

February 4, 2021

Re: HB2508

Public Testimony: Antonio Germann, MD MPH

Chairwoman Prusak and members of the House Healthcare committee,

Thank you for the opportunity to speak in support of HB2508. My name is Tony Germann and I am a family physician practicing in Woodburn, Oregon. There I serve also as medical director of our Pacific Pediatrics and Salud Medical Clinic. I believe this bill represents a true focus on patient centered care! For years my colleagues and I have commented that we should be utilizing the tools of technology to improve the quality of care we deliver. There is little to be appreciative of the COVID-19 pandemic but our accelerated timeline and adoption of technology should be one. Telemedicine is revolutionary and it should stay for good. We can not backtrack or forget the advances in care this has provided. My patients often take two to three buses to get to their appointments, they forgo wages they can't replace, and they put at risk community members on those public means of transportation should they travel to clinic or hospital with potential infectious illness. Telehealth equips the medical field with a valuable tool to evaluate and support patients while providing good outcomes and reducing risk. Telemedicine improves health.

My clinic system, Yakima Valley Farm Workers clinic, serves just over 170,000 lives. We adopted telemedicine early on in the pandemic. We quickly altered our delivery of care from 100% in person visits to 80% virtual visits by the end of April. We have transitioned back to 70% in person visits however we have come to discover that the delivery of acute care for screening of COVID-19 infections and the delivery of chronic care has reformed our care model. We serve our community with a continuation of 20-30% virtual visits. We firmly believe this adds value to our patients' care.

Many studies have evaluated the effectiveness of delivery of care via telemedicine with phone and video visits. Systematic reviews bring forth research based not only on anecdotal experience of clinics and patients but a well studied review. In that literature, providers and patients consistently express significant positive reviews even before the COVID-19 pandemic. Both patient and provider satisfaction return positive. In a BMJ article from 2017 researchers commented on several factors that led to these findings; 1.) ease of use; 2.) improved outcomes of care; 3.) improved communication; 4.) low cost; 5.) Decreased travel time and need for transportation. From this review, the authors commented "Healthcare organizations should embrace telehealth because it decreases missed appointments, is a good modality for education, decreases wait times, decreases readmissions and improves medication adherence." I will share with the health committee that I agree wholeheartedly with the evidence of this article that I have witnessed these improvements in the care of my own patients.

For years I have advocated that the delivery of chronic disease management is well suited for telehealth. I don't always need a physical exam. We can eliminate the added time of a medical assistant in the rooming of a patient so they can focus on more valuable care. Medication

management for diabetes, hypertension, COPD, or congestive heart failure can be delivered via the phone or video visit in a safe and effective manner when done appropriately. I will add there is value in contacting a patient in their home with a video visit too. I see the home they live in. I can better evaluate the risk factors and positive features that support them in their home environment. Unfortunately the structure and payment of our health system precluded the support of home visits for many providers. This certainly helps us as a proxy to accomplish similar goals.

One caveat to this bill is the importance of supporting equity in our communities. Many of my patients do not have smart-phones. The majority do but some do not as these can be cost prohibitive. Additionally, many of elderly patients struggle with setting up video conferencing on their phone or home computer despite some of the streamline processes we have in place. This technology has afforded many its benefits but video still presents barriers for our elderly population. In fact, in our health system we often need to convert video visits, secondary to patient challenges, to a telephone visit. Imagine if we didn't have telephone visits we would have to reschedule these patients to a later time or date or if urgent to an emergency room or urgent care, even though we could take care of them right then. I need to stress that telephonic visits (simple telephone visits) are critical to providing support to ensuring all patients have access to this valuable method of delivery of care. We need to ensure HB2508 includes all technologies that are available for patients. Moreover, language is incredibly important to keep in mind. I speak Spanish and can deliver care to my community by supporting them in their familiar tongue. We need to ensure access to care provides the same for all patients with the use of telemedicine. Clarity needs to remain in the bill that translation services are a necessary requirement for patients to obtain this resource.

Once again I firmly support HB2508 as this is a tremendous asset and tool for healthcare. Telemedicine has sped up our health delivery systems to bring equity, compassion, and efficiency.

Much thanks and appreciate all your hard work,

Antonio Germann, MD MPH

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