

TELEHEALTH TASK FORCE (TTF) MEETING AGENDA

Virtual Meeting Information - Join Zoom Meeting

<https://jubengineers.zoom.us/j/98736045241?pwd=VmZjMDQrd09rWkwvY0djVVorTzZDUT09>

Meeting ID: 987 3604 5241 Password: Telehealth
Phone audio +16699006833 (US) Meeting ID: 987 3604 5241#

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Wednesday, August 26, 2020, 9:00 AM-12 NOON MST

TIME	AGENDA ITEM	OBJECTIVE
9:00 a.m.	Welcome & Introductions – Jenni Gudapati, Co-Chair <ul style="list-style-type: none"> <input type="checkbox"/> Welcome, Introductions, Roll Call, Overview of Meeting – Jenni Gudapati <input type="checkbox"/> Action Item: Approval of Minutes of July 29, 2020 Task Force Meeting - Jenni Gudapati 	<i>Overview</i>
9:20 a.m.	Subject Matter Expert Presentation – Dean Cameron, Insurance Commissioner Department of Insurance	<i>15-minute presentation 15-minute Q & A</i>
9:50 a.m.	Break	<i>10-minutes</i>
10:00 a.m.	Discussion by Task Force Members on Recommendations for Inclusion in the Final Report/Action Plan – facilitated by Elizabeth Spaulding, The Langdon Group	<i>110-minute discussion</i>
11:50 a.m.	Identify Action Items and Next Steps – Krista Stadler, Co-Chair <ul style="list-style-type: none"> <input type="checkbox"/> Key questions for next steps <input type="checkbox"/> Identify action items and follow-up needed 	<i>10-minute discussion</i>
12:00 noon	ADJOURN	





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Telehealth Task Force

August 26, 2020 On Line Meeting
9:00 a.m. Mountain Time

Action Items:

Action Item 1 – July Telehealth Task Force (TTF) Meeting Minutes

TTF members will be asked to adopt the minutes from the July 29, 2020 TTF meeting.

Motion: I, _____ move to accept the minutes of the July 29, 2020 meeting of the Telehealth Task Force as presented.

Second: _____



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Telehealth Task Force

July 29, 2020 at 9:00 am

Location: Virtual Meeting Via Zoom

Meeting Minutes:

Member Attendees: Craig Belcher, Aleasha Eberly, Eric Forsch, Doug Fry, Jenni Gudapati, Susie Pouliot, Krista Stadler, David Bell

Ex Officio Members:

Members Excused: Eric Foster, Rick Naerebout

Members Absent: Chad Holt, Patrick Nauman, Paul Coleman

Guests on Phone:

DHW Staff: Mary Sheridan, Ann Watkins, Stephanie Sayegh, Susan Heppler and Matt Walker

Summary of Motions/Decisions:

Motion: Minute approval

Outcome:
Passed

Eric Forsch moved to accept the minutes of the June 24, 2020 meeting of the Telehealth Task Force (TTF) as presented. Susie Pouliot seconded the motion.

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review- *Jenni Gudapati, Co-Chair*

- ◆ Facilitator Elizabeth Spaulding reviewed the agenda and meeting purpose. Roll call was conducted through the Zoom participant panel. Spaulding introduced two sign language interpreters for the meeting.

- ◆ Jenni Gudapati reviewed the task force member survey results emailed this morning to TTF members. Gudapati emphasized the importance of the knowledge of employers and the needs of their organizations.
- ◆ Remote Patient Monitoring Utilization in Idaho – Gudapati provided an overview of the considerations surrounding Remote Patient Monitoring (RPM) in Idaho. She highlighted:

Definition

- RPM involves software or hardware that enables patient monitoring in the patients' home. Providers are able to look for variations and trends in the patient condition.

Example of Functions and Utilization

- Allows patients to return home and providers to intervene before an infection develops and only re-admit patients when necessary.
- Empowers providers and families to identify easily addressable barriers to patient success with an at-home care plan (e.g. better understanding patients' daily routine).
- Medication reminders.

Components

- Multiple vendors exist.
- Hardware – Can send patient home with a tablet or they can download an app on their existing device.
- Peripherals – Patients can also be sent home with devices to self-administer e.g. blood pressure cuffs, scales, thermometers, stethoscope, etc.

Barriers and Opportunities

- Fear that the geriatric population cannot adopt; experience has demonstrated otherwise.

Questions

- Devices:
 - Keeping devices post-treatment: Depends on the company.
 - Tech companies: Many are looking into the market and RPM will continue to grow.
- Originating site issue
 - Medicare took RPM out of their definition of telehealth to enable RPM implementation.
- Values-Based Healthcare
 - Great example of service that can keep people out of the hospital.
 - Need to ensure still accessible option in the transition to value-based care.

Additional Comments

- Remote Physiologic Monitoring Fact Sheet - Comagine Health
<https://comagine.org/resource/935>
- Idaho Medicaid is pursuing value-based care at the direction of the legislature. The initial phase was recently approved by CMS and is preparing to launch. COVID has complicated the work of course.

- Comagine Health leverages RPMs to deliver our remote care services to collaborate with multiple parties via virtual visits, inviting family members, physicians, specialists, etc. simultaneously to intervene when red flags are identified. Appreciate opportunities to connect volunteers with isolated patients especially during times of shelter in place.
- ID Medicaid needs to reimburse for the RPM codes and CMS needs to reimburse health centers for RPM. CMS says they will consider including health centers for RPM in future rulemaking.
- The Idaho Health Data Exchange is establishing an interface between the HIE and a remote patient monitoring company to include that vitals data in the longitudinal patient record.
- Currently health centers can include the services provided as a part of RPM if they bill for chronic care management, but they are still very limited.

Presentation by - *Nate Fisher, Jr. Special Assistant, Intergovernmental Affairs Governors' Office and Chair of the Office of Drug Policy Telehealth Workgroup and Sara Stover, Senior Policy Advisor for the Governors' Office*

Nate Fisher provided an overview of work from the Governor's Office of Drug Policy Telehealth Workgroup. This workgroup is specifically examining the opportunities within COVID-19, impacts on telehealth and substance use disorders. Similarly to the Telehealth Task Force, they are reviewing waived rules and statutes to create recommendations on which waivers to keep post-pandemic. Current draft recommendations involve the ability to prescribe medication assisted therapy through telehealth, and support for the ongoing expansion of behavioral health. Fisher also shared discussion of a recommendation for DEA registration reciprocity but that there is less overall interest from membership on this topic/recommendation.

Sara Stover emphasized the Governor's support for telehealth and that the Governor's Office is looking to this Telehealth Task Force to be the collaborative entity that continues to coordinate across different entities.

Questions and comments included:

- Issue of licensure requirements with medication assisted treatment.
 - Considered but no concrete recommendations yet.
- Need to align information between different licensure Boards →
 - Action to coordinate on recommendations between the two task forces.

Presentation by - *Eric Forsch, Department of Commerce, Office of Broadband Initiatives*

<https://commerce.idaho.gov/broadband/>

Forsch explained the role of the new Office of Broadband Initiatives (the Office) and the implications for the Telehealth Task Force. The goals of the Office are to bridge the gap between communities and Internet Service Providers (ISPs) and help communities identify challenges and options to overcome such barriers. Forsch elaborated that the Office is based on the understanding that each community faces different challenges to increasing broadband access and that solutions will vary.

The Office is currently reviewing grant applications from communities under three different types, household, local government and public safety. The local government grant is to support underserved government buildings and provide wireless hotspots. The Telehealth grant is focused on clinics and hospitals in rural Idaho underserved by internet providers; initially a lot of interest in the grant but only one applicant for devices but the grant is for infrastructure. Counties are reportedly excited for the grant, especially for student with needs for increased access to do online schoolwork during COVID-19.

Forsch detailed the differences in infrastructure and on-going costs for communities and consumers for different types of standard internet (Cable, Broadband, Fiber) as well as innovative solutions (community hot spots). He clarified that access issues involve both cost and accessibility of internet. Emmett, Idaho was cited as an example of a community that is proactively laying fiber infrastructure on a piece-meal basis with other infrastructure needs; this process was described as cost-effective but unable to address immediate needs. Forsch clarified the differences in different types of data, with some maps illustrating access to broadband, while other maps use speed test to indicate the larger number of households that don't use internet at broadband speeds. The implications of this data difference are that the issue goes beyond access and involves ability to afford internet and devices.

Questions and comments included:

- Emphasis on the importance of Telehealth Task Force collaboration with the Office moving forward.
- Issue of internet utilization due to lack of affordability and community members with limited data access. Area for further research for opportunities to support these households.
- Use of anchor institutions as an immediate fix option (schools, clinics, libraries). If a school is identified as an anchor institution, then there needs to be a provision for access by the general public.
- Need for future examination of local government land use and building policies to increase internet accessibility (e.g. building codes for multi-family units) to address the last-mile issue.
- Discussion that these issues effect Telehealth provision and K-12 and higher education.
- Economic development trends – People with remote jobs moving into more rural areas; heard from real estate industry. Likely to impact demand for high speed internet and serves as an example of the importance of high-speed internet for economic development in rural communities. This trend has been expedited by COVID-19 and data from the Brookings Institute indicates that this trend will continue.
- Grant information

Task Force Member Discussion on Recommendations for Inclusion in the Final Report/Action Plan

Spaulding and Co-Chairs facilitated a discussion on recommendations for the final report. Prior to each element in the discussion, Spaulding reviewed a table of previous recommendations discussed during subject matter expert presentations in prior meetings (table included in meeting packet emailed on 7/24/2020). Recommendation discussions were conducted within the following categories:

Definition of Telehealth and the Idaho Telehealth Access Act

- Interest to re-word the current definition to a broader version. Concern that a narrow definition will exclude future telehealth options due to the constant changes in technology.

- Need to ensure that the current standard of care is upheld within a broader definition.
 - Goal is for the provider and patient to decide if telehealth is right for the patient in each context (vs. do not want the insurance company to dictate).
 - Goal is to not limit the technology used as long as the provider and patient agree that telehealth is the appropriate means to address service.
 - For example, the existing telehealth definition references audio or visual means to establish a relationship, and once established, other technology can be used, as well as the access to a patient's health record; new definitions don't want to inadvertently create a situation where texting could count as a reimbursable service without access to the patient record.
 - Broadening the definition but ensuring the language within the various boards and standards are aligned as well, where they exist.
 - Acknowledge specific issues for different specialties. For example, behavioral health has a 3-month wait list in some areas for a face-to-face appointment. Need to integrate access with ensuring standards of care are still met (texting can be considered compliance for behavior health).
 - The Board of Medicine does not define a specific standard of care in its Statute and Rules. The Board determines the Community Standard of Care in each case. Please be cautious about trying to nail down a "standard of care." Same in Board of Dentistry's rules
- Example of using "telehealth and virtual services." Other virtual services outside the specific CMS telehealth codes are audio-only (e.g., chronic care management and virtual check-ins). Other virtual services are neither audio nor visual (e.g., e-visits).
- When we use the term "audio" remember that for a deaf user of telephone services there may be relay services involved in a telephone contact so using the term "audio" could create a loophole for exclusion.
- Action Item: TTF members to make suggestions on wordsmithing and Co-Chairs to create a new draft definition.

Alignment with Broadband Initiative

- Formal statement of Telehealth Task Force support for the initiative, recognize telehealth in general is reliant upon good broadband across state. Statement to be clear and strong.
- Support the Broadband Initiatives' work to develop two-way communication streams between individual households on internet access issues, particularly related to last-mile issues.
- Craft language for support of last-mile accessibility programs
 - Formal support for the creation of Community Plans for internet and device access – see as community-wide problem where burden should not fall on hospitals or schools.
 - Inclusion in Economic Development Plans
 - Seek ways to align priorities with economic development priorities (economic development often emphasis business retention and not infrastructure development).
 - Forsch will work to craft language in support of the broadband Initiative.
- Public access in each community, school or library based on federal regulations.
 - Use of wireless hotspots as a short-term solution - Add language in support.
 - Support measures for every school and every community to have internet access to a certain level.
 - Federal regulations stipulation – Concern that some facilities would not meet the requirements under federal law that Medicaid is subject to.

- Outlet for provider and consumer feedback and collaboration between communities and the State – Encourage anchor institutions (hospitals, schools, libraries) to communicate with the Office of Broadband Initiative on any issues.
 - Forsch is working on a plan for the Fall.
 - Suggestion for a survey as a means to receive consumer feedback on issues. Or if they have no access, use economic development partners in the community, with the option to mail letters or possibly accept phone calls.
- To consider barriers such as the need to provide education and outreach to those who have language barriers, age barriers to technology use, cognitive function barriers or social determinants of health, such as being homeless.

Provider Education

- Opportunity to socialize and introduce telehealth adoption and utilization into education at all levels (high school, undergraduate and graduate programs).
- Caution not to create the idea that a provider needs a certificate or specific education to do telehealth; need to be clear that telehealth is only a different delivery method for the same care.
- Role for member organizations to aid in communicating to providers on-going changes in the legal environment (example of established patient in Oregon with a provider in Idaho).
- AMA – Has an implementation guide. Bulk of inquiries are regarding legal, reimbursement or consent questions. Providers want to do telehealth right and well while providing a safe and compliant environment.
- To create an advisory body or council that supports the evolution and dissemination of information to providers and the public related to current telehealth practices in the State of Idaho.
 - This has historically surfaced as an idea as a central resource and repository but need a coordinating body.
 - Like the idea of a Council that can be the go-to resource for all things Telehealth. It is hard to keep all the licensees trained on the regulations, requirements, opportunities, and training for how to provide safe care in the state and out of state as appropriate.
 - A clear need in Idaho.
- Definitions – in report clearly define provider (beyond physician, clinicians, doctor, nurse, social worker, therapist, etc.).

Consumer Education

- Recommend to partner with a marketing entity to develop a consumer-driven campaign, to help the citizens of Idaho understand telehealth and virtual care services and provide talking points about telehealth for consumers to explore this type of delivery method with their primary care providers. Deliver consumer driven campaign to multiple entities to share in a partnership (economic development, healthcare systems, hospitals, public announcements, tv, news, social media, multi-media).
 - Messaging – Need to build trust with the process. Nuance in marketing.
 - Issue that previously offered versions of telehealth under some plans were with a different provider than the consumer’s trusted primary care provider. Need to move past assumptions from these experiences.
 - Need to develop a clear frame for trust and the relationship with the consumer.

- Marketing campaign to socialize the definition of telehealth and to equip consumers to ask their providers if telehealth makes sense for them.
- Ties into next month's discussion - Need to be clear on reimbursement options at the onset of the campaign; don't want consumers to utilize telehealth services and be surprised by a future bill.
- To apply the Lean principle of defining (and delivering) value as defined by the consumer.
- To use case examples of patient happiness with telehealth experience – Example story of granddaughter pleased with grandparents RPM success and ability to return home. Use these compelling stories to create relatable messages. Use a variety of different examples of telehealth and that demonstrate the different support mechanisms that ensure telehealth is a safe and effect way to delivery care.
- Coordination and trust – Issue of a telehealth visit with a third-party provider and the subsequent communication of that visit with a primary-care provider. The responsibility for such communication currently falls on the consumer resulting in a lack of communication back to the primary care provider.
 - Action to include an acknowledgement of the issue and for the State to put an emphasis on improved coordination between provider groups.
 - Discussion acknowledged that the issue is larger than telehealth.

Follow-up Items for Next Steps- Krista Stadler, Co-Chair

Krista Stadler reviewed the key takeaways from the meeting and identified next steps. As Krista reminded committee members, this Task Force was convened to develop recommendations for a statewide Action Plan to improve telehealth services. While the wheels began moving quickly with the public health emergency, there is still a need to identify key actions that should be taken to improve access.

The following action items were identified:

- Next meeting discussion to include draft recommendations for payer-parity and insurance coverage.
- Coordinate recommendation development with the Office of Drug Policy Telehealth Workgroup.
- Closely review IDAPA
- Reflect on if the Task Force wants or needs to bring other government agencies to present at the August meeting.
 - Review and reassess any other government agencies working on similar issues.
 - Make sure recommendations are collaborative.
- Homework – Review of HB 342 definition of telehealth services.
 - Task Force members to send back to Co-Chairs in the next two weeks for Co-Chairs to integrate feedback into a reworked definition to be shared publicly at the August meeting.
 - Definition and recommendations to also be reviewed by Subject Matter Experts after the draft report is completed.

Meeting Adjourned: 11:30 a.m. MST

Next Meeting: August 26, 2020 from 9 a.m. – 12 noon MST