

Legislative Commission on Primary Care Workforce Issues

June 25, 2020 2:00-4:00pm – Zoom Conference

Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/97987189294?pwd=a0NiSFI2RjVqVFRiTVJrYzlkOFVSZz09>

Meeting ID: 979 8718 9294

Password: 136276

One tap mobile

+16465588656,,97987189294#,,,,0#,,136276# US (New York)

Dial by your location

+1 646 558 8656 US (New York)

Meeting ID: 979 8718 9294

Password: 136276

Find your local number: <https://nh-dhhs.zoom.us/u/a3oGFV48p>

Dial *6 to mute or unmute if you connect by phone

Agenda

- 2:00 - 2:10 **Read Emergency Order #12 Checklist and Take Roll Call Attendance**
- 2:10 – 3:00 **DHHS Telehealth Update** – Jonathan Ballard, MD, MPH, MPhil, FACPM, Chief Medical Officer, NH Department of Health and Human Services
- 3:00 - 3:30 **Insurance Department Telehealth Update** - Tyler Brannen, Director of Health Economics, New Hampshire Insurance Department
- 3:30 - 3:45 **Primary Care Safety-Net Telehealth Update** - Kristine E. Stoddard, Esq., NH Director of Public Policy, Bi-State Primary Care Association

3:45 - 4:00 **Legislative Update** – Rep. Polly Campion

Next meeting: Thursday July 23, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: June 25, 2020

TIME: 2:00 – 4:00pm

LOCATION: Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: June 25, 2020

Members of the Commission:

Rep. Polly Campion, NH House of Representatives

Laurie Harding – Chair

Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, APRN, NH Nurse Practitioner Association

Don Kolisch, MD, Geisel Medical School

Kristina Fjeld-Sparks, Director, NH AHEC

Jeanne Ryer, NH Citizens Health Initiative

Mike Ferrara, Dean, UNH College of Health and Human Services

Bill Gunn, NH Mental Health Coalition

Tyler Brannen, Dept. of Insurance

Pamela Dinapoli, NH Nurses Association

Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association

Guests:

Danielle Weiss, Health Professions Data Center Manager, Rural Health and Primary Care

Leslie Melby, NH Medicaid

Kim Mohan, Executive Director, NH Nurse Practitioner Association

Paula Smith, SNH AHEC

Paula Minnehan, NH Hospital Association

Marcy Doyle, UNH, Health Policy & Practices

Geoff Vercauteren, Director of Workforce Development, CMC

Catrina Watson, NH Medical Society

Peter Mason, Geisel School of Medicine, IDN region 1

Kristine Stoddard, Bi-State Primary Care Association

Ann Turner, Integrated Healthcare, CMC

Priscilla Marsicovetere, Franklin Pierce PA Program

Regina Blaney, NH Oral Health Coalition

Lindy Keller, Behavioral Health

Leisl Matzka, Concord Family Residency

Abby Rogers, Legislative Liaison, DPHS

Meeting Discussion:

2:00 - 2:10 **Welcome and Introductions/Read EM #12 Checklist and Take Roll Call** – Laurie Harding – Chair

See attachment “Executive Order #12-Meeting Compliance Checklist.”

2:10 – 3:00 **DHHS Telehealth Update** – Jonathan Ballard, MD, MPH, MPhil, FACPM, Chief Medical Officer, NH Department of Health and Human Services

- State of Emergency
 - o Executive Order #8 (see attachment “Executive Order #8”) eliminated some telehealth barriers
 - Signed 3/18
 - o State of Emergency in NH is going to continue for some time
 - Telehealth will continue and not be rescinded unless one of the pieces of legislation are unacted on
 - o Telehealth claims are sure to come but will be tiny compared to everything else
 - Maybe 20-30% during this period
 - o CMS and Office of Civil Rights have relaxed enforcement of HIPAA tech requirements for telehealth because a lot of the technology, like Zoom, isn't compliant
 - HIPAA compliant technology solutions are moving forward now so telehealth services can continue when not in a state of emergency
 - o Bill (HB 1111) passed in Senate, coming to House, dedicated to improving broadband infrastructure for better telehealth connectivity
- Practice Changes
 - o UNH dashboard of practice and payment system changes during COVID-19 - <https://chhs.unh.edu/institute-health-policy-practice/covid-19-resources>
 - o Cost concerns
 - Even if reimbursement is increasing, it's reported to not be full
 - Challenges with consistent source for PPE and associated costs
 - Telehealth platforms – often free and HIPAA compliant but to add on components to practice incurs costs
 - Facility fee may be going away for reimbursement
 - o Quality Concerns
 - Guidelines to consider
 - Balance between telehealth and in-person to meet quality standards for patient and provider
 - Behavioral health telehealth platform based on clinical principles
 - Patient optimization to participate meaningfully via telehealth
 - o Tips for a successful virtual visit with your health care provider – [https://www.citizenshealthinitiative.org/sites/default/files/media/pdfs/Final Tips% 20for% 20a% 20Successful% 20Virtual% 20Visit.pdf](https://www.citizenshealthinitiative.org/sites/default/files/media/pdfs/Final%20Tips%20for%20a%20Successful%20Virtual%20Visit.pdf)

3:00 - 3:30 **Insurance Department Telehealth Update** - Tyler Brannen, Director of Health Economics, New Hampshire Insurance Department

- Telehealth and Coverage
 - o Commercial insurance affiliated health plans will waive member cost shares for telehealth visits from in-network providers, including visits for mental health or substance use disorders, for our fully-insured employer plans and individual plans.
 - o Can't require as a state to make changes to self-funded plans, no jurisdiction
 - Insurance laws are kept separate from Medicaid laws
 - Insurance laws don't allow for DHHS to regulate
- NH has had telehealth requirement in statute prior to the executive order, advantage of #8 is to focus access on telehealth
 - o Doesn't specify what providers would be included or excluded
 - Approved if clinically appropriate and medically necessary
 - What services are clinically appropriate for telehealth
 - Section in insurance laws that deals with grievance
 - o Allows members to appeal denial and go to carrier to have internal appeals and then go to DOI and have external appeal
 - To weigh in if medically necessary for members' benefit
- Access
 - o Statutory for network adequacy

- Measured county by county for access to health care services by county and type of service
 - Carrier can satisfy network adequacy if delivered through telehealth
 - Carriers have had technological issues to comply with executive orders
 - Changes will likely continue once executive orders end
 - HB 1623 to make components of executive order permanent
 - Would only apply to commercial insurance
 - McKinsey & Company reports telehealth could grow to a \$250B revenue opportunity post-COVID-19 - <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality#>
- Ongoing communications
 - Meeting w/ insurance companies every couple of weeks

3:30 - 3:45 **Primary Care Safety-Net Telehealth Update** - Kristine E. Stoddard, Esq., NH Director of Public Policy, Bi-State Primary Care Association

- Feedback from Health Center clinicians
 - Health Centers visits dropped by 50% right when pandemic started, affecting patient revenue
 - Now opening up and getting PPE, seeing more in person
 - Latest survey, 80% of visits were pre-pandemic
 - Average % being conducted virtually is 57%
 - Sites can't return to full volume until there's a consistent PPE source
 - Some have open doors to the hospital so different from a separate, independent practice
 - Telehealth efficiency
 - Seeing some fatigue but has been a lifeline for patients and providers
 - Some patients can only be seen virtually
 - Practice and homeless community
 - 3 homeless FQHCs and have been visiting at locations in woods because of decontamination of centers so telephonic has been crucial
- Disparate impact on POC with regard to COVID
 - 52% of FQHC patients tested were non-White but 92% of positives were non-White

3:45 - 4:00 **Legislative Update** – Rep. Polly Campion

- In-person meetings stopped in the legislature, House is not able to receive bills from Senate
- Bills heard in Senate committees this week will be taken to full Senate on Monday for full vote
 - Whatever makes it out of Senate will be transferred to House
- No resistance to Commission bill

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A Checklist To Ensure Meetings Are Compliant With The Right-to-Know Law During The State Of Emergency

As Chair of the _____ [Board, Council, or Commission], I find that due to the State of Emergency declared by the Governor as a result of the COVID-19 pandemic and in accordance with the Governor's Emergency Order #12 pursuant to Executive Order 2020-04, this public body is authorized to meet electronically.

Please note that there is no physical location to observe and listen contemporaneously to this meeting, which was authorized pursuant to the Governor's Emergency Order. However, in accordance with the Emergency Order, I am confirming that we are:

a) Providing public access to the meeting by telephone, with additional access possibilities by video or other electronic means:

We are utilizing _____ for this electronic meeting.¹ All members of the [Board, Council, or Commission] have the ability to communicate contemporaneously during this meeting through this platform, and the public has access to contemporaneously listen and, if necessary, participate in this meeting through dialing the following phone # _____ and password _____, or by clicking on the following website address: _____.

b) Providing public notice of the necessary information for accessing the meeting:

We previously gave notice to the public of the necessary information for accessing the meeting, including how to access the meeting using Zoom or telephonically. Instructions have also been provided on the website of the [Board, Council, or Commission] at: _____.

c) Providing a mechanism for the public to alert the public body during the meeting if there are problems with access:

If anybody has a problem, please call _____ or email at: _____.

d) Adjourning the meeting if the public is unable to access the meeting:

In the event the public is unable to access the meeting, the meeting will be adjourned and rescheduled.

Please note that **all votes** that are taken during this meeting shall be done by **roll call vote**.

Let's start the meeting by taking a roll call attendance. When each member states their presence, please also state whether there is anyone in the room with you during this meeting, which is required under the Right-to-Know law.

¹ Many public bodies are utilizing video teleconferencing technology, such as Zoom, to ensure the electronic meeting comply with the Right-to-Know law and any applicable due process requirements. In certain circumstances, a regular business meeting of a public body may be conducted utilizing audio-only technology. If you have any questions about the appropriateness of the technology utilized to conduct your meeting, please consult your agency counsel or the Attorney General's Office.



**STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR**

CHRISTOPHER T. SUNUNU
Governor

**STATE OF NEW HAMPSHIRE
BY HIS EXCELLENCY
CHRISTOPHER T. SUNUNU, GOVERNOR**

Emergency Order #8 Pursuant to Executive Order 2020-04

Temporary expansion of access to Telehealth Services to protect the public and health care providers

Pursuant to Section 18 of the Executive order, it is hereby ordered, effective immediately, that:

1. In order to protect the public's health and mitigate exposure to and the spread of COVID-19, all health insurance carriers regulated by the New Hampshire Insurance Department, all health benefit plans authorized under RSA 5-B, and New Hampshire Medicaid coverage, including all Medicaid Managed Care Organizations, are hereby required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth. This shall include reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary covered services beginning today March 17, 2020, and shall remain in effect until rescinded, or until the State of Emergency is terminated, whichever happens first.
2. All medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of NH for all medically necessary services. Medical providers include Physicians and Physician Assistants, APRNs/ Clinical Nurse Specialists/Nurse Midwives, Certified Registered Nurse Anesthetists, Clinical Psychologists and School Psychologists licensed by the Board of Psychologists, Clinical Social Workers, master's level psychiatric nurses, Pastoral psychotherapists, marriage and family therapists, clinical mental health counselors, and any other provider licensed by the Board of Mental Health Practice, LADCs, MLADCs, CRSWs, applied behavioral analysts, Registered Dietitians or nutritional professionals, Dentists, and community mental health providers.
3. All carriers shall ensure that rates of payment to in-network providers for services delivered via telehealth are not lower than the rates of payment established by the Carrier for services delivered via traditional (i.e. in-person) methods, and shall notify providers for any instructions necessary to facilitate billing for such telehealth services.

4. All carriers shall cover, without any cost-sharing (i.e. copayments, deductibles, or coinsurance), medically necessary treatment delivered via telehealth related to COVID-19 by in-network providers.
5. There shall be no restriction on eligible originating sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunications system. This service can include locations such as a practitioner's office, a patient's home, schools, hospitals including critical access hospitals and those with renal dialysis centers, skilled nursing facilities, FQHCs/RHCs, and community mental health centers.
6. The Department of Health and Human Services shall, as necessary, provide assistance and guidance to health care providers in the development and implementation of telehealth services. The Insurance Department shall provide further guidance to affected carriers as necessary to effectuate the purposes of this Order and shall be authorized to enforce this Order as it affects carriers regulated by the Insurance Department.

Given under my hand and seal at the Executive Chambers in Concord, this 18th day of March, in the year of Our Lord, two thousand and twenty, and the independence of the United States of America, two hundred and forty-four.


GOVERNOR OF NEW HAMPSHIRE