

Bacon's Rebellion

Democracy Thrives in Sunlight

The Road to Hell in Virginia Telemedicine

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By James C. Sherlock

The road to hell really is paved with good intentions.

The [current Virginia State Telehealth Plan](#) was published just less than a year ago.

The purpose of the Plan is to promote an integrated approach to the introduction and use of telehealth services in the Commonwealth of Virginia.

In 2020, the Virginia Department of Health (VDH) created a process for the development of a Statewide Telehealth plan. To achieve this goal, a process was designed with multiple phases to maximize the engagement and buy-in of stakeholders from across the state. Building upon the progress of the 2020 VDH and Virginia Hospital and Healthcare Association (VHHA) led COVID-19 Amplified Response-Telehealth Workgroup, VDH convened 6 additional workgroups to bring together key stakeholders around the priority areas as addressed in HB1332 ...

A partnership between VDH and VHHA. Stakeholders. Focused on priority areas addressed in HB 1332.

“The goals of these workgroup sessions included developing consensus of workgroup members through a virtual meeting format and written survey methods for identified high priority level needs and strategies for flexible actions and lessons learned from the COVID-19 amplified response; receiving feedback in a formal state process through public comment, identifying barriers and challenges in creating a statewide telehealth infrastructure, and establishing set goals for advancing the adoption and utilization of telehealth as a mechanism for meeting identified health needs.”

Identified barriers and challenges. Established set goals. Six core strategies.

Appendix F offers a list of 53 Telehealth Plan Workgroup Members. No one is listed as chairperson. The Plan is not signed. Read or even scan it, and you will understand why no one wanted responsibility.

It appears destined to find a spot in the graveyard of Virginia plans somewhere in the cloud behind a firewall.



Credit; McKnight's Long Term Care News

Remember the COMMONWEALTH OF VIRGINIA Emergency Operations Plan, HAZARD-SPECIFIC ANNEX #4 PANDEMIC INFLUENZA RESPONSE (Non-Clinical), VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT 2012 August.

Of course you don't. It is in witness protection.

Now we have a pending bill that wants a change. *HB 81 Board of Health; Statewide Telehealth Plan; Virginia Telehealth Network* (Kilgore) will be debated tomorrow in the House Committee on Health, Welfare and Institutions. The summary:

“Requires the Board of Health to consult with the Virginia Telehealth Network in developing and maintaining the Statewide Telehealth Plan. The bill requires the Board of Health to leverage the expertise of the Virginia Telehealth Network, or another Virginia-based nongovernmental organization focused on telehealth if the Virginia Telehealth Network is no longer in existence, to (i) provide direct consultation to any advisory groups and groups tasked by the Board with implementation and data collection, (ii) track implementation of the Statewide Telehealth Plan, and (iii) facilitate changes to the Statewide Telehealth Plan as accepted medical practices and technologies evolve.”

That bill is well meant. The *Fiscal Impact Statement*:

“The provisions of this bill would not have a fiscal impact on the Commonwealth or the Virginia Department of Health.”

I beg to disagree.

The fiscal impact on the Commonwealth of a poorly designed *Statewide Telehealth Plan* can be immense.

Remember the phrase “if the Virginia Telehealth Network is no longer in existence”? Good reason. The Virginia Telehealth Network Board of Directors has four officers and eleven additional Directors. Impressive people. The legal counsel is a volunteer. The organization *currently has a staff of two*.

Del. Kilgore has one thing absolutely right. If Virginia is going to have such a plan, it needs better help.

I have recommended to the House *Committee on Health, Welfare and Institutions* that it professionalize the plan by having VDH hire one of the major systems engineering consulting firms to write and maintain it.

I offered the example of McKinsey's *Healthcare Systems & Services Practice*. Read that company's report *Telehealth: A quarter-trillion-dollar post-COVID-19 reality?* It shows the scope of the issue and its importance.

Write a contract. Compete it. Pick a winner. Hold the contractor accountable. I guarantee it will cost less than screwing this up, dealing with the damage and burying it.

Like dear departed Annex #4.