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| **MEETING INFORMATION** |
| **Meeting Description:** | LA Task Force on Telehealth Access |
| **Date and Time:** | Monday, April 27, 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*** |  | **Lonnie DuFour, *LHCQF*** |  | Faye Bryant, *FMOLHS* |
|  | **Carson Scott, *TexLa Resource Center*** |  | **Patrick O'Neill, MD, *Tulane*** |  | Heather Rademacher Taylor, *DHH*  |
|  | **Cecilia Mouton, MD, *LSBME*** |  | **Raman Singh, MD, *LDPSC*** |  | Joseph Bonck, *LSBME* |
|  | **Charles Castille, *LRHC*** |  | **Rebecca Bradley-Dowdy, *LHA*** |  | Karen Cormier |
|  | **Cheryl McCormick, *LCTA*** |  | **Sabrina Noah, *LSMS*** |  | Kathy Willis, MD |
|  | **Drew Murray** |  | [**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*** |  | Keith Verret |
|  | **Herndon “Buzz” Jeansonne, *LANP*** |  | **Warren Hebert, *Home Care Assoc. of LA*** |  | Meaghan Musso, *LHA* |
|  | **Jeff Drozda, *LAHP*** |  | Berkley Durbin |  | Mike Thompson, *LHA* |
|  | **Jen Steele, *DHH*** |  | Brandi Cannon |  | Ted Lambert |
|  | **Jenny Smith, *FMOLHS*** |  | Cassandra Bookman |  | **Optum Health Presenters** |
|  | **Jonathan Chapman, *LPCA*** |  | Catherine Levendis, *Ochsner* |  | Mike Bess, MD |
|  | **Joseph Donchess, *LNHA*** |  | Curry Landry, *LAA* |  | Rachel Farmer |

|  | **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 was made by Lonnie DuFour and it was seconded by Tracie Ingram. The minutes were approved.** |
|  | **Health Plan Presentations** | **Dr. Mouton to speak – rescheduled (due to weather) to present next meeting.** **Optum (with United Health Group) Presentation – Dr. Bess*** **See telemedicine as a tool to deliver care – not a new way**
* **Easier/cheaper to deliver these services**
* **All clients in 2016 will provide telehealth services in United network**
* **United offers a lot of provider choices to patients**
* **Telehealth supports: staying healthy; getting healthy (including wellness coaching); living with illness (disease management)**
* **Two platforms: NowClinic = technology + providers + data + administration; Remote patient monitoring = software + vital signs + logistics (can be cloud-based environment and nurses can monitor, notify physician if see something)**
* **Q – How people interact with this? United has evaluated provider groups regarding standards**
* **Require video conference with audio to establish physician/patient relationship – through computer, tablet, smartphone**
* **Live in 45 states and D.C. – not live in LA, TX, AL, AR (just passed legislation ATA says is a step backwards)**
* **Q – Which states work with you all the best? NM is one of our favorite states for take up – aggressive with telemedicine**
* **Q – Who could present to us? Would recommend ATA**
* **We have a group of providers licensed in several states (helpful) – available at many times – and local physicians/local practice groups offering telemedicine services directly to patients**
* **2 Forms of emergency services: on demand care (Patient); provider (scheduled)**
* **NowClinic can offer services for a narrow scope like allergies, asthma, bladder infection/UTI, etc. to make sure it’s safe**
* **Q – Seen reductions in ED visits yet? Getting there, but not there yet**
* **NowClinic – providers available ~25% of the week – so we’re not displacing any relationship – access an issue and NowClinic helps. We interview patients after care and patients were going to go somewhere else to get care.**
* **Convenience is a factor – but convenience not driving overutilization**
* **Prescriptions – analytics – see same prescribing rate – not overprescribing**
* **Case Study – NV (SW Medical Association – use a lot of nurse practitioners and PAs) – health plan that employs physicians – credentialed through health plan – on par to do 10,000 visits this year (probably 15-20,000) and expanding services due to success**
* **Focus on medication adherence – goal – will be huge – it’s difficult**
* **Have network operations center**
* **Measuring – for access, handling time, prescription/no prescription and address prescription behavior, consumer feedback**
* **Clinical Quality – Focus Areas: Orientation/training; credentialing; provider management; scope of care; customer service focus**
* **Q – Video required for all consults? Policy of video to establish relationship**
* **URAC – creating accreditation for these services**
* **United HC – virtual visits – virtual provider network; cost transparency; claims cost ($40-50/visit); administrative costs ($0); member cost; standards – accredited by ATA; 2016 you’ll have to accept telemedicine services unless you opt out**
* **Q – Why not live in LA? Still under review**
* **Prescription restrictions – don’t prescribe “schedule medication” – limited to medication antibiotics/cough/sinuses, not addictive, requiring triplicate or controlled substances**
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|  | Other Discussion* TX Telemedicine Regulatory Changes
* Next Meeting: Monday, May 18 at LHA, 2-4pm
 | **Carson Scott with TX/LA Research Center for telehealth*** **TX Medical board regulation update – handout (delineates rule)**
* **Brief points (adopted April 10 and effective June 3): TX telemedicine expanded; gets rid of telephone consultation without ability to follow up – pushing for established relationship and follow up care; biggest thing – can establish relationship through telemedicine – opens door – as long as can go to an established site (annually) – then can telemedicine from home; expanding behavioral health services – in patients home without patient presenter (unless behavioral health emergency); doesn’t’ restrict telemedicine**

**Agenda for next month and mid-year update*** **Where we are (not required to provide mid-year update to legislature) – feedback from group**
* **Report may be difficult to mid-year because of session – maybe just after session? Sets the table for next legislative session – update worthwhile – some areas will/will not have substantive update**
* **OR – initial draft of what we will deliver – here’s where we are, information – evaluative point – but maybe not a written product – wait until session over – next meeting a product-driven thing**
* **Specific recommendations from any subcommittees? – just one - Look at what other states are doing and how we can learn from them**
* **Next meeting: subcommittee reports, where we are**
* **Dr. Mouton will speak next time**
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|  | Adjourn | Meeting adjourned at 4:00 pm. |