



**Date:** Wednesday February 19, 2025

**Meeting Purpose:** Virginia State Telehealth Plan Steering Committee Kickoff

**Meeting Location:** Virtual

**Attendees:**

Kandi Chamberlain	Virginia Department of Health
Chris Chisholm	Virginia Neonatal Perinatal Collaborative
Ericca Facetti	Virginia Health Catalyst
Mary Ochsner Krampen	Bay Rivers Telehealth Alliance
Heidi Dix	Virginia Association of Health Plans
Tim Perkins	Virginia Department of Emergency Medical Services
Rufus Phillips	Virginia Association of Free and Charitable Clinics
Allyson Flinn	Medical Society of Virginia
Kathy Wibberly	Mid Atlantic Telehealth Resource Center
Ray Lamura	VCTA - Broadband Association of Virginia
Lisa Price Stevens	Virginia Department of Medical Assistance Services
Hallie Pence	Right Help, Right Now
Tamarah Holmes	Virginia Department of Housing and Community Development
Felecia Smith	Virginia Relay Manager
Art Kellermann	Virginia Health Workforce Development Authority
Scott J. Spillman	Virginia Department of Health

**Virginia Telehealth Network Staff Attending:** Mara Servaites, Robin Cummings, Tom Anesta

**Welcome and Introductions**

Mara welcomed everyone and expressed appreciation for their participation. Participants introduced themselves.

**Advisory Group's Role**



This group is set to meet nearly every week through the middle of March. We hope everyone can be responsive, and offer feedback even if individuals aren't able to attend each session.

### **Background: Learnings To Date**

VTN Benchmarking Survey Data was reviewed. Those findings are published on VTN's [website](#). At the end of 2024 a survey to EMS agencies was sent out, whose results are published [here](#).

Strategic meetings, VTN Summits, held in 2023 and 2024 and their outcomes were reviewed.

The 2025 Virginia Legislative Session had numerous pieces of telehealth legislation due to reports from Joint Commission of Healthcare's study on providing services to vulnerable populations and the House Select Committee on Rural Health Concerns. Three bills remain and should pass the legislative process.

The 2025 American Telehealth Association recommendations were reviewed.

### **2021 Virginia State Telehealth Plan**

The first iteration of the plan was reviewed and the group asked a series of questions through a polling tool.

Slide Prompt: *What concepts would you like to see included in the revised State Telehealth Plan?*



Slide Prompt: *2021 State Telehealth Plan: Where does more work need to be done?*

- *School-based telehealth EMS- based telehealth Further data collection on usage*
- *There are lots of opportunities to utilize RPM for management of pregnant and post-partum patients*



- *Strategy 1: Schools should still be an area of focus, particularly for teledentistry and the integration of primary care, behavioral health care, and oral health care through telehealth.*
- *Telehealth in schools for medical as well as behavioral health; EMS and telehealth; data collection*
- *Enhance use in Primary Care*
- *Strategy 1, specific inclusion of correctional facilities. Strategy 2, broad expansion of RPM*

## **Discussion of Emerging Themes**

Thoughts from call participants:

- There's an opportunity to leverage telehealth and team based care to create mobile and/or remote Primary Medical Care Technicians to expand the access and reach of primary care - especially in rural communities - backed up by licensed primary care providers. <https://www.statnews.com/2017/09/22/primary-care-military-medics-corpsmen/>
- A central clearing house to circumvent regional disparities for pregnancy related care to ensure access to the right level of maternal care.
- A central clearing house for all speciality care could increase efficiency.
- Large expansion in broadband is coming.  
<https://www.dhcd.virginia.gov/sites/default/files/DocX/vati/dop-appendix-files/virginia-digital-opportunity-plan.pdf>
- Teledentistry integrations with pregnant women and in schools.
- Central urgent care free clinic exists.
- To advance policy around not just video/audio telehealth, we need data around things like e-consults, virtual visits, asynch applications, patient portal, etc.
- Opportunity for formalizing infrastructure to allow us to do eConsults throughout the state. Right now in the event of a no-show or cancellation a provider can go to a e-consult, which allows for specialty input but raises the question whether this needs specialty referral or can it be handled in a primary care setting. We need to leverage more things like this.
- Free and charitable clinics have a decision making tool for triaging telehealth developed by a hospital system in Minnesota that has made it easier to determine if patients presenting an urgent care need can be served by virtual care.
- Can engineer algorithms and decisions tools with a very simple interactive screen that guides technicians through the interview process with the goal being to make it as easier as possible and populate documentation. Electronic health Records (EHR) are too complicated, and there's a huge opportunity to save money and expand access.
- AI can be beneficial in the administrative realm. Streamlining things like billing, including for Medicaid, notetaking, or documentation can have an immediate impact. It is not ready for telehealth application aside from the visual imaging piece.



- Telehealth has been undersold for its green / environmental benefits. Millions of miles saved per year. If people don't prioritize that, how do we promote it from a perspective of reducing lost productivity for long travel to see specialists?

Slide Prompt: *Telehealth looks very different NOW than it did in 2020-21...*

- *What will it look like 5 years from now?*
  - *What role will telehealth continue to play in the health care sphere?*
  - *How will emerging technology (e.g., AI) impact the future of telehealth?*
- *workforce is such an issue, we need to look at what tasks can be done via telehealth to free up the workers on site, i.e. using nursing telehealth to do discharge planning with patients.*