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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.**
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|  | 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
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|  | 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
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|  | Adjourn | Meeting adjourned at 4:00 pm. |