

# Telemedicine Task Force

July 24, 2013 Meeting Summary

## Agenda

### **Initial Task Force Meeting**

- The Maryland Health Care Commission (MHCC) presented the role of the Telemedicine Task Force (task force), reporting timeframes, deliverables, telemedicine legislative activity, and telemedicine landscape (see slide deck available online [here](#))
- Hospitals attending the meeting reported pursuing telemedicine across a variety of use cases and specialties, though the services are generally not collaborative among various hospital systems
- Discussions among hospitals on collaborative services, particularly tele-stroke, have been underway; current reimbursement and credentialing environment has slowed progress on creating a larger tele-stroke network
- Payers have reported very low utilization of telemedicine as reflected in claims data; however, the shift away from fee-for-service billing has given provider organizations greater flexibility to consider its use as one component of practice transformation
- Medicaid continues to expand its policies for telemedicine; regulations are currently under review to expand coverage for telemedicine across approximately 10 rural counties and for cardiovascular/stroke services statewide
- The task force discussed how telemedicine is evolving to be less capital-intensive, such as through software-enabled technology on tablets and smartphones

### **Clinical Advisory Group and Finance and Business Model Advisory Group**

- The Clinical Advisory Group and the Finance and Business Model Advisory Groups (groups) emphasized the need to focus on virtualized care, and use cases where there is evidence to support strong clinical outcomes; the groups also indicated that clinical quality oversight of providers rendering services should also be considered
- A consensus was formed around aligning the work of the task force with new federal Centers for Medicare and Medicaid Services Health Reform priorities, such as reducing hospital readmission rates
- The importance of terminology was highlighted, with a suggestion to talk about “virtualized care” rather than telemedicine because it emphasizes service delivery instead of technology; terminology should also be inclusive of services such as home health monitoring
- Patient and provider education were also discussed as an area of focus for the groups
- The groups deliberated the importance of rural and urban distinctions with regards to telemedicine in Maryland, since both geographies experience issues regarding access to care and under-utilization
- *The Clinical Advisory Group is scheduled to meet on August 22<sup>nd</sup> from 1pm – 3pm and will determine the clinical scope of services for evidence-based telemedicine where strong potential for statewide collaboration exists and identify key issues to be discussed in the interim report*
- *The Finance and Business Model Advisory Group will meet ad hoc as needed*

*Continued*

### ***Technology Solutions and Standards Advisory Group***

- The Technology Solutions and Standards Advisory Group (TSS advisory group) discussed the technology needed to enable widespread use of telemedicine, including scalability, scheduling, patient consent, provider availability, business case and provider directory
- The importance of interoperability was discussed; enabling patient information to be available during services delivered through telemedicine
- The TSS advisory group recognized that telemedicine is being used within health care systems and organizations; however, it is not widely used across disparate health care entities
- The TSS advisory group will outline challenges to be resolved; solutions and recommendations appropriate for both large and small health care organizations are needed
- *The TSS advisory group is scheduled to meet on August 14<sup>th</sup> from 9:30am – 11:30am and will begin considering the technical infrastructure challenges to support telemedicine that is vendor neutral and facilitates expansion*