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Vermont Program for Quality in Health Care, Inc.

Meeting Minutes

Statewide Telehealth Workgroup

Date: September 30, 2019

Time: 11:00 am – 12:00 pm

Location: VPQHC Offices (132 Main Street, Suite 1, Montpelier, VT, 05602) & Videoconference (Zoom)

Attendance			
Name	**Title**	**Organization**	**Present**
Dr. Mark McGee	President	Alpine Telehealth	
Helen Labun	Vermont Director of Public Policy	Bi-State Primary Care Association	X
Dr. Kate McIntosh	Senior Medical Director and Director of Quality	Blue Cross & Blue Shield of Vermont	
Erin Carmichael	Quality Improvement Administrator	Department of Vermont Health Access	X
Kristin Allard		Department of Vermont Health Access	X
Andrew Wojtyna		Department of Vermont Health Access	X
Christine Ryan	Nurse Case Manager - Clinical Operations Unit	Department of Vermont Health Access	
Cathie Buscaglia	Director of Innovation	Howard Center	X
Dana Poverman	Director of Outpatient & Medication Assisted Treatment Programs	Howard Center	
Bob Hartman	Sr. Leader, Market Innovation, Medicare Product & Diversified Services Development	MVP Healthcare	
James Henzel	Regional Program Director	Phoenix House	
Pete Mumma	President & CEO	Phoenix House	X
Daniel Pender	Vice President, Clinical Services, Quality, and Risk Management	Phoenix House	
Steve Blongy	Director of Information Systems	Rutland Mental Health	X

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Attendance			
Name	**Title**	**Organization**	**Present**
Clay Gilbert	Director of Adult Substance Use Disorder Programs (Evergreen)	Rutland Mental Health	X
Scott Strenio	Chief Medical Officer, Medicaid	State of Vermont	
Todd Young	Network Director, Telehealth Services	University of Vermont Medical Center	
Sarah Christolini	Telehealth Program Strategist	University of Vermont Medical Center	X
Emma Harrigan	Director of Policy Analysis & Development	Vermont Association of Hospitals & Health Systems	X
Devon Green	VP Government Relations	Vermont Association of Hospitals & Health Systems	X
Patricia Breneman	Program Manager	Vermont Department of Health – Department of Alcohol and Substance Misuse	X
Mary McQuiggan	QI Specialist	Vermont Program for Quality in Health Care, Inc.	X
Catherine Fulton	Executive Director	Vermont Program for Quality in Health Care, Inc.	X
Bill Marcinkowski	IT Systems Manager	Vermont Program for Quality in Health Care, Inc.	X
Hillary Wolfley	Health Data Analyst	Vermont Program for Quality in Health Care, Inc.	X

Meeting Minutes ***(refer to page 6 for action items)***

1. Introductions: Hillary provided an overview of the agenda for the day.
2. What the workgroup hopes to achieve: Workgroup members were asked to share what they hope to gain from the statewide telehealth workgroup, and to discuss known barriers to telehealth provision in Vermont.
    a. The following were identified desired workgroup outputs:
        i. Identify and aggregate technical assistance needs across providers; streamline, and align resources accordingly.

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1. Department of Vermont Health Access has been focusing on telehealth as an avenue for improving rates of Initiation and Engagement of Treatment for Substance Use Disorder. They collected anecdotal evidence that providers are having difficulty with getting started with the telehealth basics, and addressing questions such as:
    a. *What platform should I use?*
    b. *How can I guarantee a seamless client experience? Providers want to offer a quality service, and don't want to use their patients as guinea pigs.*
    c. *How do I set up my equipment?*
2. DVHA has done a lot of work addressing the informational gaps (ex. - benefits of telehealth, what is reimbursable), but there are limitations to what they can recommend as a government entity.

ii. Create a report on population-level trends in telehealth use in Vermont (service type, rural/urban differences, etc.), identify Vermont-specific baseline data.

iii. Create an inventory of telehealth initiatives across the state (services type, location, quality measures, outcomes)

iv. Assemble a single resource/webpage (proposed on VPQHC website) for Vermont-specific information about telehealth, including an inventory, policy, reimbursement, upcoming educational opportunities. This webpage would not be duplicative, but rather be a gateway to material on others' websites, if the resources already exist.

v. Explore how we can use delivery system reform investments in Vermont to bridge any infrastructural gaps, and barriers for telehealth, which can help enhance care coordination under the All Payer Model

vi. Provide a platform for sharing best practices, and models for telehealth provision – such as:

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1. The use of mHealth, and asynchronous modality for chronic disease management
2. Rutland Mental Health cited wanting to learn more about logistics for getting started with telehealth, with prescribing medications for substance use disorder treatment – especially for clients who do not have equipment at home. DVHA advised they have seen telehealth be beneficial for helping individuals continue their care, could not speak to how many people have equipment, but guessing that most patients would have a cell phone

b. Noted major barriers to telehealth provision in Vermont:
    i. Unclear and/or restrictive reimbursement structures
        1. Specific question from Howard Center about whether psychotherapy was reimbursable. DVHA confirmed that at least under DVHA Medicaid, as long as it's within provider's scope, should be reimbursable at the same rate. However, one workgroup member questioned whether the provider manual for DVHA Medicaid, and the Department of Mental Health, Medicaid, was the same.
        2. Federally Qualified Health Centers will remain hesitant until the reimbursement path is more comprehensive, and clear
        3. Store-and-forward has limited reimbursement, but a lot of potential.
            a. Howard Center using store and forward to support their Medication Assisted Treatment (MAT) programs, but due to reimbursement restrictions, may need to stop
            b. DVHA Medicaid identified that it is not looking to expand its store and forward reimbursement at this time, until there is more clinical evidence to support expansion into other areas beyond tele dermatology and ophthalmology (which were added in May 2019)
    ii. Unreliable access to broadband across the state

c. The University of Vermont Medical Center gave a brief overview of their telehealth program:
    i. Has about 40 telehealth programs; mainly used for follow-up care
    ii. Questions fielded regarding telehealth from providers within their network center on billing and reimbursement
    iii. Has been experiencing very similar reimbursement from both Medicaid and commercial payers
    iv. Location of the patient is an issue, as there are limitations on where the patient can be at the time of service
    v. Telehealth only used when deemed fit for patient needs, and is clinically appropriate
    vi. Offered to connect providers that are having difficulty with the telehealth basics, to providers within the UVMMC network that are already offering telehealth services. In addition, UVMMC also offered to put together a package outlining the process for what they do to onboard providers (from conducting a mock visit, to scheduling staff rooming, etc.)
d. During open discussion, the following additional questions were posed, and observations made, by workgroup members:
    i. Has Vermont utilized the waiver within the All Payer Model to bypass certain reimbursement restrictions?
    ii. Are there limitations on initial engagement for telehealth? Meaning that the first appointment has to be in person, and subsequent care can be provided by telehealth?
    iii. DVHA has observed that private practitioners seem to have the most readiness for getting started with telehealth, and facilities, agencies, and Primary Care Providers, have less readiness likely due to Medicare reimbursement restrictions.
    iv. The majority of the claims that come in through DVHA Medicaid for telehealth are for mental health diagnoses

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3. Discussion of mission statement and website: Time was limited for discussing the workgroup mission statement, and website. However, workgroup members agreed that it would be beneficial to have a single webpage for Vermont-specific information on telehealth (reimbursement, educational opportunities, policies, Vermont data, coding, etc.) Again, it was emphasized that this website would not be duplicative, and link to outside partners' websites as applicable. It was recommended the workgroup look at the UVMMC, and Northeast Telehealth Resources Center, sites to identify what they have available. It was identified that Maine is one of the states that NETRC covers, and just established a Maine-specific statewide telehealth workgroup this summer.

4. Discussion of workgroup logistics: VPQHC asked the group if they had any questions regarding logistics – no questions raised. VPQHC stated it will begin working on the workgroup charter, including the mission statement. Workgroup members were asked to edit freely. VPQHC asked whether anyone else was missing from the workgroup. It was advised that Vermont Medical Society, and the Visiting Nurses Association (VNAs of Vermont), be invited.

5. Next steps and adjourn: Meeting adjourned at 11:48 am.

ACTION ITEMS:

- **Workgroup members will email VPQHC with any other thoughts on what they would like to gain from the workgroup.**
- **UVMMC will compile the provider onboarding resource for the workgroup.**
- **VPQHC will bring in presenters to the next workgroup meeting based on questions posed, and identified areas of confusion.**
- **VPQHC will invite NETRC to the next work group meeting.**
- **VPQHC will follow up with VMS and VNAs of Vermont**

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- **VPQHC will send out: Meeting minutes, survey for date/time of the next meeting, proposed approach for creating Vermont telehealth inventory**