

**Draft Minutes
May 16, 2017
Telehealth Advisory Council
Agency for Health Care Administration
Miami Medicaid Area Office
8333 N.W. 53rd St.
Doral, FL 33166**

Members Present

Justin M. Senior, Chair
Dr. Celeste Philip
Dr. Ernest Bertha
Dr. Anne Burdick
Leslee Gross
Darren Hay (arrived at 9:10 a.m.)
Dr. Kim Landry
William Manzie
Elizabeth Miller
Dr. Steven Selznick (virtual)
Mike Smith
Matthew Stanton
Monica Stynchula
Dr. Sarvam Terkonda

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 and directed Ms. Helvey to call the roll. A quorum was present.

Review and Approval of the Minutes

After review, Dr. Terkonda moved to approve the minutes. The motion was seconded by Dr. Bertha and carried unanimously.

Pediatric Associates Presentation

Dr. Rocky Slonaker, Chief Medical Officer, Pediatric Associates, gave a presentation on his organizations' telehealth program. He advised that the current implementation was telephonic only. He noted Pediatric Associates decided to implement telehealth to increase patient access to their medical home; to be an innovative pioneer in the field of medical home based pediatric healthcare; to reduce overall utilization of emergency room or urgent care facilities for minor illnesses; and to provide alternative routes for high quality/ high value patient care with improved patient satisfaction.

Dr. Sloanaker reviewed the barriers to Pediatric Associates implementation. He said it was difficult to get other physicians to buy-in to using telehealth, as they were uncertain about the process. He said there were concerns about continuing to provide the highest quality of care through telehealth; concerns about medical liability and malpractice issues, and concerns about reimbursement policies of third party payers.

Dr. Slonaker discussed the implementation stages of their telehealth programs and shared data reflecting the growth of the practice since the adoption in July 2016. They intend to add in the use of video conferencing by June 1, 2017.

The Council questioned Dr. Slonaker about different situations where physicians could use telehealth. Dr. Slonaker acknowledged their input and noted Pediatric Associates current focus is primary care. He shared they hope to connect to specialists in the future.

Speech Language Pathologists & Audiologists Presentation

Panelists from the Florida Association of Speech-Language Pathologists and Audiologists (FLASHA) gave a presentation regarding the use of telehealth by speech and hearing practitioners. The presenters were Dr. Robert C. Fifer, Associate Professor and Directory of Audiology, and Speech Pathology at the Mailman Center for Child Development, Department of Pediatrics, at the University of Miami, Miller School of Medicine; Marcus W. Rose, SLP-CCC School Partnership, Director and previously Senior Clinical Consultant for PresenceLearning; and Cynthia W. Bowen, SLP-CCC owner of Bowen Speech-Language Therapy, LLC and Program Site Coordinator and STARS Program Coordinator for Voices of Hope for Aphasia, Inc.

Dr. Fifer discussed the barriers that audiologist and speech-language pathologists face when trying to offer telehealth services. He identified Medicare requirements for reimbursement, training remote assistants, insuring a secure data link, patient status and equipment monitoring, and interstate licensure as potential barriers. He advised the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB) has been working on a compact with many states.

Dr. Fifer shared examples of several telehealth initiatives used to treat audiology patients. The examples included mobile medical offices, newborn screening, and neuro intra-operative monitoring. Dr. Fifer closed with a brief discussion about early intervention services for speech/language development. He said it is cost efficient for the practice, as well as for the families, especially in urban areas. Expressing his opinion that the appointments have the same quality as the face-to-face and gives the provider an opportunity to encourage parental involvement, which increases probability of treatment success.

Mr. Rose reported that the most common challenges for treatment of speech and hearing disorders are delayed timelines, travel time, hospital/homebound patients, dismissal assessments, therapy/assessment balance, remote school locations, small caseload sites, the digital divide, and differentiated learning. In contrast, he mentioned the benefits of online assessment as access to high quality, credentialed clinicians selected from a national recruiting pool, on-demand capacity to fill in practitioner vacancies, post-recruiting clinician management, support, technical, clinical, and professional development. He shared a few examples of the simple worksheets and test

available to assess and treat patients virtually. He identified improved collaborative care for children in schools as a telehealth benefit.

Ms. Bowen spoke about the use of telehealth to treat aphasia, articulation and motor speech issues, voice problems and dysphagia in adult patients. She discussed the skilled services speech language pathologists can provide with telehealth. Those services are education, assessment, training, functional re-assessments, and goal modification.

She referred the Council to the many assessment applications providers can use to assist with diagnosis and treatment. Ms. Bowen discussed the benefits of telehealth for adult patients. She noted the increase in accessibility, which mitigates mobility barriers to treatment and it reduces travel fatigue in patients with chronic conditions.

She noted small speech-language pathology businesses must consider the costs of the equipment versus the reimbursement, as well as the suitability for the patients and clinicians in the service model when determining if they will use telehealth.

In closing, Ms. Bowen remarked that telehealth is an effective, compatible, alternative service delivery model for speech-language pathologists and audiologists.

The Council questioned the presenters on the barriers and benefits as identified in their presentation.

Neurologist ALS Project

Dr. Björn Oskarsson, co-director of the ALS clinic at the Mayo Clinic in Florida, spoke to the Council about the use of telehealth in treating Florida's ALS patients. He provided information on the complexity of the multi-disciplinary care needed for these patients; identifying eight different types of health practitioner needed for ongoing care. He explained the typical patient in-person medical care visit is about four hours long. He noted the same visit done via telehealth is typically about two hours. Dr. Oskarsson informed the Council there are three "certified" ALS centers in the state of Florida the University of Miami, the University of South Florida and the Mayo Clinic. There are also two "recognized" centers at UF Jacksonville and Lee Memorial in Ft. Meyers and two "new" centers at the University of Florida, Gainesville and Pensacola via telehealth. Dr. Oskarsson shared examples providers using telehealth to diagnose, renew prescriptions, order tests, and order new equipment for their patients with ALS..

Dr. Oskarsson said that the greatest challenge is that there are not enough ALS patients in Florida to make trials effective. He reported that there are approximately 40 patients with ALS west of Tallahassee, of which 50% have not gone to Mayo for treatment, 15% go to Mayo for treatment, often participating in research, and 20% are homebound and must receive treatment in their home.

Lunch Break

Behavioral Health Providers – IMPOWER

Ms. Anna M. Baznik, President and CEO of IMPOWER Behavioral Health and Amy-Erin Blakely, Vice President of IMPOWER Behavioral Health gave a presentation about providing mental health services using telehealth technology.

Ms. Baznik advised 89.3 million Americans live in federally designated Mental Health Professional Shortage Areas. Data shows a need for 25.9 psychiatrists per 100,000 people to meet current mental health crisis. The National average is 10 psychiatrists per 100,000 people however; Florida has only seven psychiatrists per 100,000 people and the average age of U.S. psychiatrists is over 55 years old.

Ms. Baznik shared telehealth allows IMPOWER practitioners to treat individuals at home, at work, or anywhere they have privacy. Their providers conduct work from their home or their office, increasing their availability to include evenings and weekends. IMPOWER intends to have 24/7 crisis availability soon.

Ms. Blakely discussed some of the experience IMPOWER has had since its inception in 1994. She noted that IMPOWER conducted over 35,000 sessions since 2012; there were 55 Mental Health Therapists, five (5) Psychiatrists, five (5) Physician's Assistant-Certified, and one (1) Psychiatric Advanced Registered Nurse Practitioner, all using telehealth.

She shared there was initially a barrier in treating psychiatric patient virtually because of controlled substance prescribing regulations. Ms. Blakely shared that the Florida Medical Boards have since amended their rules allowing psychiatrist to prescribe controlled substances with a live video visit. She reported IMPOWER implemented studies to solidify the value of making this change in the Boards' rules. The findings from the study showed the telehealth group had 10% fewer controlled substances prescribed. A large majority of the patients said they were satisfied with their telehealth services and were more likely to stay in treatment. The wait times for new patient evaluations went from six weeks to two days, which is much more convenient for the patients.

IMPOWER collaborated with the University of North Florida (UNF) on a two year study of IMPOWER telehealth services. There were 557 clients included in the study, monitoring the services provided over a five-year span. The study outcomes indicate that using telehealth increases access to care, as well as improves medication adherence. Ms. Blakely also discussed the costs for the study and the monetary saving associated with telehealth.

Ms. Blakely told the Council that IMPOWER has a virtual response team to prevent hospitalizations. They have formed created partnerships with insurance providers, hospitals, first responders, universities, physician practices, and group care facilities. They have worked through issues with provider locator numbers and other billing issues.

Ms. Baznik completed the presentation with suggestions for language to be included in proposed legislation, as well as suggestions for the Agency.

The Council asked questions about the shortage of mental health providers, building patient volume, consent, security and privacy issues, provider scope and reimbursement. The Council asked about Baker Acts and the different requirements for children.

Dr. Phillips asked if IMPOWER had gathered data on opioid overdose prevention. Ms. Baznik responded that IMPOWER is not currently working on substance abuse issues, but they hope to in the future.

Public Comment

Mr. Greg Hartley with the Physical Therapist Association told the Council that physical therapists have an interest in using telehealth to provide treatment to their patients. He suggested the use of telehealth allows for collaboration of care, which assists in reducing the need to prescribe opioids.

Ms. Debbie Sapp with Pediatrics in Brevard, spoke to the Council about her concern of inconsistent messaging about telehealth usage. She noted insurers solicit patients to use telehealth directly through contracted physicians not associated with the patient's on-going care. The same insurers will not reimburse for care provided using telehealth from the patient's primary care giver. Ms. Sapp noted this scenario goes against the Medical Home Model. She shared her opinion that network adequacy is a barrier the Council should consider. Ms. Sapp expressed patients should receive the same care whether they have private insurance or Medicaid. Chair Senior stated Medicaid and the insurers participating in the MMA reimburse for telehealth. There was discussion about having health insurance billing specialists share information at a future meeting.

Member Discussion and Next Steps

Chair Senior shared the goal for this meeting was to develop a definition and to determine barriers that would make up the report outline.

The Council debated on telehealth definition language. After much discussion, the Council identified two potential definitions. Chair Senior requested the member to contemplate on the two definitions and provide feedback to staff.

The Council discussed barriers identified through the telehealth surveys, public testimony, and telehealth stakeholders. The barriers include technology, health practitioner specific issues, patient/consumer protection, and insurance coverage and reimbursement. After much discussion, it was the consensus of the Council that education issues need to be included as a barrier. The Council discussed nuances of identified barriers, including Medicare regulations and studies identifying improvement in patient access to technology. After much discussion, there was a motion to extend the meeting five minutes to recap and close. The motion was seconded and carried unanimously.

Chair Senior reviewed the completed tasks of narrowing down the telehealth definitions and identifying a high-level report outline. He advised the Council would discuss barriers and accessibility more in-depth at the next meeting. Chair Senior requested the members provide Ms. King with their telehealth definition preference, as well as, any recommendations related to the report outline.

Adjournment

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

Attachment A

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

Interested Parties Present:

Anna Baznik , IMPOWER; Amy Blakely, IMPOWER; Christine Certain, Children's Home Society of Florida; Maggie Dante, Children's Home Society; Joni Higgins, BayCare; Greg Hartley, Florida Physical Therapy Association; Jane Johnson, Florida Council for Community Mental Health; Hiep Le Nguyen; Pediatrics in Brevard; Debbie Sapp, Pediatrics in Brevard; Aneel Irfan, Trapollo; and Alejandro Toro, AKL Therapy, Inc.