

Minutes
October 17, 2016
Telehealth Advisory Council
Nemours Children's Specialty Care
807 Children's Way
Jacksonville, Florida 32207

Members Present

Justin M. Senior, Chair
Dr. Celeste Phillips
Dr. Ernest Bertha
Leslee Gross
Darren Hay (virtually)
Dr. Kim Landry
William Manzie
Elizabeth Miller
Dr. Steven Selznick
Mike Smith
Matthew Stanton
Monica Stynchula
Dr. Sarvam TerKonda

Members Absent

Dr. Anne Burdick
Dr. Kevin O'Neil

Staff Present

Nikole Helvey
Pam King
Mallory McManus
William "Bill" Roberts
Dana Watson (virtually)

Others Present

Rep. Travis Cummings
Sen. Aaron Bean
Interested Parties (Attachment A)

Welcome and Opening Remarks

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

Nemours – Carey Officer

Ms. Carey Officer, Nemours Children's Specialty Care, Director of Service Delivery Innovation welcomed the Telehealth Advisory Council, Representative Cummings, and all others in attendance. She expressed appreciation on behalf of Nemours ability to host the Council's first meeting.

Ms. Officer shared a story with the Council about the use of telehealth technology at Nemours. She noted that this technology allows them to provide the right health care services at the right time for their pediatric patients.

Roll Call

Chair Justin M. Senior welcomed the group and gave a brief outline of the charge of the Council. Chair Senior directed Ms. Nikole Helvey to call the roll and a quorum was present.

Welcome and Introduction to the Issue - Rep. Travis Cummings

Ms. Helvey introduced Rep. Travis Cummings to speak to the Council. Rep. Cummings thanked the Council for the invitation to speak at the meeting and recognized the legislators that worked to pass Chapter 2016-240, Laws of Florida; specifically noting Senator Bean, Rep. Sprowls, and Rep. Renuart. He also thanked Rep. Marty Coley for attending the meeting.

Rep. Cummings gave a brief history of the telehealth legislation and provided insight as to the legislative intent. He noted that the House of Representatives (House) was supportive of reimbursement to health care providers for treating patients through the use of telehealth services. Rep. Cummings opined that the House was looking forward to learning more about who is currently using telehealth in Florida and for what purposes. He also advised that the House would prefer to allow the private market and stakeholders to determine reimbursement amounts rather than mandating reimbursement levels.

Legislative Intent from the Senate – Sen. Aaron Bean

Sen. Aaron Bean greeted the Council with enthusiasm. He shared with the Council that the telehealth legislation took four years to pass. He noted that the Senate is supportive of the benefits of using Telehealth to provide health care. He thanked the Council members for their time and is looking forward to receiving their report, which will help answer questions regarding how regulations will be set and implemented; as well as who should be eligible to participate.

Member Introductions and Background – Council Members

Sen. Bean recognized the diverse experience and knowledge of all Council members. He read through the biographies of the members and reiterated his thanks to all for their service on the committee.

Florida Sunshine Laws – William “Bill” Roberts, Deputy General Counsel, Agency for Health Care Administration

Mr. Bill Roberts gave a presentation on the Florida Sunshine and Public Record Laws. He advised the Council that they are considered a collegial body, which subjects them to the Sunshine Law, noting where they could find the specific law. Mr. Roberts highlighted specific provisions prohibiting communication about Council matters outside of publicly noticed meetings, the noticing of meetings, and the maintenance of meeting minutes.

Additionally, he discussed the laws related to public records. He informed the Council that all materials created or received relating to the Council are public record and therefore subject to public requests for inspection and copy. He went on to explain that it is possible that records created by the Council will include information that is considered confidential and exempt from the Public Records Law. He provided examples.

Mr. Roberts advised the Council that Florida Statutes requires members of the public be given reasonable opportunity to be heard on a proposition that is before the Council. The Council may develop guidelines for public participation such as providing time limits for speakers, having a single group representative, using speaker cards, or designating time for public comments.

Mr. Roberts finished his presentation with a review of the penalties of violating the Sunshine Laws.

After the presentation, Chair Senior told the Council that the Agency would handle the notice, the minutes, and any other ministerial requirements of the Council.

Member Introductions and Background (continued)

Chair Senior introduced himself and shared his background as it relates to telehealth. He then requested the Council members introduce themselves and give brief descriptions of their workplaces and interest in telehealth.

Implementation and Direction – Nikole Helvey, Bureau Chief, Florida Center for Health Information and Transparency

Ms. Nikole Helvey spoke about the Council’s legislative charge as well as the definition of telehealth. She provided a description of requirements for Chapter 2016-240, Laws of Florida, which requires the Agency to report on current capabilities, coverage levels for national and state utilization of telehealth; barriers to using or accessing telehealth services; types of health care services provided via telehealth; costs and cost-savings associated with using telehealth, the extent of insurance coverage, and how such coverage compares to coverage for in-person health services. The language also charges the Council with making recommendations to increase the use and accessibility of services provided via telehealth using licensee survey results, national and local research, as well as public testimony given at the meetings or submitted to the Agency. The Council recommendations are to be provided in a report to the Governor, Speaker of the House, and Senate President by October 31, 2017. This section of law expires June 30, 2018. Ms. Helvey showed the Council a tentative implementation timeline culminating on October 31, 2017.

Next, Ms. Helvey discussed some of the nuances related to definitions around the topic of telehealth. Specifically, she pointed out the use of the terms telehealth and telemedicine, suggesting that the Council may want to accept the use of the terms as synonymous for the purpose of discussion and testimony. Ms. Helvey also shared various definitions and suggested the Council may want to initially accept the World Health Organization’s definition of telehealth and then determine if another definition would be more appropriate.

Council Vision and Goals – Justin M. Senior, Interim Secretary, Agency for Health Care Administration & Dr. Celeste Philip, State Surgeon General and Secretary of Health

Justin M. Senior – Chair Senior requested that the members share their vision and goals for the Council. He believes the Council needs to have a clear definition of their goals to determine success. He stated that his goal for the Council was to make recommendations that promote the use of telehealth and improve access, without causing inflation to the healthcare system while strengthening the patient/doctor relationships.

Dr. Celeste Philip - Dr. Philip shared that having worked with the Department of Health in the County Health Departments, her focus for the Council is directed toward public health and reducing barriers for families who faced challenges and barriers in regard to health care access. She said that while there are barriers to telehealth, she believes there are also tremendous benefits to using Telehealth.

Dr. Kim Landry – Dr. Landry reported that he had three points that he would share with the Council. First that telehealth is not a “one size fits all” solution. He explained there are multiple models to consider when using telehealth. Second, telehealth provides an opportunity for patients to receive health care services in their home. He noted that some of the barriers that providers face, such as requirement for the patient and the provider each be located in a brick and mortar facility, inhibit this type of care. Third, he wants to be sure that any recommendations do not decrease the standards of care. He said the standard of care could be decreased if there are

limitations to what a provider can do through telehealth, giving the example that providers cannot prescribe controlled substances for pain using telehealth, while they are able to if the patient is standing in their brick and mortar office.

Dr. Sarvam TerKonda – Dr. TerKonda commented that the standard of care should not be different when providing treatment whether those services are offered using telehealth or through a face-to-face transaction. He agreed that increasing the use of telehealth would improve health care, but wants to be certain that telehealth technologies and standards are meeting the same expectations as face-to-face visit.

Various Council members discussed barriers related to location of the patient versus the health care provider when using telehealth to provide treatment. It was suggested that the Council research what other states are doing in regards to licensure and telehealth. Additionally, it was noted that maintaining high standards of care should be kept in consideration; both through the regulatory boards, as well as medical malpractice insurance requirements.

William Manzie - Mr. Manzie noted his interest in looking at telehealth for more than physician care. He referenced other health services that would benefit from using telehealth such as nutritionist, physical therapists, and speech therapists. Mr. Manzie would like to see the Council look at the broader picture and research what other provider types would benefit from telehealth.

Elizabeth Miller – Ms. Miller suggested that the Council make a recommendation regarding how providers account for network adequacy. Chair Senior explained the term “network adequacy” as a series of standards applied in the Medicaid program Health Maintenance Organizations that generally involve time and distance for both urban and rural areas; ratios relating to general primary care providers and specialists; and the number of hospital beds to people in an area. This is done on a regional basis. However, providers often work at more than one physical location and in different regions with each location having its own Medicaid contract. He said that he would like to include pediatric psychologist and other specialists because there may be a shortage of specialists in the Medicaid program, or there may be a shortage in the entire state.

Mike Smith - Mr. Smith stated that thirty-one states throughout the U.S. are successfully using telehealth. He suggested that telehealth provides an opportunity for Florida to become more competitive on a national and international level.

Monica Stynchula - Ms. Stynchula brought up the 60,000 people on waiting lists for needs based services in Florida. Through the use of telehealth, the list could be filtered and the patients could receive treatment. She expressed concern with the Council focusing too much on licensure when there are other barriers that inhibit the use of telehealth.

Dr. Steven Selznick – Dr. Selznick clarified for the Council that all health care providers, whether physicians, clinical social workers, licensed therapists, or pharmacists must have a Florida license to use telehealth. He said that whether the provider is working inside or outside of Florida, they must hold a Florida license.

Matthew Stanton - Mr. Stanton suggested that bureaucracy was a barrier that also needed to be explored; providing an example of higher learning facilities that agree with the use of telehealth in theory, but are not moving forward with implementation. He suggested that the Council look at policies that may stymie use and access to telehealth services. Additionally, he noted that a

large part of telehealth is asynchronistic. Sharing that in order to care for large groups of chronic care patients, the vast majority of the expense will be to monitor the populations in between visits to be sure providers know what is happening with their patients when they aren't with the providers. He wants the recommendations to include the use of asynchronistic visits as well as quality control.

The Council members discussed cost barriers related to individual health practitioners in using telehealth to provide care. Dr. Selznick shared that 30 states have parity laws which allow for reimbursement for synchronous and asynchronous care. He noted that Nursing Homes would benefit by not having to be transported to a hospital or provider, which will help cut readmission rates.

Chair Senior elicited comments from the payers on the Council regarding payment barriers. Ms. Miller and Dr. Bertha noted opportunities for using telehealth for treatment, but advised that additional pilots were needed to determine how to implement the services best. They also noted that upfront costs of having telehealth technology are extensive. Ms. Miller specifically noted that WellCare had seen a positive impact on re-hospitalizations for behavioral health patients which has improved their quality outcomes from a HEDIS perspective.

The Council discussed the need to look at sustainable telehealth business models. Mr. Smith suggested that the Council look to hospitals like Mayo or Nemours who have telehealth programs in other states. It was noted that in some instances cost off-sets provide sustainability in some cases. Other members reiterated the need for reimbursement to truly have a sustainable model. It was suggested that value based care models with telehealth as an initiative for reimbursement may be beneficial. Dr. Terkonda remarked that when looking at value based and population health models, the savings do come back in soft money. He noted that the savings come to the patients through quality and the population health care models will provide the largest savings. Ms. Stynchula suggested that the Council focus on value based care and how to develop and make telehealth a model for the future.

Council Vision and Goals Review

Chair Senior highlighted the issues and topics that the Council indicated they would like to research further. He specifically noted the following:

- Breaking down of barriers, including bureaucratic barriers
- Finding cost savings for the use of telehealth to provide services
- Licensure issues for all provider types using telehealth
- Maintain high standards of care
- Exploring different payment models and value based purchasing
- Review of other states and countries that currently have good telehealth models

It was also noted that the telehealth survey results may provide additional information on needed research.

Chair Senior noted that the goal of the Council is to determine the best business model for Florida expanding the use of telehealth.

Additional Council Discussion

Ms. Helvey informed the Council that the next meeting's agenda will include introduction of the members of the Council who were unable to attend. The Council will also hear from Rep. Chris Sprowls who will discuss the telehealth legislation passed during the 2016 legislative session. Ms. Lisa Robin from the Federation of State Medicine Boards will present to the Council regarding other states telehealth services. Dr. Terkonda requested that Ms. Robin also speak on the subject of instate compacts and licensure.

Dr. Philip requested that the Council also look at large health systems as models for implementing telehealth services. She noted that health systems are better at understanding metrics and may have archives going back 10 to 20 years. The Council can look at how a health system began and expanded its telehealth services over time, as well as determine if their patients are in better health today than they were 10 to 20 years ago.

Mr. Smith inquired as to the expectation of the Council and if sub-committees or ad hoc committees may be needed to accomplish their goals. Chair Senior noted that due to the Sunshine Laws, if the body were to break up into subcommittees, each meeting would need to be individually noticed. He suggested that different individuals on the Council could take assignments from the meetings and report back to the Council.

Public Testimony

Sandy Davis, Florida Physical Therapy Association – Ms. Davis shared with the Council that the association is enthusiastic for patients and therapists in rehabilitation to be able to use telehealth. She stated that the use of telehealth increases access and lowers costs. She left the members of the Council with a packet of information to back up the use of telehealth by physical therapists.

Dave Sharland – Mr. Sharland, a physical therapist for the North Florida/South Georgia Veteran's Administration (VA), reported that during his career he has participated in over 800 physical therapy visits in home settings and they have been very positive. The Council questioned Mr. Sharland on licensure requirements, technical platform, types of services offered, and patient and patient representative access to services. Mr. Sharland to explain the healthcare providers working with the VA are only required to obtain a license in one state, but they are limited to providing services to only VA patients. He noted that that necessary technology is sometimes provided directly to patients and that in other instances the patient is responsible for purchasing the equipment themselves; indicating that they currently use a technical platform that can be plugged directly into a patient's personal computer. Mr. Sharland also shared that the VA has plans to grow exponentially through telehealth by expanding in the areas of tele-audiology, tele-neurology, and tele-cardiology. He noted that patient caregivers are also provided training in order to assist with the use of telehealth services if needed. He also noted the VA uses increased access and reduced readmission rates to determine program success. Mr. Sharland concluded by advising reimbursement for services, whether in-person, or by using telehealth technology is the same because the patient receives the same standard of care in either setting.

Drew Kiser, Director of Rehabilitation, Brooks America Home Health Division – Mr. Kiser told the Council that they had partnered with Reflection Health in California using a system called VERA, which stands for virtual exercise rehabilitation assistant. The program uses both synchronous and asynchronous telehealth models which perform the rehab for the patients. He stated that telehealth allows rehabilitation providers and health systems to effectively use time to

see additional patients while providing quality care. The Council asked for clarification on criteria for patients using telehealth services and how the service costs were covered. Mr. Kiser responded that patients have to meet a specific criterion for a patient to receive telehealth services. He stated that telehealth will never replace face-to-face visits with a provider; however, it is used as another tool to improve the quality of care for their patients. He also shared that the VA covers the costs for these services and the costs for the necessary hardware.

Dr. Ronald Renuart, President-elect, Florida Osteopathic Medical Association, Dr. Renuart stated that telehealth technology would bring changes to the practice of medicine and the standards that are currently in place. He said that FOMA recognizes the benefits of telehealth, which is not to replace the doctor/patient face to face relationship, but as a tool in improve that relationship. He expressed concern in allowing out-of-state physicians to provide telehealth services without appropriate licensure in Florida, noting the variance in standards of care from state to state and even nation to nation. He noted that Florida licensure protects patients in the state, ensures liability coverage of providers, and holds practitioners accountable for services provided. Dr. Renuart asked that the Council look at determining “what are the limits” and “what is appropriate use” of the telehealth technology. He shared that he knows that telehealth can work, as he was able to use telehealth in Kabul, Afghanistan when he was in the military to treat patients.

John Whitman, MBA, Executive Director, The TRESA Institute & faculty at Wharton MBA Health Management Program. Mr. Whitman share with the Council the results of a study Wharton had completed on the impact of using telehealth in skilled nursing facilities in New York. He specifically noted the prevention of hospital readmissions and overall costs savings found in the study. He also noted that an additional study in Florida was planned for the near future.

The Council moved to extend the time 10 more minutes and the motion was approved.

The Council requested additional information regarding the study including funding and sustainability of the program. Mr. Whitman advised that funding for the program came from two sources: a Samuels Foundation grant covered telehealth costs and a CMS grant covered the readmission study. He noted that the participants agreed to continue the program for at least two years after the completion of the study, the program’s costs savings were identified in order to increase the opportunity for sustainability. He also noted an overview of the study results were provided to staff. Ms. King noted that a copy of the information provided would be shared with the Council.

Kevin Bloomfield – Mr. Bloomfield, a forensic psychologist, complimented the amount of knowledge the Council holds. He gave multiple examples of the current uses of telehealth and other industries using tele-monitoring. He suggested that offices using telehealth should employ a technical person. Mr. Manzie mentioned an application that is being developed to assist patients in locating specific provider types. He used the example Florida’s shortage of child psychologists/psychiatrist.

The Council moved to extend the time by 5 minutes and the motion was approved.

Amy Blakely, Blakely and Associates – Ms. Blakely noted that her firm provides telehealth consulting and represents a non-profit behavioral health program. They have provided over 14,000 Medicaid consultations with over 50 providers in the state. She noted that while using

telehealth they have run into bureaucratic barriers and would like the Council to work on addressing those barriers.

Next Meeting

Ms. Helvey noted that the next meeting of the Council is scheduled for Friday, November 18, 2016 in Safety Harbor, Florida.

Adjournment

The Council adjourned at 12:15 p.m.

Attachment A

Interested Parties in attendance at the October 18 Telehealth Advisory Council Meeting

Interested Parties Present:

Dee Alexander, Florida Senate; Steve Bahmer, Leading Age Florida; Geoffrey Becker, Medtronic; Amy Blakely, Blakely and Associates; Stephen Bloomfill, Florida Psychology Association; Bryan Campbell, Duval County Medical Society; Chris Chaney, Cardenas Partners; David Charland, North Florida/South Georgia Veteran's Health Service; William Carrieve, Family Care Partners; Stuart Clarry, University of Florida; Charles Corley, Department of Juvenile Justice; Christine Creel, Florida Blue; Walt Culbertson, Travis Cummings, Florida House of Representatives; Richard Curley, Stewart-Marchman-Act Behavioral Healthcare; Sandra Davis, Florida Physical Therapy Association; Kate Doyle, Florida Hospital Association; Joel Embry, Civil Telehealth; Sabrina Gallo, Greenberg Traurig; Diane Godfrey, Florida Hospital; Patricia Green, Metz, Husband and Daughton; Janet Herron, Westminster Communities of Florida; Brittney Hunt, Florida Chamber of Commerce; Drew Kayser, Florida Physical Therapy Association; ; Laura Lenhart, Moffitt Cancer Center; Deanna McDonald, Health Planning Council; Derick McGhee, Johnson and Blanton; Jay Millson, Florida Academy of Family Physicians; Jennifer Pidcock, Florida Blue; Paul Quinn, VRI Cares; Prache Rathe, Prism Health Services LLC; Tim Raveli, The Centers; Ronald Renuart, Florida Osteopathic Medical Association; Shannon Robinson, Aspire Health Partners; Paul Runk, Department of Health; Layne Smith, Mayo Clinic; Tina Smith, University of Florida Jacksonville; Chris Snow, Florida Association of Speech Language Pathologists and Audiologists; Christopher Sullivan, Image Research; Jean Turcotte, Adventist Heart Systems; John Whitman, Wharton School, Allison Wiman, Florida Tax Watch; Jennifer Young, Florida Academy of Family Physicians; and W. Young, University of Florida.

Press Present: Ryan Benk, Public Radio WSCT.