2018 - 2020

Goal: a two- to three-year strategic action plan for facilitating the use of telehealth technologies to:

- increase access to mental/behavioral health and substance abuse prevention and treatment services;
- strengthen our capacity to provide appropriate care management for those with chronic conditions; and
- improve the quality and availability of wellness programs in rural and underserved populations

NCHICA

Acknowledgments

The North Carolina Telehealth Roundtable Strategic Action Plan is the product of a partnership between the Mid-Atlantic Telehealth Resource Center, the North Carolina Healthcare Information and Communications Alliance (NCHICA) and the following members of the North Carolina Telehealth Roundtable Steering Committee: Jennifer Anderson (NCHICA), Mark Benton (DHHS), Heather Bogan (Novant Health), Bonnie Britton (Reconnect4Health), Brian Cooper (DHHS/Office of Rural Health), Peter Freeman (North Carolina Community Health Center Association), Guy Glorioso (Carolinas HealthCare System), Jerald Greer (Daymark Recovery Systems), Cody Hand (North Carolina Hospital Association), Geoff Honaker (New Hanover Regional Medical Center), Kevin Hopkins (Novant Health), John Jenkins (Cone Health), Dave Kirby (North Carolina Telehealth Network/Kirby Information Management Consulting), Richard Lord (Wake Forest Baptist Medical Center), Steve North (Mission Health/Center for Rural Health Innovation), Jay Ostrowski (Behavioral Health Innovation), Graham Perry, Bobby Park (RelyMD), Jane Smith-Patterson (NCHICA Board, Broadband Catalysts, LLC), Joseph Pye (Eastern Carolina University/Vidant Health), Dave Richard (DHHS), Alan Stiles (UNC), Alicia Stokes (BCBSNC), Franklin Walker (North Carolina Medical Society), and Walker Wilson (DHHS).

This plan would not have been possible if it were not for the invaluable expertise, experience and commitment of a large number of individuals, government officials, healthcare providers, advocates and others who are dedicated to improving the quality of life, health and health care services for all North Carolinians.

And for the many who will continue to partner over the next two to three years to ensure timely and accurate implementation, guidance and benchmarking – please accept our gratitude in advance for your time, energy and resources.

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Executive Summary

The Mid-Atlantic Telehealth Resource Center's (MATRC) is funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy. Nationally, there are 14 telehealth resource centers (TRCs). This includes 12 Regional Centers, all with different strengths and regional expertise, and two National Centers, one focusing on Technology Assessment and one on Telehealth Policy. TRC's have a mission to serve as a focal point for advancing the effective use of telehealth and support access to telehealth services in rural and underserved communities. The MATRC is a regional TRC that focuses on providing technical assistance and resources to the following Mid-Atlantic States: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia and the District of Columbia. As part of the MATRC's Technical Assistance efforts, each grant year (September 1 – August 31), MATRC is able to provide up to two states, on a first-come first-serve basis, the resources needed to hold a full day facilitated strategic planning retreat/roundtable.

The purpose of the state roundtables is to bring together key stakeholders around one or two priority health needs, with the end goal of developing consensus and establishing a 2 – 3-year strategic action plan for advancing the adoption and utilization of telehealth as a mechanism for meeting the identified priority health need(s).

With leadership provided by the North Carolina Healthcare Information and Communications Alliance (NCHICA), a steering committee was organized May 2017 to begin planning for a North Carolina Telehealth Strategic Planning Roundtable. In addition to identifying a date, location and venue for the event; the team identified and gathered all health and health-related needs assessments that have been done in North Carolina within the past five years. One hundred-sixteen needs assessments reports were collected. These were reviewed, with common themes and challenges extracted. The common threads were discussed and then prioritized. The priorities that emerged included:

- increase access to mental/behavioral health and substance abuse prevention and treatment services;
- strengthen our capacity to provide appropriate care management for those with chronic conditions; and
- improve the quality and availability of wellness programs in rural and underserved populations

The full day event was held on Tuesday October 17, 2017 at the Grandover Resort in Greensboro, NC. One hundred thirty-two (132) registered for the event, and at least one hundred thirteen (113) were in attendance representing more than seventy-nine (79) different agencies and organizations. As a result of input from Roundtable participants, the following goal and objectives were established as priorities for the next two to three years:

Goal 1. Develop a referral network for mental/behavioral health and substance abuse prevention and treatment services.

Objective 1-A: Establish a searchable database that at minimum allows individuals to quickly identify who the behavioral health providers are; where they are located and how they can be accessed (referral mechanism).

Objective 1-B: Identify ways in which the referral network infrastructure could be used to better support providers in their ability to practice at the top of their licenses.

Goal 2. Increase awareness and understanding about starting telehealth services for mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

Objective 2-A: Develop a statewide education effort to assist providers to better understand the broader range of telehealth use cases for mental/behavioral health and substance abuse prevention and treatment services (e.g., patient education), raise awareness of new telehealth models of care (e.g., virtual reality) for mental/behavioral health and substance abuse prevention and treatment services and provide access to established telehealth standards of care and protocols for mental/behavioral health and substance abuse prevention and treatment services to facilitate telehealth program development..

Objective 2-B. Develop a statewide education effort to assist providers with understanding telehealth use cases for wellness, best practices for using telehealth for wellness and available telehealth tools, including the use of gamification for wellness programming to facilitate telehealth program development.

Objective 2-C: Drive utilization of telehealth for chronic condition management by helping providers to better understand the technology, including its evolution and innovation, to better understand targeting and risk stratification, including the use of artificial intelligence and predictive analytics and to better understand workflow.

Goal 3. Improve telehealth reimbursement for mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

Objective 3-A: Develop a strategy for engaging private/commercial and public (Medicaid and Medicare) payors to address the following barriers:

- Need to reduce restrictions on eligible providers, enabling reimbursement for all licenses professionals
- Need to address requirement by commercial payors to use specific telehealth platforms
- Need to reduce restrictions on modality of service (synchronous/asynchronous, Remote Patient Monitoring)
- Need to reduce restrictions on place and site of service for both originating and distant site providers (rural/urban facility/home, FQHC/RHC)
- Need to address inconsistent and overly complex policies and requirements across payors
- Need to address adequacy of reimbursement rates
- Need to address lack of telehealth reimbursement and payment parity
- Need to address the lack of timeliness for pre-authorization for services for behavioral health

Objective 3-B. Make available technical assistance and educational resources related to telehealth billing, coding, and contracting

Objective 3-C. Facilitate the development of value based models of care that includes behavioral health, chronic disease management and wellness.

Goal 4. Improve ability to exchange information, electronic medical and health records to enhance care for mental/behavioral health and substance abuse prevention and treatment services and care management for chronic conditions.

- **Objective 4-A**: Provide incentives for greater interoperability of electronic medical and health records, prioritizing the need to include behavioral health providers.

- **Objective 4- B.** Provide incentives for systems that would allow patients to have access to their own medical and health information/records.

- **Objective 4-C.** Create a framework for standardized data collection and develop a strategy for tracking patient data across providers and health systems to evaluate outcomes for telehealth services.

- **Objective 4-D** Identify and develop a strategy for addressing policy related privacy restrictions that negatively impact care coordination and patient health outcomes, to include HIPAA and Section 2 restrictions regarding sharing information about substance abuse treatment.

Goal 5. Improve consumer education and awareness regarding mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

- **Objective 5-A**: Develop culturally (rural, low income, etc.) appropriate toolkit containing information about mental health and stigma and assisting patients with navigating the continuum of care for mental health.

- **Objective 5- B.** Develop a toolkit of culturally and linguistically appropriate educational materials for rural and other underserved populations focused on care management for chronic conditions.

- **Objective 5- C.** Develop a culturally (rural, low income) and linguistically appropriate toolkit for assisting patients see wellness as a priority and to better understand the connection between wellness, lifestyle and future disease.

The North Carolina Healthcare Information and Communications Alliance (NCHICA), under the direction of its Executive Director, Jennifer Anderson, MHSA, PMP will be taking on the leadership responsibility for driving this plan forward. NCHICA has put together Telehealth Teams as the mechanism for providing oversight and accountability for implementation of the goals and objectives found in this plan.

North Carolina Telehealth Roundtable Strategic Action Plan

Introduction

The Mid-Atlantic Telehealth Resource Center's (MATRC) is funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy. Nationally, there are 14 telehealth resource centers (TRCs). This includes 12 Regional Centers, all with different strengths and regional expertise, and two National Centers, one focusing on Technology Assessment and one on Telehealth Policy. TRC's have a mission to serve as a focal point for advancing the effective use of telehealth and support access to telehealth services in rural and underserved communities. The MATRC is a regional TRC that focuses on providing technical assistance and resources to the following Mid-Atlantic States: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia and the District of Columbia. As part of the MATRC's Technical Assistance efforts, each grant year (September 1 – August 31), MATRC is able to provide up to two states, on a first-come first-serve basis, the resources needed to hold a full day facilitated strategic planning retreat/roundtable.

The purpose of the state roundtables is to bring together key stakeholders around one or two priority health needs, with the end goal of developing consensus and establishing a 2 – 3-year strategic action plan for advancing the adoption and utilization of telehealth as a mechanism for meeting the identified priority health need(s).

Background and Purpose

With leadership provided by the North Carolina Healthcare Information and Communications Alliance (NCHICA), a steering committee (see Appendix A) was organized May 2017 to begin planning for a North Carolina Telehealth Strategic Planning Roundtable. In addition to identifying a date, location and venue for the event; the team identified and gathered all health and health-related needs assessments that have been done in North Carolina within the past five years (see Appendix C). One hundred-sixteen needs assessments reports were collected. These were reviewed, with common themes and challenges extracted. The common threads were discussed and then prioritized. The priorities that emerged included the following:

- increase access to mental/behavioral health and substance abuse prevention and treatment services;
- strengthen our capacity to provide appropriate care management for those with chronic conditions; and
- improve the quality and availability of wellness programs in rural and underserved populations

Finally, the steering committee identified and engaged key stakeholders from a variety of sectors to participate in the event. Over one hundred individuals were personally invited by members of the steering committee to attend the event. The full day event was held on Tuesday October 17, 2017 at the Grandover Resort in Greensboro, NC (see Appendix D for agenda). One hundred thirty-two (132) registered for the event, and at least one hundred thirteen (113) were in attendance representing more than seventy-nine (79) different agencies and organizations (see Appendix E). As a result of input from Roundtable participants, the following goal and objectives were established as priorities for the next two to three years.

Strategic Focus of the North Carolina Telehealth Roundtable

- Increase access to mental/behavioral health and substance abuse prevention and treatment services;
- Strengthen our capacity to provide appropriate care management for those with chronic conditions; and
- Improve the quality and availability of wellness programs in rural and underserved populations.

Barriers and Challenges

Roundtable participants were asked to identify key barriers and challenges for each strategic focal area. The identified barriers and challenges have been categorized for the purpose of this report using the following schema:

Workforce and Provider Barriers: These included identified barriers related to shortages or mal-distribution of healthcare providers and services and/or barriers to adoption of telehealth by healthcare providers.

Financial Barriers: These included identified barriers related to the financial sustainability of telehealth services.

Data and Information Sharing Barriers: These included identified barriers related to the ability to capture and share electronic health/medical record data for the purposes of outcomes research and care coordination.

Patient and Environmental (Social Determinants of Health) **Barriers:** These included identified barriers related to the patient's ability to access needed health care services and/or programs.

Health System/Systems of Care Barriers: These included identified barriers related to the current structure of the current health care system.

After identifying the key barriers and challenges, participants were asked to prioritize the most important barriers and challenges that should be addressed. Those priority areas are **bolded, highlighted and listed at the top** within each of the categories of barriers in the tables below.

Mental/Behavioral Health and Substance Abuse Prevention and Treatment Services. The following categories of barriers and challenges were identified in response to the question "What is preventing all North Carolinians from accessing to quality mental/behavioral health and substance abuse prevention and treatment services?":

Workforce and Provider Barriers	**Referral network infrastructure** • Need capacity to quickly identify who the behavioral health providers are; where they are located and how they can be accessed • Need support for providers to practice at the top of their licenses
	Awareness and understanding about telehealth • Need better understanding of the broader range of telehealth use cases for mental/behavioral health and substance abuse prevention and treatment services (e.g., patient education)

	• New better awareness of new telehealth models of care (e.g., virtual reality) for mental/behavioral health and substance abuse prevention and treatment services • Need access to established telehealth standards of care and protocols for mental/behavioral health and substance abuse prevention and treatment services.
	Inadequate supply of providers to meet demand for services
	Restrictions to prescribing (e.g., naloxone, Medicaid requirements for person visit)
	Fears/concerns about liability
Financial Barriers	**Reimbursement:** • Need to reduce restrictions on eligible providers, enabling reimbursement for all licenses professionals • Need to address requirement by commercial payors to use specific telehealth platforms • Need to reduce restrictions on modality of service (synchronous/asynchronous) • Need to reduce restrictions on place and site of service for both originating and distant site providers (rural/urban facility/home, FQHC/RHC) • Need to address Inconsistent and overly complex policies and requirements across payors • Need to address adequacy of reimbursement rates • Need to address lack of telehealth reimbursement and payment parity • Need to make available technical assistance and educational resources related to telehealth billing, coding, and contracting • Need to develop value based models of care for behavioral health • Need to address the lack of timeliness for pre-authorization for services for behavioral health
	Fears/concerns about cost of equipment and infrastructure
Data and Information Sharing Barriers	**Health information exchanges, electronic medical and health records and interoperability** • Need to address the adequacy of mechanisms/tools for data sharing
	Privacy rules • Need to address Section 2 restrictions regarding sharing information about substance abuse treatment and its negative impact on care coordination • Need to identify and address other policy related barriers to information sharing that hinders care coordination and patient health outcomes
Patient and Environmental (Social Determinants of Health) **Barriers**	**Consumer education and awareness about mental health** • Need to incorporate culturally (rural, low income, etc.) appropriate information about mental health and stigma • Need to educate consumers about how to navigate the continuum of care for mental health
	Inability to pay for care • Low income/poverty • Uninsured/underinsured

	Lack of Transportation
Health System/Systems of Care Barriers	Lack of models of integrated and coordinated care (too many silos) • Primary care and behavioral health integration and co-location • Care coordination between health and other human services (courts, social services, education, etc.) • Support and education for primary care providers • Common early identification/screening tools
	Lack of infrastructure for transitions of care
	Lack of inpatient beds
	Lack of easy access to crisis care
	Law enforcement roles and responsibilities with transportation
	Inefficiencies in referral mechanisms leading to high no-show rates
	Lack of community focal points

Care Management for Chronic Conditions. The following barriers and challenges were identified in response to the question "What is preventing optimal care management for all North Carolinians who suffer from chronic conditions?":

Workforce and Provider Barriers	**Awareness and understanding about telehealth** • Need to help providers understand technology, its evolution and innovations • Need to help providers understand targeting and risk stratification, including the use of artificial intelligence and predictive analytics. • Need to help providers understand workflow.
	Inadequate supply of providers to meet demand for services • Primary care • Behavioral health • Specialty care
	Mal-distribution of providers
Financial Barriers	**Reimbursement** • Need to address restrictions on home as a place of service • Need to address the lack of reimbursement for remote patient monitoring • Need to facilitate the transition from fee for service to value based models of care in order to incentivize investment in technology/use of telehealth for care management for chronic conditions
	Reporting requirements for payment are not always feasible or supported by software (e.g., does not track time spent for reimbursement records)
Data and Information Sharing Barriers	**Health information exchanges, electronic medical and health records and interoperability** • Need to address the inability to share across providers, particularly a lack of integration with behavioral health providers • Need to address the inability for patients to access their own medical and health records

	• Need to address the inability to track patient data across providers and health systems to evaluate outcomes
	Incomplete and/or inaccurate information in EHRs (e.g., medications)
Patient and Environmental (Social Determinants of Health) **Barriers**	**Consumer Education and Awareness about chronic conditions and disease management** • Need to develop educational materials that are culturally and linguistically appropriate for rural and other underserved populations
	Lack of Transportation
	Lack of incentives for changing behavior
	Older population not comfortable with technology
	inability to pay for medications
Health System/Systems of Care Barriers	Lack of models of integrated and coordinated care (too many silos) • Primary care and behavioral health integration • Support tools and infrastructure for interprofessional care, collaboration and communication • Patient centered medical homes • Inadequate mechanisms for connect family members to serve as supports
	Competition between health systems
	Episodic care not conducive to managing chronic diseases
	Inadequate infrastructure for transitions of care
	Information fatigue

Wellness Programs for Rural and Underserved Populations. The following barriers and challenges were identified in response to the question " What is preventing access to wellness programs for rural and underserved populations in North Carolina?":

Workforce and Provider Barriers	**Awareness and understanding about telehealth** • Need to educate around telehealth use cases for wellness • Need to educate about best practices for wellness • Need to raise awareness about available tools for wellness, including gamification of health
	Lack of training and/or utilization of motivational interviewing
	Inadequate supply of providers to meet demand for services • Primary care/FQHCs • In-home services
	Lack of local champions
Financial Barriers	**Reimbursement** • Need to facilitate the transition from fee for service to value based models of care in order to incentivize wellness-focused care
Patient and Environmental (Social Determinants of Health) **Barriers**	**Consumer education and awareness about health promotion and wellness** • Need to develop culturally (rural, low income) and linguistically appropriate materials to help patients see wellness as a priority and to better understand the connection between wellness, lifestyle and future disease
	Inability to pay for services

	• Low income/poverty • Uninsured/underinsured • Lack of low cost options
	Lack of community support • Employer promotion of and investment in health/wellness
	Lack of broadband
	Lack of healthy food options
	Lack of childcare or eldercare
	Lack of transportation
	Lack of safe spaces
Health System/Systems of Care Barriers	Lack of coordinated community based services • Undefined points of entry

Goal and Objectives.

Priority areas that were **bolded, highlighted and listed at the top** within each of the categories of barriers were grouped together to form six (6) areas requiring more targeted action. Most of these areas cut across all three strategic focus areas and serve as foundation for the following Goals and Objectives.

Goal 1. Develop a referral network for mental/behavioral health and substance abuse prevention and treatment services.

Objective 1-A: Establish a searchable database that at minimum allows individuals to quickly identify who the behavioral health providers are; where they are located and how they can be accessed (referral mechanism).

Objective 1-B: Identify ways in which the referral network infrastructure could be used to better support providers in their ability to practice at the top of their licenses.

Goal 2. Increase awareness and understanding about starting telehealth services for mental/ behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

Objective 2-A: Develop a statewide education effort to assist providers to better understand the broader range of telehealth use cases for mental/behavioral health and substance abuse prevention and treatment services (e.g., patient education), raise awareness of new telehealth models of care (e.g., virtual reality) for mental/behavioral health and substance abuse prevention and treatment services and provide access to established telehealth standards of care and protocols for mental/behavioral health and substance abuse prevention and treatment services to facilitate telehealth program development..

Objective 2-B. Develop a statewide education effort to assist providers with understanding telehealth use cases for wellness, best practices for using telehealth for wellness and available telehealth tools, including the use of gamification for wellness programming to facilitate telehealth program development.

Objective 2-C: Drive utilization of telehealth for chronic condition management by helping providers to better understand the technology, including its evolution and innovation, to better understand targeting and risk stratification, including the use of artificial intelligence and predictive analytics and to better understand workflow.

Goal 3. Improve telehealth reimbursement for mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

Objective 3-A: Develop a strategy for engaging private/commercial and public (Medicaid and Medicare) payors to address the following barriers:

- Need to reduce restrictions on eligible providers, enabling reimbursement for all licenses professionals
- Need to address requirement by commercial payors to use specific telehealth platforms
- Need to reduce restrictions on modality of service (synchronous/asynchronous, Remote Patient Monitoring)
- Need to reduce restrictions on place and site of service for both originating and distant site providers (rural/urban facility/home, FQHC/RHC)
- Need to address inconsistent and overly complex policies and requirements across payors
- Need to address adequacy of reimbursement rates
- Need to address lack of telehealth reimbursement and payment parity
- Need to address the lack of timeliness for pre-authorization for services for behavioral health

Objective 3-B. Make available technical assistance and educational resources related to telehealth billing, coding, and contracting

Objective 3-C. Facilitate the development of value based models of care that includes behavioral health, chronic disease management and wellness.

Goal 4. Improve ability to exchange information, electronic medical and health records to enhance care for mental/behavioral health and substance abuse prevention and treatment services and care management for chronic conditions.

- **Objective 4-A**: Provide incentives for greater interoperability of electronic medical and health records, prioritizing the need to include behavioral health providers.

- **Objective 4- B.** Provide incentives for systems that would allow patients to have access to their own medical and health information/records.

- **Objective 4-C.** Create a framework for standardized data collection and develop a strategy for tracking patient data across providers and health systems to evaluate outcomes for telehealth services.

- **Objective 4-D** Identify and develop a strategy for addressing policy related privacy restrictions that negatively impact care coordination and patient health outcomes, to include HIPAA and Section 2 restrictions regarding sharing information about substance abuse treatment.

Goal 5. Improve consumer education and awareness regarding mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.

- **Objective 5-A**: Develop culturally (rural, low income, etc.) appropriate toolkit containing information about mental health and stigma and assisting patients with navigating the continuum of care for mental health.
- **Objective 5- B.** Develop a toolkit of culturally and linguistically appropriate educational materials for rural and other underserved populations focused on care management for chronic conditions.
- **Objective 5- C.** Develop a culturally (rural, low income) and linguistically appropriate toolkit for assisting patients see wellness as a priority and to better understand the connection between wellness, lifestyle and future disease.

Moving the Plan Forward

The North Carolina Healthcare Information and Communications Alliance (NCHICA), under the direction of its Executive Director, Jennifer Anderson, MHSA, PMP will be taking on the leadership responsibility for driving this plan forward. NCHICA has put together Telehealth Teams as the mechanism for providing oversight and accountability for implementation of the goals and objectives found in this plan. Team leaders and members as identified during and immediately after the Roundtable include:

Goal 1. Develop a referral network for mental/behavioral health and substance abuse prevention and treatment services		
Objective	**Team Lead**	**Team Members**
Objective 1-A: Establish a searchable database that at minimum allows individuals to quickly identify who the behavioral health providers are; where they are located and how they can be accessed. **Objective 1-B:** Identify ways in which the referral network infrastructure could be used to better support providers in their ability to practice at the top of their licenses.	• Jay Ostrowski, Behavioral Health Innovation	• Diego Garza, Carolina Partners in Mental HealthCare • Robin Huffman, North Carolina Psychiatric Association • Ben Stiling, Carolinas HealthCare System • Deborah Swain, NCCU School of Library and Information Sciences

Goal 2. Increase awareness and understanding about starting telehealth services for mental/ behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.		
Objective	**Team Lead**	**Team Members**
Objective 2-A: Develop a statewide education effort to assist providers to better understand the broader range of telehealth use cases for mental/behavioral health and substance abuse prevention and treatment services (e.g., patient education), raise awareness of new telehealth models of care (e.g., virtual reality) for mental/behavioral health and substance abuse prevention and treatment services and provide access to established telehealth standards of care and protocols for mental/behavioral health and substance abuse prevention and treatment services to facilitate telehealth program development.. **Objective 2-B.** Develop a statewide education effort to assist providers with understanding telehealth use cases for wellness, best practices for using telehealth for wellness and available telehealth tools, including the use of gamification for wellness programming to facilitate telehealth program development.	• Kathy Wibberly, Mid-Atlantic Telehealth Resource Center	• Brian Cooper, North Carolina Office of Rural Health • Eric Foushee, Cone Health System • Kevin Hopkins, Novant Health • Jay Ostrowski, Behavioral Health Innovation

Objective 2-C: Drive utilization of telehealth for chronic condition management by helping providers to better understand the technology, including its evolution and innovation, to better understand targeting and risk stratification, including the use of artificial intelligence and predictive analytics and to better understand workflow.	• Bonnie Britton, Reconnect4Health	• Shelia Beattie, Novant Health • Sally Cameron, North Carolina Psychological Association • Allison Crotty, Integrated Community Healthcare, Inc. • Sharon Nelson, North Carolina Division of Public Health • Todd Posey, Monarch • Steffany Whiting, Cornerstone Health Enablement Strategic Solutions, LLC (dba CHESS)
Goal 3. Improve telehealth reimbursement for mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.		
Objective	**Team Lead**	**Team Members**
Objective 3-A: Develop a strategy for engaging private/commercial and public (Medicaid and Medicare) payors to address the following barriers: • Need to reduce restrictions on eligible providers, enabling reimbursement for all licenses professionals • Need to address requirement by commercial payors to use specific telehealth platforms • Need to reduce restrictions on modality of service (synchronous/asynchronous, Remote Patient Monitoring) • Need to reduce restrictions on place and site of service for both originating and distant site providers (rural/urban facility/home, FQHC/RHC) • Need to address inconsistent and overly	• Todd Posey, Monarch • Alan Stiles, UNC Health Care System	• Bryan Arkwright, Schumacher Clinical Partners / WFU School of Law / Telehealth & Medicine Today Journal • Joshua Brown, Wake Forest Baptist Health • Chris Evans, Blue Cross Blue Shield of North Carolina • Geoff Honaker, New Hanover Regional Medical Center • Stephanie McGarrah, North Carolina Hospital Association • Amy Roberts, Mission Health • Claudia Tucker, Teladoc • Mike Vicario, North Carolina Hospital Association

complex policies and requirements across payors • Need to address adequacy of reimbursement rates • Need to address lack of telehealth reimbursement and payment parity • Need to address the lack of timeliness for pre-authorization for services for behavioral health		
Objective 3-B. Make available technical assistance and educational resources related to telehealth billing, coding, and contracting	TBD	TBD
Objective 3-C. Facilitate the development of value based models of care that includes behavioral health, chronic disease management and wellness.	TBD	TBD
Goal 4. Improve ability to exchange information, electronic medical and health records to enhance care for mental/behavioral health and substance abuse prevention and treatment services and care management for chronic conditions.		
Objective 4-A: Provide incentives for greater interoperability of electronic medical and health records, prioritizing the need to include behavioral health providers. **Objective 4- B.** Provide incentives for systems that would allow patients to have access to their own medical and health information/records	• Jennifer Anderson, NCHICA	• Hesham Bakr, Duke Health Technology Solutions • Chris Evans, Blue Cross Blue Shield of North Carolina • Tejus Maduskar, Amitech Solutions • Peyman Zand, Pivot Point Consulting
Objective 4-C. Create a framework for standardized data collection and develop a strategy for tracking patient data across providers and health systems to evaluate outcomes for telehealth services.	• Bonnie Britton, Reconnect4Health • Steve North, Mission Health (In collaboration with the Society for Education and the	• Bryan Arkwright, Schumacher Clinical Partners / WFU School of Law / Telehealth & Medicine Today Journal • Eric Foushee, Cone Health

	Advancement of Research in Connected Health – SEARCH)	
Objective 4-D. Identify and develop a strategy for addressing policy related privacy restrictions that negatively impact care coordination and patient health outcomes, to include HIPAA and Section 2 restrictions regarding sharing information about substance abuse treatment.	• Robin Huffman, North Carolina Psychiatric Association	• Hesham Bakr, Duke Health Technology Solutions • Sally Cameron, North Carolina Psychological Association • Susan Saik, North Carolina DHHS Operated Healthcare Facilities
Goal 5. Improve consumer education and awareness regarding mental/behavioral health and substance abuse prevention and treatment services, care management for chronic conditions and wellness programs.		
Objective 5-A: Develop culturally (rural, low income, etc.) appropriate toolkit containing information about mental health and stigma and assisting patients with navigating the continuum of care for mental health. **Objective 5- B.** Develop a toolkit of culturally and linguistically appropriate educational materials for rural and other underserved populations focused on care management for chronic conditions. **Objective 5- C.** Develop a culturally (rural, low income) and linguistically appropriate toolkit for assisting patients see wellness as a priority and to better understand the connection between wellness, lifestyle and future disease.	• Jane Smith-Patterson, NCHICA and North Carolina Telehealth Network	• Heather Bogan, Novant Health • Lakeisha Moore, NC DHHS Office of Rural Health • Jay Ostrowski, Behavioral Health Innovation

Appendix A: North Carolina Telehealth Roundtable Steering Committee

Name	Job Title	Organization
Jennifer Anderson	Executive Director	NCHICA
Mark Benton	Deputy Secretary for Health	NC DHHS
Heather Bogan	Vice President	Novant Health
Bonnie Britton	Co-founder and Executive Director	Reconnect4Health
Brian Cooper	Telepsychiatry & Rural Hospital Specialist, Office of Rural Health	NC DHHS
Peter Freeman	Vice President & Executive Director of Carolina Medical Home Network	North Carolina Community Health Center Association
Guy Glorioso	Director, Virtual Care	Carolinas HealthCare System
Jerald Greer	CIO	Daymark Recovery Systems
Cody Hand	Senior VP, Government Relations and Deputy General Counsel	NC Hospital Association
Geoff Honaker	Director, Enterprise Media Technologies	New Hanover Regional Medical Center
Kevin Hopkins	Operational Improvement Advisor	Novant Health
John Jenkins	VP and Executive Medical Director, Primary Care Collaborative	Cone Health
Dave Kirby		NC Telehealth Network/Kirby Information Management Consulting
Richard Lord	Professor and Chair, Department of Family & Community Medicine	Wake Forest Baptist Medical Center
Steve North	Clinical Director, Mission Virtual Care Founder and Medical Director	Mission Health Center for Rural Health Innovation
Jay Ostrowski	CEO	Behavioral Health Innovations
Graham Perry		
Bobby Park	Director of Telemedicine	RelyMD
Jane Smith-Patterson	Founding Chair Member	NCHICA NCHICA Board Broadband Catalysts, LLC
Joseph Pye	Medical Director, Health Informatics and Employee Clinic	ECU/Vidant Health

Dave Richard	Deputy Secretary for Medical Assistance	NC DHHS
Alan Stiles	Senior VP	UNC
Alicia Stokes	Senior Strategic Advisor, Healthcare Strategy	BCBSNC
Franklin Walker	VP, Rural Health Systems Innovation	NC Medical Society
Walker Wilson	Chief Policy Officer	NC DHHS

Appendix B: North Carolina Needs Assessments

1. Community Health Assessments 2012 - Anson County
2. Community Health Assessments 2012 - Cabarrus County
3. Community Health Assessments 2012 - Duplin County
4. Community Health Assessments 2012 - Greene County
5. Community Health Assessments 2012 - Hertford County
6. Community Health Assessments 2012 - Montgomery County
7. Community Health Assessments 2012 - Nash County
8. Community Health Assessments 2012 - Onslow County
9. Community Health Assessments 2012 - Rockingham County
10. Community Health Assessments 2012 - Stokes County
11. Community Health Assessments 2012 - Union County
12. Community Health Assessments 2013 - Avery County
13. Community Health Assessments 2013 - Bertie County
14. Community Health Assessments 2013 - Camden County
15. Community Health Assessments 2013 - Carteret County
16. Community Health Assessments 2013 - Chowan County
17. Community Health Assessments 2013 - Cumberland County
18. Community Health Assessments 2013 - Currituck County
19. Community Health Assessments 2013 - Dare County
20. Community Health Assessments 2013 - Edgecombe County
21. Community Health Assessments 2013 - Gates County
22. Community Health Assessments 2013 - Guilford County
23. Community Health Assessments 2013 - Harnett County
24. Community Health Assessments 2013 - Lincoln County
25. Community Health Assessments 2013 - Mecklenburg County
26. Community Health Assessments 2013 - Moore County
27. Community Health Assessments 2013 - Pasquotank County
28. Community Health Assessments 2013 - Perquimans County
29. Community Health Assessments 2013 - Randolph County
30. Community Health Assessments 2013 - Richmond County
31. Community Health Assessments 2013 - Scotland County
32. Community Health Assessments 2013 - Stanly County
33. Community Health Assessments 2013 - Wake County
34. Community Health Assessments 2013 - Wilson County
35. Community Health Assessments 2014 - Alexander County
36. Community Health Assessments 2014 - Alleghany County
37. Community Health Assessments 2014 - Ashe County
38. Community Health Assessments 2014 - Beaufort County
39. Community Health Assessments 2014 - Caldwell County
40. Community Health Assessments 2014 - Chatham County
41. Community Health Assessments 2014 - Craven County
42. Community Health Assessments 2014 - Davie County
43. Community Health Assessments 2014 - Durham County

44. Community Health Assessments 2014 - Forsyth County
45. Community Health Assessments 2014 - Halifax County
46. Community Health Assessments 2014 - Hyde County
47. Community Health Assessments 2014 - Lee County
48. Community Health Assessments 2014 - Lenoir County
49. Community Health Assessments 2014 - Martin County
50. Community Health Assessments 2014 - Northampton County
51. Community Health Assessments 2014 - Pamlico County
52. Community Health Assessments 2014 - Pender County
53. Community Health Assessments 2014 - Samson County
54. Community Health Assessments 2014 - Surry County
55. Community Health Assessments 2014 - Tyrell County
56. Community Health Assessments 2014 - Warren County
57. Community Health Assessments 2014 - Washington County
58. Community Health Assessments 2015 - Alamance County
59. Community Health Assessments 2015 - Brunswick County
60. Community Health Assessments 2015 - Bunscombe County
61. Community Health Assessments 2015 - Caswell County
62. Community Health Assessments 2015 - Catawba County
63. Community Health Assessments 2015 - Cherokee County
64. Community Health Assessments 2015 - Clay County
65. Community Health Assessments 2015 - Davidson County
66. Community Health Assessments 2015 - Franklin County
67. Community Health Assessments 2015 - Gaston County
68. Community Health Assessments 2015 - Graham County
69. Community Health Assessments 2015 - Granville County
70. Community Health Assessments 2015 - Haywood County
71. Community Health Assessments 2015 - Henderson County
72. Community Health Assessments 2015 - Hoke County
73. Community Health Assessments 2015 - Iredell County
74. Community Health Assessments 2015 - Jackson County
75. Community Health Assessments 2015 - Johnson County
76. Community Health Assessments 2015 - Jones County
77. Community Health Assessments 2015 - Macon County
78. Community Health Assessments 2015 - Madison County
79. Community Health Assessments 2015 - McDowell County
80. Community Health Assessments 2015 - Mitchell County
81. Community Health Assessments 2015 - New Hanover County
82. Community Health Assessments 2015 - Orange County
83. Community Health Assessments 2015 - Person County
84. Community Health Assessments 2015 - Pitt County
85. Community Health Assessments 2015 - Polk County
86. Community Health Assessments 2015 - Rowan County
87. Community Health Assessments 2015 - Rutherford County
88. Community Health Assessments 2015 - Swain County
89. Community Health Assessments 2015 - Transylvania County
90. Community Health Assessments 2015 - Wayne County

91. Community Health Assessments 2015 - Wilkes County
92. Community Health Assessments 2015 - Yadkin County
93. Community Health Assessments 2015 - Yancey County
94. Community Health Assessments 2016 - Bladen County
95. Community Health Assessments 2016 - Columbus County
96. Connecting North Carolina: State Broadband Plan
97. Employer Needs Survey - 2016
98. Environmental Data 2011 - Burke County
99. Growing Up Well: Supporting Young Children's Social-Emotional Development and Mental Health in NC - July 2012
100. How North Carolina Compares: A Compendium of State Statistics - March 2017
101. Innovations in Oral Health in North Carolina - February 2017
102. New Hanover County Community Assessment - New Hanover Regional EMS - Community Paramedicine
103. New Hanover Regional Medical Center Community Health Needs Assessment - September 30, 2016 for New Hanover, Pender and Brunswick
104. North Carolina Child Health Report Card 2017
105. North Carolina Critical Access Hospital North Carolina Mental Health Learning and Action Network - September 2016
106. North Carolina High School YRBS - 2015
107. North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice - June 2013
108. North Carolina Rural Health Action Plan: A Report of the NCIOM Task Force on Rural Health - August 2014
109. North Carolina Statewide Telepsychiatry Program - January 2015
110. North Carolina Statewide Transportation Plan - August 2012
111. North Carolina Telehealth Program Survey Summary - March 2012
112. North Carolina's Perinatal Health Strategic Plan - 2016-2020
113. Portrait of Oral Health in North Carolina - Spring 2017
114. Rural Health Snapshot - May 2017
115. The State of the Physician Workforce in NC: Overall Physician Supply Will Likely be Sufficient but is Maldistributed by Specialty and Geography - August 2015
116. Transforming NC's Mental Health and Substance Use Systems: A Report from the NCIOM Task Force on Mental Health and Substance Use - 2016

Appendix C: North Carolina Telehealth Roundtable Agenda

North Carolina Telehealth Strategic Planning Roundtable

Tuesday, October 17, 2017 from 9:00 am to 4:00 pm
Grandover Resort
1000 Club Road, Greensboro, NC

9:00 a.m. Registration and Continental Breakfast

9:30 a.m. Welcome and Introductions

- *Jennifer Anderson, MHA, Executive Director, NCHICA*
- *Steve North, MD, MPH, Medical Director, Mission Center for Telehealth*
- *Representative Josh Dobson, North Carolina House of Representatives*

9:45 a.m. Telehealth Overview: Who, What, Where and Why in the US, the Mid-Atlantic Region and North Carolina

- *Steve North, MD, MPH, Medical Director, Mission Center for Telehealth*
- *Kathy H. Wibberly, PhD, Director, Mid-Atlantic Telehealth Resource Center*
- *Brian Cooper, Telepsychiatry and Rural Hospital Specialist, North Carolina Office of Rural Health, NC Department of Health and Human Services*

10:35 a.m. Introduction to Roundtable Objectives

10:45 a.m. Break

11:00 a.m. Defining the Problem (Barriers and Challenges)

- *What is preventing all North Carolinians from accessing quality mental/behavioral health and substance abuse prevention and treatment services?*
- *What is preventing optimal care management for all North Carolinians who suffer from chronic conditions?*
- *What is preventing access to wellness programs for rural and underserved populations in North Carolina?*

12:00 p.m. Lunch

12:45 p.m. Envisioning Telehealth and Telehealth Policy Enabled Solutions (Identifying Goals and Objectives)

- *How can telehealth play a role in addressing some/all of the identified barriers and challenges?*

1:30 p.m. Prioritizing Solutions

2:15 p.m. Break

2:30 p.m. Identifying Leadership, Strategies and Action Steps

3:45 p.m. Wrap Up and Next Steps

- *Jennifer Anderson, MHA, Executive Director, NCHICA*

Appendix D: North Carolina Telehealth Roundtable Attendees

Name	Organization
Ager, John	Singular Health Systems
Anderson, Jennifer	North Carolina Healthcare Information & Communications Alliance, Inc.
Arkwright, Bryan	Schumacher Clinical Partners / WFU School of Law / Telehealth & Medicine Today Journal
Athans, Scott	North Carolina Optometric Society
Bachmann, Anita	UnitedHealthcare
Bailey , Jonathan	Mission Health System
Bakr, Hesham	Duke Health Technology Solutions
Boccieri, Margie	N/A
Bogan, Heather	Novant Health
Boice, Darren	Mission Health
Bost, Marcus	Vidant Health System
Britton, Bonnie	Reconnect4Health
Brown, Jon	Mission Health System
Brown, Joshua	Wake Forest Baptist Health
Burke, Kerri	McGuireWoods Consulting
Burr, Jarret	Burr Capitol Consulting
Cardwell, Terri	Novant Health, Inc.
Cline, Steve	CCNC
Cooper, Brian	NC Office of Rural Health
Crowe, Mark	Sentara Healthcare
Cykert, Samuel	NC AHEC Program
Davies, Sheila	Dare County Department of Public Health
DeLong, Deborah	FirstHealth of the Carolinas
Dodson, Dan	UNC Health Care System

Duffy, Gregory	UNC Health Care System
Dunham, Charles	Novant Health
Edson, Barbara	UNC Health Care System
Foushee, Eric	Cone Health System
Fried, Robert	Eagle Physicians and Associates
Garza, Diego	Carolina Partners in Mental HealthCare
Gianforcaro, Robert	UNC Health Care System
Giles, Sasha	UNC Regional Physicians
Glorioso, Guy	Carolinas HealthCare System
Graham, John	UNC Gillings School of Global Public Health
Gratale, Peter	Recovery Platform
Greer, Jerold	Daymark Recovery Services
Gregory, Vicki	Eagle Physicians and Associates
Harbour, Eric	NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
Harrison, Monica	Center of Excellence For Integrated Care
Hartye, Jim	Mission Health
Haubenreiser, Joan	Novant Heath
Henley, Nancy	NCDHHS/ Medical Assistance
Henschen, Gary	Magellan Healthcare
Heron, Doug	Duke Health
Honaker, Geoffrey	New Hanover Regional Medical Center
Hopkins, Kevin	Novant Health
Huffman, Robin	NC Psychiatric Association
Insko, Verla	North Carolina General Assembly - NC House
Jacox, Gretchen	Triad Adult and Pediatric Medicine
Jasso-Vazquez, Brenda	Guilford Community Care Network
Jones, Jamal	Aetna Medicaid, Inc
Khan, Tippu	UNC Physicians

Koehler, Alexandra	Blue Cross Blue Shield of NC
Krol, Michael	Duke University Health System
Kroll, Lori	Novant Health
Lee, Michael	NC Senate
Lewis, Kim	Lenovo Health
LORENZ, Eva	Agio
Malik, Tania	Bluedoor
Martin, Amanda	The Center for Rural Health Innovation
Matthews, Barbara	Duke Health
McCauley, Janet	Blue Cross Blue Shield of NC
McConnell, Martha Ann	Carolinas HealthCare System
Miller, Corinna	UnitedHealthcare
Moore, Lakeisha	NC DHHS Office of Rural Health
Morris, Elizabeth	The FMRT Group
Muse, Amelia	Center of Excellence for Integrated Care
Nelson, Sharon	NC Division of Public Health
Nordwall, Bjorn	Compodium Inc.
North, Steve	Mission Health
Ogata, Clay	Carousel Industries
Ostrowski, John	Behavioral Health Innovation
Owen, Allison	NC Office of Rural Health
Parham, Tracy	UNC Health Care System
Paulk, Gena	FirstHealth of the Carolinas
Peebles, Susan	NC DHHS-DSOHF
Perry, Graham	Consultant/Contractor
Phinney, Donna	Duke University Health System
Pino, Joseph	SEAHEC/NHRMC
Plesh, Mike	UNC Health Care System

Pope, Kellie	High Country Community Health
Pope , Benita	Duke HomeCare & Hospice
Powers, Wendy	Partners Behavioral Health Management
Privette, Kellie	My Constant Care, LLC
Putman, James	Dept of Veterans Affairs
Ramanathan, Shekar	Wake Forest Baptist Medical Center
Roberts, Amy	Mission Health
Robinson, Michelle	NCCU School of Library and Information Sciences
Ruhland, Joanne	Wake Forest Baptist Medical Center
Sears, Randy	Duke MMCi Program
Short, Doug	Campbell University School of Osteopathic Medicine
Simmons, Del	QuintilesIMS
Smith-Patterson, Jane	NCHICA and NC Telehealth Network
Spaduzzi, Kristen	North Carolina Medical Society
Spivey, Christina	New Hanover Regional Medical Center
Staggers, Tricia	Rowan-Cabarrus Community College
Stiles, Alan	UNC Health Care System
Stiling, Ben	Carolinas HealthCare System
Swain, Deborah	NCCU School of Library and Information Sciences
Thompson, Chris	Monarch
Tucker, Claudia	Teladoc
Tutor-Marcom, Robin	North Carolina Agromedicine Institute
Walker, Franklin	NC Medical Society
Webb, Carol	Eagle Physicians and Associates, P.A.
West, Billy	Daymark Recovery Services, Inc.
Whiting, Steffany	Cornerstone Health Enablement Strategic Solutions, LLC (dba CHESS)
Wibberly, Kathy	Mid-Atlantic Telehealth Resource Center
Wiley, Monica	Monarch

Wingfield, Lylan	Kellin
Wolfe, Sarah	McGuireWoods Consulting on behalf of American College of Cardiology & NC Academy of PAs
Woodie, Patrick	NC Rural Center
Yordy, Reynold	Recovery Platform
Zand, Peyman	Pivot Point Consulting