**pStatewide Telehealth Workgroup**

**November 1, 2019**

**Statement of Work**

***Mission:***

To improve the access to, and quality of, healthcare for Vermonters through the expansion of telehealth in the State of Vermont.

***Project aims:***

1. An increase in the number of providers holding telemedicine visits in Vermont, as identified by an analysis of the Vermont Healthcare Uniform Reporting and Evaluation System (VHCURES).
2. An increase in the rate of Initiation and Engagement of Treatment for Substance Use Disorder (HEDIS measure). This monitors whether adolescents and adults with an episode of alcohol or other drug dependence had inpatient or outpatient treatment within 14 days of their initial diagnosis, and two additional treatments within 30 days of their first visit.
3. A reduction in the third next available appointment measure (per the Institute for Healthcare Improvement), as reported by hospitals to the Green Mountain Care Board annually, through the budget review process.
4. CONSIDER: Expansion of access through additional clinical topic areas and specialty services from current baseline of XX.
5. Developing broad uptake of this new technology platform to meet personal choice to utilize telemedicine options for care, increasing patient and provider satisfaction.

***Project success criteria:***

**Objectives**:

In alignment with select recommendations outlined in the [*Statewide Telehealth Strategy for the State of Vermont*](https://healthcareinnovation.vermont.gov/sites/hcinnovation/files/HIE/Telehealth_Strategy_Report_Final_9-16-15.pdf) (2015) the workgroup will:

1. Create, and update the Statewide Telehealth Workgroup charter, to include the workgroup mission, aims, and objectives.
2. Provide a platform for sharing telehealth initiatives in the State of Vermont.
3. Provide a platform for sharing state and national policy and reimbursement changes across all payers.
4. Track population-level trends in telehealth use in Vermont, through the Vermont Healthcare Uniform Reporting & Evaluation System.
5. Develop an inventory of telehealth activities across the State of Vermont.
6. Create an inventory of barriers to telehealth expansion, and telehealth technical assistance needs across providers.
7. Advise, and review, technical assistance offerings.
8. Maintain a central repository for all information related to telehealth in the State of Vermont that is readily, and easily, accessible to both providers and patients, on the Vermont Program for Quality in Health Care, Inc. website. Materials posted will not be duplicative of resources that exist elsewhere; where appropriate, links will be included on the VPQHC sites to outside partner websites.

**Business Case**

* Access
* Quality
* Costs
* Current state Vermont

**Team Operations**

VPQHC will provide project management, to include:

* Development and coordination, including approval, of charter
* Drafting of summary reports and other written materials
* Review and compilation of relevant data
* Scheduling/hosting all workgroup meetings

Agenda content development, distribution, implementation, and minute-taking for all workgroup meetings.

Other workgroup members will engage in monthly workgroup meetings, and provide feedback on materials as requested.

**Project History:**

Initiation and Engagement of Treatment for Substance Use Disorder is a quality measure included in the All Payer Model, and a focus of a Performance Improvement Project at the Department of Vermont Health Access (DVHA). Over the previous few years, telehealth modifiers have been added to the IET measure specifications, and other quality, measures, including Follow-up After Hospitalization for Mental Illness. Under its work on the IET PIP, DVHA had identified that select providers, while interested in telehealth, needed additional technical support and education before operationalizing these services. In July 2019, VPQHC recruited participants for a statewide workgroup to focus on identifying barriers and priority areas for support among providers interested telehealth, and help align resources to provide support. The first workgroup meeting held on September 30, 2019 was well-received, and included representatives from over 15 regional, and statewide, organizations.

**Workgroup members**

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| **No.** | **NAME**  | **ROLE** | **ORGANIZATION** | **CONTACT INFORMATION** |
| 1 | Dr. Mark McGee | President | Alpine Telehealth |   |
| 2 | Helen Labun | Vermont Director of Public Policy | Bi-State Primary Care Association |   |
| 3 | Dr. Kate McIntosh | Senior Medical Director and Director of Quality | Blue Cross & Blue Shield of Vermont |   |
| 4 | Alison Krompf | Director of Quality | Department of Mental Health |   |
| 5 | Dr. David Rettew | Medical Director for DMH Children's Department | Department of Mental Health |   |
| 6 | Erin Carmichael | Quality Improvement Administrator | Department of Vermont Health Access |   |
| 7 | Kristin Allard |   | Department of Vermont Health Access |   |
| 8 | Andrew Wojtyna |   | Department of Vermont Health Access |   |
| 9 | Christine Ryan | Nurse Case Manager - Clinical Operations Unit | Department of Vermont Health Access |   |
| 10 | Agatha Kessler | Health Policy Director | Green Mountain Care Board |   |
| 11 | Lori Perry | Health Finance Analytics Director | Green Mountain Care Board |   |
| 12 | Patrick Rooney | Director of Health System Finances | Green Mountain Care Board |   |
| 13 | Cathie Buscaglia | Director of Innovation | Howard Center |   |
| 14 | Dana Poverman | Director of Outpatient & Medication Assistend Treatment Programs | Howard Center |   |
| 15 | Bob Hartman | Sr. Leader, Market Innovation, Medicare Product & Diversified Services Development | MVP Healthcare |   |
| 16 | Danielle Louder | Northeast Telehealth Resource Center Program Director | New England Telehealth Resource Center |   |
| 17 | James Henzel | Regional Program Director | Phoenix House |   |
| 18 | Pete Mumma | President & CEO | Phoenix House |   |
| 19 | Daniel Pender | Vice President, Clinical Services, Quality, and Risk Management | Phoenix House |   |
| 20 | Steve Blongy | Director of Information Systems | Rutland Mental Health |   |
| 21 | Clay Gilbert | Director of Adult Substance Use Disorder Programs (Evergreen) | Rutland Mental Health |   |
| 22 | Scott Strenio | Chief Medical Officer, Medicaid | State of Vermont |   |
| 23 | Todd Young | Network Director, Telehealth Services | University of Vermont Medical Center |   |
| 24 | Sarah Christolini | Telehealth Program Strategist | University of Vermont Medical Center |   |
| 25 | Emma Harrigan | Director of Policy Analysis & Development | Vermont Association of Hospitals & Health Systems |   |
| 26 | Devon Green | VP Government Relations  | Vermont Association of Hospitals & Health Systems |   |
| 27 | Patricia Breneman | Program Manager | Vermont Department of Health – Department of Alcohol and Substance Misuse |   |
| 28 | ***Invited, unable to contribute representative*** |  | z. OneCare Vermont |   |
| 29 | ***Invited*** |  | z. Vermont Medical Society |   |
| 30 | ***Invitation going out*** |  | z. VNAs of Vermont |   |