Telemedicine Task Force
Clinical Advisory Group (CAG)
August 22, 2013 Meeting Summary

Key discussion items:

- The Maryland Health Care Commission (MHCC) presented an overview of the Chesapeake Regional Information System for our Patients (CRISP); an update on Telemedicine Task Force Technology Solutions and Standards (TSS) Advisory Group discussion on the potential for including a telemedicine tab in the CRISP query portal to identify provider availability, supply, demand and technology; and the Guiding Principles for the TSS Advisory Group.

- The proposed *Guiding Principles* for the CAG were reviewed and revised as follows:

    1. The CAG should look beyond telemedicine and include discussions of and recommendations for other telehealth interventions such physical therapy, speech therapy, home health monitoring, mental health, and others.

    2. While access to telehealth services in rural areas is of particular concern, the use of telehealth should be encouraged and reimbursed when best practices support improved access, improved clinical outcomes, improved health professional productivity, and cost savings regardless of the geographical location of the patient.

    3. The CAG should attempt to align its work with state and national health care priorities.

    4. Barriers to the licensing and credentialing of telehealth providers should be addressed, but should remain sufficiently robust to ensure patient safety and quality of care.

    5. Telehealth networks should be interoperable by whatever means is most feasible and cost effective.

    6. Consumers as well as health care providers should be educated on the appropriate uses and benefits of telehealth.

    7. The CAG will develop recommendations that enable synergies with the Technology Solutions and Standards as well as the Finance and Business Model Advisory Groups.

- The task list of requirements in Senate Bill 776 for the CAG to address were expanded and prioritized by the CAG as follows:

    1. Underserved population areas and strategies for telehealth deployment in rural areas to increase access to healthcare

    2. Health professional productivity, resources, and shortages

    3. Licensing, credentialing and regulatory oversight issues

    4. Innovative service models for diverse care settings to include chronic and acute care

    5. Multimedia uses of products and services for patient engagement, education and outcomes

- Telehealth may improve access to care when there are barriers that are the result of geography, temporal or socioeconomic reasons.

- There are emerging technology solutions for broadband access in rural areas including 3G and 4G networks.

- The CAG would like to review the benefits of telemedicine in other states and countries, such as Virginia, Wyoming, Nebraska, Canada and Australia.

- Concerns were raised that hospitals in Maryland may not currently have the capital to invest in the development of telehealth. Discussion ensued regarding whether the purchase of telemedicine technology could be built into reimbursement.

- Barriers to telehealth access in Maryland were discussed including:

  1. Reimbursement
  2. The cost of research and development
  3. Technology adoption, use and interoperability
  4. Licensing/hospital credentialing
  5. Provider acceptance
  6. Lack of advocacy
  7. Resistance to develop at the originating site
  8. The lack of rurality in the state as compared to other states that have high telemedicine adoption rates

The CAG will meet on September 23, 2014 from 10am – 12pm at MIEMSS.