April 28, 2021

Good afternoon Chair Patterson, Vice Chair Knopp, and members of the health care committee.

My name is Shelby Lee Freed. I am a Family Nurse Practitioner who practices at OHSUs Family Medicine at Richmond Clinic, a Federally Qualified Health Center is SE Portland. I am a member of ONA and Nurse Practitioners of Oregon. I am speaking in support of SB 2508 A. I echo everything Dr. Solomon said during her testimony on Monday April 26, 2021.

The Family Medicine at Richmond clinic delivers care to over 17,000 patients the vast majority of whose income is below the federal poverty level, who are of a racial or ethnic minority, and are uninsured or publicly insured. Most of our patients are affected by at least one, if not multiple chronic conditions.

Telehealth has become imperative during the time of COVID. It has increased access and given us an invaluable tool in providing care to our patients, particularly the most vulnerable. It has increased the ability for us to provide timely effective care that prevents poor outcomes and costly hospitalizations from preventable effects of chronic disease. Over the course of the last 14 months, I have provided safe, effective, patient-centered, evidence-based care through telemedicine visits, something I had not done prior to the onset of this pandemic.

On Monday I saw 20 primary care patients in 8 hours, many of whom I know well. I treated anxiety/depression, Opioid Use Disorder with buprenorphine, helped to manage diabetes and chronic pain, met a new patient and made a plan for care, treated a patient with a mechanical heart valve and chronic muscle disorder, and coordinated a medical procedure in a very ill person with the goal of preventing hospitalization.

A story: R. is an elderly man old man who lives about 1 mile from our clinic. Seems to be easy to get there, right? He has had 3 strokes, has near complete paralysis on his left side, epilepsy, severe morbid obesity, immobility, diabetes, high blood pressure, a history of blood clots, heart disease, and chronic kidney failure. He is not eligible for a nursing home. The family does not have enough money to pay for in home care. To get him to clinic it takes at least two people and a manual lift to get him into a chair which then must be wheeled the mile to clinic in all types of weather because they

do not have a car to accommodate him. Medical transport has been a great challenge to coordinate. With telemedicine (phone and virtual visits) I have been able to "see" him virtually almost weekly for the last 14 months and started to do home visits with him after I was vaccinated. With the help of his wife who is his full-time caregiver and nursing staff who sees him once per month, I have been able to adjust medication, coordinate care with kidney, heart, and neurology specialists. I have been able to get him nursing, physical therapy, occupational therapy, and blood draws at home. I have been able to order tests like ultrasounds to evaluate for blood clots while preventing costly hospital visits and stays. Because of telehealth he has been to the ED twice in the last 2 years, with one hospitalization more recently. This hospitalization was also the benefit of telehealth. He and his wife had no idea how sick he was. I was doing my routine weekly follow up and noticed a significant change in his breathing from the past week and called 911 with them on the phone. He was diagnosed with heart failure that evening.

As a clinician, I now do not have to wait for a patient to come in, spending hours of their time, navigating the complexity of transportation, time off of work, childcare, and other barriers because of social determinants of health. I can spend fewer unpaid hours of my own or our nurses time trying to call patients and play phone tag, rather can ask to speak to them directly in a scheduled visit about their complex lab results, medication changes, and next steps to improve their overall health in a visit where this time is valued and reimbursed. By allowing appropriate access and time for these appointments, it has decreased the burden on myself on our system to do extra work to meet the needs of patients and provide excellent care. As clinicians, our medical decision making does not change based on the mode of the visit – we all still have the same thought processes and complexities that go into the care we provide.

While telehealth is not a replacement for in person health care, it is a valuable tool that has been and can continue to be used to provide cost-effective, patient-centered, evidence-based, accessible health care to our communities, particularly those who experience the most barriers to care and consequently the worst outcomes. I cannot express to you just how *imperative* it is that this work be continued and reimbursed in the same way as in person visits are. We need to continue to use telehealth now and

forever as health care and technology continue to grow and change. On behalf of clinicians and patients, I too urge your support of HB 2508 A.

Thank you for your time and consideration.

Best,

Shelby Lee Freed, MS, FNP, APRN
ONA Cabinet on Health Policy, Voting Member
Nurse Practitioners of Oregon Health Policy Committee, Chair