

## HB 358, Insurance coverage for telehealth

I am a primary care physician in Anchorage where I grew up and have now practiced for the past 12 years. I work at Medical Park Family Care, a group of 18 family physicians and 5 physician assistants. We serve a population of about 25,000 individual patients. Most of our patients live in the Anchorage area, but we also have a large number who reside in MatSu, Girdwood, Seward, and many rural villages off the road system. I currently offer telemedicine video visits for my patients, regardless of where they live. Video visits occur much like a regular office visit, but over a secure internet-based platform that looks like FaceTime. These visits are not universally covered by private insurance, nor by Medicaid or Medicare. We are not able to offer telephone visits as they are not reimbursed by any insurance.

How do primary physicians use telemedicine?

Remote visits allow us treat patients living in remote communities while maintaining a patient-physician relationship and giving them the benefit of a provider who has access to their records, medication lists, labs, and other history. It's much more efficient for a patient in Kotzebue to phone/video chat to see me rather than have a secondary provider in their local area that they also see. Errors are reduced without tandem treatment plans, especially when patients have diabetes, multiple medications, or other chronic conditions. We have a high volume of seasonal and school workers in rural Alaska that travel to Anchorage for their breaks, and it makes more sense for them to have health care based in Anchorage. Many of the communities have no provider anywhere nearby and the Alaska Native community health clinics are not generally preferred for non-beneficiaries.

I also use telemedicine for Anchorage based patients who have transportation difficulties or who are caregivers for small children and have difficulty leaving home during usual 9-5 business hours. For many, the convenience of waiting for a doctor at home while their computer or phone is online is preferable to driving in and waiting in the office.

Telemedicine visits are appropriate for minor illnesses like respiratory infections or follow up after being treated in the office for an acute problem. Chronic problems like high blood pressure and diabetes can also be treated if patients are tracking their home BP numbers and glucose numbers. We do medication refills for depression, ADD, and anxiety regularly as well. Patients no longer physically carry prescriptions to the pharmacy with electronic prescribing, even for controlled medications, so their physical presence is not necessarily needed in the office. For patients living in rural Alaska, mail-order services provide their prescriptions remotely.

The primary goal of telehealth services for primary care is to improve continuity and improve patient access to care. It's most effective use is when a patient can access the provider, or at least the clinic, with whom they already have a relationship. Reimbursement for these services motivates physicians and clinics to provide secure platforms over which telehealth visits can take place, all of which costs money for clinics.

In advancing a bill that requires insurance companies to reimburse for telehealth services, it is important to consider the ways telehealth can disrupt health care delivery. Currently, there are some insurance plans in Anchorage that allow patients to call in to an outside company, Teledoc, for a low copay. This saves them from an office visit but the patients records are not available on the phone call, nor are the

visits available to the patient's PCP. Typically, if the patient has a drug reaction or a problem following the call, they call us as their PCP and expect us to take care of it for them by phone for free. There are many companies that are seeking to extract some easy income from the health care industry. Skimming "easy visits" and providing antibiotics over the phone for acute illnesses is a way to do that. Unfortunately, it disrupts continuity and potentially leads to inappropriate treatment. There are many positive aspects to providing care by telehealth, but opening the door to more outside interests wanting to take advantage of Alaska's health care dollars should not be one of them.

I am happy to answer specific questions if time permits during the committee hearings.

Sincerely,

Jill Gaskill, MD

Medical Park Family Care