

Minutes

Regular Meeting of the Rural Maryland Council (RMC) Health Care Committee
Wednesday, March 25, 2015, 11:00 a.m. to 1:00 p.m.
MARBIDCO, 1410 Forest Drive, Suite 21, Annapolis, Maryland 21401

Participants:

Thomas McLoughlin, RMC Health Care Committee Chair
Dr. Dianna E. Abney, M.D., Health Officer, Charles County Department of Health
Ms. Michelle Clark, Executive Director, Maryland Rural Health Assoc.
Ms. Charlotte Davis, Executive Director, Rural Maryland Council
Ms. Holly Ireland, Executive Director, Mid-Shore Mental Health Systems, Inc.
Mr. Michael Jackson, Maryland Dept of Transportation, Director, Office of Bicycle and Pedestrian Access
Dr. Karan Kverno, Ph.D., PMHCNS-BC, PMHNP-BC, Assistant Professor, PMHNP Program, Johns Hopkins University School of Nursing
Ms. Temi Oshiyoye, Director, State Office of Rural Health
Ms. Sharon Praissman, MS, CRNP-A/PMH, Clinical Director, Psychiatric Outpatient Program for Adults, Johns Hopkins University School of Nursing
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
Dr. Nancy M. Smith, DNP, CRNP, FNP-BC, Assistant Professor, Nursing Department, PRMC/Salisbury University
Ms. Deborah L. Wolf, MS, Director, Atlantic Health Center, Atlantic General Hospital

RMC Staff:

Charlotte Davis
Kathy Vernacchio

Chairman McLoughlin called the meeting to order at approximately 11:19 a.m.

Call to Order

The Committee meeting was called to order at 11:19 a.m.

Welcome and Introductions

The Chair welcomed all in attendance and thanked them for their commitment to participate in the Committee's deliberations. He noted that some future meetings may be conducted via conference call in view of the geographic diversity of the membership. He also acknowledged

with gratitude Mr. Steve McHenry who provided his Agency's Conference Room for today's meeting.

Since this was the initial meeting of the restructured Committee, each member introduced her/himself and offered a brief summary of their professional backgrounds.

RMC History and Mission

Mr. McLoughlin first provided a brief historical review of rural development in America at the Federal level beginning with President Theodore Roosevelt's establishing the Country Living Commission in 1908 to its current status as the Department of Agriculture, including several milestones that occurred during this time interval.

He then commented on Maryland's formal involvement in 1994 when Governor Schaefer, by Executive Order, created the Council for Rural Development. A year later, the Rural Caucus and the General Assembly introduced legislation that established the RMC as a permanent and independent State Agency.

Its mission is to bring rural leaders, government officials at all levels, nonprofit and for-profit representatives together to identify and seek solutions to the challenges confronting rural populations. The specific goal is to improve life and preserve the cultural heritage in the rural areas of this State.

Committee Purpose

The Health Care Committee's purpose is to focus, in a non-duplicative fashion, on the unmet health care needs of individuals in the rural areas of the State, as perceived by the members of the Committee. The Chair outlined a suggested approach to the activities ranging from identifying priorities, analyzing alternatives, proposing recommendations and evaluating efforts. He also commented on the Agency's limited resources which necessarily requires realistic goal and objectives that can be achieved.

Although there were earlier round table discussions and surveys on Telehealth conducted jointly by the State Office of Rural Health and the Rural Maryland Council, the previous Committee focused on the Mental Health component of Telemedicine when it was convened in 1992. Of particular concern was the recognized shortage of providers in behavioral health. Its work, however, was suspended pending the outcome of a report from the MHCC's Telemedicine Task Force. With MHCC's recommendations released in October 2014, RMC has requested that the Committee resume its deliberations.

Maryland Telemedicine Task Force Report

After a brief summary of the Report's major conclusions, there was extended discussion on areas and topics for the Committee's consideration. Among the many items introduced, several centered on:

- role of Nurse Practitioners in meeting the needs
- education on the cost effectiveness of telemedicine
- partnership with other professional associations
- obstacles to recruitment and retention of practitioners
- use of telemedicine in ambulatory care, schools, health centers
- identify new stakeholder groups on value and efficiency of telehealth

It was also recognized that much of the Committee's deliberations can be identified in the Ten Telehealth Use Cases contained in the MHCC Report and distributed at the meeting by Drs. Reynolds and Sharp, copy of which is attached. Therefore, it was suggested that the Use Cases form the baseline for the Committee's developing a list of priorities. Members were asked to select from that information at least one but not more than two priorities and submit it to RMC with a brief explanation on the rationale for the choice(s) within the next two weeks. Upon receipt, the responses will be collated, summarized and sent to the members prior to the next meeting.

Next Steps

Recognizing the geographical diversity of the Committee, the next meeting will more than likely be a conference call. In order to establish a schedule for future meetings, RMC will circulate a survey to determine the time of day and day of the week that works best for the members, When the surveys are returned and the input is received, the notice for the date of the next meeting will be forwarded.

Adjournment

There being no further business to be brought to the Committee, the meeting was adjourned at 1:10 p.m.

Respectfully Submitted,

Kathleen Vernacchio