



*Telemedicine Task Force  
Clinical Advisory Group (CAG)  
September 23, 2013 Meeting Summary*

*Key discussion items:*

- The Guiding Principles for the CAG were accepted as written.
- The following task list of requirements in Senate Bill 776 for the CAG to address, which were prioritized by the CAG at the last meeting, were discussed and expanded upon:
  1. *Underserved population areas and strategies for telehealth deployment in rural areas to increase access to healthcare*
    - a. Expand the original survey of Rural Emergency Departments to include primary care physicians and rural health with location identifiers for telemedicine priorities.
      - The Health Systems and Infrastructure Administration at DHMH conducted an informal survey in December 2012 of safety net providers across the state. The purpose of the “access to care” survey was to look at population shifts as health care reform is implemented. Data for specific disease concerns in regards to population i.e. “what services are the Medicaid or uninsured patients seeking”. Ms. Walsh will provide any available data on these disease specific areas.
  2. *Health professional productivity, resources, and shortages*
    - a. Dr. Pruitt said organization of the health care system by specialty, such as child psychiatry, to include allied partners (psychologists, social workers, etc.) would maximize patient access to care via telehealth. There are only 7000 pediatric psychiatrists in the US.
  3. *Licensing, credentialing and regulatory oversight issues*
    - a. Licensing credentialing and regulatory oversight issues were tabled for a later discussion
  4. *Innovative service models for diverse care settings to include chronic and acute care*
    - a. Develop a Matrix of Public Health Priorities to include, Prevention, Acute Care, Critical Care, Primary Care, Home Care and Palliative/End of Life Care.
      - Data on Public health measures and outcomes
      - Process measures to improve access to the appropriate medical specialists
      - Review published and unpublished program usage of telemedicine/telehealth for individual disease processes
      - Develop base model for telemedicine/telehealth that allows for future scope expansion for improved health status and health outcomes to include:

- Major disparities in access to care: Behavioral Health, Maternal/Child Health
  - Hospital readmission diseases: Diabetes, CHF and COPD/Asthma
  - Cause of death: Heart Disease, Cancer, Stroke and Trauma
5. Multimedia uses of products and services for patient engagement, education and outcomes
- a. Dr. Reynolds said one of the recommendations to the general assembly should be the development of a telemedicine program for medical school and ancillary school curriculums.

Dr. Bass said that focusing on a specific list of diseases to start is not intended to limit the future uses of telemedicine/telehealth but to use as a basis for recommendations. This list could be reduced or expanded to what is feasible in the time frame required. The Clinical Advisory Group is building the foundation for our “ask” to the general assembly to improve health status and health outcomes through telehealth.

Delegate Lee stressed the importance and urgency in producing a document to include recommendations with evidence of cost savings that can overcome the current obstacles to telemedicine within the state.

The CAG will develop a “Drop Box” with the matrix for sharing of documents and supporting evidence.

Michelle Clark reported that the FCC has a funding opportunity to connect facilities with broadband services and network equipment. Healthcare facilities need to apply as a consortium and need to be majority rural. Michelle will reach out to Garrett Memorial and McCready hospitals.