

**State Telehealth Plan
Delivery Subgroup
Electronic Meeting
August 27th, 2020
1:00 p.m.**

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Heather Anderson called the meeting to order at 1:00 p.m.	
II. Process	Ms. Anderson introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup. She introduced SB757/HB1701 to the group as it was recently passed. Three criteria were discussed; Patient; Zone; and Provider, as well as rurality criteria and broadband connectivity.	
III. a. Presentation – Dr. Harp b. Workgroup Topic Questions c. Workgroup Member Comments	<p>a. Dr. Bill Harp began his presentation on Reciprocity Agreements.</p> <p>Although the bill Ms. Anderson explained to the group indicated contiguous states, there are six states around us (including DC), and there are eight medical boards. Every state and DC has a board of medicine, and two other states have boards of osteopathic medicine. Dr. Harp has spoken to each board save for the WV Osteopathic Board.</p> <p>Maryland and DC are willing to discuss the possibility of reciprocal agreements. What they would require goes beyond what the two above bills anticipate; a license in another state and no disqualifying factors. They would also add on criminal background checks and five years’ experience practicing.</p> <p>Dr. Elmore requested that Dr. Harp explain the Compact as some may not know what it is. Dr. Harp responded that thirty or more states are involved and have a standardized approach to licensure as well as a number of different criteria agreed upon by all the boards. A letter of qualification would be required and the credentials</p>	

	<p>of the individual updated. The Board of Medicine would have to hire someone else to take that on.</p> <p>b. The question for the Delivery workgroup was: How difficult/easy do we want the criteria to be? Is what is included too much or too little; what is missing?</p> <p>c. The workgroup members did not have any comments.</p>	
IV. Public Comment Period	<p>There was no public comment.</p> <p>Ms. Anderson reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.</p>	
V. Adjourn	Ms. Anderson adjourned the meeting at 1:40 p.m.	

**State Telehealth Plan
Integration Subgroup
Electronic Meeting
August 27th, 2020
2:15 p.m.**

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Anderson called the meeting to order at 2:15p.m.	
II. Process	Ms. Wooten introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup.	
III. Workgroup Member Comments	<p>The questions for the Integration workgroup were:</p> <p>--What other plans outside of VDH would be impacted by the development of a state telehealth plan?</p> <p>Dr. Yee asked the group if there was a payment plan the subgroup should consider.</p> <p>--Should the state telehealth plan be considered more than prehospital?</p> <p>Ms. Solenski answered that the subgroup should consider the telehealth plan more than prehospital. The continuum of care does not stop at the hospital. If we are able to think ahead and plan how each part of the continuum can support each other, we can achieve the best care for the patients.</p> <p>Mr. Samuels indicated that the selection of the proper software and platform is important. The subgroup should consider ease of use...It also needs to integrate w other systems: prehospital, mental health, law enforcement, etc... It has to integrate amongst all and meet all criteria. There are many moving parts that have started to show up.</p>	

	<p>Dr. Yee explained that the greater question is, should telehealth be considered more than prehospital? I believe so. The state should not be put into a position to force a platform to other entities.</p> <p>Ms. Solenski agreed with the previous comments. Everyone has to be able to use the system, and providers should not be forced to use a certain system. However, there is something that is called Standards-Based, meaning the equipment will talk to each other. This would be very helpful. There are entire industries built around integrating different types of programming together. For example, EPIC EMR may not always talk to other types of EMR. It is an investment, and a good service to use. Standards-Based is very important.</p> <p>Ms. Childers reported that while prehospital is the most common use, long term care and congregate settings must be considered as well.</p>	
IV. Public Comment Period	<p>Dr. Yee commented that he supports using Standards-Based as Ms. Solenski suggested, but he would not use HL7 as the standard. He suggested using the more future-focused HL7-Fire Standard, which is just being developed now.</p> <p>There was no public comment.</p>	
V. Adjourn	<p>Ms. Wooten reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.</p> <p>Ms. Wooten adjourned the meeting at 2:40 p.m.</p>	

**State Telehealth Plan
Data Collection Subgroup
Electronic Meeting
August 27th, 2020
3:30 p.m.**

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Wooten called the meeting to order at 3:30 p.m.	
II. Process	Ms. Wooten introduced the subgroups leaders, reviewed the provisions of HB1332, and explained the charge and the question for the subgroup.	
III. Workgroup Member Comments	<p>The question for the Data Collection workgroup was:</p> <p>-- What does a strategy for the collection of data regarding the use of telehealth services and telemedicine services in the delivery of inpatient and outpatient services, treatment of chronic illnesses, remote patient monitoring, and emergency medical services to determine the effect of use of telehealth services and telemedicine services on the medical service system in the Commonwealth look like?</p> <p>Ms. Evanko asked if it would be one system fits all, or has it been discussed yet? It would be difficult to try to use the same type of data collection that a hospital or a general practitioner might use. If we separated mental and behavioral health from general medical practices, that work be better. We may want to track engagement and monitor if people are meeting their goals.</p>	
IV. Public Comment Period	<p>There was no public comment.</p> <p>Ms. Wooten reviewed the next steps including that the plan will be posted on the Virginia Town Hall for public comment.</p>	
V. Adjourn	Ms. Wooten adjourned the meeting at 3:42 p.m.	

