

ALASKA MEDICAID REDESIGN IMPLEMENTATION

TELEHEALTH WORKGROUP | FEBRUARY 9, 2017 | 2ND MEETING

MEETING ATTENDEES

Workgroup Members:

Brent Fisher	Alaska Sleep Clinic
Brooke Allen	Independent Practitioner: Behavior Analyst
Christopher Simon	Tanana Chiefs Conference
Connie Beemer	Alaska State Hospital & Nursing Home Association (ASHNHA); Alaska Collaborative for Telehealth and Telemedicine (ACTT)
Georgiana Page	Alaska eHealth Network
Philip Hofstetter	Norton Sound Health Corporation
Richard Kiefer-O'Donnell	University of Alaska Center for Human Development
Robert Onders, MD	Alaska Native Tribal Health Consortium
Stewart Ferguson	Director of Telehealth, Alaska Native Tribal Health Consortium
Thad Woodard, MD.	Private Practice Pediatrician (Alaska Center for Pediatrics)

DHSS Staff and Other Participants:

Christine S Goetz	Office of Rate Review, DHSS
Thor M Ryan	Information Technology Services, DHSS
Shannon L. Cross-Azbill	Div. of Juvenile Justice, DHSS
Margaret Brodie	Div. of Health Care Services, DHSS
James B Gallanos	Prevention Section, DHSS
Deborah L Erickson	Commissioner's Office, DHSS
Donna M. Steward	Commissioner's Office, DHSS
Katherine A. Tompkins	Office of Rate Review, DHSS
Lisa L. Rosay	Treatment/Recovery, Div. of Behavioral Health, DHSS
Michael Baldwin	Alaska Mental Health Trust Authority
Tarik Thomas	DHSS - Senior and Disability Services
Jay Bectol	
Kathleen Karami	
Joy Pollard	

Support Staff:

Thea Agnew Bemben, Agnew::Beck
Shanna Zuspan, Agnew::Beck

MEETING OBJECTIVES

1. Share progress since the last meeting
2. Review, discuss and prioritize key legal/policy and technology issues and barriers

SUMMARY OF DISCUSSION

ITEM	DISCUSSION
Welcome and	

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Introductions	
<p>Review workgroup objectives:</p> <ul style="list-style-type: none"> • What’s happened since the last meeting? • Review objective of workgroup: identify legal, policy and technological barriers and solutions to expanded use of telehealth 	<ul style="list-style-type: none"> • Overall Medicaid Redesign update <ul style="list-style-type: none"> ○ Coordinated Care Demonstration Project RFP released. Open to various models. ○ Milliman is working on the Medicaid data report. Available Feb. 28 and posted online for the public. ○ Behavioral health system reform: series of different work groups and teams working on an 1115 waiver to fill in service gaps. Waiver to be submitted in July (that is the goal). ○ Looking at the potential for contracting with an Administrative Services Organization to help coordinate care. RFI to be out in the next month or two and the RFP to be released in April or May 2017 with contract to be in place by January 2018. ○ Health Information Infrastructure Planning Work Group is getting started. Beth Davidson is in charge of a contractor and that work group. First meeting should happen in early March. • Donna Steward is helping to replace Christiann Staph’s role on the telehealth work group. Christiann is no longer with the Department. Donna can assist but will have a more limited role. • The Medicaid Redesign vision statement and diagram was presented. Key Partners Medicaid group working with the Department prepared this; Key partners are made up of Medicaid providers and other organizations. Examples are ANTHC, ASHNA, couple of physician groups and specialty medical organizations, development and disability providers, Alaska Mental Health Board, Alaska Commission on Aging; about 45 people/organization. • Telehealth Workgroup objectives: Focus on one aspect of SB 74, as follows. “Requires DHSS to include in an annual report on Medicaid reform to the legislature information on the legal and technological barriers to expanded use of telehealth, improvements in the use of telehealth in the state, and recommendations for changes or investments that would allow cost-effective expansion of telehealth.” • Today: Focus on identifying issues and some level of prioritization; next meeting we refine priorities and identify recommendations; final meeting is to refine and finalize recommendations to be integrated into the required annual telehealth report from the Department. • Discussion regarding the patient population focus. For example, chronically ill or specialty clients or high need clients have different technology solutions. Barriers are different for each population. Examples: <ul style="list-style-type: none"> ○ Good broadband into the homes is not readily available; this is needed for high needs children. ○ Chronic disease management and connecting to the clinics has fewer technology challenges. ○ Identifying the different challenges by target population is helpful.
Policy, Legal and	See matrix

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ITEM	DISCUSSION
<p>Reimbursement Issues and Barriers</p> <ul style="list-style-type: none"> • Identify policy / legal barriers to telehealth • Prioritization: which barriers are most important for us to address? Where can we have the biggest impact? <p><i>Prioritization criteria: Improve Patient Experience, Improve Population Health, Improve Provider Experience, Reduce Per Capita Costs</i></p>	
<p>Technology Issues and Barriers</p> <ul style="list-style-type: none"> • Identify technological barriers to telehealth • Prioritization: which barriers are most important for us to address? Where can we have the biggest impact? <p><i>Prioritization criteria: Improve Patient Experience, Improve Population Health, Improve Provider Experience, Reduce Per Capita Costs.</i></p>	See matrix

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Identify Next Steps	<p>There are two more Telehealth Work Group meetings, planned for March/April and May/June 2017.</p> <p>Next steps: A::B to re-organize the matrix to include the Medicaid Redesign graphic categories. Post (or send) the matrix based on today's work and then post it for the group to work on before the next meeting.</p> <p>Data needs: Bandwidth; where do the patients live and what is the bandwidth in those areas ? How many chronically ill patients on Medicaid? Next meeting review Milliman report.</p> <p>Next meeting: Mid to late March</p>