## DCF Psychotropic Medication Advisory Committee Meeting Minutes June 26, 2020, 1:00 PM

PRESENT via Video Conference: Amy Veivia, PharmD; David Aresco RPh; Paul Rao, MD; Dielka Brutus, APRN; Brian Keyes, M.D.; Irv Jennings, M.D.; Lee Combrinck-Graham, M.D.; Beth Muller, APRN; Margaret Rudin, APRN, PhD; Allen Alton, M.D.; Pamela Shuman, M.D.; Tina Spokes, RN

- 1. The meeting was held remotely via ZOOM; Dr. Rao called the meeting to order at 1:06pm.
- 2. The next meeting is scheduled for July 24, 2020 from 1pm 2:30pm as a remote meeting.
- 3. DISCUSSION: Telehealth experiences and coordination of care challenges in the current climate:
  - Several PMAC Members who are community providers provided feedback and remarks regarding what the role of telehealth could/should be as the state "reopens" and relaxes COVID-19 restrictions/rules, etc.
    - Feedback provided by Beth Muller, Dr. Combrinck-Graham and Dr. Jennings were made available to PMAC members, reviewed, and discussed at length. Discussion highlights included:
      - 1. Reimbursement issues/challenges. Noted may be agency specific
      - 2. Involvement of patient and/or parents in the treatment plan
      - 3. "Evidence based" decisions
      - Noted decisions regarding the role of telemedicine may be made relatively quickly so any recommendations/actions made/taken by PMAC need to be expedited
      - 5. Evaluation of what does "least harm"; telemedicine or live visitations
      - Noted there may be guidelines on this topic from various professional medical organizations that could be used even if fundamental in nature
      - 7. Possible resistance to this format/technology from patients/clients/family should be considered
      - 8. The future may result in there being a choice relating to live vs telemedicine visits
      - 9. Noted evidence for the effectiveness of telemedicine is anecdotal
      - 10. Telemedicine may have the advantage of more parent participation
      - 11. Client participation may be age dependent, for example the very young may not be appropriate for this approach
      - 12. Noted communications between systems may be an important issue
      - 13. Noted problems with DCF case workers showing up as scheduled; also noted that this in not a new problem.

- 14. Paper vs. verbal consent needs to be managed
- 15. Noted working remotely can sometimes be a barrier to effective communications
- 16. Noted Courts are beginning to re-open
- 17. Effectiveness of available remote software; Zoom has shown noted improvement while others such as Facetime have not
- 18. Noted Zoom is now more secure and is HIPPA compliant
- 19. Noted a proposed end date for the "emergency" in CT is 09 September 2020.
- 20. Noted telemedicine may have some logistical advantages
- 21. A barrier may be accessibility of the needed technology to patients, such as adequate bandwidth
- 22. Noted there would be a significant difference in using telemedicine with patients already known to the practitioner vs. new patients
- 23. A suggestion was made have a check list or similar tool placed on the PMAC web site regarding tips on using telemedicine; the ACAAP tool kit may already have a check list that can be used
- 24. Possible eye strain related to long term computer (screen) use noted
- 25. Noted that some services will continue to need to be provided in person i.e. hospitalizations, residential programs, group homes
- 26. Noted in some cases the patients are remote, but the treating staff is at their work location
- 27. The possibility of meeting outside noted but also noted climate issues
- 28. Note indoor spaces can be modified to allow social distancing but also noted in some cases internal space does not allow this without major re-modeling
- ii. Documentation demands were discussed as follows:
  - 1. Changes in coding
  - 2. Telehealth coding; need for a modifier.
  - 3. Laws that may limit telehealth and prescribing such as the Ryan Haight Act
  - 4. Telehealth as part of an EMR

Dr. Rao will put together a document based on these discussions and distribute it to the membership of PMAC.

4. Dr. Rao adjourned the meeting at 2:19PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist