

May 28, 2020

The Honorable Muriel Bowser  
Mayor, District of Columbia  
The John A. Wilson Building  
1350 Pennsylvania Avenue NW  
Washington, DC 20004

Dear Mayor Bowser:

On behalf of the MSDC leadership, I thank you for your leadership during the COVID-19 public health emergency. DC's physician community has worked to protect District residents during this unsettled time, sacrificing their livelihoods and physical safety. Like many residents, we (the physician community) want the District to begin its economic recovery and safely re-open various aspects of society while maintaining health.

Reading the Re-Open DC Advisory Committee recommendations, I was heartened to see some recommendations that MSDC has advocated as elements of a healthier, safer District. However, there are some gaps that MSDC recommends you address as you implement your "re-opening plan" based on these recommendations. These recommendations will ensure a healthier, more equitable District.

**Telemedicine is now a vital healthcare tool and should be treated as such.**

As you know, telemedicine has become an important social distancing tool for healthcare providers. In my practice, I have used telemedicine to keep my patients at home to reduce the potential spread of COVID-19 and other infectious diseases. What MSDC and other medical groups have seen is that telemedicine is a good tool for patient screening, for some follow-up visits, and to review lab results; many patients do not necessarily need to be seen in-person and their issues can be addressed via phone. This allows practices like mine to treat more patients (as some do not have to travel to see me) and screen them for minor versus major issues. Even in a phased re-opening, telemedicine will be important to prevent the spread of COVID-19. However, as part of your plan, you should consider the following:

- Audio-only telemedicine visits should continue to be permitted for those patients who have poor internet connections or do not have virtual connection capabilities.
- Video and audio telemedicine should be reimbursed by state and private payers at the same rate as in-person visits, to ensure they remain a financially viable tool.
- The District should issue grants or contracts to create a technology support programs to train residents on how to use telemedicine.
- We support the classification of telemedicine equipment as "durable medical equipment" for reimbursement purposes

**Disease does not respect borders and licensure regulations must reflect this.**

In many ways, the District has been ahead of its neighbors in physician licensure flexibility, especially for the Interstate Medical Licensure Compact. Like telemedicine, some of the flexibility introduced during the public health emergency should remain in place to permit physicians to safely treat patients outside of the District. Often District physician treat patients from Maryland and Virginia; this

should be a point of pride for our healthcare system and not something to disadvantage. I ask you to consider the following for your re-opening plan:

- Permit physicians with valid licenses in Maryland and/or Virginia to treat District patients via telemedicine, regardless of location of service.
- Permit physicians with valid licenses in other states to practice in the District during the process of applying for a District license.

**Protect physicians from the wave of overdue procedures that are quickly coming.**

Delaying non-emergency surgery and procedures for over two months has left thousands waiting for treatment. These delays unfortunately could lead to adverse consequences, but at the urging of the administration District physician practices complied with the delay. As the District considers reopening plans, we ask you to consider the following to assist District physicians:

- Grant physicians a waiver from civil and medical liability for medical treatment decisions made during the public health emergency, including decisions made during a telemedicine visit, if those decisions were made in response to health guidance, they were made in good faith, and they were made within the scope of a physician's license.
- As your advisory committee recommends, pool resources to expand the amount of PPE available and ensure physician offices have access to those PPE stores.
- As part of the expansion of testing, dedicate testing resources to physicians to permit frequent testing of the physician and healthcare workforce even for asymptomatic practitioners. This will prevent asymptomatic spread of COVID-19 by a seemingly uninfected physician.

**Advance health equity by providing all residents with a local physician network.**

I was disappointed that your advisory committee focused on the technology needed for health equity but failed to address the actual health infrastructure. MSDC supports the new hospital on the St. Elizabeth's campus but urges you to see that as one part of a larger, more robust health system in Wards 7 and 8. I ask you to pledge that every District resident have access to local physicians of all specialties as part of your plan, and recommend the following to help do so:

- Increase Medicaid funding for participating providers, especially for those physicians currently working in Ward 7 and 8, so reimbursements for treatment equate to reimbursements from private plans
- Increase funding for the Department of Health Care Finance to help it implement the technology supports required to link residents to care, in particular the Health Information Exchange
- Incentivize recent medical school graduates to practice in underserved areas with a combination of enhanced loan repayment terms, office space subsidies, and other incentives to maintain a presence in expensive practice areas.
- With the new hospital under construction, protect physician practices already in existence in Wards 7 and 8 are protected. They should be given incentives to obtain new medical office space and upgrade their office technology to continue to serve their patients.

**Mental and emotional wellbeing for healthcare providers is just as important as physical health.**

Burnout, moral injury, and suicide rates for physicians pre-COVID-19 were higher than those of the general population. Dealing with worldwide epidemic will undoubtedly make these already worrisome trends worse. While MSDC is working even now to provide support for physicians' emotional needs, the District itself should include behavioral health elements into its Re-Open DC plan. Some recommendations include:

- Creating private sectors grant programs to assist organizations addressing burnout issues for providers
- As the Advisory Committee suggests, create a 24/7 hotline for physicians and providers to access if they have behavioral health needs

The District can be a model of successfully re-opening its economy and society, and I strong suggest our recommendations be included in any plan to ensure we are that model of success. I welcome a follow-up conversation with you and your staff, and look forward to working with you to make the District the best place to practice medicine.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Pineda MD".

J. Desiree Pineda, MD, FACP  
President, Medical Society of the District of Columbia