

**State Telehealth Plan  
Remote Patient Monitoring Subgroup  
Electronic Meeting  
August 6<sup>th</sup>, 2020  
1:00p.m.**

Topic/Subject	Discussion	Recommendation
I. Welcome	Ms. Wooten called the meeting to order at 1:08p.m.	
II. Process	Ms. Wooten introduced the subgroups and leaders and reiterated the bill language.	
III. Workgroup Member Comments	<p>Dr. Rheuban brought up the fact the COVID-19 remote patient monitoring is only available for certain patients. Best practices and broad utilization should be included in thoughts about the plan.</p> <p>Ms. Schriver indicated her agency struggled with some individuals not knowing how to use certain applications, so public education might be an option to consider.</p> <p>Mr. Berg indicated he did not know all the technologies that would be involved. He asked about who would be conducting or facilitating these types of services. He did not know of many organizations or EMS agencies that would be onboard with this unless they had specifically created some sort of related program, unless there was a monetary incentive. Is there a bullet list or document that shares what is involved for this type of process?</p> <p>Ms. Wooten asked Mr. Berg if he wanted to include this type of process document in the plan. Mr. Berg indicated he wanted to know the expectation for the plan, and what pieces were needed to make this work in order for him to offer better information.</p> <p>Mr. Perkins responded that the point of the discussion is to decide how to make things work and get from point A to Z. The idea is that the subgroups will answer these types of questions together.</p> <p>Mr. Berg asked if the programs that already exist already have a “playlist” of the items required and said it could be helpful to start with those.</p>	

Mr. Perkins indicated they have discussed things like that, but going forward the subgroup would be discussing best practices and determining what will work for certain counties.

Dr. Haider brought up the standard operability platforms such as the one fire uses. It may help in this subgroup and the others. Is using a statewide platform something we should think about or not? Fire is a way to get data easily from a variety of applications. He asked the subgroup how to best inject that data into EMRs to get better service? Maybe the state can promote use of that technology to do more remote monitoring.

Ms. Schriver followed up on the previous comments and asked if this was intended to be a state wide state run remote monitoring, or an effort to encourage other clinicians to *offer* remote monitoring. What is the goal for this group?

Ms. Wooten responded it is to have the expertise of this work group, and then develop and formulate a plan. It is to be able to pull together what we need to do for remote patient monitoring, identify best practices and place it into a plan.

Ms. Schriver asked for the Medicaid population, if we could examine the at risk population.

Dr. Lindbeck said the direction to go would be to provide a framework to allow many different users to achieve different goals using different platforms rather than trying to develop a statewide standard. A standard may not meet everyone's needs and may even limit what folks are able to do rather than being inclusive. For example, the First Net system provides bandwidth and priority to first responders. On the data side, it would not be hard for those at EMS agencies to add mobile health and telehealth consults to the usual data requirements on their platform.

	<p>Dr. Rheuban echoed what Dr. Lindbeck said and agreed with Ms. Schriver and indicated she would like to include the list of remote patient monitoring conditions provided by VHHA.</p> <p>Dr. Haider indicated he supported the high risk population comment. Which policies and financial approaches promote those things?</p> <p>Ms. Solenski mentioned she agreed w a previous comment about high risk population. She encouraged that the subgroup should think about a multidisciplinary approach. Home monitoring and physical therapists as well as pharmacists all at the same time is a helpful approach to the patient. Being able to track and collect data throughout the state and be able to lead and give feedback about what is working and what isn't. A partnership with Matrix and VDH working side by side would be very helpful.</p> <p>Dr. Pratt mentioned that veterans and their families as well as those with mental health risks are at high risk.</p>	
<p>IV. Public Comment Period</p>	<p>Mr. Gray mentioned that the practical application of remote monitoring in the market place is on a contractual basis. This determines who is eligible, how the data is tracked, and why/how it is done. In some cases remote patient monitoring may not be possible, and there are lots of different payers. Coordination is important.</p> <p>Ms. Hale (a member of the subgroup) indicated that in her evaluation process of certain projects, working in a community coalition working with Riverside Health System, high risk patients can have access to coaches who are involved in chronic condition management. Implementation of Remote Patient Monitoring will be valuable for high risk patients.</p>	
<p>V. Adjourn</p>	<p>Ms. Wooten adjourned the meeting at 1:51p.m.</p>	