

Vermont Telehealth Steering Committee

*non-committee members interviewed for survey

Judy Amour/University of Vermont

- Terry Rabinowitz MD/ University of Vermont (joining April 27)

Peter Cobb/ Vermont VNA

Nancy Eldredge/Cathedral Square

- Kim Fitzgerald/SASH program

Amber Fulcher/DAIL

Stuart Graves (physician)

Sarah Launderville/Independent Living

Danielle Louder/New England Telehealth Resource Center

- Andrew Solomon/NETRC

Sarah Kinsler/DVHA

Steven Meier/DVHA

Sandy McDowell/VITL

Melissa Miles/BiState Primary Care Association

Sarah Pletcher, MD/ Dartmouth Telehealth

Simone Reuschemeyer/Vermont Care Partners

Beth Tanzman/Blueprint for Health

*David Wennberg MD/Dartmouth Hitchcock

*Julie Lin MD/UVM Dermatologist

*Norman Ward MD/ OneCare

*Robert Wheeler/BCBSVT

*Dana Bianchi/State of Vermont

*Barbara Winters/VA and TBI program

Telehealth in Vermont: April 2015

Type	Organization or Program	Partners in Use	Technology	Uses	Use vs capacity	Barriers to expanded use	Contact
Interactive Audio-visual Reimbursed by commercial and Medicaid payers through 2012 Parity Law	UVM Health	Those within system on same EHR If not on same EHR	Polycom Prism	With Patient -Psych -Genetic Counseling -Maternal/fetal Monitoring -Neurology -Pedi Urgent Care Consensus conference -Pathology -Pedi Urology -ICU Education (Grand rounds) Administration	50% Limited participation	Bandwidth in rural areas Workflow challenges in clinical setting Reimbursement Lack of public awareness	Judy.Amour@uvmhealth.org
	Dartmouth Hitchcock Telemedicine Center	Vermont Medical Centers: - Southwestern -Deerfield Val -Northshire	Polycom	24/7 hour consultations and e-visits available for myriad of specialties and problems		\$11M in grants and sustained by Vermont Parity and Medicaid reimbursements Pre and post surgical visits in bundled episode	Sarah.N.Pletcher@hitchcock.org

		50 providers total -- NH hospitals					
		All FQHCs and clinicians within	Polycom in all FQHCs	Telepsych with UVM, other FQHCs, Community Health Centers, and NHs Dietician consults Continuing Medical Education		Need source of sustainable revenue (grant funded)	
Interactive AV (cont'd)	Designated Authorities (community based care centers for BH and developmental disability care and support)	Clinicians within the Vermont Care Network UVM	Polycom Tanberg	Administration Distance learning Training Some telepsych with UVM Piloting a telecheck (medcheck) program		Bandwidth (need 1280, rural areas may carry only 720) Integration into clinician workflow	Simone Reuschemeyer Simone@Vermontcarepartners.org
	Federally Qualified Health Centers	Nursing Homes Dietician services	Polycom	NH encounters Encounters Administration and education			
	State of Vermont		Cisco bridge equipment currently not in	Purchased for DAIL in collaboration with Dept of Ed and		Could be reactivated but would require	Dana.bianchi@state.vt.us

			use	other agencies		funding for both updating and ongoing maintenance	
Store and Forward Reimbursement not required by statute. If used, patient consent must be obtained	UVM Health	Primary Care MDs -- pilot project	Access Derm mobile application (https://accessderm.aad.org) sponsored by AAD (American Academy of Dermatology) HIPAA compliant	View skin rashes/lesions and clinical history -- make treatment recommendations to primary care clinicians Coordinates care and facilitates faster in person clinic appts in dermatology (6 months vs 1 week)	19 derms; 13 in or within 10 miles of Burlington with very long wait times (6 months)	Lack of funding to use more extensively Not reimbursed New mobile phone app with more clinical input about to be rolled out. Other software available	Julie.Lin@uvmhealth.org
Remote monitoring Initiated and overseen by delivery system Limited coverage in Medicare's bundled home health care payment -Medicaid pilot for CHF	Certified Home Health Agencies	Physicians Cathedral Health Facilities (SASH program participants)	Honeywell Cardicom Phillips	Telemonitoring available statewide CHF pilot funded by Medicaid	Most agencies purchased original equipment with grants Significant capacity for growth pending payment adjustment	Most agencies do not have connectivity with other clinical data (no HIE connection) Limited number of Medicaid only patients (mostly dual eligible, given the age ranges of Medicaid and Medicare beneficiaries)	Peter Cobb vnavt@comcast.net

patients -bundled care coordination payment to PCP						Reimbursement does not cover costs	
	Federally Qualified Health Centers	5 FQHCs Community Mental Health Centers		Daily monitoring of high risk Medicare patients with COPD, CHF, and Diabetes Telemed Followups			
Outpatient e-Visits Patient needs for direct care are met at home, school, work, or on travel	Selected individual clinicians	Patients	Mobile devices or wireless technologies (i.e. Skpe like programs)	Patient care -follow up -new problem, established patient -referral from another provider		Not reimbursed HIPAA compliant software available with licensure; Skype not HIPAA compliant Assurance of adherence to care guidelines Reimbursement	
Wearables Personal (and personally purchased)	Individual Vermonters					Do not usually incorporate interoperability standards	

devices that monitor physiological parameters/activities and can serve to alert both patients and clinicians						Frequently produce a surfeit of data Rapidly developing, immature market	
Social Networking	Individual Vermonters		Multiple approaches and websites; includes gamification	Capitalizes on individual needs to share/compare progress in maintaining/improving health/healthy activities	Burgeoning market with no oversight at the moment	Research and pilots in how to use to improve public health messaging still lacking	

National Survey Calls, breakdown by State

Organization/ Program/Contact	Program Model	Financing	Population Served	Interstate Medical Licensure Compact	Technology Used	Uses for Technology	Outcome/ Performance Metrics	Barriers/ Challenges to use	Policy Issues
Arizona Telemedicine Program Dr. Ronald Weinstein rweinstein@telemedicine.arizona.edu	Member-ship-based	Federal and other grants; Membership fees	Rural, Geographically underserved	No	T1, T3, VPN, Wireless, Other	Telemedicine, Telepathology, Tele-diabetes, Ultra-clinics, TeleTrauma; Tele-Home Health Education; Store-and-forward, real-time	160 sites connected	Competition with larger healthcare systems and evolving level of competition in the healthcare marketplace.	Reimbursement restricted to geography; Restrictive parity legislation
Colorado Telehealth Network Ryan Westberry ryan.westberry@cotelehealth.net	Hub-and-spoke	SIM grant, federal funding dispensed through Governor's office	Rural and Underserved regions	No	Broadband; Aveo; Cloud-based telebehavioral health platform	Telehealth; Statewide image exchange service; Telecom programs	Primarily used between hospitals and affiliates; Broadband connectivity to 200 behavioral and physical health care sites	Geographical limitations in the use of technology; Silos for telehealth information	No Medicaid reimbursement; Geographical and clinical setting reimbursement restrictions
Georgia Partnership for TeleHealth Paula Guy Paula.guy@gatelehealth.org	Subscription-based	Grants; Donations (nonprofit)	Rural and Medically underserved areas	No	T1; Broadband; 4G; Cloud	Telemedicine; Education; Advocacy; Consultative Services; Trauma; HIE	Over 800 connection points across 16 states and 8 countries; cost savings of 60% for high risk individuals	Home-based care is not reimbursable; Limitations to cross-state private telehealth companies	Reimbursement limited to designated settings; Medicaid, Medicare, and private payers reimburse

Southern Illinois University Telehealth and Clinical Outreach Dr. Nina Antonitti nantoniotti79@sium.edu		Universal Services Funding; Illinois Legislature; federal grant subcontract through Illinois Department of Human Services	Rural	Introduced in Feb 2015	Broadband; 3G; 4G	Education; Training; Telehealth – Clinical care; Telepsychiatry; Outreach	Educational programs connect with 30 sites from 4 other states	Medicaid reimbursement	Medicare reimbursement challenging; Medicare Advantage plans offer reimbursement; Uneven parity
University of Mississippi- Center for Telehealth Dr. Kristi Henderson khenderson@umc.edu		Self-sustaining ; Grants; State funds for new initiatives; Corporate sponsorship	Rural; Underserved areas	No	T1; Broadband	Telemedicine;Tel e-diabetes; Remote patient monitoring; tablets; Emergency medicine; Adult and children’s services; Education; Distance learning; Video consults; mobile telemedicine carts	166 Contracts; 100 clinical sites; Over 30 specialties	Medicaid reimbursement	Reimbursement from self-insured policies; Any provider can be reimbursed; Medicaid Reimbursement a challenge; Rate parity among private payers

Missouri Telehealth Network Rachel Mutrux mutruxe@health.missouri.edu	Open architecture to connect providers instead of an integrated statewide network	Federal, State, Institutional grants; Telephone companies	Underserved	No	T1; Broadband Polycom; Web-based connection	Telehealth; Training; Education; Technology Support; Research	Over 202 sites in 62 counties	Limits on interoperability; Adoption; HIE is not readily used; Limit on reimbursement for certain services	No uniform payment; Legislative telehealth bills are being considered; Medicaid reimburses for some services; 100% mandated coverage unavailable; Commercial insurers mandated to pay for telehealth
Nebraska Statewide Telehealth Network Dale Gibbs DaleGibbs@catholichealth.net	Hub-and-spoke	T1 lines subsidized by Universal Service Administrative Company (USAC); membership fee	No target population	Introduced Jan 2015	T1	Telehealth; Education; Support; Consultations; Training; Readiness of state for preparedness in the event of attacks and disasters	Over 110 sites	Adoption; Difficult to enforce policy change as non-legal entity; Competition; HIE is not well connected	Medicaid and all payers have parity for telehealth and in-person rates
University of New Mexico: Project ECHO Dr. Sanjeev Arora SArora@salud.unm.edu Erika Harding EHarding@salud.unm.edu	Hub-and-spoke	Federal and Private grants	Underserved	No	Broadband; Jabber	Education; Training; Inter-professional relationships; Care management		Maintaining with fee-for-service models	

Utah Telehealth Network Deb LaMarche deb.lamarche@utn.org		Federal and State; USAC; Member fees	Rural	Yes	T1; Ethernet-based services	Telehealth; Education' Support; Network services; ECHO		Lack of engagement due to costs for connecting to the network; Reimbursement restrictions; Interoperability	Reimbursement policies improvements are being driven by the advisory council
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