**Meeting Minutes**

**Statewide Telehealth Workgroup**

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| **Date: December 2, 2019****Time: 11:00 a.m. – 12:00 p.m.** | **Location: VPQHC Offices (132 Main Street, Suite 1, Montpelier, VT, 05602) & Videoconference (Zoom)** |

| **Attendance** |
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| **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 |  |
| Christine Ryan | Nurse Case Manager - Clinical Operations Unit | Department of Vermont Health Access |  |
| Suellen Bottiggi | Director of Provider & Member Relations | Department of Vermont Health Access | X |
| Susan Mason | Clinical Consultant | Department of Vermont Health Access, Clinical Unit | X |
| 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 | X |
| 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 |  |
| Clay Gilbert | Director of Adult Substance Use Disorder Programs (Evergreen) | Rutland Mental Health | X |
| Scott Strenio | Chief Medical Officer, Medicaid | State of Vermont |  |
| Alison Krompf | Director of Quality | Vermont Department of Mental Health |  |
| Dr. David Rettew | Medical Director for DMH Children's Department | Department of Mental Health |  |
| Todd Young | Network Director, Telehealth Services | University of Vermont Medical Center | X |
| Sarah Chistolini | 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 |
| Agatha Kessler | Health Policy Director | Green Mountain Care Board | X |
| Kelly Theroux | Healthcare Systems Financial Program Analyst | Green Mountain Care Board | X |
| Lori Perry | Health Finance Analytics Director | Green Mountain Care Board | X |
| Patricia Breneman | Program Manager | Vermont Department of Health – Department of Alcohol and Substance Misuse | X |
| Catherine Fulton | Executive Director | 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***](#ACTIONITEMS) ***for action items)***

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| 1. **Introductions:** A round of introductions was made, and Hillary provided an overview of the agenda for the day. VPQHC advised they do not have capacity at their offices to host the whole group for in-person meetings; UVMMC and DVHA offered to open their offices for upcoming meetings, as needed.
2. **September 30, 2019 Meeting Minutes:** Emma Harrigan made a motion to approve the September 30, 2019 meeting minutes; Sarah Chistolini seconded. The September 30, 2019 meeting minutes were approved as distributed.
3. **DRAFT Workgroup Charter, DRAFT Concept for Telehealth 101 ECHO Curriculum:** Workgroup members were asked to review the DRAFT Statewide Telehealth Workgroup Charter, and Telehealth 101 ECHO Curriculum, and write to VPQHC with any requested edits, changes, or questions.
4. **UVMMC Telehealth Document Review:** Sarah Chistolini, Telehealth Program Strategist, and Todd Young, Network Director, Telehealth Services, presented an overview of UVMMC’s telehealth onboarding resources for providers. The resource packet presented consisted of seven documents:
	* UVMMC Informed Consent for Telemed Services – This document was created within the Medical Center with their compliance team. It covers Vermont and New York, and is reviewed with the patient before the first telemedicine encounter.
		1. A question was raised as to whether consent was required prior to the provision of hospital-based telehealth services, such as remote consultation in the ED, and the answer was no.
		2. A question was raised whether the form is in compliance with the requirements for 42 CFR. UVMMC advised they will check, and get back to the group.
		3. Cathie from Howard center advised Vermont Care Partners had prepared and distributed a consent form; Cathie will forward to VPQHC to provide to the group.
	* Documentation Requirements
	* New Services UVMHN Payer Relations: This is a document that is completed before starting a service in the network.
	* UVMMC Telehealth Compliance Guidance Document: This document is specific to the medical network. It breaks down all payers, including their consent requirements, the CPT and NPI codes, visit parameters, and the documentation requirements – for video and telephone visits. It was noted that most questions from providers and staff surround payer requirements and specifications, and that these are always changing.
	* Video Visit Workflow Generic: UVMMC works with all teams on establishing workflows prior to the implementation of a telehealth service.
		1. Helen requested the Zoom guidance.
		2. Per workgroup members’ request, VPQHC will distribute the Word version of this workflow document so it can be adapted as needed.
	* Zoom for Providers: UVMMC advised they train staff in offices by going out ahead of the implementation of any telehealth services, conducting mock visits, and reaching out to patients so they are prepared. There is a lot of handholding at the beginning. It was recommended that telemedicine is not introduced at the point of high change in an organization.
5. **Vermont Medicaid Policy & Reimbursement:** Suellen Bottiggi, Director of Provider & Member Relations, Department of Vermont Health Access, presented on Vermont Medicaid telehealth policy and reimbursement. Suellen walked the workgroup through a slide presentation.
	* A question was raised as to why store-and-forward was only limited to dermatology and ophthalmology. Suellen advised she would look into it further, but believed it was due to the fact that those two services have the largest evidence base.
	* There was a question as to whether the telehealth platform would satisfy clinical supervision requirements, or whether a “face-to-face” is required for independently licensed clinicians if the supervisor is either in-state or out-of-state; and the same question for clients if the clinician is physically out-of-state. Suellen advised she would follow up on this.
	* Suellen confirm that all VT Medicaid provider manuals are aligned.
6. **Rural Health Services Task Force (Discussion of Telehealth Barriers**): Agatha Kessler, Health Policy Director at the Green Mountain Care Board presented on the Vermont Rural Health Services Task Force, and segued into a discussion about barriers to telehealth implementation in Vermont.
* UVMMC is seeing is that the change management required for small practices is a large lift; there are providers and patients who are interested, but volume is low. UVMMC advised they are going to look at programs at Porter to see what factors are inhibiting volume attainment.
* UVMMC advised there are new Medicare codes for store-and-forward, and that UVMMC plans on opening up store-and-forward to 18 specialties starting in January 2020, with or without payer support. Dartmouth Hitchcock began a similar project about three years ago.
* Howard Center also mentioned they have implemented successful store-and-forward programs that do not qualify for reimbursement.
* Bi-State advised that reimbursement may be the number one barrier to telehealth implementation at FQHCs; Howard Center echoed this sentiment. To host telemedicine visits, Federal guidance is all over the place.
* DVHA advised there is a perception among some providers that holding telemedicine visits could negatively impact quality of the interaction with the patient, however, this is not what they are finding in practice.
* VPQHC advised there was extensive discussion about barriers in the first statewide telehealth workgroup meeting, and that it would forward the minutes to the GMCB for their review.
1. **Next steps and adjourn:** Meeting adjourned at 12:14 pm.

**ACTION ITEMS:** * **All workgroup members were asked to email VPQHC their feedback on the DRAFT Workgroup Charter, and the Telehealth 101 ECHO curriculum**
* **Sarah and Todd (UVMMC) will follow up on whether the consent form provided is in compliance with 42 CFR**
* **Cathie (Howard Center) will forward VCP Compliance form to Hillary (VPQHC)**
* **VPQHC will:**
	+ **Bring in presenters to the next workgroup meeting based on questions posed, and identified areas of confusion**
	+ **Provide the Word version of UVMMC’s provider onboarding documentation**
	+ **Send out meeting minutes, survey for date/time of the next meeting**
* **Suellen (DVHA) will clarify:**
	+ **Why store-and-forward reimbursement is limited to ophthalmology and dermatology**
	+ **Whether the telehealth platform would satisfy clinical supervision requirements, or whether a “face-to-face” is required for independently licensed clinicians if the supervisor is either in state or out of state; and the same question for clients if the clinician is physically out-of-state**
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