



Providence
1801 Lind Avenue SW
Renton, WA 98057
Providence.org

**Testimony of Providence
Subcommittee on Health
Energy and Commerce Committee
of the
U.S. House of Representatives
Legislative Proposals to Support Patient Access to Telehealth Services
April 10, 2024**

Good morning, Chairman Guthrie, Vice Chair Bucshon, Ranking Member Eshoo and members of the Subcommittee. My name is Dr. Eve Cunningham, and I serve as Chief of Virtual Care and Digital Health at Providence. I'm pleased to be with you here today to discuss the critical and growing role telehealth services play in providing high-quality care to millions of Americans.

I'd like to start by thanking this Subcommittee and your colleagues for your leadership in granting Medicare telehealth flexibilities and extensions over the last four years. It was a silver lining from COVID-19, and I'm grateful to be here to share the benefits these programs continue to bring our communities.

I have been a practicing physician for more than 20 years. In my role at Providence, I oversee the virtual care and digital health portfolio of services and programs, including nine inpatient virtual care service lines, a hospital at home program, remote patient monitoring services, a virtual nursing team, a virtual behavioral health platform, ambulatory virtual care and the MedPearl digital assistant platform, a product that supports clinicians to make more informed clinical decisions at the point of care. Combined, our virtual programs and services impacts over 1.2 million unique virtual encounters annually.

Providence is a not-for-profit health system comprising a diverse family of organizations across seven states: Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. With 51 hospitals (including 10 critical access hospitals), more than 1,000 ambulatory care clinics, senior services, home health, supportive housing, hospice, PACE, a health plan, and many other health and educational services, the health system and its partners employ more than 120,000 caregivers, including 10,000 physicians and providers, and provide high-quality care to the 5 million unique patients that come to us for care every year.

The Sisters of Providence, who started the first hospital in the Pacific Northwest in 1858, were innovators and advocates on behalf of those they serve. At Providence, we carry on this tradition of mission-driven innovation and, telehealth is no exception. Our telehealth journey started in 2016 to deliver care more efficiently and effectively. When the first confirmed COVID-19 case in the U.S. arrived at a Providence

hospital in Washington, we had the ability to support high demand specialty care services in the inpatient setting, specifically with TeleNeurology, TeleICU and TelePsychiatry services. During the early days of the pandemic, our experience with telehealth gave us the strong foundation we needed to rapidly expand virtual care access at scale to meet mounting demand in the communities we serve and beyond.

Throughout the pandemic, we enabled more than 15,000 clinicians with telehealth technology, workflows and infrastructure, accelerating the wide adoption of telehealth across Providence and its affiliates.

Now, telehealth has become an integrated part of our care delivery system. These services are deployed across 93 acute care hospitals, including 42 hospitals from other health systems, and 2 high schools, and have over 1.2 million telehealth visits annually. Telehealth is no longer a nice to have, but a core function of health care delivery, constituting approximately 20 percent of our ambulatory care encounters.

At Providence, we deliver a promise to our patients to “Know me, Care for me, and Ease my way.” As a physician there is no better way to promote the health and healing of a patient, especially for our seniors and those with disabilities, than to care for them in the comfort of their own home or preferred location. Among its many benefits, telehealth has improved the healthcare delivery experience for patients and providers in the following ways:

- **Expanding access to high-quality, coordinated care to more people in more places:** Providence operates in some of the most remote locations like Kodiak, Alaska, to densely populated areas like Los Angeles, California. Telehealth enables us to offer specialty services in remote and rural areas, while also allowing us to extend our reach into more vulnerable and underserved communities where care is needed.
- **Improving patient satisfaction and quality outcomes:** We know that some patients delay or forgo care if it’s not easily accessible, which can result in poorer health outcomes. With telehealth, we are removing barriers to care. Our patients don’t have to travel to appointments that don’t require an in-person face-to-face visit and are able to be monitored and cared for at home or preferred location. Patients also see the value in receiving care through telehealth, as evidenced by our high patient satisfaction scores. Patients have grown to expect telehealth as a health care offering. Moreover, telehealth has measurably improved prevention of certain health conditions and quality outcomes.
 - Timely access that drives improved patient satisfaction, examples include: A 10-minute response time for TelePsychiatry consultations, 2.4 minute response time for TeleNeurology consultations and a less than 35 minute admission request response time for TeleHospitalist programs.
 - Overall reduction in days on ventilation for our TeleICU patient population, resulting in lower total cost of care and improved outcomes.
 - A 4 percent increase in thrombolytic delivery to our TeleNeurology stroke patients, resulting in improved access to lifesaving interventions.
 - 100 percent Press Ganey Top Box Scores for patient satisfaction in our Hospital at Home program.

- 10 percent reduction in systolic and diastolic blood pressure in our chronic hypertension cohorts in our remote patient monitoring programs.
 - 3x increase in guideline directed medical therapy adherence in congestive heart failure remote patient monitoring patients, which is associated with reduction in mortality (70 percent) and improved quality of life.
 - 74 Net Promoter Score for our TelePhysical Therapy program.
- **Addressing workforce burnout and shortages:** Clinician burnout and clinical workforce shortages are serious national issues. Telehealth helps to address these concerns by creating flexibility in scheduling and care provider location, both of which are factors tied to provider and employee satisfaction. Additionally, shortages of primary care and specialty services, such as mental and behavioral health, are acutely felt in many areas of the country where there is a growing demand for these services and a shortage of providers and nurses. For example, 65 percent of non-metro counties in the U.S. do not have access to a psychiatrist. Through the benefits of allowing TelePsychiatry, we now can offer inpatient and outpatient services to both our patients and caregivers reaching rural and underserved communities.
- **Hospital capacity and emergency department overflow:** Similar to hospitals across the country, many of our facilities are stretched from a capacity perspective and continue to be burdened by overcrowded emergency departments. Our inpatient telehealth, hospital at home and remote patient monitoring programs help mitigate capacity issues by discharging appropriate patients to their homes or preferred location.
 - Our 43 hospital, 5 state TelePsychiatry program discharges over one third of our acute care TelePsychiatry patients from the emergency department, directing patients to more appropriate mental health settings and avoiding unnecessary transfers to already taxed tertiary facilities.
 - Our 92 hospital TeleStroke program avoids costly patient transfers 70 percent of the time, resulting in avoidance of over 10,000 transfers.
 - Our remote patient monitoring and TelePhysical Therapy extension programs provides virtual care access as an extension of our on-site clinical teams for over 2,500 patients, with plans to expand to 8,000 patients by the end of the year.
 - Our hospital at home program expands inpatient capacity without the need to build more brick and mortar hospital bed infrastructure.
- **Improving reimbursement predictability and reducing overall health care costs:** Providers have long wanted to integrate telehealth services into care delivery. However, prior to the Medicare telehealth waivers there was limited reimbursement for certain sites of service provided by certain providers for telehealth, making the model more challenging to deploy despite its proven benefits. With the introduction of telehealth waivers, providers have greater reimbursement predictability and could more easily sustain and expand telehealth programs to meet growing demand. Additionally, telehealth has allowed us to treat patients in the most appropriate setting, avoid admissions/readmissions and reduce overall costs of care. For example:

- Our TelePhysical Therapy program has demonstrated a reduction in number of episodes required to reach functional status compared to our brick-and-mortar physical therapy care delivery.
- Our hospital at home program has a lower 30-day readmission rate compared to in-hospital care, despite a comparable case mix index (patient acuity on par with brick-and-mortar sites).

At Providence, we've seen how telehealth services can reduce barriers to care and make care more accessible and affordable for all. Telehealth services allow us to connect with more individuals and families seeking care, especially those who may not be able to leave work, those who do not have transportation, or are home-bound. Telehealth services also help to address widespread issues such as provider burnout and workforce shortages. That said, we face ongoing challenges to further cementing this model of care across the health delivery system and come before you today to advocate for policy in support of ongoing access to telehealth services in the communities we serve.

- **Uncertain federal timelines and extensions:** As we stand at the precipice of what may be the most consequential year for telehealth policy to date, the urgency for Congress to act on Medicare telehealth flexibilities cannot be overstated. Our healthcare systems and providers need clarity and stability to implement and maintain the administrative and medical practices that ensure seamless, quality care for millions of Medicare beneficiaries nationwide.
- **The clinical need for permanent Medicare telehealth flexibilities:** We strongly advocate for the permanency of Medicare telehealth flexibilities. However, we understand this is a costly endeavor for the federal government so we look forward to working with you on ways we can pass a permanent extension. The extension would include lifting originating and geographic site restrictions, enabling Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to deliver and be compensated for telehealth services, sustaining audio-only service coverage, waiving the telemental in-person prerequisite, upholding the Acute Hospital Care at Home Program, and continuing to authorize physical therapists, occupational therapists, audiologists, and speech-language pathologists to offer services via telehealth. If enacted, comprehensive legislation such as the CONNECT for Health Act and Telehealth Modernization Act would make these flexibilities permanent and ensure access to care for millions of beneficiaries after 2024.
- **Program integrity:** Telehealth is an essential part of health care and should be held to the same standard of care as in-person services. In-person care and telehealth should be used in conjunction to ensure a seamless, efficient and effective health care journey. Telehealth should not be subject to arbitrary and unnecessary guardrails such as in-person requirements, geographic restrictions, brick and mortar requirements or statutory restrictions on services or providers.
- **Making telehealth accessible for all:** Some of our populations have English as their second language. Providence supports the Supporting Patient Education and Knowledge (SPEAK) Act which would improve language access in health care for Americans with limited English proficiency. We believe this would lead to improve patient outcomes and reduced associated health care costs.

Thank you again for your leadership and attention to this critical issue. We look forward to partnering with you as we continue expanding virtual care services to our Medicare population.

Our portfolio of services:

Ambulatory Virtual Visit Optimization: Virtual visits provide a means for healthcare providers and patients to have face-to-face appointments using audio video technology. Providence specifically uses Zoom Healthcare as its approved platform for clinical visits, ensuring compliance with HIPAA regulations to maintain patient privacy and data security.

TeleStroke: Rapid neurology consultations and treatment recommendations for patients experiencing an acute stroke. Performed by an MD with live video feed to a customer hospital emergency department or inpatient floor.

Emergent TeleNeurology: Neurology consults within minutes for patients experiencing a wide range of neurological issues presenting in the emergency department or inpatient unit.

TeleNeuroHospitalist: Ongoing consultative management for admitted neurology patients. Prevents unnecessary transfers to tertiary facilities with expert follow-up and rounding.

TeleEEG: Instead of waiting days for an EEG report, customer sites have access to subspecialty epileptologists (neurologists) on-demand. An EEG is read within 2 hours or less, so care teams can treat seizure patients effectively, from newborns to elders, including end-of-life management.

TelePsychiatry: Psychiatrists and social workers provide consultations and follow up on-demand for patients in hospital emergency departments, enabling either rapid discharge and outpatient follow up, or inpatient psychiatric care optimizing patient recovery and decreasing length of stay.

TeleICU: Virtual MDs and RNs pro-actively care for critically ill patients at night, preventing and treating worsening problems. This type of care has been shown to reduce patient's length of stay and risk of mortality when admitted to an inpatient facility.

TeleHospitalist: On-demand hospitalist coverage caring for inpatients at night, improving response times for patient needs, rapidly admitting and treating patients in lieu on-site physicians. This service improves patient throughput and first-day revenue capture, while reducing the cost of night hospitalist staffing.

TeleInfectious Disease: Infectious Disease physicians will consult on critically ill patients admitted to hospitals, improving patient treatment plans and reducing length of stay.

Remote Patient Monitoring: Low operational burden and positive margin remote patient monitoring service improving CEI performance of hypertension, diabetes, and heart failure patients.

Co-Caring Model: Innovative nursing delivery model augmenting bedside caregivers with a virtual nursing colleague, redistributing workload while promoting collaboration and stewarding caregiver engagement and increased patient satisfaction.

Hospital at Home: Inpatient-level care delivered in the home creates bed capacity in constrained facilities for incremental case backfill; yields high patient satisfaction; and builds capability and staffing flexibility.

Behavioral Health Concierge: A virtual behavioral health concierge product that service Providence caregivers and members of the Providence Health Plan.

TelePhysical Therapy Extend Providence rehabilitation capabilities with virtual PT and RTM (remote therapeutic monitoring), augmenting virtual therapy visits with program adherence monitoring, education tools, remote movement, and functional assessment. This program completed two pilots at HODs in California and Oregon markets and is preparing to enter the next phase of expansion.