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| **MEETING INFORMATION** | | | | | | |
| **Meeting Description:** | | | LA Task Force on Telehealth Access | | | |
| **Date and Time:** | | | Monday, January 26, 2015 9:00-10:30 am | | | |
| **Location:** | | | DHH Bienville Building, Room 173 | | | |
| **Dial-in Information** | | | <https://attendee.gotowebinar.com/register/8746471326576519938> | | | |
| **ATTENDEES *(Designated Members are italicized and bold)*** | | | | | | |
|  | **Brooke Campo, *LA Ambulance Alliance*** | **** | | **Warren Hebert, *Home Care Assoc. of LA*** |  | James Hussey |
| **** | **Carson Scott, *TexLa Resource Center*** |  | | Berkley Durbin |  | Joanne Mills |
| **** | **Cecilia Mouton, MD, *LSBME*** |  | | Brandi Cannon |  | Joseph Bonck |
|  | **Charles Castille, *LRHC*** |  | | Bryan Taylor, *BCBSLA* |  | Juzar Ali, MD |
|  | **Cheryl McCormick, *LCTA*** |  | | Cassandra Bookman |  | Karen Cormier |
|  | **Herndon Jeannsonne, *LANP*** |  | | Catherine Levendis |  | Kathy Kliebert |
| **** | **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) |  | Kristin M. Tortorich |
|  | **Jen Steele, *DHH*** |  | | Cindy Munn |  | Lynn Witherspoon, MD |
| **** | **Jenny Smith, *FMOLHS*** |  | | Craig Waggoner |  | Melanie Clevenger |
| **** | **Jonathan Chapman, *LPCA*** |  | | Dodie LaMott |  | Rebekah Gee, MD |
|  | **Joseph Donchess, *LNHA*** |  | | Donald E. Hines, MD |  | Thomas Thompson |
| **** | **Lonnie DuFour, *LHCQF*** |  | | Dr. Chris Rachal, PhD |  |  |
| **** | **Patrick O'Neill, MD, *LPMA & Tulane*** |  | | Elizabeth Cothren |  |  |
| **** | **Raman Singh, MD, *LDPSC*** |  | | Elizabeth Petersen |  |  |
|  | **Rebecca Bradley-Dowdy, *LHA*** |  | | Gerralda Davis |  |  |
| **** | **Sabrina Noah, *LSMS*** |  | | Heather Rademacher Taylor |  |  |
| **** | [**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*** |  | | Hugh Mighty |  |  |

|  | **Agenda Topic** | **Minutes** |
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| **1** | Review of Minutes | The minutes from the December 8, 2014 meeting were distributed prior to today’s meeting. There were no revisions. Tracie Ingram motioned to approve. Dr. Raman Singh seconded. |
| **2** | **Subcommittee Reports** | **1 - Case Research/Study Group – Tracie Ingram presented (from DHH) – co-Chair**   * This group met Jan. 20 * Discussed:   + Need to look in each of the group members’ backyards – i.e. counterparts in other states   + Reach out to big organizations – like American Telemedicine Association     - Also – review ATA’s state-by-state plan and provide feedback to the larger group   + Creating a list of key questions – barriers, what led to success, gaps, what type of statewide bodies worked together, etc. - to ask   + Talked about barriers to telemedicine in general     - E-prescribing restrictions (legislated) – affects telemental health     - We want other sub-groups to let us know about other barriers as well   + We want to make sure we’re not working in silos – that there’s good cross communication across the sub-groups   + Meeting monthly right before large group meetings works for us   + We have no paper prepared yet * Jenny proposed that the barriers be viewed as a working list. Output should be updated in semi-annual report. * Jenny proposed the SBAR format be used by each subcommittee to help avoid working in silos:   + **S**ituation   + **B**ackground   + **A**ssessment   + **R**ecommendation   **2 – Financial/Reimbursement Group – Lonnie/Jeff**   * Lonnie   + Goals identified will work well with SBAR strategy   + Weak link is reimbursement on host facility side (lacking right now) – as the host, you bear the brunt of upfront costs, but all reimbursements go toward provider fees (professional fees)   + At state, can do GQ and GT modifier on claim, but it is broken   + Two or three other Subcommittee members – and will have more meetings on this   + What will health plans provide, we know what the state provides   + Costs may go down with telehealth   + Will identify gaps – know host facilities need something   + GA – reimburses host facilities   + What will plans pay hosting facilities   + Lonnie raised some questions regarding the LSBME’s current regulations, which Dr. Mouton addressed later in the meeting. * Lonnie – I work with Texas telehealth research center on education initiative – telehealth 101 presentation – extending general invite to all – Shreveport, Central, Lake Charles, BR and/or New Orleans * Jeff Drozda – we had our Board meeting and annual meeting at LAHP (will meet every two weeks) – a lot of good information at our conference – Chairman Simon and Teladoc were highlights.   + There are plans/vendors who would like to present at next meeting (WellPoint, Optum, BC/BS) – to talk about best practices in other states; initial feedback from the Task Force is that this would be of value for a future agenda. * Buzz – Medicaid reimburses in LA and other states * Dr. Singh – patient responsibility 🡪 providers – extra cost – Medicaid only providers for wrap around services (transportation, etc.) – plans don’t - How other states tackle this issue? * It was noted that with move to managed care – it would be helpful to have Medicaid involved with this subcommittee; the Task Force agreed and wants to also include Medicare.   **3 – Quality Subcommittee** was unable to report out today; it was noted that Dr. O’Neill needs co-chair for this subcommittee  **4 – Technology Subcommittee**   * The Technology Subcommittee had a lot of questions regarding scope – need more direction on focus * Previous technology workgroup group focused on broadband access across state and what state could do – state discussion (separate from telemedicine) * The following suggestions were provided by the group as potential focus areas –   + Minimum requirements and recommendations by use case,   + why tools such as Skype not okay,   + environmental scan of infrastructure   + how referrals are handled,   + integration with electronic records   + mobile technologies * Dr. Mouton noted that a barrier exists related to continuity of care – with so many e-records – need them to speak together; how are other states handling?   + Health Information Exchange (LaHIE) was noted as a potential enabler.   + Lonnie offered to provide an update on LAHIE at a future meeting (1.1 million unique patients now and growing at around 5,000 new patients a week – and types of facilities) * Drew cautioned the technology group to be sure they word their reports in an easy to understand format for readers who don’t have a technology background. Suggestion is to think about an overview of how technology is a piece of the larger puzzle |
|  | **LSBME Update on Current Regulations and Future Perspective** | * Dr. Mouton provided an overview of the current regulations   + Board started rulemaking effort after legislation changes in August   + Most important – removal of provision that licensed healthcare provider has to be in room with patient for telehealth   + Other change – no e-prescribing of controlled substances – exception is detailed – psychiatric-dedicated class II medications can’t be e-prescribed – DEA rule – (Adderall, etc.) – when we can do it/envisioning DEA will provide amendment to prescribe those   + Prohibiting treatment of chronic pain because it’s a big issue – abused   + Difference in telemedicine (licensed physician) and telehealth (every other practitioner) – listed in rule   + Concern of Board – telehealth providers and the same standard of care – tool for LA licensing physicians to protect – successful in remote/rural locations   + Current rule changes – if a physician has a LA license and office in state, Board will assume they are good and can see patient in person   + Equipment needs to be compliant   + Doctors with no office in LA don’t have opportunity to evaluation patient if telehealth is not sufficient – need providers network to make up for this – identify provisions to follow up in case there is a problem   + Biggest problem – out-of-state – directions made to patients – no ability to examine patient (phone/email) – not equal a standard of care   + Have issued ceased and desist and taken action against this   + Act 442 – phone not allowed * Brian Taylor – Previous existing relationship between provider and patient? – Dr. Mouton – that was taken out * Dr. Mouton – changed terminology on amphetamines and stimulants * Why state-owned facility? For prescribers? (no ready answer) * Warren Hebert – around country – challenge is providing exact services needed – comes with potential problems –even within physical area, not just remote * Board – reimbursement is the biggest issues – (with the home visit)   + Physician at office – problem – getting technology in patient home, FDA/HIPPA compliant, and evaluating patient * Jeff – when is next Board public hearing? Dr. Mouton – Feb. 26 – but limited to two issues in changes to the rule * Jenny – how can our task force help Board move forward? * Dr. Mouton – biggest impediment is money piece   + Don’t want to promote models not consistent with Board standard of care (we protect the public)   + We license providers - how should that look   + We’d like to be part of the solution to any perceived barriers * Dr. Singh – can you share other states with us * Question was raised as to who controls NPs/PAs? – nursing Board * Dr. Mouton – Nursing Board promulgates their own rules – haven’t let us know they’re working on rules – but sure they will |
|  | **Closing** | Next Steps:   * All subcommittees to have initial SBAR completed for distribution to the Task Force by 2/23/15. * Chairman Simon will speak at next meeting   Next meeting is 2/23/159-10:30; future meetings will continue on 4th Monday of the month but group asked that the time be changed to 10-11:30. Jenny proposed changing the meeting location due to the continued technical difficulties at DHH. LHA has volunteered their board room and the group agreed with the location change.  Meeting adjourned. |