May 6, 2021

Testimony for Committee on Health Coverage, Insurance and Financial Services

Good Morning. My name is Susan Woods. I am a physician and researcher, with over 15 years of digital health expertise gained in private practice and at the Veterans Health Administration. I also served as the telehealth representative on the *ConnectME Authority* for 4 years.

My career in remote care, or care at a distance, began in 1999 when I founded the Maine Tobacco HelpLine, a telephonic treatment program freely available to anyone in the state.

I am here to support LD 323, LD 333, LD 649, and LD 849.

My comments are focus on existing evidence and research, the need to enhance access to care for all Maine residents, and a vision to position Maine for the future of digital health.

I will first start with **evidence on telephone care**, for which the above bills are advocating.

- Telephone interventions have been supported by research for decades.
- The Maine Tobacco HelpLine has delivered phone-based behavioral counseling for 21 years. As Director, we published peer-reviewed papers showing effectiveness and reach. Quit rates rivaled those seen in rigorous trials. Importantly, people from all over the state received services. Telephone care offers superb reach to everyone.
- Much can be accomplished by phone, including discussions about treatment, monitoring health conditions, providing psychological support, and addressing end-of-life care. This can be provided whether it's a scheduled call, or happens *ad hoc*.
- Ask any clinician or adult in Maine today and they will confirm: talking by phone is beneficial, can augment in-person care, or substitute for an in-person visit.
- Digital divides are narrowing but persist. Most residents have a cellphone but 39% of older adults don't have a smartphone. Many rural homes don't have high-speed internet. Audio-only telehealth will help mitigate inequity.

Second, **virtual care *is* health care.** People want *care at a distance,* at home, work, and school. Providing services remotely must be *what healthcare does*. Digital health services, such as access to patient portals, telehealth, remote monitoring, and mobile apps, will improve the health of Mainers at a lower cost, and reduce health professional burden. Telehealth - by video or audio – profoundly improves access to care and should not be placed in a separate technology bucket. Removing requirements such as "medical necessity", and allowing verbal consent and use of a resident's own technology, will help ensure digital health equity. Rural and low-income residents must be afforded the same level of access to and convenience of virtual care services.

Yes, telehealth visits can be qualitatively different than in-person visits. I may have limitations on conducting a full physical exam, but with video I gain more information about a person's life, or can bring in a family member living elsewhere to the encounter. Telehealth visits are clinical encounters and should be treated as such. Medical visit coding and encounter requirements already include all the necessary guidelines and guard rails to help determine the level of effort. Please, do not create standards and bureaucracy that are greater for virtual care than in-person care.

Third, we need skate to the where the puck is going, with policies that **support digital health now and in the future**. We must be also be careful not to micro-manage a clinical encounter by the channel through which it is provided. Today, it is in person, video and phone. Tomorrow we will have visits using virtual or augmented reality. Perhaps eventually via your television. We must make sure to not introduce more complexity in a system and in peoples' lives that is already must too complicated.

Thank you.

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