



Minutes
February 21, 2017
Telehealth Advisory Council
Agency for Health Care Administration
Memorial Regional Hospital South
3600 Washington Street
Hollywood, Florida 33021

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. Steven Selznick
Mike Smith
Matthew Stanton (virtual)
Monica Stynchula
Dr. Sarvam TerKonda

Members Absent

Dr. Kevin O'Neil (excused)

Staff Present

Nikole Helvey
Pam King

Others Present

Interested Parties (Attachment A)

Welcome and Opening Remarks

Chair Senior called the meeting to order at 8:05 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

Dr. Anne Burdick requested a modification to the minutes, clarifying her suggestion that the Council consider whether their recommendation should include parity of payment for treatment via telehealth. Chair Senior noted some typographical errors. Mr. Mike Smith moved to approve the minutes as amended; the motion was seconded and carried unanimously.

Welcome and Opening Remarks

Mr. Ken Hetlage, Executive Vice President, Memorial Hospital, welcomed the Council and shared information on the current services they offer via telehealth. He also provided information on Memorial's plans for use of telehealth to provide care at schools and businesses. Mr. Hetlage also noted his opinion that telehealth is crucial to population health.

Florida Blue Telehealth Presentation

Dr. Deborah Stewart, Medical Director, Florida Blue, shared information on their telehealth implementations. She informed the Council that Florida Blue had instituted a variety of pilots between 2009 and 2015 with providers in Florida. Dr. Stewart noted they began offering a direct-to-patient telemedicine model through Teladoc to self-funded employer groups; two employer groups purchased this benefit for 2016.

Dr. Stewart gave a brief summary of the results experienced, as well as the barriers to entry. She noted that utilization for new offerings is low and the providers with whom Florida Blue collaborated expressed technology setup is a barrier. Dr. Stewart stated Florida Blue's focus is on gaining knowledge to find appropriate use cases for telehealth.

She also discussed Florida Blue's reimbursements for telehealth, noting that they do not reimburse for telehealth outside of their pilots. She highlighted that Florida Blue believes the market demand should dictate the use and payment for telehealth services. She noted, as with other services, the ability to negotiate rates with providers for services is beneficial to their members. Dr. Stewart also shared that collaboration with provider partners has enabled pilot implementations without the need for regulation.

Council members asked clarifying questions of Dr. Stewart and provided suggestions on current studies, including Blue's coverage of telehealth in other states, that may benefit them as they look at reimbursing for telehealth services in Florida.

Insurance Laws in Other States

Nathaniel Lacktman, Esq., Foley & Lardner, LLP, spoke to the Council about commercial insurance coverage of telehealth services. Mr. Lacktman provided information on the role of insurance in health care and the various payment models used by other states to cover services offered by telehealth. He also shared information from a 2016 Health Care Cost Institute Study.

The study shows there were 6,500 telehealth claims by primary care providers compared to 95.9 million non-telehealth claims. He reported that while non-telehealth service reimbursements increased every year, telehealth reimbursements began to decrease after 2011. The average reimbursement decreased from \$68 to \$38, which is 40% lower than identical non-telehealth claims. Mr. Lacktman also provided a state comparison with laws requiring commercial insurance reimbursement for telehealth, as well as other types of telehealth reimbursements covered. Mr. Lacktman gave a more specific description of the telehealth commercial insurance coverage laws in Texas, Georgia, and Michigan.

The Council members asked clarifying questions of Mr. Lacktman and requested copies of additional reports he noted were available.

Break

Member Discussion and Next Steps

The Council members discussed the importance of distinguishing types of telehealth modalities when discussing parity payment. Dr. Kim Landry specifically noted that the Council should be careful when comparing a Teladoc type visit to an emergency department visit related to payment parity.

Dr. Steven Selznick agreed that there should be a noted difference between one-time audio telehealth appointments and visual telehealth appointments. They suggested reviewing statutory language in states like Mississippi to establish model telehealth language for insurance reimbursement.

Mr. Smith questioned if the increase in bundle payment services may be an impetus for providers to use telehealth. Dr. Selznick noted that telehealth is vital to addressing the needs in long-term care facilities.

Dr. Burdick remarked that education of providers and the population should be included in the Council's recommendations.

Chair Senior noted that the recommendations should include information discovered in the Council meetings. He reiterated that the Council could make recommendations that include suggestions for changes to rules, Medicare coverage, and statutes – including mandates or prohibitions. He advised that the recommendations should also provide guidance on program structure and best practices.

Dr. Sarvam TerKonda added that the Council's recommendations should address health care coverage and payment. Ms. Leslee Gross requested that the Council obtain additional information from the Office of Insurance Regulation on the use telehealth by health plans.

Ms. Elizabeth Miller suggested the Council seek out an organization that is not in favor of telehealth in order to get a better picture of the barriers. Mr. Smith replied that a Florida Medical Association lobbyist spoke in opposition during a past legislative session. He also noted that the information Dr. Stewart shared from Florida Blue was helpful in learning the needs of the insurers.

Chair Senior asked the Council about reasonable caveats they have heard from stakeholders. Dr. Burdick noted the requirement for providers to have a State of Florida license. Dr. TerKonda mentioned that compacts for licensure could streamline the process for some providers licensed in other states.

Chair Senior reminded the group that everyone wants an ideal system, but the Council is to recommend the best approach to improve quality and access.

After much discussion about future potential speakers, Ms. Helvey reviewed the topics for the upcoming meeting. She explained that the topics for March will include licensure and scope of practice, April will focus on telehealth used by public entities, May will include information from various types of practitioners using telehealth, and June will include presenters from various facility settings. She added that staff would provide members with a list of topics and current anticipated presenters.

Public Comment

Stanley H. Wilson, Nova Southeastern University – Mr. Wilson, representing the Florida Physical Therapy Association, stated that it is critical to have allied health professionals at the discussion table. He opined that there was a great need to educate medical students with courses such as ethics and legalities. Mr. Smith stated that medical schools have not participated in the telehealth conversation. The Council welcomes input on how to introduce telehealth into the

curriculum. Mr. Wilson replied that Ms. Deborah Mulligan at Florida State University is working with Nova Southeastern University to add telehealth to their curriculum.

Anna Baznik, CEO, IMPOWER – Ms. Baznik shared that Impower is concerned with current legislation. House Bill 7011, filed by Representative Pigman, would reverse language in the Board of Medicine’s rule related to behavioral health providers. She reiterated prior comments that telehealth is not a service; it is a modality for providing health care. She noted that outcomes should be no different in telehealth delivery as in person.

Mr. Smith suggested the Council look at the impact of any telehealth proposals to ensure unintended consequences do not arise.

Carolyn Grant, Director, Government Relations, Cardinal Health, Inc. & Adam Chesler, Director, Government Affairs – Ms. Carolyn Grant and Mr. Adam Chesler spoke to the Council about telepharmacy efforts in other states. Cardinal Health’s goal is to find solutions for providers to make care cost effective. It is very important to look at all types of providers in order to expand access to care.

Mr. Darren Hay asked which states had specific regulations related to telepharmacy. Mr. Chesler responded that North Dakota, South Dakota, and Idaho have provisions around practicing telepharmacy. Mr. Chesler noted he would email the Idaho statutory language that includes pharmacists to the Council. Dr. Selznick commented that it was interesting that the states noted by Mr. Chesler do not have parity laws.

Adjournment

There being no further discussion, the Telehealth Advisory Council adjourned at 12:00 p.m.

Attachment A

Interested Parties in attendance at the February 21, 2017 Telehealth Advisory Council Meeting

Interested Parties Present:

Socrates Agury, Anthem; Anna Baznik , IMPOWER; Adam Chesler, Cardinal Health; Judy Cirafesi, UHC; Laura Cohen, PhD, Florida Psychological Association; Dave Freedman, Connectivity Leadership; Carolyn Grant, Cardinal Health; Jeff Marforana, Sunshine Health; Deb Stewart, MD, Florida Blue; Teresa West, Merck; and Stanley H. Wilson, Nova Southeastern University.