State Telehealth Plan Reset
Electronic Meeting
September 17th, 2020
1:00 p.m.

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Wooten called the meeting to order at 1:05 p.m.	
II. Reset Introduction	Ms. Wooten introduced the leadership and reiterated the bill language. According to minutes from previous meetings as well as comments submitted via email, stakeholders suggested the plan include a collection of best practices, an examination of the at-risk population, and a recommendation to utilize certain platforms. The stakeholders also asked for clarification of the definition of RPM. There was substantial desire expressed to keep accessibility in mind, as well as "unconventional" medical practices (mental and behavioral health). Many stakeholders submitted resources and plans from other states for reference.	
III. Presentation from Dr. Karen Rheuban **Presentation from Dr. Kathy Wibberly** **Presentation from Andrew Mitchell** **Presentation from Jon Ward**	Dr. Karen Rheuban presented on the Federal and Historical Landscape of Telemedicine programs in Virginia. The earliest programs began in 1995 out of the Southwest Virginia Mental Health Institute, UVA, and VCU. Many bills, laws and programs later, medical professionals at VCU and UVA report they have completed more than 100,000 telehealth visits in 2020 alone. Telemedicine is growing exponentially especially as the pandemic continues. Dr. Kathy Wibberly presented on Landscape of Virginia Initiatives. She told the group about the four components of the Elemental Health Initiative that Virginia piloted: to establish and maintain a statewide provided directory, to incentive participation in telehealth workforce training, to develop a telehealth network infrastructure that focuses on Southwest Virginia, and to expand the project. Dr. Wibberly gave an update on each component and explained that reimbursement was a challenge. The current spike in telehealth is an opportunity to create sustainable long-term telehealth practices.	

Presentation from Missy Wesolowski **Presentation from Adam Harrell**	Andrew Mitchell gave a presentation on DMAS and How COVID-19 has Impacted Telehealth. There has been a marked increase in telemedicine visits. Data shows that people living in rural areas, as well as ethnic minorities are able to access telehealth services at a higher rate. DMAS helped to facilitate telehealth by allowing the home as the originating site, as well as allowing audio only calls to be included as telehealth. Telehealth can rapidly be scaled up. DMAS is working with stakeholders to determine what a long-term telehealth policy looks like, extending beyond the pandemic. Jon Ward presented on the Veterans Landscape. The Veterans Health Administration is comprised on over 1200 health care facilities, including 170 medical centers ad is the largest integrated health care system. Eligible veteran patients have options for telemedicine care: Self-Use of the VA Video Connect app, Community-Based Outpatient Clinic, or visiting a Project ATLAS (Accessing Telehealth through Local Area Stations) site. There are still issues with accessibility for some veterans despite the three options, so the utilization of VDH local health departments as local area stations for the Project ATLAS option is being considered. It would be a good decision to utilize the VA's leadership. Missy Wesolowski gave a brief presentation on the Current Legislation. There were bills introduced, and both were amended in their respected committees. They both passed their respective chambers. Likewise, the General Assembly has begun their crossover process. The Senate Bill 5080 is up in the committee. In addition to some legislation that is being presented, the General Assembly is making amendments to the budget that was passed in March. There is language talking about proper guidelines for the use of funding. There is also language present to expand access to broadband across the Commonwealth. Neither the House nor Senate has amended budgets yet. Both House and Senate leadership have pointed out that access to broadband is important, thus this legislation will likely move forward. Additionally, the language around broadband is in the budget.	

	Adam Harrell gave a presentation on ET3. Currently the regulations only allow payment or emergency ground ambulance services when individuals are transplanted to hospitals. Medicare could save billions of dollars per year by transporting individuals to doctors' offices. The voluntary five year payment model provides considerable flexibility to address emergency health care needs. The ultimate goal is to avert any unnecessary transport to the hospital. Payments under this model will be timed for performance on key quality measures that will hold participants accountable for the quality of the interventions. The model test aims to provide person centered care. The second component of that is multiplayer participation. Ultimately, these innovations will help ensure that Medicare fee-for-service beneficiaries have access to a fuller scope of ambulance services. Some of the components of ET three have already started in West Virginia and throughout the nation. There was no stakeholder comment.	
IV. Next Steps	The stakeholder workgroup will not have a meeting next week. The leadership will examine the results of the survey to be sent out directly after today's meeting, and we will reconvene at a later date.	
V. Adjourn	Ms. Wooten adjourned the meeting at 2:54 p.m.	