**Telehealth Task Force Meeting Talking Points**
**for April 29, 2020**

1) Subject matter expert presentations on telehealth and use cases and their recommended solutions to extend telehealth adoption and utilization were provided by 1) Francoise Cleveland, AARP Idaho, 2) Dr. Paul Glassman on teledentistry, 3) Rachelle Williams, ISU Department of Dental Hygiene (Bengal Smiles for Life Program), a pilot program for teledentistry in an assisted living facility; 4) Trudy Bearden, CoMagine regarding telehealth, Medicare and quality improvement initiatives; 5) Dr. Waseem Ghannam on telehealth applications for skilled nursing facilities and critical access hospitals; 6) Neil Tantingco, remote patient monitoring as well as remote patient care coordination services; and 7) Madeline Russell, Lost Rivers Medical Center Telehealth programs.

2) Idaho is one of five states that has funding to introduce virtual dental home models of care. The Department of Health and Welfare Oral Health Program currently has contracted for two teledentistry pilot studies to assess the implementation, workflows, benefits and best practices for deploying and utilizing teledentistry to promote better oral health for Idahoans.

3) "Telehealth is like the government engineered a brand-new highway for everyone to use – but didn't bother to paint on the center line, add the speed limit, or add rumble strips. So, it's there to use, but without any of the normal guidelines we need to actual utilize it or feel safe."

4) Key takeaways for Telehealth Task Force members to share:

- Telehealth is a great resource for family caregivers. It has great potential for acute care, but also for helping people live in their homes and communities as independently as possible.
- For Idahoans 50+ years of age - telehealth can lead to improved quality of life, prolonged autonomy and reduced hospitalizations and readmissions.
- Continuity, parity, and easy to understand guidelines and reimbursement policies throughout all payers would dramatically increase the usage of telehealth in Idaho. This can be accomplished by continuing to engage payers and providers in collaborative discussions.
- Payment parity for telehealth services continues to be expressed as a concern.
- Further education about teledentistry needs to take place to reframe the social perception that oral care must be completed in a dentist office and to elevate the role of the dental hygienists in the deployment of telehealth.
- In other states, school based teledentristry programs have been very effective.
- Telehealth can extend access and coverage for round the clock delivery of quality services in skilled nursing facilities, improve outcomes and minimize unnecessary trips to the emergency room.
- According to research conducted by the Kaiser Family Foundation, 30 to 67% of hospitalizations among skilled nursing home residents can be avoided with interventions such as telehealth technologies.
- Well coordinated telehealth delivery systems help to keep the patient local, promotes early interventions and expands treatment options at critical access hospitals. Designing a coordinated approach to telehealth service delivery also create opportunities to build unique partnerships between government and private/public sector.

- Further education and buy-in from the medical community are needed to support further adoption of telehealth.
- Limited interoperability among software platforms to allow effective communication between primary care and oral health was cited as a current impediment.
- Broadband access in some rural areas was described as a barrier.
- A recent survey conducted by the Idaho Medical Association revealed - of the over 150 clinics (covering over 1,000 physicians) who responded to the survey; 88% are now utilizing telehealth during the pandemic. Only 10% reported that they are being reimbursed at 100% of in-person rates for those telehealth services by commercial payers.
- The Public Health Emergency allows opportunities for the industry to look at telehealth utilization under the lens of:

    - Access, health equity, person directed health care service delivery
    - Patient safety concerns
    - Fraud and abuse
    - Increased liability exposure
    - Provider ability to decide what type of visit is best for the individual situation

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