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| **MEETING INFORMATION** | | | | | | |
| **Meeting Description:** | | LA Task Force on Telehealth Access | | | | |
| **Date and Time:** | | Monday, March 23, 2015 2:00 pm – 4:00 pm | | | | |
| **Location:** | | LHA Board Room, 9521 Brookline Avenue, Baton Rouge, LA 70809 | | | | |
| **Dial-in Information** | | <https://attendee.gotowebinar.com/register/8746471326576519938> | | | | |
| **ATTENDEES *(Designated Members are italicized and bold)*** | | | | | | |
|  | **Brooke Campo, *LA Ambulance Alliance*** | | **** | Ali Armstrong, *LAHP* |  | Gerralda Davis |
|  | **Carson Scott, *TexLa Resource Center*** | |  | Berkley Durbin | **** | Heather Rademacher Taylor, *DHH* |
|  | **Cecilia Mouton, MD, *LSBME*** | | **** | Brandi Cannon |  | Hugh Mighty |
|  | **Charles Castille, *LRHC*** | | **** | Bryan Taylor, *BCBSLA* |  | James Hussey |
|  | **Cheryl McCormick, *LCTA*** | | **** | Bhaskar Toodi | **** | Jennifer Marusak, *LSMS* |
| **** | **Drew Murray** | |  | Cassandra Bookman |  | Joanne Mills |
| **** | **Herndon Jeannsonne, *LANP*** | | **** | Catherine Levendis, *Ochsner* | **** | John Cook, *LSU* |
| **** | **Jeff Drozda, *LAHP*** | |  | [Christine Arbo Peck](https://webmail.la.gov/owa/?ae=PreFormAction&t=IPM.Appointment&a=Open&fId=LgAAAAAUPrnuPpLhTY60myjg3QKTAQAHYynzKOmYTqhaeIeFU4FHAAAD82rpAAAC&id=RgAAAAAUPrnuPpLhTY60myjg3QKTBwAHYynzKOmYTqhaeIeFU4FHAAAD82rpAABd4tQIPlgLR4MusgffS%2fsfAAEqnARDAAAP&yr=2014&mn=8&dy=25) | **** | Joseph Bonck, *LSBME* |
|  | **Jen Steele, *DHH*** | |  | Cindy Munn |  | Juzar Ali, MD |
| **** | **Jenny Smith, *FMOLHS*** | |  | Craig Waggoner | **** | Karen Cormier |
|  | **Jonathan Chapman, *LPCA*** | | **** | Curry Landry, *LAA* |  | Kathy Kliebert |
|  | **Joseph Donchess, *LNHA*** | | **** | David Lavergne, *BCBSLA* |  | Kristin M. Tortorich |
| **** | **Lonnie DuFour, *LHCQF*** | |  | Dodie LaMott |  | Lynn Witherspoon, MD |
| **** | **Patrick O'Neill, MD, *LPMA & Tulane*** | |  | Donald E. Hines, MD | **** | Meaghan Musso, *LHA* |
| **** | **Raman Singh, MD, *LDPSC*** | |  | Dr. Chris Rachal, PhD | **** | Melanie Clevenger |
| **** | **Rebecca Bradley-Dowdy, *LHA*** | |  | Elizabeth Cothren | **** | Mike Thompson, *LHA* |
| **** | **Sabrina Noah, *LSMS*** | |  | Elizabeth Petersen |  | Rebekah Gee, MD |
| **** | [**Tracie Ingram**](https://webmail.la.gov/owa/?ae=PreFormAction&t=IPM.Appointment&a=Open&fId=LgAAAAAUPrnuPpLhTY60myjg3QKTAQAHYynzKOmYTqhaeIeFU4FHAAAD82rpAAAC&id=RgAAAAAUPrnuPpLhTY60myjg3QKTBwAHYynzKOmYTqhaeIeFU4FHAAAD82rpAABd4tQIPlgLR4MusgffS%2fsfAAEqnARDAAAP&yr=2014&mn=8&dy=25)**, *DHH*** | | **** | Faye Bryant | **** | Thomas Thompson, *DHH* |
| **** | **Warren Hebert, *Home Care Assoc. of LA*** | | **** | Greg Waddell, *LHA* |  |  |

|  | **Agenda Topic** | **Minutes** |
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|  | Welcome and Introductions | **Welcome and introductions were conducted.** |
|  | Review of Minutes | **A motion was made to approve the minutes and it was seconded. The minutes were approved.** |
|  | Action Item | **Rebecca Dowdy was voted as the Co-Chair of the Task Force.** |
|  | **Health Plan Presentations** | **Blue Cross/Blue Shield:**   * New to the idea of TeleHealth * Currently working to develop product/policy * 2015: Development of telemedicine platform; American Well is the platform vendor and has EMR built in * 2016: Working on claims and provider policy for telemedicine services – code sets limited * Behavioral health lends itself to telemedicine * Want to code for and make cost competitive (bundled payment make more sense) * Challenges include: Defining services/codes; Vision of telemedicine services; What codes to engage; How providers expect to be paid; Fee-for-service model limiting; Price flexibility and value-based utilization * Looking to: price incentivize; support chronic patients; respond to just-in-time patient demand * Free data consumption happening * Maintaining provider interest and supply is key (Platform with unbalanced provider load = uncertain supply/demand) * Critical for providing telemedicine: Both providers and technology; defining regional provider credentialing measures; tapping in mid-level community * **Optum/United: Shared printed information with group. United will present at next meeting.** |
|  | Subcommittee Reports | Case Research Subcommittee:   * Met last week and shared a substantial amount of information * Question – telehealth case research: Difference between research and case study? We’re looking at both, okay? Group good with that – other subcommittees finding that too * Anything stand out? Finances were the number one barrier; Initiating site reimbursement (states progressing have this); Overcome fight from anti-telemedicine groups * Promising results– The VA work (PTSD) – Better telemedicine outcomes than in-person outcomes * Want to focus on behavioral health for next meeting - (best practices in other states and what’s happening here)   Finance Subcommittee:   * Working on matrix - need more information from health plans * GA – Medicaid MCO’s reimbursement provided by parity law – no difference in money for onsite/TeleHealth – same coding * Recommend updating LA parity laws; revise to 100%? Group agrees   Quality Subcommittee:   * No meeting – will work to meet next week * Need to ask provider groups what they’re checking quality-wise * Question: Considering a list - if see improvement in HEDIS or these quality measures, then good? Should strive for this when implementing telemedicine? Will bring it to group. * Output of group? Three things successful where monitoring Quality: patient satisfaction/providers/systemic * ROI did not work – clinical work with analytics   Technology Subcommittee:   * No update to report, need to hear more feedback from others – on barriers. Will connect with LHA on needs of hospitals – research * Have standing call every other Fri. at 11 – anyone open to join * Presenting minimum requirements (bandwidth, etc.)/basic guidelines that ATA has would be good |
|  | Other Discussion   * Board of Medical Examiners Clarification * Next Meeting: Monday, April 27 at LHA, from 2pm – 4pm | Task Force agrees that we need to involve LA Association of Nurse Practitioners & LA State Board of Nursing – what do we need to do and who can legitimately bill for encounters?  Do we use codes built for office environments in this new system?   * Need to chart to reality instead of to the code * Provider may be at: facility, patient home, own home – different settings need different recommendations (forward thinking)   Savings hard to quantify when it comes in long run (preventative visits).   * May need data from insurance companies on savings. Actuarial side would be good to gather because it looks like it’s costing more – but look at overall health results and decrease overall to cost of care. Impact on health has a cost association.   Telemedicine may mean providers are on-call outside clinic hours. This is not working because providers don’t want to work after hours/weekends – barrier. BC/BS had to augment with providers who do it (i.e. outside region). However, licensure and permitting are issues in LA.   * What is the timeline to “load” providers? Shouldn’t take more than few months – depends on how fast Board can get information. * Board requires face-to-face licensure? For telemedicine and out-of-state providers, the Board reserves the right to but doesn’t require face-to-face interview (In-state providers do not need the permit – but do need a primary practice site.) through their rules for telemedicine permitting. Skype is always an option. * Patient definition (“established patient versus previously established relationship”) still an issue – Can provider establish relationship through telehealth/access to records. Yes, if no controlled substance drugs involved/prescribed. * How to disseminate information to providers from Board of Medical Examiners? * Task Force agrees that the fourth Monday of each month works well as a meeting date, but does prefer to meet in the afternoon versus the morning * May be interest in hearing from other plans/vendors and best practices from LSBME * Next meeting 4.27 afternoon at LHA (with WebEx) – health plans may present and subcommittee updates * Question: Can we talk recommendations at next meeting – group says yes; Use SBAR next time to see recommendations * United Healthcare is scheduled present at the next meeting |
|  | Adjourn | Meeting adjourned at 4:00 pm. |