Date: Tuesday February 25, 2025
Meeting Purpose: Virginia State Telehealth Plan Steering Committee Meeting #2

Meeting Location: Virtual

Attendees:

Kandi Chamberlain	Virginia Department of Health
Mary Ochsner Krampen	Bay Rivers Telehealth Alliance
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
Karen Rheuban	University of Virginia, Rheuban Center for Telehealth
Sandra Serna	Virginia Department of Health
Liz Parker	Henrico Country Public Schools Department of Student Support and Wellness
Felecia Smith	Virginia Relay Manager
Art Kellermann	Virginia Health Workforce Development Authority

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

Welcome, Agenda, and Recap of Kickoff Meeting
Mara welcomed everyone and expressed appreciation for their participation and reviewed the day's agenda. Broadband and technology topics were pushed to next week to accommodate participants from the broadband community.

At the last meeting, the information gathered by VTN was reviewed including the Telehealth Benchmarking Survey and 2024 survey of EMS agencies, strategic meetings, and VTN Summits in 2023 and 2024. The group reviewed the 2021 plan and discussed emerging themes.

Care Innovations
The group reviewed resources and profiles VTN has compiled around innovation in the care innovations space.

Two of the main themes taken from the kickoff meeting was school-based telehealth and remote patient monitoring.

Thoughts on state of school-based telehealth services:

- Still open questions about logistics and operations
- There is a missing mental health literacy piece
- HIPAA, FERPA, and confidentiality rights need to be adequately addressed especially as it related to substance use
- Space and staffing remain obstacles
- Balance comprehensive of guidance with flexibility to adapt to individual school and classroom needs and existing policies
- Management of which providers have access to students and schools
- North Carolina has a learning collaboration for school-based telehealth programs (LINK)

Thoughts on priorities from an EMS perspective:

- Previously plan representatives priorities well
- EMS is still on the ground floor when it comes to telehealth adoption with lots of upside
- Maintain distinction between mobile integrated health care and paramedicine
- Automatic collision notification is due to increase and may fall under the telehealth umbrella

Thoughts on remote patient monitoring:

- Coverage drives utilization
- Mason and Partners are doing a lot with this related to chronic care
- Theres been a proliferation of companies and apps offering remote patient monitoring including around substance use
- BEAD funding is essential to wider use

General care innovation discussion:

- State infrastructure funding is a great opportunity to get pilot programs off the ground
- Maternity care and dentistry are areas that ripe for opening up care with telehealth
- There are likely to be state resources available but its too early to tell which federal agencies may be interested in funding projects at present

Person-Centered Accommodations

The group reviewed the VTN equity and telehealth library for providers and MATRCs resources around telehealth and disability and language access.

Thoughts on telehealth and disabilities:

- There are so many barriers on top of this space being in flux with transition from analog to digital services
- BEAD funding can have a huge impact here

- Focus has traditionally been for deaf and hard of hearing but there are so many other disabilities to address
- Accommodations are also needed for providers
- Legislation that did pass was for developing best practices and guidance around providing telehealth services to individuals with disabilities
- Adding digital navigators is an idea that is gaining transaction within VA agencies
- Theres growing interest in telehealth access points in housing developments

How do we measure success?

- Increased care levels inherently increase costs so framing data around cost savings will help case for approval
- Utilization
- Clinical outcomes
- Cost savings, for insurers, state, individuals
- Readmissions rates
- Health status
- Patient satisfaction and health outcomes
- Access to services
- Decreases in telehealth barriers
- Referrals and session completion rates
    - Number of consents, completed visits and sessions
- Miles saved
- ER visits and/or EMS transport avoided