

Minutes
June 20, 2017
Telehealth Advisory Council
WellCare
8328 Florida Ave.
Tampa, FL 32604

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 (virtual)
Matthew Stanton
Monica Stynchula
Dr. Sarvam Terkonda

Members Absent

Mike Smith

Staff Present

Nikole Helvey
Pam King
Dana Watson

Others Present

Interested Parties (Attachment A)

Call to Order

Chair Senior called the meeting to order at 9:00 a.m.

Roll Call

Chair Senior welcomed the group. Ms. Helvey called the roll and announced that a quorum was present.

Review and Approval of the Minutes

The Council will vote on the May 2017 meeting minutes at the July meeting.

Welcome from Wellcare

Wellcare's CEO, Mr. Burdick, welcomed the Telehealth Advisory Council to Wellcare's new facility. He gave a brief history of Wellcare and ensured the Council Wellcare is expanding their coverage of telehealth.

BayCare – Publix Collaboration

Vice President and Chief Medical Information Officer of BayCare Health System, Dr. Greg Hindahl, spoke about BayCare's telehealth use in the past and future opportunities. He began by sharing information about BayCare's large network of facilities and providers. He explained BayCare's care continuum through a community-based model and elaborated on their inclusion of telehealth in this mode. He noted benefits of telehealth use as improved access, experience and convenience for patients and their families, and reducing hospital readmissions from both homecare and skilled nursing facilities.

Dr. Hindahl shared BayCare invested \$21.5 million, using \$20.5 million for eICU/TeleSNF and \$1 million for other telehealth initiatives. The projected annual cost of these initiatives is \$8.6 million. To date, Medicaid has reimbursed BayCare for limited pediatric behavioral health services \$27,400. As part of the investment, they also developed “BayCare Anywhere,” which is a telehealth application for cellphones. This service provides round the clock coverage for patients with minor illness and conditions.

The use of telehealth at BayCare currently improves access to specialists in psychology, endocrinology, neurology and wound care. They also looking to the future and plan to use telehealth for post-trans catheter aortic valve replacement follow-up, as well as improving care for patients with abnormal mammograms. Dr. Hindahl reported that the use of telehealth in skilled nursing facilities has prevented over 120 readmissions since the program went live in August 2016. BayCare is also using telehealth in a home monitoring program for patients who are at a medium or high risk for readmission.

Dr. Hindahl shared that BayCare and Publix announced a partnership on March 17, 2017, extending health care option in Pinellas, Hillsborough, Polk and Pasco counties. Publix plans to construct telehealth rooms for private encounters. Publix will use FDA-approved stations to provide a convenient mechanism to collect a patient’s vitals, providing medically reliable data for care related to hypertension and congestive heart failure. An after visit summary and other information will be added to the patient’s electronic medical record.

In closing, Dr. Hindahl shared his belief that the lack of reimbursement by health plans is the single largest barrier to expanded use of telehealth. He suggested health plans must cover and reimburse for health care services appropriately provided via telehealth to the same extent as an in-person visit.

The Council asked Dr. Hindahl about staffing, reimbursement, and barriers regarding the BayCare/Publix telehealth locations. Dr. Hindahl reiterated his stance that the biggest barrier to the use of BayCare/Publix telehealth locations is the lack of reimbursements from Health Plans. The Council discussed the barriers as well as the advantages to using telehealth.

Triple Care

Dr. Mary Jo Gorman spoke to the Council for Dr. Chess, representing TripleCare, an “after-hour” telehealth provider. Dr. Gorman told the Council it is Triplecare’s mission to provide excellent, respectful, thoughtful medical care to patients on site. Their goal is to transform nursing facilities to a medical model by catalyzing a clinical and financial paradigm shift and integrating with facility clinical and payer staff. She opined that TripleCare has the most experienced providers of after-hours telemedicine care in nursing facilities in the country, operating in eleven states.

Dr. Gorman said their challenge is to keep nursing home residents out of the hospital. She reported that TripleCare provides highly trained physicians who provide excellent patient care to nursing home residents at the bedside via telemedicine. Through their model, TripleCare treated over 80% of their nursing home patients in place, reducing hospital readmissions and increasing nursing home revenue. Additionally, the use of after hour telehealth services appears to improve atmosphere in the skilled nursing facility through the elevation of nursing skills and morale, decreasing turnover and improving job satisfaction. The improvement of clinical outcomes helps

brand facility to key stakeholders, increases attractiveness to the community and referring physicians, and has high patient and family satisfaction.

She told the Council that their physician group includes a highly curated team of dedicated expert physicians, such as internists, geriatricians, hospitalists and family practitioners. She reported that each physician has a license in the state where the patient resides. Dr. Gorman, also shared information about TripleCare's telemedicine unit. She described it as a video camera, monitor, and speakers mounted on a traditional medical cart. The unit includes a digital stethoscope, a pillow speaker and privacy phone.

Dr. Gorman shared three case studies with the Council and answered the questions of the Council members. The Council members discussed the payment model for TripleCare. They discussed how TripleCare's after-hours availability reduces hospital readmissions by treating the skilled nursing facility or nursing home patient on site.

Tallahassee Memorial Healthcare and Nemours

Representatives from Tallahassee Memorial Healthcare (TMH) and Nemours Children's Health System (Nemours) participated in a panel discussion regarding hospital implementation of telehealth services. Ms. Lauren Faison, from TMH reported that they are a not-for-profit hospital system with 31 physician practices and three (3) residency programs. The hospital system includes an acute care hospital, a psychiatric hospital and multi-specialty care centers, which share 772 beds. She noted TMH provides care for 17 counties, in Florida and Georgia, and has several partnerships with rural hospitals in those areas.

Ms. Faison advised TMH plans to increase patient access to primary and specialty care using telehealth. They currently use telehealth to promote successful transitions from in hospital care to post-acute facilities; high-risk follow-ups, nurse-to-nurse hand-offs, and transfers within the hospital. She shared that their current telehealth system was simplistic and low cost. TMH uses a secure, cloud-based model that can be used with any hand held telecommunication device. She advised that the telehealth budget was less than \$50,000 per year.

Ms. Faison told the Council that the use of telehealth increases efficiencies within the health system, saving costs on transportation, duplication of tests and labs, shorter patient wait times, less physician time and lower cost of care. Reduced readmissions and unnecessary visits to the emergency room are other results of using telehealth for monitoring, post-acute visits, outpatient availability and increased communication. The result of using telehealth is the improved health and overall quality of life for patients.

Dr. Shayan Vyas, Medical Director of Telehealth for Nemours Florida reported to the Council that Nemours Children's Health Systems has two (2) freestanding children's hospitals and 86 CARE locations in communities across six states. He noted Nemours is able to deliver high-quality pediatric care to children at a distance through the use of simple telehealth platforms; resulting in increased access to pediatric expertise across state lines, improved care and outcomes, improved value to partners and reduces costs.

He shared that CareConnect is Nemours comprehensive telehealth program. Using CareConnect, Nemours has completed over 3,400 telehealth visits since 2014. Dr. Vyas provided some examples of CareConnect's uses, such as communications from clinician-to-

clinician, from clinician-to-family, on-demand, and store and forward. He noted that there is integration for specialty care with the EHR. The physicians must maintain a bi-directional flow between EHR and telehealth platform, and the physician's EHR does all of the scheduling.

Dr. Vyas shared that in their experience, parents are most willing to use telehealth services for common childhood ailments including cold and flu, pink eye, rash, and well-child visits. Well over half of the CareConnect users said they avoided a trip to the emergency department because of their online visit.

Dr. Vyas briefly discussed Nemours' KidsHealth website. KidsHealth provides electronic instructional and educational brochures to help parents with practical guidance in plain language. The electronic brochures contain simple instructions and informative illustrations. The brochures are exclusively for pediatric patients and distributed by the clinicians via their EHR. More than 250 million parents, kids and teens visited KidsHealth.org in 2016, looking for advice and comfort on topics ranging from birth and development to emotions and behavior and relationships and bullying. Dr. Vyas also spoke briefly, about Nemour's pilot remote monitoring program for children called TytoCare.

Dr. Vyas described store and forward telehealth opportunities in radiology, EKGs, and EEGs. He said that with 30 pediatric radiologist on-staff, Nemours employs one of the largest groups of pediatric radiologists in the U.S. Nemours radiologists completed approximately 285,000 reads in 2016 within the average time of less than 30 minutes.

Dr. Vyas closed with a prediction that social forces, including the mobility of the nuclear family, the aging of populations, and the rapid adoption of technology will expand the use of telehealth visits.

The Council asked if there were electronic medical record integration issues. Dr. Vyas responded that they do not have integration issues because Nemours has a bi-directional flow of information with its physicians.

The Council inquired how Nemours paid for their telehealth equipment. Dr. Vyas responded that they had received a \$500,000 telehealth grant, which helped the physicians purchase their equipment.

Public Comment

Mr. Michael T. Smith distributed informational packets to the Council about PSYPACT. PSYPACT is an interstate licensure compact that facilitates the psychology licensure process. He noted the compact allows treatment of patient across state using telecommunication technologies and/or temporary, face-to-face psychological practice. He reminded the Council how PSYPACT works, as well as its benefits.

Mr. John Whitman spoke to the Council about efficiencies of the use of telehealth in nursing homes. He said with telehealth, a physician could see a nursing home patient and determine the necessary treatment on site, rather than an expensive readmission to a hospital.

Mr. Ronnie Cosse, representing the Florida Physical Therapy Association spoke to the Council about the advantages of using telehealth with physical therapy. He told the Council that before

he turned 25, he had been a pilot in the Marines when he hurt his back. He shared that he could have used telehealth for his therapy sessions.

Dr. Gardner, representing Gardner Audiology told the Council that he has seven offices in the Tampa Bay area, where he uses telehealth in his practice. He noted some the efficiency of using telehealth in rural communities. Dr. Gardner expressed concern with the lack of statutory authority for the regulatory boards to develop rules related to telehealth. Dr. Philip advised the Department of Health was working with the regulatory boards to provide guidance on development of telehealth regulations where possible. Chair Senior note the Council recommendations would include language that would optimize the use of telehealth by an array of health care providers.

Smart Phone Accessibility by Medicaid Population

Chair Senior directed the Council to information provided by the Medicaid Quality Bureau regarding cell phone access for Medicaid participants. He highlighted data provided by the Lifeline Emergency Phone Program. Lifeline as provided 750,000 phones to eligible participants, noting Medicaid participation as a means for qualification. The greatest mobile phone eligibility program is food assistance. In addition to the information provided by Lifeline, Medicaid Managed Care plans were asked if they provide information about the Lifeline program to their members. Chair Senior said that due to the decrease in the costs in technology, the Lifeline Programs was providing smart phones to the participants, allowing greater access to healthcare provided via telehealth.

Member Discussion and Next Steps

The Council discussed what they think should be included in the recommendations to the legislature. After much discussion regarding insurance coverage and reimbursement parity recommendations, there was a consensus to vote on the issues of coverage and reimbursement parity separately. There was also a consensus to include a minority viewpoint in the recommendation to the legislature on issues where there was not a unanimous vote.

After additional discussion, Mr. Manzie moved to include a recommendation for parity of insurance coverage on services provided by telehealth. The motion was seconded and carried unanimously.

After further discussion on the benefits and detractions of payment parity, Mr. Manzie moved to include a recommendation for parity of insurance reimbursement on services provided by telehealth. The motion was seconded and carried with Chair Senior, Dr. Bertha, and Ms. Miller opposed.

There was additional discussion about offering several reimbursement parity options to the legislature. These options include supporting parity for state plans like state employees, CHIP, and Medicaid.

Drs. Bertha and Philips suggested an option of limited time payment parity between 3 – 5 years. Mr. Manzie questioned which of the options would be included in the report and Mr. Senior suggested all of them would be included unless there was objection.

Ms. Miller suggested also including a recommendation on allowing providers offering services via telehealth to be included to meet insurers' network adequacy. Ms. Miller and Chair Senior clarified the term network adequacy and how it was determined. After additional discussion about how telehealth providers would be included, Ms. Miller suggested using the language developed by the National Association of Insurance Commissioners (NAIC) presented earlier in the year. There was a consensus of the Council to include this recommendation in the report.

There was much discussion regarding potential recommendations to be included in their report.

Patient Consumer Protection - There was consensus to include a recommendation that the practitioner boards' rules should not inhibit the use of telehealth.

State Licensure - Additionally the Council suggested a recommendation to encourage the use of licensure compacts when available and appropriate, with an alternative to consider temporary licensure for specialists in emergency situations or when there were limited specialists. Chair Senior noted the main goal in the recommendation is to streamline the process for becoming licensed in Florida for the purpose of telehealth increasing the use of telehealth. Ms. Miller suggested the report highlight the available licensure compacts. The final consensus of the Council was to recommend the legislature explore the feasibility of using licensure compacts when available and appropriate.

Prescribing Requirements – After much discussion, the consensus of the Council was to reject any requirement that would require a face-to-face visit. The Council noted the validity of the current Board of Medicine telehealth rule regarding prescribing.

Consent – After much discussion, the consensus of the Council was no additional consents for treatment are needed when offering care through telehealth, the language in a consent should be inclusive all risks for treatment. Including an additional consent could be a barrier to advancing telehealth. Chair Senior noted patients should have the option to choose whether they be seen via telehealth or in-person.

Site and Transmission Fees – There was discussion on site and transmission fees, the consensus of the Council was to not make any recommendation on transmission fees. There was additional discussion on Medicare coverage for services provided through telehealth. There was a conversation about inviting someone from Medicare to discussion the Council's concerns regarding telehealth regulation at a federal level, including limitations associated with geography and patient location.

Liability – There was some discussion about if there was a concern among providers regarding malpractice coverage.

Education – There was some discussion around education of telehealth.

The Council concluded their discussions. The consensus of the Council was to have staff develop the language regarding their parity recommendations for review at the need meeting.

Adjournment

There being no further discussion, the Telehealth Advisory Council adjourned at 4:05 p.m.

Attachment A

Interested Parties in attendance at the June 20, 2017 Telehealth Advisory Council Meeting

Anna Baznik, IMPOWER; Amy Blakely, IMPOWER; Jan Borowski, Pediatrics in Brevard; Owen Cook, BayCare; Joanne Conter, Gardner Audiology; Ronnie Cosse, Direct DPT; Lauren Faison, Tallahassee Memorial Hospital; Daniel P. Gardner, Gardner Audiology; Carolyn Grant, Cardinal Health; Joni Higgins, BayCare; Greg Hindahl, BayCare; Doug Howse, BayCare; Aneel Irfan, Trapollo; Douglas Manning, Dentaquest; Debbie Sapp, Pediatrics in Brevard; Al Smith, WellCare/Staywell; Michael T. Smith, Florida Psychology Association; John Whitman, Wharton; and Angela Zeringue, Trapollo.