MetroHealth

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The MetroHealth System
HB 122 -Proponent Testimony
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Chairman Huffman, Vice Chair Antani, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to testify in support of Substitute House Bill 122 ("HB 122"), a bill that would ensure patients in Ohio continue to have choices regarding how they receive their health care services. The bill sets an important baseline for how telehealth will be treated in Ohio by professional licensing boards and payers of health care services for the remainder of the COVID-19 pandemic and beyond.

My name is Dr. Nabil Chehade and I serve as MetroHealth's Chief Clinical Transformation Officer. MetroHealth is the safety-net health system for Cuyahoga County, caring for the most under resourced members of our community. We employee more than 7,800 people and provide care across four hospitals, four emergency departments, more than 20 health centers, and 40 additional outpatient sites throughout Northeast Ohio. In the past year, MetroHealth has served 300,000 patients with more than 1.4 million visits, with 40% of the outpatient visits for primary care, while delivering over 2,500 babies. Seventy-five percent of our patients are uninsured or covered by Medicare or Medicaid and we provide $231 million in Community Benefit.

Lessons Learned from the COVID-19 Pandemic

MetroHealth has seen significant expansion of telehealth utilization for a broad range of services during the COVID-19 pandemic, due in no small part to state-level regulatory flexibilities. MetroHealth conducted more than 480,000 telehealth visits in 2020, and more than 217,000 so far in 2021. Telehealth is more convenient for patients than in-person visits—and that convenience translates into better outcomes and fewer missed appointments. In fact, our overall no-show rate for appointments has dropped from roughly 25 percent to 5 percent or less with telehealth visits. Additionally, we have experienced successful outcomes managing chronic conditions in our community, such as diabetes, high blood pressure, and obesity. Since implementing expanded telehealth services through the COVID-19 PHE flexibilities, we have seen a 5-percentage point improvement in A1c level control with our diabetic patient population.

Utilization of mental health services via telehealth has increased dramatically since the start of the pandemic, increasing from almost zero visits in February 2020 to almost 10,000 by April. Currently, over 50 percent of our visits for patients with behavioral health needs are conducted via telehealth, while the overall percentage is around 20 percent. As telehealth utilization has increased, the no-show rate for patients with behavioral health needs has decreased 20 percent.

Further, quality of care has improved as telehealth has been more widely deployed. Our 7-day follow-up rate for inpatient stays related to mental illness for Medicaid patients has

increased from 39 percent before the pandemic to 44 percent in the first quarter of 2021 (most recent data available). Patient satisfaction scores have also improved as patients have been offered more options to obtain care (e.g., audio-only, video, or in-person).

Access has improved as the definition of telehealth has been expanded. For example, telephone visits have been very well accepted. Many of our lower socio-economic status and less tech savvy patients face difficulties utilizing audio/video visits. In some cases, this is due to lack of necessary technology or reliable internet connection. In others, it is difficulty in navigating the video technology—particularly with elderly patients. These social factors (e.g., elderly, lower socio-economic status) continue to be a barrier to adopting audio/video visits for those patients who benefit most from expanded access to care.

Support for HB 122

Many of the provisions within the bill allow the benefits that our patients have experienced during the COVID-19 pandemic to continue after the pandemic ends, regardless of their payer source, health care condition, or provider type. The bill includes a broad definition of telehealth, including both audio/video and audio-only technology, that will be used by both payers and regulators in Ohio. Payers would also be required to cover telehealth services equivalent to in-person services, establishing a strong starting point for telehealth coverage for patients across Ohio. Most importantly, the bill establishes a uniform regulatory framework that will guide future telehealth standards of care established by health care-related licensing boards. Because of these provisions, we support HB 122 and believe it's a good start for establishing telehealth policy in post-pandemic world.

Given the recent surge of COVID-19 related hospitalizations, we would also recommend that all boards commit to extending all their telehealth flexibilities to match the conditions health care providers and patients are experiencing on the ground across Ohio. Most of the provisions of HB 122 would account for these flexibilities and make them permanent. In order to reduce administrative burden on providers and ensure patients have a safe way to access services, boards should commit to extending all flexibilities through December 31, 2022. The extension would have the added benefit of allowing space for stakeholders and board leadership to discuss what the future of telehealth regulations should like in a post-COVID-19 world.

Mr. Chairman, thank you for allowing me to testify today. I urge full support of HB 122. Thank you.