Joint Subcommittee to Study Mental Health Services

in the Commonwealth in the 21st Century

Work Group #3: Crisis and Emergency Services

Meeting Summary

Wednesday, October 26, 2016

House Room C, The General Assembly Building, Richmond, Virginia

Work Group #3: Crisis and Emergency Services (the Work Group) of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) held its third and final meeting of the 2016 interim on Wednesday, October 26, 2016, at the General Assembly Building in Richmond. Work Group members Delegate Garrett (chair), Senator Barker, and Delegate Yost were present. Senator Dunnavant also joined the Work Group to participate in the telemedicine presentation and discussion, as she convened a stakeholder group to examine the issues surrounding telemedicine at the conclusion of the 2016 session.

Update on Alternative Transportation: Delegate Garrett

Following the call to order and opening remarks, Delegate Garrett provided an update on earlier discussions regarding the expanded use of transportation providers other than law-enforcement transports to provide safe and efficient transportation of individuals in mental health crises. Alternative transportation was the focus of the initial Work Group meeting, held on June 23, 2016. Delegate Garrett reported that, since the initial Work Group meeting, numerous conversations have occurred between key stakeholders interested in the issue, including the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Criminal Justice Services (DCJS). Delegate Garrett discussed the success of the Mt. Rogers pilot project, which resulted in over 300 alternative transports in a nine-month period, all completed without incident or safety concerns. Initial follow-up conversations on the expanded use of alternative transportation revolved around building upon the Mt. Rogers model. Due to certain challenges of simply expanding the Mt. Rogers program, including the economic challenges of financing such an expanded model, the discussions have resulted in a possible Section 1 bill for the 2017 session, directing DBHDS and DCJS to convene an extensive group of stakeholders to develop a comprehensive alternative transportation model over the course of the year and report on the results and the proposed model to the Joint Subcommittee by October 1, 2017. Senator Barker and Delegate Yost agreed with the Section 1 bill concept.

Presentation on the Emergency Department Care Coordination Improvement Initiative: Christopher Bailey, Virginia Hospital & Healthcare Association; Stephanie Lynch, Virginia Association of Health Plans; Aimee Seibert, Commonwealth Strategy Group

Ms. Lynch began the presentation by explaining that the context for the initiative came from 2016 budget language mandating the Department of Medical Assistance Services to convene a work group to improve emergency department care. In the course of the work group's discussions, it became evident that communication between providers is overly fragmented. The

discussions resulted in a concept that would allow real-time electronic communication among providers and across systems so that a relevant assessment of a patient presenting to the emergency room may be achieved, allowing providers to address a patient's immediate needs and provide the most appropriate care. Ms. Lynch reported that other states, including Washington and Oregon, have successfully implemented such a system and have achieved cost savings and better coordination of care for their patients in the emergency room.

Ms. Seibert then explained that the initiative's focus is on optimal patient care. Specifically, the care coordination model would focus on "super utilizers," individuals who rely heavily on emergency room care but who may be better served by another set of providers. The model would push information to the physicians and share information across emergency rooms and other key providers when a patient presents to improve communication between providers. Ms. Seibert reported on the success of the Washington model, which saw a 9.9% drop in emergency room visits by the Medicaid population after the incorporation of this model. The drop resulted in roughly $34 million in savings, and a 27% reduction in opioid deaths.

Mr. Bailey then discussed the next steps for the implementation of the initiative. He stated that the governance model is being developed, which will identify the ongoing key stakeholder leadership and form a sustainable funding model. Mr. Bailey noted that the intent was for the system to be running by July 1, 2017.

Senator Dunnavant asked the presenters to build in a group of metrics to allow them to report back on the results of the system during regular session each year in order to track changes, improvements, and associated savings. Mr. Bailey agreed that the metrics would be helpful and will be built into the system in order to track important information and results from the implementation.

Delegate Garrett asked if a vendor had been identified to integrate across the electronic information systems. Mr. Bailey indicated that a request for proposal (RFP) process will be used to identify a vendor best able to accommodate the needs in the Commonwealth. He anticipates the RFP process will begin in March 2017.

Delegate Garrett also asked if the group had looked at whether the implementation of the model would trigger any issues with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the Emergency Medical Treatment and Labor Act (EMTALA). With respect to HIPAA, Mr. Bailey stated that all providers and networks with access to the provided information will sign a data sharing agreement and that the model will be fully HIPAA-compliant. With respect to EMTALA, Ms. Seibert noted that there will be no EMTALA issues, because a patient will still receive a medical screening in the emergency room if he presents there. She reiterated that the main goal of this model is to ensure that individuals are receiving the most appropriate care.

Presentation on the Expansion of Telepsychiatry: W. Scott Johnson, Hancock, Daniel, Johnson & Nagle, PC

Mr. Johnson then presented on the expansion of telemedicine and telepsychiatry. He noted that, in addition to the Work Group examining telepsychiatry, another stakeholder group had been convened by Senator Dunnavant at the conclusion of the 2016 session to discuss the interplay between the Virginia Drug Control Act, telemedicine, and the prescribing of mental health drugs by psychiatrists.

Mr. Johnson noted that federal law, namely the Ryan Haight Act, requires the performance of an in-person examination of the patient for Internet prescribing. However, an in-person examination is not required by federal law for telemedicine, although, in order to comply with federal law with respect to telemedicine, the patient must either be located in a hospital or clinic registered with the Drug Enforcement Administration (DEA) or be located in the presence of a DEA-registered practitioner, which includes a DEA-registered physician or mid-level provider.

With respect to state law, Va. Code § 54.1-3303 is the primary Virginia statute regarding what constitutes a valid prescription that may be dispensed. Unlike federal law, Virginia law does not fully flesh out the patient examination requirements of this Code section. Mr. Johnson noted that an action item of both the Work Group and Senator Dunnavant's stakeholder group was to review Virginia laws to make sure they were not more restrictive than federal laws involving telemedicine. Subsequently, the suggestion was made to amend Va. Code § 54.1-3303 by adding clarifying language to this effect.

Additionally, Mr. Johnson noted that DBHDS and the Board of Pharmacy have been working together so that DBHDS could obtain controlled substance registrations for each of the community services boards (CSBs); such a registration would enable the CSBs to obtain a DEA registration, assisting the CSBs in complying with the federal requirements for telemedicine. The Board of Pharmacy noted that legislation is required to clearly authorize the issuance of a controlled substance registration to the CSBs. Mr. Johnson offered suggested statutory language, previously prepared by the Board of Pharmacy and shared with DBHDS.

Delegate Garrett and Senator Dunnavant both noted that telepsychiatry is an innovative way of getting providers to those in need and that expanding the practice is crucial in both rural and urban areas across the Commonwealth.

Delegate Garrett asked Mr. Johnson whether there will be a fiscal impact to DBHDS and the CSBs with respect to obtaining the controlled substance registrations. Will Frank from DBHDS and Caroline Juran, Executive Director of the Board of Pharmacy, were present and answered that any fiscal impact would be negligible. Ms. Juran further noted that controlled substance registrations cost $90 annually and that some CSBs already have the registrations and will only need to amend such registrations, minimizing the impact even further.

Public Comment

Delegate Garrett then invited public comment.

John Oliver, chair of the Work Group's expert advisory panel, expressed his strong support on behalf of the advisory panel for the expansion of telepsychiatry. He noted that the advisory panel has some additional recommendations with respect to telepsychiatry, including leveraging the Appalachian Regional Commission and Virginia Tobacco Region Revitalization Commission funding to implement a pilot mental health network to address the mental health needs of the counties.

Mr. Oliver also noted that the presentation on the emergency department care coordination improvement initiative was relevant to the advisory panel's discussion and work towards developing a psychiatric emergency services unit model, to reduce the prevalence of psychiatric boarding across the Commonwealth. Delegate Garrett encouraged Mr. Oliver to discuss the advisory panel's work and coordinate efforts with Mr. Bailey, Ms. Lynch, and Ms. Seibert.

Dr. Norma Murdoch-Kitt, a psychologist in Henrico, Virginia, noted that there is an insufficient number of psychiatric residencies throughout the Commonwealth. She further noted that 20% of practitioners in that field are at least 65 years old. She stated that funding for additional slots for these types of residencies is crucial going forward. In response, Senator Barker noted that he and Delegate Yost have been working with the Virginia Health Workforce Development Authority on this issue.

Final Comments

Delegate Garrett concluded the meeting by noting the major and significant progress made by the Work Group. He noted that this will be the last meeting of the Work Group for this interim and that, following the afternoon meeting of the Joint Subcommittee, the last meeting of the Joint Subcommittee for the interim will be December 6, 2016.

Materials

Presentations and materials from the meeting can be found on the website of the Joint Subcommittee at http://dls.virginia.gov/interim_studies_MHS.html.