



Zoom+Care Testimony in Support of HB3036

Chair Prusak and Members of the Committee:

I am submitting his testimony on behalf of Zoom+Care, which operates about 60 on-demand primary, specialty and urgent care clinics in Oregon, Washington, Idaho and Colorado. Zoom+Care is a leading statewide employer of Physician Assistants.

Zoom+Care consistently has sought to simplify health care for our Sarahs – our patient archetype – by using technology and Sarah-friendly workflows to drive administrative burden out of health care.

Zoom+Care supports the direction of HB3036: It does not fundamentally change Physician Assistants' scope of practice, which would remain under the framework of collaborative agreements. The bill greatly simplifies behind-the-scenes administrative requirements, which were last significantly updated about 10 years ago.

PAs in the Zoom model are instrumental in delivering on-demand, high-quality and high-value care to our communities. Since the beginning of this pandemic, Zoom+Care transitioned to a more remote-heavy model of supervision (within state regulatory guidelines) in order to accommodate social distancing and reduced person-to-person exposure risk. In that time, our clinical quality has actually improved by approximately 50%, lowering to an average of 1 quality event per 1,000 patient visits.

We continue to offer real-time, physician-led clinical support and cutting-edge clinical decision supports that we believe are the real differentiators in great quality care. Our monthly PA touchpoints and chart reviews serve primarily as a collegial social time amidst the isolation of video care and our distributed clinic model. We are confident that the regulatory changes proposed in HB3036 will help to provide MORE access to Oregonians and have no detriment to the quality of care provided by PAs.

Much of what the Oregon Society of Physician Assistants proposes in HB3036 to simplify or even remove from statute adds little or no value for Sarahs. For example, it no longer would be necessary for a collaborating physician to appear in person at a PA's place of practice to review charts. That's terribly inefficient. With the ease of remote collaboration, sophisticated electronic medical records systems, and other tools now commonly imbedded in health care, we should be able to use other, more effective methods to review PAs' work, provide feedback and, as important, share best practices. HB3036 allows for that.

We also support, as HB3036 proposes, allowing a "clinically experienced physician assistant" to enter collaboration agreements with other PAs, formalizing what already routinely takes place in most health care settings: The most experienced people mentor the up-and-comers, and often work with each other.

Finally, we appreciate the proposed removal, in Section 14, of the sunset on interstate care by Physician Assistants, which was enacted in the First 2020 Special Session as a COVID-19 response. This has worked very well to minimize wait times and balance workloads across our system at peak times.

Thank you for your consideration.

Tom Holt
for Zoom+Care