



PENNSYLVANIA ACADEMY
OF FAMILY PHYSICIANS

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Good morning Chairwoman Rapp, Chairman Frankel and honorable members of the House Health Committee. My name is Dr. Tracey Conti and I am the current President of the Pennsylvania Academy of Family Physicians. Thank you for inviting me to talk about the current treatment options available to Pennsylvanians for COVID-19.

I serve as the Vice Chair for the Family Medicine Department at the University of Pittsburgh Medical Center, as well as the Program Director for UPMC McKeesport Family Medicine Residency. When I was installed as PAFP President on March 6 of this year, we had no idea of the challenges that faced us all in the following months as it relates to COVID-19. Fast-forward to today and we face relaxed restrictions and more than 200,000 deaths nationwide. There is still so much we don't know about this virus and we are learning more every day. While testing and contact-tracing has increased and grown more sophisticated over the past several months, providers across the Commonwealth still find themselves challenged and sometimes sub-optimally equipped.

The physicians in my practice care for patients in both an inpatient and outpatient setting. Most of the patients we have seen with COVID positive testing are managed in the outpatient setting with supportive care and self-quarantine. When patients are deemed ill enough to require hospitalization, they are admitted, at which point, they are given a course of treatment based on their individual symptoms and health status. At UPMC McKeesport, we utilize system-based protocols developed by critical care and infectious disease experts within UPMC. Our local physicians developed and utilize a COVID-19-unit daily rounding checklist to assess patients and ensure the proper course of treatment is followed. We also incorporate daily interdisciplinary rounds in patient care which includes physicians and staff from critical care, primary care, pharmacy, palliative care, infectious disease and care management.

While a COVID-19 vaccine looks promising, we need to ensure proper testing and procedures are followed before a broad public rollout. We also need to ensure that medically accurate information is being shared with the public so that individuals can make educated decisions for themselves and their families. I can't stress enough the importance of immunizations to minimize the spread of illness. Because we continue to learn more about COVID-19 every day, we must be diligent in our efforts to ensure the safest, most effective vaccination for widespread administration.

Meanwhile, patients should not neglect other important vaccinations during childhood, adolescence, and adulthood because of the pandemic. It is critical to stay up to date on everything from MMR to pneumonia vaccines as recommended by Department of Health and CDC guidelines. Family physicians' doors are open and we're ready to serve our patients with immunizations, annual well visits, and preventative care.

With the onset of flu season, the most important action the public can take at this moment is to get their flu vaccination. This will help prevent the risk of compound illnesses and free up emergency departments and hospitals for those who are critically ill.

Additionally, continuing to follow social distancing guidelines and mask mandates will go a long way in slowing the spread of COVID-19, and potentially other seasonal, air-borne illnesses as well.

The scope, breadth, and intensity of family medicine is often overlooked until moments like this current pandemic bring the significance of what we do to the forefront. With every crisis, we family physicians learn from the experience and vividly see what needs to be addressed, both now and in the future. The entire health care sector continues to do extraordinary work to address COVID-19; it is humbling.

Now, we are focusing on other challenges facing family medicine that have arisen from this crisis. Over the course of the pandemic, we have advocated with Gov. Tom Wolf and the General Assembly to ensure that family physicians and our patients have the support we need during this unprecedented time.

Telemedicine has been an invaluable tool in helping to assess and diagnose patients without risking exposure of COVID-19 to ourselves and other patients in the office setting. Unfortunately, not all patients have the ability or resources to access the equipment needed for video telehealth visits. It is imperative that there be payment parity for telephone visits so that all patients can have access to quality and affordable care.

Commercial insurers' endless bureaucratic red tape is hindering patient access and reimbursement for telemedicine services. Our patients do not benefit from commercial health plans offering telemedicine services that require them to interact with physicians who know nothing about the patient's medical history. As the current situation makes clear, telemedicine should be about linking a patient to his or her own doctor, not some faceless provider who knows nothing of their needs. We urge the General Assembly and Governor Wolf to pass comprehensive telemedicine legislation next session.

We must invest in the future of family medicine to strengthen the workforce pipeline. We call for state investments in graduate medical education and family medicine residency programs to yield more family physicians, positively impacting the public health. These investments also produce valuable health care services, even during the training years serving in safety-net residency practices. Family medicine residents offer a broad scope of services including pediatrics, geriatrics, obstetrics and

newborn deliveries, managing chronic conditions and mental health issues, and have been invaluable throughout the current public health crisis.

Thank you to the Health Committee and House of Representatives for recently passing House Resolution 625, which directs a state study examining track records of Pennsylvania medical schools graduating medical students into family medicine. Public investments in these institutions must produce the family physician workforce Pennsylvanians need.

Public health studies show that a strong primary care workforce leads to improved health outcomes in communities, lower healthcare expenditures in emergency and hospital services, and higher patient satisfaction with the health care experience. Innovative, data-driven investments and health policies targeting primary care workforce needs and telehealth will help Pennsylvania achieve these objectives.

We also urge legislative action on House Bill 1194, which would put into place significant prior authorization reforms to ease administrative burdens on physicians and ensure timely patient care – determined by physicians, not insurance companies; as well as legislative action on House Bill 533 relating to physician credentialing reform to streamline the process and prevent delays in patient care, while preserving safeguards to ensure physicians are appropriately licensed and qualified to provide care. The latter was approved by the House last year and awaits consideration in the Senate.

Lastly, as we shift from a “crisis phase” response to long-term patient management and population health strategies, we need to take a hard look at the social determinants of health and health disparities that COVID-19 has exposed in our Commonwealth. I have no doubt that the disparate dynamics of COVID-19’s impact on at-risk individuals and families will linger long after the global trackers of COVID-19 have been taken offline. To that end, lawmakers should consider adopting a “Health in All Policies” strategy to advance the health of all Pennsylvanians and sustain a strong and economically vibrant Commonwealth.

Thank you again for inviting me to testify today and for your attention to this ongoing, important issue.