

Department of Vermont Health Access

312 Hurricane Lane Suite 201

Williston, VT 05495-2087

<http://dvha.vermont.gov>

[phone] 802-879-5900

*Agency of Human Services***MEMORANDUM**

To: Rep. Mike Fisher, Chair, House Committee on Health Care

From: Mark Larson, Commissioner

Cc: Doug Racine, Secretary, Agency of Human Services
Anya Radar Wallack, Chair, Green Mountain Care Board

Date: April 16, 2013

Re: DVHA Comments on S.88 - Telemedicine Services Delivered Outside a Health Care Facility

In addition to the Department of Vermont Health Access (DVHA) position paper submitted with DFR's Telemedicine Provided Outside a Health Facility Report to your committee this session, the DVHA also would like to provide the following comments on S.88 – An act relating to telemedicine services delivered outside a health care facility.

There is no doubt that as consumers are exposed to increasing uses of technology in their lives that medical care via communication devices is not far off. However, several concerns remain for providers and policy makers such as:

- which services would be covered and under what circumstances;
- which services require patient physical contact and which do not;
- which services are left up to the discretion of the provider;
- are clinical guidelines for services needed; and
- will the provision of these services require additional provider training.

While DVHA believes consumers are more ready than most to move forward, we believe that moving forward requires clarity on these important questions. DVHA believes cautiously exploring expanding telemedicine services makes the best sense, and supports the language currently in S.88.

DVHA believed the State Innovation Model (SIM) Grant is the most appropriate vehicle to explore telehealth pilot projects at this time. DVHA discussed with home health agencies already about implementing a telemonitoring project. This pilot is aimed mostly at the Medicare and the dually eligible population. Some aspects of the pilot could be supported at DVHA, but since any savings would be accrued in Medicare, the thinking then was that the SIM Grant was the best place to pilot this. Since these discussions, there has also been the recommendation in the telemedicine report for a telemedicine pilot when the patient is not at a healthcare facility; and the SIM Grant has also been considered in that context. DVHA will work with GMCB to move forward on these telehealth projects. And we will continue to look for other opportunities to pilot telehealth projects in the future.

If you should have any questions please do not hesitate to contact me.