

RMC Health Care Committee Meeting  
November 30, 2015  
Maryland Department of Agriculture, 50 Harry S Truman Parkway, Annapolis  
Minutes

**Participants:**

Mr. Thomas McLoughlin, RMC Health Care Committee Chair  
Ms. Roxanne Hale, Director, Office of Primary Care Access, Health Systems and Infrastructure Administration, Maryland Department of Health and Mental Hygiene  
Mr. John Kornak, Director, Telehealth, University of Maryland Medical Center  
Dr. Kerry Palakanis, Owner and CEO, Crisfield Clinic Family Practice  
Ms. Sharon Praissman, MS, CRNP-A/PMH, Clinical Director, Psychiatric Outpatient Program for Adults, Johns Hopkins University School of Nursing  
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  
Nancy Smith  
Anita Browning, MidAtlantic Telehealth Resource Center  
Bob White, University of Maryland  
Donna Gugel, DHMH  
Shannon McMahon, DHMH  
Temi Oshiyoye, DHMH  
Teresa Zent, J.D.  
The Honorable Addie Eckardt  
Michael Lore, Senator Susan Lee's office

**RMC Staff:**

Charlotte Davis, Executive Director  
Kathy Vernacchio, Administrative Assistant

**1. Convene Meeting**

The meeting was convened at approximately 3:20 p.m.

**2. Continuing Discussion on Committee activities**

In view of the anticipated discussion with Deputy Secretary Shannon McMahon, there was no formal agenda for today's meeting. Consequently, the Committee members reviewed the three main focus topics as accepted at the last meeting:

- Encourage all primary physicians to include an evaluation for depression in their private office visits.
- Review and revise roles of School Nurse and Counselor to assist in detecting signs of depression for possible medical attention.
- Develop certification programs in mental health to further enhance ADP's qualifications and offset the recognized physician shortage in addressing and treating or referring adolescents suffering from depression.

Among the Committee members suggestions were including mood disorders and substance abuse in addition to depression; examining the role of primary care physicians in aligning with the Behavioral Health Integration into Pediatric Primary Care Program (BHIPP) in view of the provider shortage; and increasing coordination with school based primary care activities. Also mentioned was the diabetes management legislation that was introduced during the 2015 Session and which is expected to be reintroduced in 2016. There was extended discussion on the school delivery systems as well as an assessment of potential delivery options including a focus on the need to strengthen communications between the patient-centered home delivery model and the schools. The Committee recommended that more information be sought related to the interaction between the Maryland School-Based Nurses Association and the local management boards within the counties.

### **3. Dr. Shannon McMahon, Deputy Secretary, Health Care Financing, Maryland Department of Health and Mental Hygiene**

Dr. McMahon was introduced and welcomed upon her arrival. Her presentation provided an overview of the Medicaid program which encompasses over 23% of all Maryland residents with approximately 55,000 providers currently enrolled and projected statewide Medicaid expenditures exceeding \$10 billion in FY 2015.

Dr. McMahon discussed the State's activities in 2014, commenting on Medicaid's expansion to include statewide access to telemedicine using a hub and spoke model as well as nurse practitioners and midwives as eligible providers. She also mentioned that three existing programs – the Telemental Health Program, the Rural Access Telemedicine Program, and the Cardiovascular Disease and Stroke Program – have been combined and expanded.

Among the requirements for participation in the telemedicine program, providers must be enrolled as a Medicaid provider and complete the telemedicine provider addendum. The addendum requires applicants to demonstrate three primary things: 1) ability to bill Medicaid for services, 2) service delivery model is an appropriate and safe use of telemedicine, and 3) beneficial for the patient. She added that the Department during the current year has received 36 addenda and approved 32, the majority of which represent mental health projects.

Since the Department's principal focus is incremental, its major effort is directed at identifying gaps in existing coverage before addressing additional service delivery modalities. Therefore, the program does not currently cover store-and-forward or remote patient monitoring.

The Department is presently updating regulations to include methadone clinics and community-based substance abuse (SUD) programs as originating sites as early as Spring 2016. Also being updated is the

Telemedicine Manual to clarify that the scope of services for distant site providers may expand beyond consultation codes. Additionally, the Department will be streamlining its application process.

After the formal presentation, Committee members raised questions related to reimbursement, the absence of school-based health sites as possible originators of telemedicine, potential conflicts of interpretation between “originating” and “distant” sites, and store-and-forward issues when providers are not eligible for reimbursement.

#### **4. Adjournment**

Following the extensive discussion and recognizing the many demands on her schedule, Dr. McMahon was thanked for accepting the Committee’s invitation, providing the Committee with a better insight regarding the Department’s activities and her sensitivity to the needs of the rural communities. With no other business to be brought to the Committee’s attention, the meeting was adjourned at approximately 5:00 pm.

Next Meeting: January 5, 2016