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© California Telehealth Policy Coalition
Thank you for attending our annual meeting!

- Key areas of focus for 2021 include a focus on the outcomes of the Medi-Cal Stakeholder Advisory Workgroup and federal legislative discussions surrounding what PHE policies should be made permanent.
- High interest in elevating patient and caregiver stories in the coalition’s work.
- Over 140 participants!
California Workgroup Update

**Workgroup Charge**

The charge of the workgroup is to advise DHCS on how to refine its telehealth policies to ensure the policies are designed optimally for a post-PHE world.

- **Billing and coding protocols:** What codes and modifiers should be used to delineate when services are delivered by telehealth and whether services are video or audio-only.
- **Ongoing monitoring and evaluation:** How DHCS should measure and review telehealth utilization to facilitate consumer protection and Medi-Cal program stewardship.
- **Utilization management:** What standards and protections should be in place to ensure expanded telehealth coverage increases access, supports high-quality care, and reduces health disparities, among other goals.

**Language of AB 133:**

For purposes of informing the 2022–23 proposed Governor’s Budget, released in January 2022, the department shall convene an advisory group to provide recommendations to inform the department in establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program. The advisory group shall analyze the impact of telehealth in increased access for patients, changes in health quality outcomes and utilization, best practices for the appropriate mix of in-person visits and telehealth, and the benefits or liabilities of any practice or care model changes that have resulted from telephonic visits.

**Manatt Draft Report – Final Due in December to inform January Governor Budget Proposal**

Summarizes workgroup process and discussion, DHCS proposed approaches

Workgroup comments/concerns on draft report included:

- Lack of full and accurate capture of discussions, feedback, and background research, as well as history of CA telehealth policy and telehealth utilization data
- Confusing use of terminology and lack of scope/parameters clarity i.e. telehealth vs. audio-only and asynch
- Continued concerns with consent approach and DHCS proposal to add more consent requirements in conflict with existing law

Find more information on the advisory group here: [https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx)
Coalition Policy Priorities for 2022

- **Maintain and expand coverage of telehealth modalities**
  - Advocate for continued coverage of telehealth modalities across all types of coverage
  - Support continued FQHC/RHC coverage for telehealth
  - Work with members to highlight patient stories on webinars, other materials aimed at policymakers and consumers

- **Build the evidence base for telehealth in California**
  - Showcase research and evaluation findings from California organizations on monthly calls
  - Create educational materials focused on quality and health outcome measurement for telehealth programs

- **Bridge the digital divide to ensure patient and provider internet access**
  - Monitor and provide comments/recommendations on the implementation of SB 156 middle-mile and last-mile work
  - Showcase the inequitable distribution of internet access/telehealth for certain communities (i.e., communities of color, the disabled community, older adults)

- **Ensure California maintains leadership at the state level on telehealth policy**
  - Advocate for state coordination on telehealth and related health technology issues
  - Conduct outreach to state agency telehealth leaders
  - Highlight telehealth’s role in various state health reform and other initiatives (e.g., CalAIM ECM/ILOS, Medi-Cal procurement, payment reform)
## Work Plan for 2022

### What other work should the committee pursue in 2022?

### How can the coalition collaborate with your organization?

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<td>- Convene monthly committee meeting</td>
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| - Host two webinars  
  - Jan.: Governor’s budget  
  - Mar.: TBD | - Host one webinar  
  - May: TBD | - Host two webinars  
  - July: Legislative update  
  - Sept.: TBD | - Host policy briefing (Oct.) |
| - Develop and publish 2 fact sheets for webinars | - Develop and publish 2 fact sheets for webinars | - Develop and publish 2 fact sheets for webinars | - Host one webinar  
  - Dec.: TBD |
| - Review and finalize charter for 2021 | - Review and finalize charter for 2021 | - Respond to Medicare Proposed Physician Fee Schedule | - Host annual meeting |

- Chair outreach to key agency/legislative leaders to formally introduce the Coalition
- Develop and launch recruitment strategy
Guidance Subcommittee: New Details for Coalition Guiding Principles/Charter (1/3)

Existing principle: **Promote access and coverage.** *Policies, legislation and activities should promote access to care through telehealth and coverage of telehealth services.*

New proposed details:

- Policies should ensure equitable access to telehealth regardless of income, race/ethnicity, sexual orientation, gender, income or other patient characteristics.
- Policies should empower providers to utilize the modality most appropriate for the patient, based on their professional judgment and the evidence available.
- Policies should not have the unanticipated effect of impeding provider discretion and future care innovations.
- Policies on telehealth coverage should primarily consider the effectiveness of service provided.
- Policies should ensure access to and the availability of all modalities.
- Policies should ensure telehealth services are paid at a rate comparable to services provided in other modalities that provide comparable outcomes.
Guidance Subcommittee Work: New Details for Coalition Guiding Principles/Charter (2/3)

Existing principle: **Enhance care coordination.** Policies, legislation and activities should reinforce the patient-centered medical home model and reduce care fragmentation both within and among systems.

New proposed details:

- Policies should ensure that all providers have access to and share patient medical information as necessary and appropriate to support care the organization of a patient’s care.

- Policies should ensure that telehealth is available as a tool for care coordination and do not hinder its use.

Existing principle: **Promote provider and patient engagement.** Policies, legislation and activities should promote the participation of providers in efforts that improve performance and patient health outcomes, and the involvement of patients in their health care.

New proposed details:

- Policies should empower patient choice.

- Policies should support discretion and professional judgement of providers in selecting the modality best suited to the care of a patient.

- Policies should promote provider and patient education on best practices, digital literacy, and health equity issues.
Guidance Subcommittee Work: New Details for Coalition Guiding Principles/Charter (3/3)

Existing principle: **Reinforce clinical quality.** *Policies, legislation and activities should reinforce desirable, measurable outcomes, specifically those used by regulators and produced by standard-setting organizations.*

New proposed details:

- Policies should support the provider’s ability to use the modality that leads to the best outcomes for the patient’s health, balancing this consideration with the patient’s choice and circumstances in mind.
Next Steps

- Review charter
- Discuss Governor’s budget proposal
- Develop topic for first webinar