July 21, 2020

To:　　　　　Members of the Minnesota Blue Ribbon Commission
From:　　　　State Advisory Council on Mental Health & Subcommittee on Children's Mental Health

Thank you for your work on behalf of the State of Minnesota to explore ways in which services can be provided more efficiently and effectively to the people of Minnesota. Given the complication provided by the COVID-19 pandemic, it is understandable that the Commission's work could not be completed as originally planned. Of the 42 strategies that were selected by the Commission, 20 were not fully reviewed. We are asking that the Commission further explore one of those strategies – "Develop a Single, Inter-operable, Secure, Low-Cost Telepresence Network". This recommendation had strong merit pre-COVID, and is **now clearly a priority need for both the public and private sectors in Minnesota, to increase access to services and effective collaboration.**

Below are examples of why we believe this strategy needs to be a high priority for Minnesota, based on the criteria outlined for the Blue Ribbon Commission:

Transform the health and human services system

We have new world realities as a result of COVID-19, which has brought telepresence to center stage as applicable, desirable, acceptable, and much sought after by Minnesota residents and providers. The benefits of telepresence have been widely demonstrated during the initial months of the pandemic and now is the time to fully harness the opportunities this technology offers to transform the health and human services systems in Minnesota, building upon the strong foundation already in place and creating a single, interoperable, easily accessed, secure, low cost internet based telepresence system.

Examples:

- Public and private Health and Human Services Agencies can share resources regardless of geography. Person-centered work can be offered anywhere in Minnesota with all involved agencies collaborating on a single platform.
- Counties contract for services from outside organizations for services such as Psychiatry. If those services can be provided via telepresence (jail telepsychiatry services) costs are reduced and/or more individuals can receive services because the funding for psychiatry goes to actual client services and not drive time.
- Health and Human services agencies have limited human resources. Often times counties, especially smaller counties, have staff who take on multiple roles. Reducing travel time increases time available for client services, improving efficiencies, producing savings and improving outcomes for individuals served.
- Significant savings in travel expense including mileage, room and board, meals produced when individuals can attend meetings or provide services through telepresence.
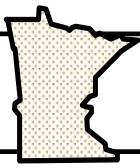
- People needing services, such as mental health, public health nursing, family home visiting, in rural remote areas can have those services provided via telepresence, which in some cases could be the difference between receiving the service or going without.

Increase administrative efficiencies and improve program simplification within health and human services public programs

Telepresence can enhance inter-agency communication and collaboration between multiple state, or private, agencies serving the same client base, including the Minnesota Departments of Health, Human Services, Corrections and Education. This streamlines service delivery, improves integration of services between agencies and improves client outcomes. In addition, there is strong interest within private sector agencies to collaborate on a statewide telepresence system so that a public-private partnership can lead to the bold innovative solutions that are needed to deal with the significant issues we face in Minnesota.

Examples:

- In rural areas significant time is spent traveling to meetings for both general administrative (work groups) and supervision (public health nursing). With few exceptions these meetings can be held remotely via telepresence thus:
    - Reducing travel cost
    - Increasing individual employee productivity
    - Reducing travel related risk
    - Increasing the number of employees who can take part in trainings
- There are community members who for a variety of reasons are not able to travel. This could be related to income, health, transportation issues or family responsibilities. These individuals may go without services when options are not available to them through telepresence. Examples of these services include but are not limited to:
    - Mental Health (professional and practitioner level support)
    - Public Health Visits
    - Financial worker supports
    - Chemical Dependency
    - Health and Welfare checks

Identify evidence-based strategies for addressing the significant cost drivers of State spending on health and human services, including the medical assistance program

Telepresence platforms, when engineered to maximize utilization, can significantly contain costs, increase efficiencies, and most importantly, increase effectiveness. Both financial costs and opportunity costs will be positively impacted by a collaborative, interoperable, secure, public-private telepresence platform.
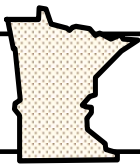
If we are to move funds upstream to allow for a greater impact on our public health and human services systems, we need to realign spending.

Examples:

- Population Health is a significant cost driver for any state. Improving population health drives down cost. Telepresence allows for increasing health services available to the entire population. Improving access improves population health.

Reduce waste in administrative and service spending in health and human services

A single, shared, interoperable telepresence network will create cost savings and efficiencies across multiple state agencies, with even greater savings and efficiencies when collaborating in a public-private partnership. Without an investment in a shared network, multiple siloed networks will be developed, impeding integration and increasing costs for years to come. Evidence of this can be found in the development of our multiple Electronic Health Record systems which has resulted in high cost both financially and in opportunity. The timeframe to create a shared solution is limited. Once an investment in disparate technologies has been made, fragmentation is difficult to overcome. There is a high opportunity cost to not acting in a timely manner.

Examples:

- In a Person-Centered service environment, maximum impact is achieved by having all members of the service "ecosystem" connected in order to efficiently and effectively integrate services. Healthcare, including mental health care, coordinated with other social, educational and justice system services allows for the greatest positive impact with the lowest cost.
- Travel time reduces the amount of direct care service time available resulting in the need for additional staff to provide direct care service. For example if a specific service requires 160 hours of staff time per week but the individual employees providing this service must travel 25% of their time to provide the service an additional full time employee will need to be hired to achieve 160 hours of service time. Eliminating the need for travel in some cases will eliminate the need for additional employees thus reducing costs while providing the same level of service.

Advance health equity across geographies and racial and ethnic groups

Creating a single, inter-operable, secure, low-cost statewide telepresence network will increase access to services and support for Minnesotans of all ages, all races and all ethnicities in all areas of the state, including Tribes, remote rural regions and under-served urban areas.

Telepresence can increase access to culturally appropriate services across the state by increasing the reach and utilization of limited resources. Telepresence can increase access to services for Minnesotan's of all ages, from children receiving tele-mental health support in schools to isolated older adults receiving services and support in their homes.

Health equity can be impacted by work force shortages. Telepresence can maximize use of existing workforce capacity by reducing windshield time for both clients and providers, reducing or eliminating lost time due to cancelled appointments caused by weather or transportation barriers, and providing access to services in homes and community-based settings across the state. Telepresence supports person-centered care, regardless of where in the state an individual may reside.

Examples:

- Telepresence seems specifically designed to advance health equality across geographic and racial and ethnic groups
- Telepresence reduces access issues for all populations
- **Allowing telemedicine visits, including telephone calls, to be reimbursed at par with face to face visits has allowed greater access to services for underserved populations, while allowing for this access to be provided in a sustainable manner**

Sincerely,

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