

Minutes

Regular Meeting of the Rural Maryland Council (RMC) Health Care Committee
Tuesday, October 6, 2015, 1:00 p.m. to 3:00 p.m.
Anne Arundel County Health Department
3 Harry S. Truman Parkway, Annapolis, Maryland

Present:

Mr. Thomas McLoughlin, RMC Health Care Committee Chair
Dr. Diana Abney, Health Officer, Charles County Department of Health
Ms. Michelle Green Clark, Executive Director, Maryland Rural Health Association
Dr. Karan Kverno, Ph.D., PMHCNS-BC, PMHNP-BC, Assistant Professor, PMHNP Program, Johns Hopkins University School of Nursing
Ms. Roxanne Hale, Director, Office of Primary Care Access, Health Systems and Infrastructure Administration, Maryland Department of Health and Mental Hygiene
Ms. Temi Oshiyoye, Director, State Office of Rural Health, Maryland Department of Health and Mental Hygiene
Dr. David Pruitt, Director, Child and Adolescent Psychiatry and Director of Telemental Health for the Department of Psychiatry, University of Maryland School of Medicine,
Dr. H. Neal Reynolds, M.D., Associate Professor, University of Maryland School of Medicine
Dr. P. David Sharp, Ph.D., Chair, Technology Solutions & Standards Advisory Group, Maryland Health Care Commission

Guest Speaker:

Mr. Michael W. Lore, Esq., Chief of Staff, Senator Susan C. Lee, The Senate of Maryland

RMC Staff: Kathy Vernacchio

1. Convene Meeting

The meeting was convened at approximately 1:20 p.m.

2. Action on Minutes

The minutes of both the July 7, 2015 and August 4, 2015 meetings were previously distributed to all Committee members. The Chair asked if there were any questions on the content, comments, or corrections. There being none and upon motion properly made and seconded, it was voted to accept the minutes as submitted.

3. Mr. Michael Lore Presentation

The Chair asked Dr. Reynolds to introduce the guest speaker, Michael Lore, Chief of Staff for Senator Susan C. Lee. In his introduction, Dr. Reynolds provided a historical background regarding telehealth advocacy and legislation in Maryland over the past five or six years. He also mentioned the efforts surrounding the passage of the 2014 Medicaid Telehealth Reimbursement Bill sponsored by Delegate Susan Lee and Senator Catherine Pugh.

Mr. Lore indicated that he hoped to benefit from the experiences of the Committee members present and that the office of Senator Lee intends to increase its working relationship with the Maryland Department of Health and Mental Hygiene (DHMH) and the Rural Maryland Council. He mentioned that 14 other states have legislation supporting telehealth and telemental health and commented on topics such as access, regulation and the role of the legislature regarding those regulations.

In discussing the 2014 Bill to encompass all reimbursements, it was pointed out that an amendment was introduced with the intent to limit reimbursements due to State budgetary considerations. While the current language indicates that the DHMH may authorize coverage, the next legislative session might include strengthening that statement. Mr. Lore said Senator Pugh, Senator Lee and Delegate Resnick are interested in working on this subject prior to and during the 2016 Legislative Session.

4. Open Discussion Evaluation

Several observations were made regarding the presentation. Deep cuts in State budgets were a major source of concern and changing the language of the Bill might not be addressing the core issue which is the fiscal challenge. One of the possibilities advanced was working with DHMH in identifying funding through existing programs. There was extended discussion regarding the global budgeting and healthy population programs and their potential impact on generating income and creating incentives for hospitals to develop and support telehealth models in the community environment. In focusing on cost savings as a major strategy in revising legislation, organizations such as the American Telemedicine Association may provide data on cost savings and/or best practices realized through the adoption of telemedicine by neighboring states.

Other considerations discussed were:

Legislative changes in reimbursement that would incentivize the adoption of telehealth delivery models such as “gain sharing” among primary care practices that exist in the hospital’s service area by partnering with practitioners already delivering care in the community.

Legislative changes in regulation that would provide motivation for adoption of telemedicine. Declining numbers of physicians in some medical professions should initiate a closer focus on revising regulations to better accommodate the training and clinical qualifications of other advanced degree health care practitioners such as the nurse practitioner.

School based and Community Center programs in primary care are closely related especially in the areas of mental health and substance abuse. Presenting options for the integration of both in the same environment using telehealth would provide motivation to adopt this health care delivery model.

In concluding the discussion, several members of the committee agreed to follow up with the suggestions offered and will report back at the next meeting.

5. Draft Adolescent Depression

In view of the previous discussion, this agenda item was tabled for a future meeting

7. Other Business

There was a brief discussion on a more flexible interpretation on the option of conference calls when guest speakers are involved and traveling to Annapolis for a presentation. While the consensus preferred physical presence, it was recognized that every member from time to time encounters conflicts in schedules. Therefore, the committee suggested that exceptions be made when a member has been unsuccessful in resolving it. However it was also agreed that a guest speaker will not be invited unless there is at least 60% Committee attendance at the meeting site.

8. Next Meeting

The next meeting is scheduled for November 3, 2015.

The December meeting is scheduled for Tuesday, December 1, 2015. The Guest Speaker is Ms. Shannon McMahon, Deputy Secretary, Health Care Financing for the Maryland Department of Health and Mental Hygiene.

9. Adjournment

There being no further business to be brought to the committee, the meeting was adjourned at approximately 3:15 pm.