VIRGINIA DEPARTMENT OF HEALTH
STATE TELEHEALTH PLAN

February 4, 2021

VIRGINIA STATE TELEHEALTH PLAN

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INTRODUCTION

During the creation of this document, the variety of different clients, patients, and students, was taken into account. For continuity purposes, all persons receiving telehealth services will be referred to as “patients.”

According to the Centers for Disease Control and Prevention (CDC), telehealth is the use of two-way telecommunications technologies to provide clinical health care through a variety of remote methods.

The body of evidence supporting telehealth programs cites examples of research and process-related outcomes demonstrating the impact and effectiveness of telehealth, including patient satisfaction, increased access to care, preservation of supply scarcity, limitation of workforce and other patient exposure to disease, and enhanced patient-provider relationships.

To further evaluate the effectiveness and scalability of these services, the 2020 Virginia General Assembly passed House Bill 1332 within Section 32.1-122.03:1 of the *Code of Virginia* into law, directing the Virginia Board of Health to develop and implement, by January 1, 2021, and thereafter maintain as a component of the State Health Plan, a Statewide Telehealth Plan (the Plan). The deadline was later extended to March 1, 2021.

The purpose of the Plan is to promote an integrated approach to the introduction and use of telehealth services in the Commonwealth of Virginia.

The law requires the Plan to include, among others, provisions for (i) the use of remote patient monitoring services and store-and-forward technologies, including in cases involving patients with chronic illness; (ii) the promotion of the inclusion of telehealth services in hospitals, schools, and state agencies; and (iii) a strategy for the collection of data regarding the use of telehealth services.

Despite the many challenges it has presented and in many instances, exacerbated, the Coronavirus (COVID-19) pandemic has presented the Commonwealth of Virginia with the opportunity to expand telehealth efforts and learn from lessons experienced during the amplified response across the state.

VIRGINIA DEPARTMENT OF HEALTH STATE TELEHEALTH PLAN

BACKGROUND

In 2020, the Virginia Department of Health (VDH) created a process for the development of a Statewide Telehealth plan. To achieve this goal, a process was designed with multiple phases to maximize the engagement and buy-in of stakeholders from across the state. Building upon the progress of the 2020 VDH and Virginia Hospital and Healthcare Association (VHHA) led COVID-19 Amplified Response-Telehealth Workgroup, VDH convened 6 additional workgroups to bring together key stakeholders around the priority areas as addressed in HB1332:

1. Delivery - Promotion of telehealth in hospitals, primary care, schools, and emergency medical services (EMS)
2. Remote Patient Monitoring - Promotion of remote patient monitoring and store and forward technology for chronic conditions
3. Criteria for Use - Criteria for use of telehealth in pre-hospital and inter-hospital triage and transportation of patients
4. Integration - Integration of the Plan with other related statewide plans
5. Sustainability - Strategy for sustaining the Plan: ex. Payment models
6. Data - Data collection strategy for telehealth

The goals of these workgroup sessions included developing consensus of workgroup members through a virtual meeting format and written survey methods for identified high priority level needs and strategies for flexible actions and lessons learned from the COVID-19 amplified response; receiving feedback in a formal state process through public comment, identifying barriers and challenges in creating a statewide telehealth infrastructure, and establishing set goals for advancing the adoption and utilization of telehealth as a mechanism for meeting identified health needs.

During the summer and early fall of 2020, 17 virtual meetings were conducted across a variety of sectors, including public health, behavioral health, education, technology, public safety, healthcare, and state and local government. Credentials of workgroup members included physicians, nurses, telehealth specialists, emergency service professionals, behavioral health professionals, policy and licensure advisors, and payer source specialists, among additional stakeholder groups. Verbal feedback was attained from the public and workgroup members regarding potential content for the plan, detailed in Appendix D.

Workgroup members were asked to respond to the following:

- From the lessons learned from COVID-19, how can we be nimble enough to implement telehealth initiatives?
- What are the possible barriers and challenges?

Core Strategy 1 – Inclusion in Operating Procedures

	Strategic Initiative 1.1 - The promotion of the inclusion of telehealth services in the operating procedures of hospitals and primary care facilities		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 1 Inclusion in operating procedures	1.1.1 Determine which accommodations will be needed to ensure accessibility	Telehealth Advisory Workgroup, OLC, VHHA, VDDHH, VSDB, VDBHDS, VDHP, VHWDA, MSV, VDA, VCHA, VAFCC, VHCA, VNA, VTN, VRHA, VDBVI, VDARS, VAFCC	1.1.1.1 Establish one Telehealth Advisory Workgroup of relevant stakeholders to identify need to mitigate barriers to access, inclusive of pre route to hospital and post release 1.1.1.2 Examine widespread elimination of geographic and setting locations requirements so patients outside of rural areas can benefit from telehealth; expanding the types of technology that can be used, including remote monitoring; and covering provided services 1.1.1.3 Partner with VHHA, VDDHH, VDBHDS, DVBI, VDARS, and VSDB to examine accessibility issues such as gaps in accessibility serving older adults, those with low English language proficiency, and people with physical, sensory, cognitive or developmental disabilities, including people who are deaf or hard of hearing, blind, or visually impaired 1.1.1.4 Standardize telehealth policy across telehealth systems

	Strategic Initiative 1.1 - The promotion of the inclusion of telehealth services in the operating procedures of hospitals and primary care facilities (Cont.)		
	Objectives	**Accountability**	**Action Steps**
			1.1.1.5 Identify need and provide staff training for inclusion of telehealth services 1.1.1.6 Through the Telehealth Advisory Workgroup, create linkages of care plans/processes for seamless transition of patient care internally and externally within health system departments
	1.1.2 Determine how broadband/internet/cellular connectivity will be addressed	Telehealth Advisory Workgroup, Coronavirus Aid, Recovery, and Economic Security (CARES) Act Advisory Group, VDHCD, Broadband Advisory Council, VRHA	1.1.2.1 Improve access to broadband technology for underserved, socioeconomically disadvantaged, and rural areas by seeking funding opportunities, such as the Federal Communications Commission (FCC) Rural Health Care Program

	Strategic Initiative 1.2 - The promotion of the inclusion of telehealth services in the operating procedures of public primary and secondary schools and state-funded post-secondary schools		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 1 Inclusion in operating procedures	1.2.1 Determine infrastructure needs	VDOE, VCC	1.2.1.1 Identify fiscal structures for obtaining infrastructure and equipment 1.2.1.2 Professional development in effective use of technology
	1.2.2 Determine process to permit Medicaid reimbursement for school services	VDMAS, VDOE	1.2.2.1 Develop list of providers and CPT codes permissible for telehealth use, including LBAs and LABAs 1.2.2.2 Update VDMAS LEA provider manual 1.2.2.3 Communicate changes to LEAs using Superintendent's memos 1.2.2.3 Define billing procedures for originating site and remote site 1.2.2.4 Parental Consent for the provision of telehealth (different from FERPA Consent) Free Care Services already being developed for additional services 1.2.2.5 Update VDMAS and VDOE policies/procedures for Medicaid behavioral health services provided via telehealth on school grounds

	Strategic Initiative 1.2 - The promotion of the inclusion of telehealth services in the operating procedures of public primary and secondary schools and state-funded post-secondary schools (Cont.)		
	Objectives	**Accountability**	**Action Steps**
	1.2.3 Revise VDHP guidance on telehealth to align with school practices	VDHP, VDOE	1.2.3.1 Review/revise VDHP regulations on telehealth to align with school as listed services 1.2.3.2 Identify and define services structures that qualify for telehealth reimbursement 1.2.3.3 Review paperwork processes for special education and Medicaid compliance issues 1.2.3.4 Communicate changes to LEAs using Superintendent's memos 1.2.3.5 Review/summarize licensing board policies and guidance
	1.2.4 Define parental consent process for telehealth services	VDOE, VDMAS	1.2.4.1 Consider implications for FAPE

	Strategic Initiative 1.3 - The promotion of the inclusion of telehealth services in the operating procedures of emergency medical services agencies		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 1 Inclusion in operating procedures	1.3.1 Use of technology to promote telehealth to the Virginia EMS system	OEMS, Regional EMS Councils	1.3.1.1 – Develop and promote information through email distribution lists and social media
	1.3.2 Develop basic template for telehealth operating procedures for EMS agencies	OEMS	1.3.2.1 – Survey EMS system for agencies with procedures already in place 1.3.2.2 - Develop, distribute, and post template to OEMS website 1.3.2.3 – Track visits to and downloads of template

	Strategic Initiative 1.4 - The promotion by the Board of Health of the inclusion of telehealth services in the operating procedures of such other state agencies and practices		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 1 Inclusion in operating procedures	1.4.1 Determine what additional infrastructure is required	VITA, DGS	1.4.2.1 Fund Virginia Information Technologies Agency to add additional broadband service providers to menu offered to state and local agencies 1.4.2.2 Expand DGS Division of Engineering to use additional communication towers for deployment of wireless broadband services

Core Strategy 2 – Remote Patient Monitoring

	Strategic Initiative 2.1 – The promotion of the use of remote patient monitoring services and store-and-forward technologies, including in cases involving patients with chronic illness		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 2 Remote Patient Monitoring	2.1.1 Determine how use of appropriate medical devices will be addressed	Telehealth Advisory Workgroup VDH , MSV, VDA, VDDHH, VSDB, VDBHDS, VDMAS, VDBVI, VDARS	2.1.1.1 Survey impacted stakeholders statewide on utilization of Remote Patient Monitoring to determine gaps 2.1.1.2 Develop criteria to monitor medically complex patients 2.1.1.3 Identify healthcare provider-patient need for training, including speech recognition for real time transcriptions, automatic transcription software, and foreign language translation to ensure transcriptionist understanding and accuracy

	Strategic Initiative 2.2 – Financial Support for Telehealth Services		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 2 Remote Patient Monitoring	2.2.1 Assess costs of access and current telehealth expenditures	VDH, VDHCD, VDMAS	2.2.1.1 Investigate coverage by all payers including Medicaid, CHIP, and third party insurance, and create a report detailing services currently allowed and those services recommended to be covered via telehealth by all payers 2.2.1.2. Create an assessment of expenditures for medical and behavioral health costs in telehealth 2.2.1.3 Assess needs of specialist access to telehealth equipment as a billable expenditure to payers 2.2.1.4 Assess HIPPA compliant virtual platforms, including but not limited to accessibility
	2.2.2 Assess the cost of broadband access and expenditures	VDH, VDEM, VCIT, VDOT, VHHA, MSV, VDA, Board of Medicine	2.2.2.1 – Assess needs of specialist access to broadband equipment as a billable expenditure to payers 2.2.2.2 Assess financial reimbursement costs for licensed clinicians

	Strategic Initiative 2.3 – The promotion of care and safety in cases involving patients with chronic illness and/or disabilities		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 2 Remote Patient Monitoring	2.3.1 Assess access for individuals with disabilities	VDH, VDARS, VDBVI, VDDHH, VDOE, VDBHDS, VDMAS, VBPD	2.3.1.1 Partner with VDBVI, VDBHDS, VDARS, and VDDHH to determine current telehealth solutions for those with disabilities

	Strategic Initiative 2.4 – Data Management		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 2 Remote Patient Monitoring	2.4.1 Identify and standardize data collection	VDH, VDBH, OEMS, VDEM, MSV, VDA, Board of Medicine, VDHP, VDC, VDMAS	2.4.1.1 Identify existing databases that can either be expanded or for which access can be increased 2.4.1.2 Create minimum data collection regarding demographics, technology utilized, and skill sets used frequently in telehealth visits
	2.4.2 Identify possible holes that exists in current data collection	VDH, VDBH, OEMS, VDEM, MSV, VDA, VDHP, VDC, VDMAS	2.4.2.1 Collect metadata from telehealth visits and store this metadata in a repository 2.4.2.2. Assess metadata available that does not violate HIPPA or similar protections to assess accuracy and consistency
	2.4.3 Utilize data for further analysis moving forward	OEMS, VDMAS	2.4.3.1 Evaluate the utilization of collected Metadata by a cohort or agency to develop action plans 2.4.3.2 Determine potential of legislative proposal for data monitoring to improve service 2.4.3.3 Include patient response data in data collection

Core Strategy 3 – Uniform and Integrated Criteria

	Strategic Initiative 3.1 – A uniform and integrated set of proposed criteria for the use of telehealth technologies for pre-hospital and inter-hospital triage and transportation of patients initiating or in need of emergency medical services		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 3 Uniform and Integrated Criteria	3.1.1 – Review of State EMS Formulary	OEMS Staff, State Medical Direction Committee	3.1.1.1 – Review of formulary to rule in/rule out procedures that may be telehealth appropriate

	Strategic Initiative 3.2 – Revision criteria for the Board of Health to incorporate accepted changes in medical practice and appropriate use of new and effective innovations in telehealth technologies, or to respond to needs indicated by analysis of data on patient outcomes		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 3 Uniform and Integrated Criteria	3.2.1 Establish a policy and process for submitting requests for changes to telehealth practices	VDH, OEMS, Telehealth Advisory Workgroup	3.2.1.1 Identify process format for requests
	3.2.2 Establish review process, protocol and criteria by which submitted requests for changes will be assessed	VDH, OEMS, Telehealth Advisory Workgroup	3.2.2.1 Develop criteria for review and evaluations of requests 3.2.2.2 Finalize process, protocol and criteria and publish on VDH website

Core Strategy 4 – Integration into Other Plans

	Strategic Initiative 4.1 - A strategy for integration of the Statewide Telehealth Plan with the State Health Plan, the Statewide Emergency Medical Services Plan, the Statewide Trauma Triage Plan, and the Stroke Triage Plan to support the purposes of each plan		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 4 Integration into Other Plans	4.1.1 – Incorporation of the State Telehealth Plan into the State Health Plan	OEMS, OHE-SORH, OCOM, FHS, Telehealth Advisory Workgroup	4.1.1.1 The Telehealth Advisory Workgroup will review all suggested updates to the State Telehealth Plan biannually. 4.1.1.2 The review of all plans for integration will take place during State EMS Advisory Board meetings when appropriate. 4.1.1.3 Updates will be recommended to the Commissioner of Health after review by the State EMS Advisory Board. 4.1.1.4 Staff will present updates to the Commissioner of Health biannually for review. 4.1.1.5 Recommended updates to the State Telehealth Plan will be presented to the Board of Health biannually.
	4.1.2 – Incorporation of the State Telehealth Plan into the State Emergency Medical Services Plan	OEMS, OCOM, VDH, Board of Health	4.1.2.1 The OEMS will review the State Telehealth Plan for incorporation into the State EMS Plan. 4.1.2.2 Both plans will be reviewed and approved by the State EMS Advisory Board, as well as the Board of Health.

	Strategic Initiative 4.1 - A strategy for integration of the Statewide Telehealth Plan with the State Health Plan, the Statewide Emergency Medical Services Plan, the Statewide Trauma Triage Plan, and the Stroke Triage Plan to support the purposes of each plan (Cont.)		
	Objectives	**Accountability**	**Action Steps**
	4.1.3 – Incorporation of the State Telehealth Plan into the State Trauma Triage Plan	OEMS, EMS Advisory Board Committees	4.1.3.1 Review State Trauma Triage Plan for the integration telehealth activities biannually
	4.1.4 – Incorporation of the State Telehealth Plan into the Stroke Triage Plan	OEMS, EMS Advisory Board Committees	4.1.4.1 Review the State Stroke Triage plan for integration of telehealth activities biannually
	4.1.5 – Ensure other state plans align with the State Telehealth Plan	VDH, VDOE, VDOC, DOVA, VDHP, VDMAS	4.1.5.1 VDOE, VDOC, VDHP, VDMAS, and DOVA will review their agency telehealth plans and incorporate the State Telehealth Plan as needed. 4.1.5.2 The Telehealth Advisory Workgroup will review the State Telehealth Plan with stakeholders and provide recommendations to the Health Commissioner for review and approval by the Board of Health biannually.

Core Strategy 5 – Maintenance of the Plan

	Strategic Initiative 5.1 – A strategy for the maintenance of the Statewide Telehealth Plan through the development of an innovative payment model for emergency medical and behavioral health services that covers the transportation of a patient to a destination providing services of appropriate patient acuity and facilitates in-place treatment services, where appropriate		
	Objective	**Accountability**	**Action Steps**
Core Strategy 5 Maintenance of the Plan	5.1.1 Review new payment models to determine potential updates to State Telehealth Plan to address both emergency medical and behavioral health services	OEMS, VHHA, VDMAS, SCC-BOI, VAHP, MSV, VDA	5.1.1.1 VDH Staff will actively review new payment models for patient transport or treat in place. 5.1.1.2 Assessment of services covered and not covered by payers 5.1.1.3 Identification of potential EMS agency billing issues 5.1.1.4 Determination of medical necessity
	5.1.2 Identification of covered destinations	OEMS, VHHA, VDMAS, SCC-BOI, VAHP	5.1.2.1 –Assessment/identification of appropriate services and destinations

	Strategic Initiative 5.2 – A strategy for the maintenance of the Statewide Telehealth Plan through the development of collaborate and uniform operating procedures for establishing and recording patient informed consent for the use of telehealth services that are easily accessible by those medical professionals engaging in telehealth services		
	Objective	**Accountability**	**Action Steps**
Core Strategy 5 Maintenance of the Plan	5.2.1 – Determination of consent requirements	VDH, VHHA, VDMAS, VAHP, MSV, VDA	5.2.1.1 – Review existing state and payer consent requirements
	5.2.2 – Development of a patient consent form, or similar	VDH, VHHA, VDMAS, VAHP, MSV, VDA	5.2.2.1 – Identification of minimum information required 5.2.2.2 – Evaluation of current similar forms for applicability 5.2.2.3 - Determination of including consent into telehealth workflow

	Strategic Initiative 5.3 – A strategy for the maintenance of the Statewide Telehealth Plan through appropriate liability protection for providers involved in such telehealth consultation and treatment		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 5 Maintenance of the Plan	5.3.1 Work with liability insurance carriers on standard language to ensure telehealth activities are part of standard liability coverage policies	VHHA, VDMAS, VAHP, SCC-BOI, VOATG, MSV, VDA, DHRM	5.3.1.1 Determine standard liability coverage policy language 5.3.1.2 Determine potential areas of risk for telehealth activities

Core Strategy 6 – Data Collection

	Strategic Initiative 6.1 – A strategy for the collection of data regarding the use of telehealth services in the delivery of inpatient and outpatient services, behavioral health services, treatment of chronic illnesses, remote patient monitoring, and emergency medical services to determine the effect of use of telehealth services on the medical service system in the Commonwealth		
	Objective	**Accountability**	**Action Steps**
Core Strategy 6 Data Collection	6.1.1 Minimum documentation requirements	VDMAS, VDSS, third party payors	6.1.1.1 Determination of minimum documentation requirements 6.1.1.2 Development of necessary Medicaid policies related to the consulting provider's report back to the requesting provider (if necessary) 6.1.1.3 Implementation of use of procedure code modifiers which allows tracking of telehealth use and reduces undue paperwork burden and cost
	6.1.2 Establishment and maintenance of a registry of businesses performing telehealth in the state	VDMAS, SCC, VDHP, VDH	6.1.2.1 Development of a process to identify businesses/entities performing telehealth services 6.1.2.2 Posting of the business registry to appropriate websites

	Strategic Initiative 6.2 – The data collection strategy shall include the potential for reducing unnecessary inpatient hospital stays, particularly among patients with chronic illnesses or conditions		
	Objective	**Accountability**	**Action Steps**
Core Strategy 6 Data Collection	6.2.1 Development of QA/QI/QM process to evaluate effective telehealth consults, timelines, and outcomes to that of inpatient hospital patients where patient similarities existed	VHHA, VDMAS, MSV, VDA, VDBHDS, VDDHH, DVBI, VHQC	6.2.1.1 Identify methodology for collecting and evaluating current patient data in both categories for determination in deployment of telehealth services
	6.2.2 Evaluation of patients where screenings via telehealth could have reduced or eliminated unnecessary emergency department visits	VHHA, VDMAS	6.2.2.1 Identify methodology to determine patient populations where telehealth could prevent future emergency department visits
	6.2.3 Identification of areas where telehealth could prevent hospitalizations from SNF	VHHA, VDMAS, VDSS, OLC, VHCA, VDARS	6.2.3.1 Identify and encourage patients in SNFs to utilize telehealth services

	Strategic Initiative 6.3 – The data collection strategy shall include the impact of the use of telehealth services on patient morbidity, mortality, and the quality of life		
	Objectives	**Accountability**	**Action Steps**
Core Strategy 6 Data Collection	6.3.1 Identification of the use of telehealth in the in-hospital setting to identify the specific inpatient unit, purpose, and outcome	VHHA, VDMAS, VDSS	6.3.1.1 Identification of the necessary documentation elements and location
	6.3.2 Identification of specific telehealth device utilization	VDH	6.3.2.1 Generation of classification of telehealth devices and frequency of utilization

	Strategic Initiative 6.4 – The data collection strategy shall include the potential for reducing unnecessary pre-hospital and inter-hospital transfers		
	Objective	**Accountability**	**Action Steps**
Core Strategy 6 Data Collection	6.4.1 Identification of service type when consultation services are utilized	OEMS, VHHA	6.4.1.1 Method for identifying live, interactive telehealth consults in documentation for EMS 6.4.1.2. Method for identifying store and forward consultation in EMS
	6.4.2 Correct documentation of HL7 8.8 Resource Healthcare Service resources available at a location to include virtual	VHHA, VDMAS	6.4.2.1 Identification of facility resources to include both dedicated physical structures as well as the virtual environment

	Strategic Initiative 6.5 – The data collection strategy shall include the impact on annual expenditures for health care services for all payers, including expenditures by third-party payers and out-of-pocket expenditures by patients		
	Objective	**Accountability**	**Action Steps**
Core Strategy 6 Data Collection	6.5.1 Utilization of a modifier for all procedure codes billed for telehealth services	VDMAS, VDSS	6.5.1.1 Identification of procedure code modifiers in use for services being provided via telehealth, e.g. use of the GT or 95 modifier as an indicator of live interactive telehealth

Appendix A – Glossary of Commonly Used Acronyms

CARES	Coronavirus Aid, Relief, and Economic Security Act
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CSB	Community Service Board
DOVA	Department of Veterans Affairs
EMS	Emergency Medical Services
ET3	Emergency Triage, Treat, and Transport
FAPE	Free Appropriate Public Education
FCC	Federal Communications Commission
FERPA	Family Educational Rights and Privacy Act
FHS	Family Health Services
HL7	Health Level 7
LABA	Licensed Assistant Behavior Analyst
LBA	Licensed Behavior Analyst
LEA	Local Education Agency
MSV	Medical Society of Virginia
OCOM	State Health Commissioner's Office
OHE-SORH	Office of Health Equity – State Office of Rural Health
OLC	Office of Licensure and Certification
OT	Occupational Therapy
PHE	Public Health Emergency
PPE	Personal Protective Equipment
PT	Physical Therapy
SCC-BOI	State Corporation Commission – Bureau of Insurance
SLP	Speech Language Pathology
SNF	Skilled Nursing Facility
STHP	State Telehealth Plan

Appendix A – Glossary of Commonly Used Acronyms (Cont.)

VAFCC	Virginia Association of Free and Charitable Clinics
VAHP	Virginia Association of Health Plans
VBPD	Virginia Board for People with Disabilities
VCC	Virginia Commonwealth Connect
VCHA	Virginia Community Healthcare Association
VCIT	Virginia Center for Innovative Technology
VDA	Virginia Dental Association
VDARS	Virginia Department for Aging and Rehabilitative Services
VDBHDS	Virginia Department of Behavioral Health and Developmental Services
VDBVI	Virginia Department for the Blind and Vision Impaired
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VDHCD	Virginia Department of Housing and Community Development
VDHP	Virginia Department of Health Professions
VDMAS	Virginia Department of Medical Assistance Services
VDOC	Virginia Department of Corrections
VDOE	Virginia Department of Education
VDOT	Virginia Department of Transportation
VDSS	Virginia Department of Social Services
VHCA	Virginia Health Care Association
VHHA	Virginia Hospital and Healthcare Association
VHQC	Virginia Health Quality Center
VHWDA	Virginia Health Workforce Development Authority
VITA	Virginia Information Technologies Agency
VNA	Virginia Nurses Association
VOATG	Virginia Office of the Attorney General
VRHA	Virginia Rural Health Association

Appendix A – Glossary of Commonly Used Acronyms (Cont.)

VSDB	Virginia School for the Deaf and the Blind
VTN	Virginia Telehealth Network

Appendix B – Glossary of Terms

Remote patient monitoring services - the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload

Store-and-forward Technologies –the technologies that allow for the electronic transmission of dental and health information, including images, photographs, documents, and health histories, through a secure communications system

Telehealth services - the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance

- Telehealth services includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation. Nothing in this definition shall be construed or interpreted to amend the appropriate establishment of a bona fide practitioner-patient relations, as defined in § 54.1-3303.

GT Modifier – the procedure code modifier to be entered in the procedure modifier field for both claims, which indicates that telehealth was used

Appendix C – Resources

In developing this plan, several resources were used in addition to meetings and interviews with VDH staff and many stakeholders.

- Code of Virginia: §32.1-122.03 Statewide Telehealth Plan. https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0729+pdf
- Code of Virginia: §38.2-3418.16. Coverage for telemedicine services. Definitions of remote patient monitoring services and telemedicine services. https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3418.16/
- Code of Virginia: §54.1-2700. Definitions. Defines Store-and-forward technologies. https://law.lis.virginia.gov/vacode/title54.1/chapter27/section54.1-2700/
- Code of Virginia: §32.1-122.03. State Health Plan https://law.lis.virginia.gov/vacode/title32.1/chapter4/section32.1-122.03/
- Code of Virginia: §32.1-111.3. Statewide Emergency Medical Services plan; Trauma Triage Plan; Stroke Triage Plan. https://law.lis.virginia.gov/vacode/title32.1/chapter4/section32.1-111.3/
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- https://lis.virginia.gov/cgi-bin/legp604.exe?201+sum+HB1332&201+sum+HB1332

Appendix D – Stakeholder Responses

To obtain written feedback, all workgroup members were asked to respond in survey form to specific questions related to content inclusion. Twenty-five responses were entered into the survey tool.

Workgroup members were asked to respond to the following survey questions:

- What are the best case examples implemented with COVID-19 telehealth practices that should be included in the state telehealth plan?
- What are the proposed criteria for use of telehealth services?
- Which strategies should be utilized for integration of this plan into preexisting state level plans?

What maintenance should be conducted on the statewide telehealth plan?

Appendix D – Stakeholder Responses (Cont.)

Workgroup Verbal Feedback: Barriers and Challenges

Political/Financial	Social	Educational	Clinical	Administrative
High cost of technology infrastructure and the acquisition of technology	Fear of technology/lack of technology	Lack of health literacy	Lack of training on chronic disease management	Provider shortage: Maldistribution
Lack of/inadequate reimbursement	Lack of access to telehealth technologies	Lack of benefit literacy	Lack of population based practice	Lack of understanding of how to use population health data and data in general
Lack of Telehealth Policy (Reimbursement, Incentives, HIPAA, Credentialing and Privileging, Licensure)	Social Determinants of Health (Poverty, Lack of Access to Services)	Lack of compliance	Fear of liability	Insufficient leveraging of interdisciplinary/interprofessional teams (ability to use the right level of providers)
State laws that restrict information transfer between behavioral health and other health care providers	Broadband/bandwidth issues	Lack of understanding of medications	Lack of integration between behavioral health and physical health	Need to focus on high priority/risk populations
Lack of standardized technologies	Insufficient leveraging of remote patient monitoring technologies		Fragmentation of Services	Lack of training for caregivers on how to best manage patient conditions
Lack of EHR adoption				Lack of health information exchange capabilities/lack of interoperability

Appendix E – Exploring Opportunities to Expand Veterans Access to Telehealth

The Commonwealth of Virginia is fortunate to be the home to over 721,000 Veterans. Virginia's Veterans population is the seventh-largest in the Nation and the highest per capita (1 in every 12 Virginians is a Veteran). Ensuring Veterans and eligible family members receive equitable access to the benefits and privileges they have earned is of the upmost importance.

The U.S. Department of Veterans Affairs' Veteran Health Administration (VHA) is the lead agency in providing quality delivery of healthcare to eligible Veterans and their family members. The VHA operates over 1,255 health care facilities across the Nation. This infrastructure includes over 170 medical centers, 1,074 outpatient sites and serves over 9 million Veterans every year. In Virginia, the VHA operates three VA Medical Centers (VAMCs) in Richmond, Salem, and Hampton, and is a part of three separate Veteran Integrated Service Networks (VISNs). The VHA also operates 23 individual community-based outpatient clinics (CBOCs) which are spread across Virginia and are associated with one of the six VAMCs (3 inside of Va. and 3 outside).

In order to reach Veterans who do not have the economic means of owning or accessing smart phones or personal computers, and who live in communities that are unserved or underserved by broadband connectivity, in 2019 the VA announced a consortium of telehealth opportunities for Veterans who are eligible and enrolled in VHA healthcare. One of the flagship opportunities is the "Project-Accessing Telehealth through Local Area Stations" (Project-ATLAS). Project-ATLAS consists of public-private partnerships between a VAMC and a private/non-governmental organization that identifies and commits a private space in which to host Veterans who have been prescribed telehealth appointments by the primary care physician at their enrolled VAMC.

Prior to the onset of the COVID-19 pandemic in March, 2020, the VHA saw a surge in demand for alternative ways of connecting and reaching out to Veterans living in areas outside of a reasonable travel distance from the nearest VA healthcare infrastructure. From 2019-2020, there was an over-200% increase in the number of completed telehealth appointments completed with the VHA's mobile app known as "VA Video Connect" and through sites at CBOCs that connect Veterans with their primary care or specialist physicians that may be hundreds of miles away. Since the beginning of the COVID-19 pandemic in 2020, the VHA observed a 1000% increase in the number of telehealth appointments.

In order to expand points of access to existing telehealth programs offered by the VHA to Veterans living in rural communities or communities that are unserved/underserved by affordable and accessible broadband, the Commonwealth should research and invest in partnerships with the VA that utilize the modality and concept of the VA's Project-ATLAS. Utilizing existing government

Appendix E – Exploring Opportunities to Expand Veterans Access to Telehealth (Cont.)

infrastructure at local health districts, community services boards, and other service-line helping agencies, the Commonwealth stands to significantly reduce financial challenges and geographic challenges for Veterans who need access to existing telehealth opportunities.

Appendix F – List of Stakeholders and Representatives

Telehealth Plan Workgroup Members	Representatives
Aetna Better Health of Virginia	Richard Zucker
Bay Rivers Telehealth Alliance	Donna Dittman Hale
CareFirst	Karis Childs, Ann Harbour
Carilion Clinic	Melinda Schriver
Chesterfield Fire and Emergency Medical Services	Dr. Allen Yee
Children's Hospital of The King's Daughters	Mary-Margaret Gleason, Rodolfo Granados, Stephanie Osler
Children's National Hospital	Jacqueline Dolan, Marshall Summar, Clarence Williams
Centra Health	James Mitchell, Christopher Parker
Delta Response Team	Michael D. Berg
Hims & Hers	April Mims
Hospital Corporation of American Healthcare Virginia	Stephanie Lim
Inova Health System	Maruf Haider, Dan Larriviere
Magellan Health	Ann Vaughters
Medical Society of Virginia	Clark Barrineau, Scott Castro
Perinatal Company	Faith Ramirez
Piedmont Community Health Plan	Katrina Slagle
Polysomnographic Technology Advisory Board	Dr. Abdul Amir
Richmond Ambulance Authority	Michael Colman
Sentara Healthcare	Danette Hurst
Southwest Virginia Emergency Medical Services Council	Gregory Woods
State Emergency Medical Services Advisory Board	Jason Ferguson
University of Virginia	Dr. George Lindbeck, Dr. Karen Rheuban, Nina Solenski
Valley Community Services Board	Kathryn Baker
Valley Health System	Jeff Feit
Virginia Academy of Family Physicians	Dr. Mark Ryan
Virginia Affiliate of American College of Nurse-Midwives	Katie Page

Appendix F – List of Stakeholders and Representatives (Cont.)

Telehealth Plan Workgroup Members	Representatives
Virginia Asian Advisory Board	Suja Amir
Virginia Association for Behavior Analysis	Christy Evanko
Virginia Association of Community Services Boards	Becky Bowers-Lanier, Jennifer Faison
Virginia Association of Free and Charitable Clinics	Michelle Taylor
Virginia Association of Health Plans	Doug Gray, Josh Humphries
Virginia Army National Guard	Michael Hickey
Virginia Board of Health	Gary Critzer
Virginia Board of Medicine	Dr. William Harp
Virginia Board of Pharmacy	Caroline Juran
Virginia Chapter of the American Academy of Pediatrics	Dr. Michael Martin, Lauren Schmitt
Virginia Commonwealth University	Dr. Vimal Mishra, Ben Barber, Angela Ferguson, Romesh Wijesooriya,
Virginia Community Healthcare Association	Rick Shinn
Virginia Department of Corrections	Karen Childers
Virginia Department of Behavioral Health and Developmental Services	Dr. Susan Elmore, Allison Land
Virginia Department for the Deaf and Hard of Hearing	Dr. Eric Raff, Karen Brimm
Virginia Department of Health	Dr. Parham Jaberi, Dr. Sulola Adekoya, Rebekah Allen, Heather Anderson, Adam Harrell, Hannah Lyons, Sable Nelson, Sarah O'Connor, Tim Perkins, Dr. Carole Pratt, Hector Quinones, Lisa Wooten
Virginia Department of Health Professions	Dr. Barbara Allison-Bryan, David Brown, Elizabeth Carter
Virginia Department of Medical Assistance Services	Dr. Chethan Bachireddy, Kurt Elward, Ashley Harrell, Andrew Mitchell, Alyssa Ward
Virginia Department of Veterans Services	Ben Shaw
Virginia Health Care Association	April Payne
Virginia Hospital and Healthcare Association	Brent Rawlings

Appendix F – List of Stakeholders and Representatives (Cont.)

Telehealth Plan Workgroup Members	Representatives
Virginia Pharmacists Association	Christina Barrille
Virginia Premier Health Plan	Mark Mattingly
Virginia Rural Health Association	Beth O'Connor
Virginia Telehealth Network	Maya Servaites
Western Virginia Emergency Medical Services Council	Morris Reece
Williams Mullen	Nicole Lawter

Other Contributing Organizations

Contributor Organizations	Representatives
Virginia Health Catalyst	Sarah Holland
Virginia Secretary of Veterans and Defense Affairs	Jon Ward