



Fairfield County Medical Association

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Telemedicine

Telemedicine success in patient care during the pandemic illuminated the innate behavior of physicians as honorable and brave. No malpractice accommodations were provided physicians, **as they faced the diagnosis of everything** without a hands on physical examination. It also revealed that when doctors and other providers are unshackled by excessive rules /administration, **medicine starts to work for all of us.**

PLATFORM

Telemedicine was waiting in the wings before the pandemic. Complicated, vague rules and regulations imposed by insurance companies thwarted its use. Patients and physicians need to be empowered to use an **uncomplicated platform** that aims at **individuals without technical skills. Physicians should not be forced to contract with insurance telemedicine** plans which invariably cause confusion and decreased reimbursement while adding to our offices already burdensome overhead. Interestingly, many patients find FaceTime easy to use for medical visits.

BILLING

Payment parity, remains the utmost concern to physicians and other providers. The established office visit codes, remain the best way to represent time and effort for a telemedicine visit. It respects the many tasks physicians and their staff do on behalf of the patient not only during the visit but before and after - *chart review, insurance verifications and administration, creating a verbal /written medical plan, providing prescription information, creating new medication scripts as well as refills, ordering and coding, bloodwork, writing and coding the progress note, and finally, reviewing chart information before and after the visit as needed.* This doesn't even touch the unpaid time spent on the ubiquitous preauthorizations. **Coding rules should be consistent through the insurance industry.**

PARTICIPANTS

Any willing provider should be able to use telemedicine, however, there should be a **prior relationship between the physician and the patient** who is undergoing the telemedicine visit . If the patient is new to the practice, there should be a long term followup plan .

ADMINISTRATION

Excessive paperwork and other administrative requirements deters and disempowers both patients and providers from using telemedicine, and its overhead cost has been **decimating private practice** in Connecticut, while driving up the cost of healthcare.

CONTEXT

Telemedicine is working because physicians and patients, both, have been using it **where and when they need it**. This should continue, as it improves our *patient-physician relationships and compliance* to medical regimens.

INSURANCE

Physicians **support universal telemedicine coverage as a mandatory benefit**. It should be available to any patient, **independent of plan**. It will be impossible for doctors and other providers to navigate the complexity of insurance plans to determine who can be provided this service. *Patients will end up with unexpected bills* that will create dissatisfaction with our medical offices .

ELDERLY

Phone visits should be paid on par as well. Many of our elderly patients are intimidated, even angered, by the requirement to use a higher levels of technology. Threatening nonpayment could force our elderly to come into the office unnecessarily. Many lower income patients have **suboptimal internet access that sabotages the visit**.

RISK

Finally, I hope you will consider that the telemedicine visits **operate at a higher risk level** to our practices than an in-office visit and **one should consider a tweak to the malpractice laws** to offer reasonable protection.

Thanks for your attention and consideration

Dr. Leslie R Miller

Immediate Past- President of the Fairfield County Medical Society