State Telehealth Plan
Delivery Subgroup
Electronic Meeting
August 13th, 2020
1:00p.m.

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Anderson called the meeting to order at 1:00 p.m.	
II. Process	Mr. Perkins introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup. The question for the workgroup was: After learning from our current COVID-19 public health emergency, what do we need to do to be nimble enough to fully leverage all existing and potentially emerging telehealth technologies?	
III. Workgroup Member Comments	Ms. Schriver made a comment about the subgroup considering what would be best for the patients and work well with the clinics. Dr. Raff said that though we use sign language interpreters and we are figuring out how to include those interpreters on telehealth calls, some hospitals already use spoken language interpreters, but they don't have good quality ASL interpreters. Most companies use one contract. He recommends that we separate the two. This way we will have better quality interpreters. He also advised the subgroup to examine the fact that some patients may not benefit from having the interpreter. Someone who is deaf and blind would still require the face-to-face connection. There needs to be options for those who still need interpreters. Ms. Baker seconded Dr. Raff's comments. She asked the subgroup to ensure that the bandwidth is available in rural areas where it is especially difficult to access the internet. Some patients are driving to parks, shelters, public libraries etc. to ensure they have a sufficient internet signal. Equitable access must be a priority. Relating to the actual platform, our deaf community has had access to video phones. These phones have allowed us access to provide service to folks in their home. This would allow for a great opportunity for equitable access.	

	Mr. Perkins thanked the group and emphasized that the leadership of the subgroups will be taking all the comments into consideration. Dr. Rheuban asked if the subgroup had a consensus on the definitions of telehealth on which future policies would be made. Should we be aligned with federal definitions? Or consider stakeholders for uniformity across platforms? Mr. Perkins indicated that VDH has not answered that question internally yet, but it will likely be based on stakeholder input. It is not definitive yet. Mr. Gray reminded the subgroup that the state can set regulations for private health plans that are fully insured (about 24% of the market), and there are different rules for Medicare and Medicaid. The other 40% of the market is regulated by the Department of Labor. There is a hill to climb in our effort to be consistent across each payer group. Aligning with the federal definition for the sake of uniformity might be attractive to all those different groups. But there will still be uncertainty due to the diversity of the payer groups. HIPAA is another issue… All policies are relaxed at this point and people are using (possibly) insecure sites to conduct telehealth due to the pandemic. This works for now but will need to be addressed in the long term plan. Dr. Elmore told the group that since schools have gone virtual, that crosses state lines. We need to have access for multiple practitioners at one time on telehealth calls. Dr. Rheuban told the group that telehealth definitions can be obtained from CMS. Dr. Raff asked if there are any existing platforms that are HIPAA compliant. Dr. Elmore said there are many of them – American Well, Teleduck, Epic, and Zoom for Healthcare… She said she can gather a list for the group.	

	Ms. Schriver asked Dr. Rheuban if we are looking for a definition that includes broader functionality and lessened restrictions as we have done in this COVID-19 period. Are you hearing anything differently that might be in the definition? Dr. Rheuban said she is not sure if we need to change the definition; but we should align with the federal definition as much as possible just to avoid confusion. That is not to say that the telephone-only calls should not be included. Mr. Gray shared the observation that there is a reimbursement statute, and a new one may be required. Ms. Mims pointed out that some companies are not insurance based. While there is an advantage to having one definition, it may not be applicable and cash-based systems should be considered as well. A subgroup participant pointed out that there are differing requirements in telehealth regarding the prescribing drugs, particularly those in schedules 2-5. When thinking about expansion of telemedicine, there may be federal limitations in place that create restrictions for the use of telemedicine when it results in the prescribing of those drugs.	
IV. Public Comment Period	There were no public comments. Mr. Perkins reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.	
V. Adjourn	Mr. Perkins adjourned the meeting at 1:35 p.m.	

State Telehealth Plan
Integration Subgroup
Electronic Meeting
August 13th, 2020
2:15 p.m.

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Anderson called the meeting to order at 2:15p.m.	
II. Process	Mr. Perkins introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup.	
III. Workgroup Member Comments	Dr. Mark Ryan told the workgroup how telehealth had affected primary care over the last 4-5 months. At VCU, they are 90% Medicare/Medicaid/self-pay. In the first three weeks of the pandemic, they were back to full service due to telehealth. VCU moved quickly to use HIPAA protected communication, but the biggest factor has been the ability to use audio only telephone services. Currently in the office about 60% of the visits are through telehealth, and of those, about 70-80% are still telephone only. It has become an important tool they would like to preserve after the immediate crisis ends. It is not only an access issue for patients, but an equity and health disparities issue. This applies to folks in rural areas, lower income, or anyone who does not have access to broadband or Wi-Fi or unlimited internet. The practice has been supported by the telephone option, especially due to the fact that it requires no higher-level technology. Ms. Bowers-Lanier commented about the importance of the continued use of alternate locations for the originating sites for telehealth. For Medicaid recipients, the subgroup may want to consider an increase of minutes for these phones. Dr. Ryan asked for more specific guidance on what integration means in relation to this subject. Ms. Anderson indicated that this plan is to integrate with other State Health Plans, such as the EMS Plan and other like plans.	

	Mr. Perkins added that when this subgroup discusses integration, it is primarily discussing how the State Telehealth Plan will integrate with other State Health Plans. However, we are in uncharted territory, so a variety of ideas will be accepted at this point. Ms. Lisa Wooten added that one goal will be to make a strategy for integration and imbed the State Telehealth Plan language with the State Health Plan, the EMS Plan, the Trauma Triage Plan and the Stroke Plan to support the purposes of each plan.	
IV. Public Comment Period	There was no public comment. Ms. Anderson reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.	
V. Adjourn	Ms. Anderson adjourned the meeting at 2:40 p.m.	

State Telehealth Plan
Data Collection Subgroup
Electronic Meeting
August 13th, 2020
3:30p.m.

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Anderson called the meeting to order at 3:30 p.m.	
II. Process	Mr. Perkins introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup. The question for the workgroup was: After learning from our current COVID-19 public health emergency, what do we need to do to be nimble enough to fully leverage all existing and potentially emerging telehealth technologies?	
III. Workgroup Member Comments	Ms. Evanko asked for clarification regarding Data Collection: Are we looking at how we would collect data on telehealth practices in the future? Or are we looking at how we can improve the data collection due to COVID-19 that we have already begun? What kind of modalities will we be using, or is that what we are deciding in this group? Ms. Anderson responded that we are likely doing both. We won't ignore what we've learned due to the pandemic. Mr. Perkins said that based on the bill language, we are looking at data to reduce unnecessary hospital stays and the impact of telehealth on morbidity/mortality. We are also looking to limit hospital transfers and other related expenses. We need to look at those things, and determine if there is data to be found there and determine if we can obtain it; what processes are needed to do that would be a place to start. Ms. Evanko then commented that for behavioral health practitioners, there might be different data to consider. She asked the subgroup to take that into consideration in the future. Mr. Perkins confirmed that the subgroup would consider Ms. Evanko's comment.	

	Ms. Childs from commented that surveys might be a viable data collection resource. Dr. Gleason told the group that through moving to almost complete telehealth for their mental health for children services, there were higher reported rates of satisfaction. They've also noticed less missed appointments. Ms. Bowers-Lanier indicated that the group would like to know what data already exists and whether or not new fields need to be put in, in order to improve telehealth services. Does the data already include the modalities for delivery services? Mr. Gray said a good foundational principle would be to design data to go along with the recommendations of the group. There is some useful data that Medicaid has started to share. Mr. Zucker told the group they might be able to extract data from the Collective ED System which contracts the number of ED visits. Dr. Adekoya mentioned that reviewing usage data prior to the pandemic and after would be valuable.	
IV. Public Comment Period	There was a comment that the subgroup needs to know what the existing data sources are so that we can know which holes exist, and what might address these questions. Ms. Anderson reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.	
V. Adjourn	Ms. Anderson adjourned the meeting at 4:00 p.m.	