Ascension Via Christi

TO: **Brenda Landwehr**
Chair
House Health and Human Services Committee

FROM: **Philip Newlin, M.D.**
Clinical Dyad Leader
Ascension Medical Group Via Christi

SUBJECT: **Testimony in support of H.B. 2206**

DATE: **February 9, 2021**

Madam Chair and members of the committee, thank you for allowing me to provide this testimony in support of H.B. 2206.

Ascension Via Christi is the largest provider of health care services throughout Wichita and central Kansas including hospitals, doctors and specialty clinics. As one of the leading non-profit and Catholic health systems in the U.S., Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Before the COVID-19 pandemic took hold in early 2020, organizations like Ascension Via Christi, realizing the long-term promise of virtual care, had begun taking steps to expand technology-enabled service offerings. A variety of factors limited the broad uptake of these services in recent years, but the most significant barrier to adoption has been an antiquated regulatory environment that limited the ability of providers to innovate and experiment with virtual care offerings. And while the COVID-19 pandemic has wrought devastating losses upon our patients, their families, and our communities, it has also provided a once in a lifetime opportunity for providers and policymakers to mobilize and innovate with virtual care in ways never before achieved. In a matter of months, we have seen years of care delivery advancements take place to meet the clinical, safety, and access needs of our patients.

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Across Ascension, we have scaled up our virtual care services both as standalone offerings and as new tools within the context of more traditional health care offerings. Our virtual services and offerings today include:

- virtual provider offices;
- an alternative way to manage patient panels when in-person visits are not needed to render care and can include primary care (including routine follow-ups and urgent care visits with a primary care provider), specialty care, behavioral health and substance use treatment support, and post-operative care;
- virtual urgent care for new patients;
- virtual medication management and pharmacy support;
- at-home remote patient monitoring through connected devices and patient-reported data;
- intraprofessional e-consults; and
- in-facility telemetry, remote patient safety monitoring, and remote ICU monitoring.

With the onset of the COVID-19 pandemic, however, the collective view of virtual connections shifted. At a time when the threat of the spread of the novel coronavirus restrained many patients from seeking needed care in person, virtual care offered a safer alternative — and policymakers recognized the need to open up access. To do so, significant waivers and flexibilities were granted,including:

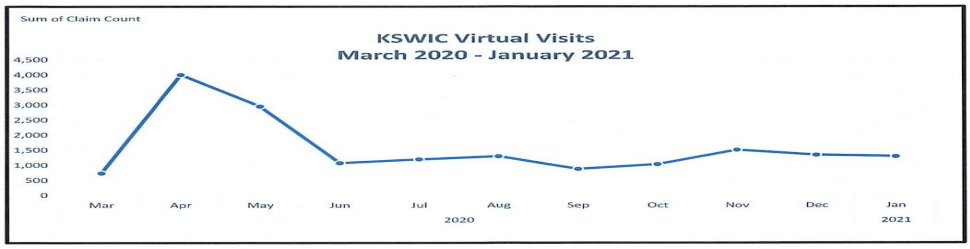
- Elimination of originating and distant site requirements;
- Coverage of additional telehealth services, including occupational therapy, physical therapy, speech therapy, mental and behavioral health, and dentistry;
- Coverage for telehealth visits, even if a clinician does not have an existing relationship with the patient;
- Access to and coverage of telehealth visits occurring on previously unallowed technological platforms, including telephone (without video);
- Allowances for clinicians to practice at the top of their license and across state lines; and
- Reimbursement parity for telehealth services as if it were a traditional in-person visit.

While virtual care has offered a safe and effective alternative for patients seeking care from their primary care and specialty providers during the COVID-19 pandemic,

we are not suggesting that it replace in-person office visits as we move to a post-pandemic era. The chart below illustrates how prior to March of 2020, there were a small number of virtual visits being performed, but as the shelter-in-place orders went into effect combined with the regulatory flexibilities granted, the number of visits in March and April increased exponentially. As we have opened our economy more and patients have become more accustom to practicing safe practices in preventing the spread of COVID-19, you can see a movement back to more in-person visits with physicians. The highest percentage of our virtual visits continue to be Geriatrics as you would expect. We believe we are now finding the happy medium with the use of virtual care, with the higher percentage of visits being in-person where the physician can provide a more thorough examination of the patient.

What virtual care offers is the convenience for patients with conditions of milder acuity to ask a physician simple questions about their symptoms and receive direction whether they need an appointment for further evaluation or the need to seek care at an urgent care center or emergency room.

KSWIC VIRTUAL VISITS
Source: Ascension Medical Group VPO Summary, Tableau, 2/4/2021, by Month of Service



Years	Week of Service Date	Sum of Claim Count
2020	Mar	740
	Apr	4005
	May	2954
	Jun	1079
	Jul	1201
	Aug	1304
	Sep	880
	Oct	1039
	Nov	1513
	Dec	1345
2020 Total		16060
2021	Jan	1296
2021 Total		1296
Grand Total		17356

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The Kansas Hospital Association is providing testimony that outlines some amendments we support being added to H.B. 2206, particularly around payment parity and telemedicine technology platforms.

Platform Parity

The amendment offered by KHA regarding virtual care technology platforms would enable providers to utilize whatever telehealth platforms is of most comfort to them

and their patients. Prior to the PHE, some third party payors covered or were in the process of moving to cover telehealth services for direct to consumer visits in a way

that may restrict a patient's treating provider, such as a primary care provider, from utilizing telehealth in a virtual provider office context for the patient's ongoing treatment relationship. This negatively affects the patient's continuity of care when the patient cannot use their current providers for telehealth services due to their payor's restrictive network relationships.

During the pandemic, many of our most vulnerable patients who need to maintain regular contact with their provider relied on telehealth utilization to sustain their care. Ensuring that they have access to whichever platform their provider determines is appropriate is of the utmost importance so as to not cause a disruption to their regular course of care. Importantly, though, this request does not require insurers to cover telehealth services provided by out-of-network providers, unless such coverage is already required by law.

Payment Parity

Finally we support the amendment on payment parity. As our patients begin to return in-person, health utilization has remained at a persistent level for our health system, with a strong indication from patients and providers that they would prefer that telehealth technology and utilization is retained moving forward. Reimbursement parity is a critical component to removing existing barriers to patient access and provider adoption across Kansas. While Ascension Via Christi is fortunate to have the capacity and resources to implement this technology, payment parity will ensure that other providers are incentivized to do the same -- increasing access to healthcare across Kansas.

Again thank you for allowing Ascension Via Christi to provide testimony on this important issue, and we will answer any questions the committee may have at the appropriate time.