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October 19, 2022

Commissioner Andrea De La Bruere
Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, VT 05671

Dear Commissioner De La Bruere:

I would first like to thank your staff for taking the time to meet with me and my colleague from Bi-State Primary Care Association on August 29, 2022, to discuss potential reimbursement policies for telehealth visits, both audio-visual and audio-only, following the conclusion of the Public Health Emergency (PHE). Bi-State Primary Care Association is nonprofit organization established in 1986 to advance access to comprehensive primary care and preventive services for anyone regardless of insurance status or ability to pay. Today, Bi-State represents 27 member organizations across both Vermont and New Hampshire. Our members include Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England.

In requesting this meeting, Bi-State was interested in learning about Vermont Medicaid's plans for reimbursing telehealth, including audio-only, especially as it relates to the encounter rate for the 11 FQHCs in Vermont. These health centers serve approximately 185,000 Vermonters of which almost 30 percent are Medicaid enrollees. As part of the meeting's follow-up, Bi-State offered to compile feedback from our members' chief medical officers on the need for, use of, and potential barriers to telehealth, including audio-only. We hope that DVHA can incorporate this feedback as develops its post-PHE reimbursement policy for telehealth.

In summary, providers and patients prefer in-person visits; however, having the option to use telehealth, including audio-only, is vital to ensuring access to timely and appropriate primary care. Additionally, telehealth, including audio-only, requires similar levels of time and resources as an in-person visit. Reduced reimbursement can lead to providers limiting or ceasing to offer services through telehealth modalities. Bi-State requests that DVHA continue to provide full FQHC encounter rates for clinically appropriate telehealth services.

Telehealth questions posed to FQHC Chief Medical Officers:

What have been the trends for telehealth utilization over the past year?
Telehealth, including audio-only, continues to be used by providers in FQHCs. While the rate of utilization has dropped significantly from its peak during the COVID-19 pandemic, in many health centers the need is steady and higher than prior to the pandemic. While providers and patients both prefer in-person visits, the ability to connect a patient with a provider for clinically appropriate care through telehealth when the need arises has become a vital part of increasing appropriate access to primary care. Providers offer both behavioral health and medical visits through telehealth, although the former is more common. In general, providers reported that they were meeting the telehealth demands of their patients.

If there were a surge in COVID cases, would providers see an increase in the number of telehealth visits in their practice?
Answers ranged from "possibly" to "no".

What are some of the benefits of telehealth, including audio-only?
The biggest advantage is helping patients access care. Transportation issues, both planned and unplanned, can arise as a barrier, and telehealth allows the provider to connect with the patient to avoid a cancellation or "no show". For example, a person planned for an in-person visit but the patient's ride did not show up, the weather and road conditions were bad, or the person had car trouble. When these situations arise, providers can switch the patient to telehealth and avoid cancelling the appointment, which may lead to significant delays in care. Some health centers also allow pre-booked telehealth, which provides patients with more flexibility around taking time off from work or managing childcare.

When care is delivered through telehealth, are there differences in the amount of time, effort, and resources used compared to an in-person visit?
The time spent with a provider during a telehealth visit is similar to the time spent for in-person visits. Providers still review the same number of conditions and labs or imaging, provide patient education, discuss any changes in treatment plans, identify necessary care coordination, and complete all necessary documentation. In some cases, if the provider or patient cannot access the patient portal, visit documentation must be done through a less efficient format. For example, during an in-person visit a patient may complete all the check-in documentation and screening through a tablet. With a telehealth visit, this documentation would be done verbally. While the patient may require less support staff time, i.e., a nurse is not escorting the patient to an exam room, the patient still needs to check in and potentially cover a copay.

Should audio-only visits be reimbursed at the full rate?
Yes, many patients lack the technology to engage through audio-video means, are less skilled at using the technology, or lack the internet bandwidth necessary for video. Some services do not require the provider to visually see the patient. Examples include managing diabetes medications, following up on a depression visit, or assessing whether a person should receive a prescription for Paxlovid. At multiple health centers, this last example is almost always done by phone. In other situations, including conditions that require a visual assessment such as with a rash, providers will need to conduct the visit via audio-visual or in-person and will quickly make

this call. In either case, providers are in the best position to determine the most appropriate mode of delivering care.

When audio-only is not sufficiently reimbursed providers are less likely to offer audio-only as an option, even though it may be clinically appropriate and the timeliest way for a patient to access care.

Thank you for the opportunity to provide input to DVHA as it develops a post-PHE telehealth reimbursement policy. If you have any questions, please do not hesitate to contact me.

Sincerely,

Mary Kate Mohlman, PhD, MS
Director, Vermont Public Policy

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