Telemedicine Task Force

March 7, 2014 Meeting Summary

Task Force Meeting - [Agenda](#)

- The Maryland Health Care Commission (MHCC) presented a summary of the 2013 Telemedicine Task Force (task force) activities and provided an overview of key discussion items for 2014, which are intended to guide the development of task force recommendations;
  - A panelist introduced the discussion items for each of the three task force advisory groups: Clinical Advisory Group, Finance and Business Model Advisory Group, and Technology Solutions and Standards Advisory Group (see slide deck available online [here](#))

- Task force recommendations on telehealth expansion in Maryland will be included in a legislative report due to the Governor, Senate Finance Committee, and House Health and Government Operations Committee on December 1, 2014, as required by Senate Bill 776 (2013), *Telemedicine Task Force – Maryland Health Care Commission*
  - In 2014, the task force expects to focus on developing strategies for telehealth diffusion in innovative care delivery models, identifying innovative telehealth use cases that could be regionally deployed, and finalizing the architecture for a directory of telehealth providers to be made available through the State-Designated health information exchange (HIE)

- The task force discussed options to broaden the definition of telemedicine, which is currently defined in law as: *the use of interactive audio, video, or other telecommunications or electronic technology by a physician in the practice of medicine outside the physical presence of the patient.*[1]
  - A broader definition could reference "telehealth" rather than telemedicine to encompass various types of health care professionals and treatments rendered through evolving technologies and applications for telehealth; task force members discussed the following factors related to a broader definition:
    - Telehealth is a form service delivery that is already occurring, not a new area of practice; the definition should be broad enough to encompass existing telehealth uses as well as potential new applications
    - Telehealth adoption should not be limited by current legislation
    - Participatory and integrated care should be emphasized
    - Focus on clients, families, and caregivers; patient is technically located in the hospital, better to focus on client in the community
    - The definition should take into consideration that technology is evolving, and not stifle innovation

- The task force meeting concluded and subsequently the advisory groups met

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[1] Md. Code Ann., Health - General § 19–319.

Clinical Advisory Group and Finance and Business Model Advisory Group - [Agenda](#)

- The Clinical Advisory Group and the Finance and Business Model Advisory Group (advisory groups) reviewed the discussion topics for 2014 (see list of discussion topics available online [here](#))
- Members identified key factors for consideration in identifying innovative telehealth use cases:
  - Assess in conjunction with existing telehealth applications
  - Identified based on their potential to have the greatest impact on health outcomes (e.g. medication reconciliation is one of the biggest challenges in hospitals during admission and following a patient's discharge)
  - Align with public health goals
  - Focus on high risk and vulnerable patient populations and allow additional patient population categories to be assessed over time
  - Promote existing telehealth technologies that are established and proven to be effective, keeping in mind that such technologies are constantly evolving
  - Target innovative care delivery and payment models that do not stifle innovation for future telehealth applications
  - Align with new payment reform systems that promote innovative approaches to care delivery by encouraging greater collaboration between hospitals and physicians to improve patient care to ensure sustainability
- In 2014, the Clinical Advisory Group will continue exploring which use cases should be diffused in hospital population-based care delivery models to improve care transitions as well as other innovative care delivery models, such as Patient Centered Medical Homes
- The Finance and Business Model Advisory Group will begin meeting independently in April to identify finance and business opportunities that support the recommendations of the Clinical Advisory Group and the Technology Solutions and Standards (TSS) Advisory Group
- *The Clinical Advisory Group is scheduled to meet on Monday, April 7, 2014 from 1:30pm – 3:30pm at MIEMSS, Room 212*
- *Workgroup conference calls of the Clinical Advisory Group will occur on Friday, March 21, 2014 (1:30pm - 2:30pm; dial 866-247-6034; conference code: 6912847711#) and on Wednesday, April 2, 2014 (1:30pm – 2:30pm; dial 866-247-6034; conference code: 6912847711#)*
- *The Finance and Business Model Advisory Group is scheduled to meet on Tuesday, April 29, 2014 from 2:00pm – 4:00pm at MHCC*

Technology Solutions and Standards Advisory Group - [Agenda](#)

- Members discussed establishing an online directory of telehealth providers
  - The directory was initially proposed to be available through the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP)

- o Members explored the possibility of exposing the directory through the Maryland Health Connection website, which has a provider directory currently managed by CRISP (see the Maryland Health Connection provider directory [here](#))
    - The Maryland Health Connection provider directory includes information submitted by participating health insurance companies
    - The provider directory could be updated to indicate which providers are delivering telehealth services; health insurance companies could potentially feed the telehealth information to the directory
- Considerations for additional functionality that could be used in the telehealth provider directory were also discussed
    - o Information about a provider's telehealth capabilities would be important to list in the directory, including technology specifications (e.g. what technology the provider uses) and clinical services offered (e.g. mental health consultation, reading an echocardiogram)
    - o An online availability feature indicated by a green button could be helpful to see which providers are available in real time for a telehealth consult
        - Members noted the reliability of such a feature may be an issue if a provider is away from the computer while listed as being online
        - The application of an online availability feature would be dependent on the use case (e.g. it may not be appropriate for emergency situations, such as stroke)
        - Protocol to govern an online availability feature would be needed
- *The TSS Advisory Group is scheduled to meet on Tuesday, April 22, 2014 from 2:00pm – 4:00pm at MHCC*
- *A workgroup conference call of the TSS Advisory Group is scheduled for Wednesday, April 9, 2014 (10:00am - 11:00am; call-in information forthcoming)*