

**Minutes**  
**November 17, 2016**  
**Telehealth Advisory Council**  
**Safety Harbor Resort and Spa**  
**105 North Bayshore Drive**  
**Safety Harbor, FL 34695**

**Members Present**

Justin M. Senior, Chair  
Dr. Celeste Philip  
Dr. Ernest Bertha  
Dr. Anne Burdick  
Leslee Gross  
Darren Hay  
Dr. Kim Landry  
William Manzie  
Elizabeth Miller  
Dr. Kevin O'Neil  
Dr. Steven Selznick  
Mike Smith  
Matthew Stanton  
Monica Stynchula  
Dr. Sarvam TerKonda

**Staff Present**

Nikole Helvey  
Pam King  
Dana Watson (virtually)

**Others Present**

Rep. Christopher (Chris) Sprowls  
Interested Parties (Attachment A)

**Welcome and Opening Remarks**

Chair Senior called the meeting to order at 8:08 a.m.

**Roll Call**

Chair Senior welcomed the group and directed Ms. Nikole Helvey to call the roll. A quorum was present.

**Review and Approval of the Minutes**

The Council unanimously approved the minutes from the October 18, 2016 Telehealth Advisory Panel meeting.

**Welcome from Rep. Sprowls**

Rep. Sprowls welcomed the Council members and shared his thoughts on the intent of the telehealth legislation.

**Southeastern Telehealth Resource Center (SETRC)**

**Rena Brewer, PI, Program Oversight, SETRC** - Ms. Brewer provided an overview of the organization's development. She noted the SETRC provides applied approaches to telehealth education and technical assistance services in order to streamline implementation and better utilize telehealth applications and technology. She also shared that the National School of Applied Telehealth (NSAT) is an educational arm of the SETRC and delivers standardized, accredited, and affordable telehealth instruction.

Ms. Brewer offered to share any needed information and resources with the Council to assist them in their efforts.

### **Federation of State Medical Boards (FSMB)**

**Lisa Robin, Chief Advocacy Officer, FSMB** - Ms. Robin advised that FSMB represents 70 state medical and osteopathic medical boards through the United States and its territories. She noted that the FSMB began working on telehealth model policies in 1994. She provided an overview of the current FSMB's Model Policy Guidelines on Telehealth, noting that they are meant to be a guidance document for state medical boards. She advised the intent of the policy was to remove regulatory barriers for expanding telemedicine while protecting public health and safety.

Ms. Miller asked for clarification on whether the policy included guidance on patient record sharing. Ms. Robin clarified that the model was fairly broad in order to allow state flexibility and did not include medical data exchange. She also reiterated the FSMB's stance that telehealth technology is tool to assist in the delivery of health care and standard of care requirements should apply no matter the delivery system.

Ms. Robin spoke to the Council about the benefits and challenges related to telemedicine. She touted increased access to care, expanded utilization of specialty expertise, potential to improve quality and reduce cost as benefits. Ms. Robin noted that the challenges included maintaining patient protection afforded by the current state-based regulatory system, accountability, standard of care consensus, and privacy. She also noted additional barriers as conflicting state regulations, reimbursement, licensure, credentialing, privileging, and infrastructure costs.

Ms. Robin also shared information on bills that may impact telehealth requirements at a federal level. She noted that the FSMB believes that health care regulations should be developed at the state level.

Dr. Philip inquired as to any available data regarding telehealth implementation in other states that helped in reducing barriers.

Ms. Robin shared data that was collected by the FSMB regarding telehealth regulations in each state. She noted that defining telehealth was an important step and that newer regulations have actually identified what telehealth was not, in order to prevent stifling the use of new technological capabilities. She also noted that several states had implemented parody laws that require insurers to reimburse for telehealth at the same rate as in-person care. Ms. Robin advised that she would send additional information to staff for dissemination.

Ms. Robin also provided information on the FSMB's new compact licensure process. She stated this was a transitional process from prior reciprocity and multi-state licensure agreements. Ms. Robin noted that the compact process sped up the process for obtaining licensure in multiple states, but did not supersede licensure fees or requirements in any of the participating states.

Ms. Stynchula asked if other health professions had similar compacts. Ms. Robin shared that nurses, physical therapists, and several other practitioner organizations had develop similar tools.

Dr. Terkonda noted that the requirements for participation in the FSMB compact licensure were actually more stringent than current Florida licensure requirements. Ms. Robin noted that she would also provide staff with data on the number of physicians that would qualify for licensure under the compact provisions.

**Break 9:20 a.m. – 9:45 a.m.**

### **Telehealth Survey Update**

Ms. Nikole Helvey, Bureau Chief, Florida Center for Health Information and Transparency, Agency for Health Care Administration (AHCA) – Ms. Helvey presented the preliminary results of the Florida Facility Telehealth Survey.

She began with an overview of the 2016-240 Laws of Florida, which requires the AHCA, Office of Insurance Regulation, and Department of Health to survey their respective licensees regarding telehealth use and barriers of use. Ms. Helvey also noted the law requires AHCA to submit a report of survey findings to the Governor, Senate President, and Speaker of the House by December 31, 2016. She advised that the overview of findings was from the facility survey only; noting that insurance company data was still being obtained and very limited practitioner data would be available by the December 31 deadline due to the wording in the final law.

Ms. Helvey discussed the survey and report timeline as well as the survey methodology. She reported on the response rates, telehealth usage, barriers to implementing telehealth from facilities using telehealth. She listed the on-going challenges as ranked by the facility and the facility benefits and cost savings. When asked “what would assist you, if anything, implementing, sustaining, or expanding telehealth services?” the answers included more education, training, and evidence based resources; reimbursement on the same level as in-person visits; funding and resources to implement. Ms. Helvey finished her presentation with the reminder that the Council recommendations are to be provided in a report to the Governor, Speaker of the House, and Senate President by October 31, 2017.

### **Public Comment**

**Sandy Davis, Florida Physical Therapy Association** – Ms. Davis shared information on several studies that looked at the use of telehealth to provide rehabilitation services. She provided copies of the studies to provide to the Council.

**Gary Cacciatore, Cardinal Health** – Mr. Cacciatore noted that Cardinal Health is an international health care provider with numerous employees and patients in Florida. He highlighted the need for pharmacists to be able to provide care through telemedicine technology. He noted that Cardinal Health would be supportive of the Council defining telehealth and including pharmacy as part of that definition.

Dr. O’Neil expressed the importance of including pharmacy services as part of the telehealth conversation. Ms. Stynchula asked if pharmacists and pharmacies had a licensure compact between states. It was noted that a compact did not exist, but reciprocity was used to expedite licensure between states.

Mr. Cacciatore shared that Cardinal’s model would recommend allowing a pharmacy to operate with distant supervision of pharmacy technicians.

Ms. Gross shared that Baptist did a pilot with pharmacies and was able to reduce readmission rates.

Dr. Burdick requested information on other states that may be providing tele-pharmacy. Mr. Cacciatore noted that he would provide additional information at the next meeting of the Council, specifically noting a project in North Dakota.

Ms. Miller requested information on how the pharmacy services were paid. Mr. Cacciatore advised that reimbursement was paid for like other pharmacy services.

**Boyd H. Mark, Director for On-line Services, Florida Institute of Technology, Scott Center for Autism Treatment** - Mr. Mark shared information on the benefits of using telehealth to treat children with autism in medically underserved areas. He noted that many of these children are not currently being screened or treated due to limited access to care. He strongly encouraged the Council to support reimbursement for behavioral health services, specifically for autism provided through telehealth.

The Council requested additional clarification on the model used by the Scott Center for Autism. Mr. Mark noted that they are currently using a hub and spoke model, but recognized a direct to patient model for follow up care would be beneficial.

Ms. Miller questioned non-reimbursement for those services, noting that her organization does reimburse for behavioral health provided through telehealth technology. She suggested there may be a need for education related to coding of telehealth services that would allow for reimbursement. Mr. Mark noted that Medicaid was reimbursing and additional education in this area was needed.

Mr. Smith suggested that store and forward might also be a beneficial model for them as a means to determine ongoing behaviors. Mr. Mark noted there were studies that support this model.

Sabrina Gallo, Esq., Greenberg Traurig - Ms. Gallo expressed her appreciation to the Council on their willingness to address telehealth issues. She noted the need to be inclusive of all practitioner types and reimbursement parity

**Anna Baznik, Impower** – Ms. Baznik expressed appreciation to AHCA for being a leader in supporting reimbursement for telehealth services. She recommended that the Council be careful not to recommend any regulations that would provide unintentional restrictions to practicing health care, specifically when it comes to licensure. She also noted bureaucratic barriers with Medicaid managed care plans. She highlighted that although Medicaid was covering telehealth services, private insurance was not reimbursing for these services.

Ms. Baznik also noted that many organizations that might be able to provide additional information on telehealth access were not surveyed since they do not fall into one of the required survey categories.

She also noted that provider acceptance of telehealth can be a barrier. She advised that education of providers is needed in order to develop a successful model, reiterating that clients were very accepting of telehealth services.

**Dr. Philip moved to extend the meeting until 11:30 to allow for further testimony. The motion was seconded by Mr. Smith and carried unanimously.**

**Michael Smith, Ph.D., Florida Psychologist Association** – Dr. Smith advised that the Psychology profession does have an interjurisdictional licensure compact and are hopeful to introduce Florida legislation in 2017. He left information on the compact with staff for sharing with the Council. Dr. Smith indicated there was a need for sharing patient medical records as well as telehealth services. He noted that telehealth provides an avenue for continual care between primary care providers and behavioral health specialists.

**Edward Bonn, Eagle Hospital Physicians and Telemedicine** – Mr. Bonn shared that Eagle Hospital has developed a virtual pod of providers that integrates into hospitals. He also noted that population is provided a great deal of data but changes are not being made based on this data due to specific mandates for reimbursement by Medicare. He noted that he sees a need in geriatric practice to allow telehealth services provided direct to patients and remote monitoring as part of home health care.

Dr. O’Neil provided further insight into the need to provide care for geriatric patients in a manner that reduced hospital readmissions and allowed for the inclusion of family in planning care.

**Shayan Vyas, MD, Nemours Health Care System** – Dr. Vyas shared Nemours’ prospective on pediatric care through the use of telehealth. He noted that they provide access to health care providers through their telehealth model in a matter of minutes when needed. Nemours provides inpatient monitoring, direct to patients, and provider to provider models in numerous states. Dr. Vyas advised that Delaware does provide full parity, which he noted has the greatest impact in care coverage.

**Aneel Irfan, IMST Telehealth & Florida Telehealth Workgroup** – Mr. Irfan commented on the federal Connect for Health Act that allows military and military families that are members of Tri-Care to be reimbursed for telehealth services no matter where the practitioners providing those services are licensed. He iterated the need to integrate telehealth into the medical school curriculum. He also noted the need for school base telehealth service programs. Additionally, he shared that an article in Telehealth magazine highlighted Mississippi’s telehealth implementation. Mr. Irfan shared that director for the Mississippi program suggested the inclusion of data sharing strategy as part of implementation. Mr. Irfan suggested the Council be wary of recommending a definition of telehealth that would exclude successful models of telehealth that are currently being used.

Dr Sleznick noted that the costs for data sharing can be prohibitive.

Dr. Bertha commented that providing telehealth in intercity school systems provides a great opportunity to decrease the inappropriate use of the Emergency Department. Mr. Manzie noted that the Council should recognize that need for telehealth services in schools.

**Michael Gervasi, DO – Florida Community Health Centers, Inc.** Dr. Gervasi noted that his organization is a FQHC in Lake Okeechobee. He shared that telehealth provides a simple solution to access of specialty care in rural areas such as his. He asked for advocacy by the Council on a federal level to allow FQHCs to provide telehealth without losing professional liability coverage, which can occur if they see patients through their telehealth model, without seeing them in-person first.

### **2017 Meeting Schedule**

Chair Senior noted that a proposed schedule for meetings was provided. He requested the Council members to advised staff of any conflicts they may have with the specific dates provided.

### **Adjournment**

The Council adjourned at 11:29 a.m.

## **Attachment A**

### **Interested Parties in attendance at the November 17, 2016 Telehealth Advisory Council Meeting**

#### Interested Parties Present:

Michele Capriso, John Knox Village; Michael T. Smith, Ph.D., Florida Psychologist Association; Carey Officer, Nemours; Lynn Mosely, BCHC; Lee Horner, Stratus Video; Patricia Greene, MHD; Drew Kayser, Florida Physical Therapy Association; Maria Lodge, Directions for Living; Marcia Monroe, CFBHN; Shenifa Taite, FSU College of Medicine; Lenny Moore, Graze Point Wellness; Denise Halica, Intouch Health; Shayan Vyas, MD, Nemours Healthcare System; Feicia DeGenaro, American Well; Socrates Agury, Anthem; Dianne Hatfield, BayCare; Chuck Corley, Florida Dept. of Juvenile Justice; Gina Schell, BayCare; Paul Hoffman, Consultant P.A.; Melanie Brown, JB; Evelyn Terrell, Nichlaus Childrens Hospital; Tim Tyler, Agape Network; Derek Rife, Halifax Health; Lauren Faison, Tallahassee Memorial Healthcare; Christopher Sullivan, Image Research; Gary Cacciatore, Cardinal Health; Sandra Davis, Florida Physical Therapy Association; Laura Lenhart, Moffitt Cancer Center; Merritt Martin, Moffitt Cancer Center; Mary Green, Florida Dept. of Health; Christian Milaster, Ingenium Telehealth; Heather Zumpano, IMST Telehealth; Aneel Irfan, IMST Telehealth; Jodi Mennor, Medtronic; Ed Bonn, Eagle Hospital Physicians and Telemedicine; Jeffery Beal, Florida Health; Dianne Clark, Operation Par; David Edson, Aesir Health; Maureen Monteith, Amerigroup; Richard Curley, SMA Behavioral HealthCare; Reina Olivera, Nova Southeastern University; Joni Higgins, Baycare; Uziel Morte, Ziponsis; Deborah Randall, Deborah Randall Consulting; Kirk J. Maurao, Juvenile Justice; Jessica Stanton, PEMHS, INC; Boyd H Mark, Florida Institute of Technology; Cyndee Bowen, FLASHA; Dan Gardner, Gardner Audiology; Leah Clendening, HSAG; Sheryl Hakala, Florida Psychiatric Society; Lonnie Draper, Advocare; Jodi Conter, Gardner Audiology; Nathaniel Lacktman, Foley and Lardner; Jeff Scott, FMA; Mary Thomas, FMA; Robyn Wolensley, American Well; Teresa Becker, Independent Speech; Stuart Clarry, UF Health; Steve Davis, AT&T; Wayne Hodges, UF Health; Tina Smith, UF Health; Lisa Robin, FSMB; Sabrina Gallo, Greenberg Traurig; Anna Baznik, IMPOWER; Karen Skeyers, Becker and Poliakoff; Christine Creel, Florida Blue; Allison Wiman, Florida Tax Watch; Carolyn Grant, Cardinal Health; Chris Hansen, Ballard Partners; Cindy Harran, Nicklaus Childrens Hospital; Amanda Bolanos, Nicklaus Childrens Hospital; Susannah Cowart, Home Town Health; Charles Mandell, unknown; Karren Peek, Suncoast Center Inc.