



## POLICY OPTIONS IN BRIEF

Option: Provide funding for a Telehealth Coordinator at VDH (Option 17, pg. 64).

Option: Direct DBHDS to develop and disseminate best practice educational training for providers on telehealth visits for patients with disabilities (Option 18, pg. 64).

Option: Provide funding to allow VTN to develop and implement a pilot Pharmacy Care Hubs program (Option 19, pg. 65).

Option: Direct DOE to require local boards of education to facilitate students' access to telehealth services (Option 20, pg. 66).

Option: Appropriate the funds for e-consults (Option 21, pg. 66).

Option: Direct DMAS to develop a plan for expanding eligibility criteria for Remote Patient Monitoring for chronic conditions (Option 22, pg. 67).

Option: Remove the exclusion of audio-only from the definition of telemedicine (Option 23, pg. 68).

Option: Increase funding for the Virginia Telemental Health Initiative (Option 24, pg. 70).

Option: Provide funding to Virginia Health Catalyst to plan and implement a teledentistry pilot program in SNFs (Option 25, pg. 71).

# Extending Health Care Access: Telehealth

## FINDINGS IN BRIEF

### **Telehealth improves access to health care for vulnerable and underserved populations**

Telehealth can improve patient access to care by removing transportation-related barriers, increasing access to culturally appropriate care, improving efficiency of healthcare practices, and mitigating the effects of workforce shortage.

### **Inadequate coordination of telehealth initiatives, lack of training and guidance for providers creates challenges**

Lack of dedicated staff at VDH has resulted in a failure to maintain progress on the Telehealth State Plan and lack of provider education on telehealth. Providers in Virginia require training around Medicaid coverage, telehealth best practices, and delivery of telehealth to individuals with disabilities.

### **Limited access to broadband and telehealth technology restricts patients' access to telehealth services**

Telehealth Access Points (TAPs) are pre-existing community spaces that have the technology and internet infrastructure necessary to support telehealth services. TAPs could increase access to telehealth services for patients in areas where broadband access is an issue.

### **Gaps in coverage and insufficient reimbursement for telehealth are barriers to telehealth implementation**

Low reimbursement rates and lack of coverage for some telehealth services disincentivize providers from offering telehealth services because they are receiving less compensation for what they view as the same amount of patient care.

### **Lack of resources to expand the capacity of programs that provide telehealth access limits access to services**

Telehealth programs often lack adequate resources to meet demand for program services. Providing or increasing funding for telehealth programs would expand access to health care services for vulnerable and underserved patients.