiving of cost shares, I was certain that incorporating it in my accessibility to patients was not only helpful, but would help my practice financially survive the stay-at-home orders and social distancing concerns that were present as of mid-March. I understand that there could be the viewpoint that as Rhode Island moves through Phase 3 and beyond that the time for telemedicine is a closing window. Certainly, there are examples of patient encounters for which I would not promote the use of telehealth, and an in-office appointment would be scheduled. However, having telehealth as an option would be a win-win for patients and my practice, especially in the examples of managing behavioral health issues, triaging medical concerns, and following up on some chronic health issues.

Finally, please consider how the ongoing experience of COVID has changed Rhode Islanders lifestyles. Families are juggling work from home, distance learning, isolating, quarantining, and/or caring for loved ones. I continue to surprise many individuals that call to postpone appointments or who are hesitant to come into the office with a telemedicine option. They are relieved to have the option of talking to me from the safety and comfort of their homes. It continues to be worth noting that telehealth also reduces the burden on our families who have a family member who is at higher risk for poor outcomes or complications if they were to contract COVID. It is very helpful for me to have the option of delivering care from my home, especially after hours. During the peak of COVID outbreak, I was able to directly address patient concerns, triage concerning symptoms, and coordinate COVID testing - ALL via telehealth. I worked around technology issues and focused on finding the best way for the patient and myself to effectively communicate. I would not want to have limits placed on coverage for the mode of telehealth given my experience with different levels of resources available or understood by the patient on the other end of the interaction. Good internet connections, wireless service, or appropriate devices should not be determinates for the type of care the patient can receive. I hope these technological disparities and resources will continue to improve, but in the meantime, coverage for audio-only and audio-visual visits is needed. And I would like to add that telemedicine truly allows me to offer the best care to patients as an option during very unprecedented times that will be within the community for some time to come. My understanding is that a safe and effective vaccine will take at least a year for research, development, and administration. Even when such a vaccine is available, it will not guarantee herd immunity or eradication of COVID. The telemedicine policies set up by Governor Raimondo's Executive Orders need to be extended, at the very least, by a year. This public health emergency requires that we, as a society, implement safety nets such as these telehealth policies to help us provide the best care for our patients. Such policies should continue to allow medical offices to have sources of income generated for the time and expertise that providers contribute for patient care, specifically telehealth-based services. With gratitude, I thank you for your leadership and all the work that has been done thus far to maintain access to care, coverage, and payment during the COVID-19 pandemic.

Sincerely,
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