

## TELEHEALTH TASK FORCE (TTF) MEETING AGENDA

**Join by Zoom**  
**URL:** <https://zoom.us/j/405823333>  
**Zoom Meeting ID:** 405823333  
**Dial in:** 1-877-820-7831  
**Participant code:** 302163

**JRW Building**  
**700 West State Street**  
**East Conference Room 1<sup>st</sup> Floor**  
**Boise, Idaho**

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

| TIME       | AGENDA ITEM   | OBJECTIVE  |
|------------|---|--|
| 9:00 a.m.  | <b>Welcome &amp; Introductions – Craig Belcher, Co-Chair</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Welcome, Roll Call</li> <li><input type="checkbox"/> Review meeting agenda, action items and next steps</li> <li><input type="checkbox"/> Action Item: Approval of Minutes of January 22, 2020 Task Force Meeting</li> <li><input type="checkbox"/> Action Item: Review of Charter and Approval – Ann Watkins</li> <li><input type="checkbox"/> Action Item: TTF Member Communication Protocols – Ann Watkins</li> <li><input type="checkbox"/> Action Item: Ex Officio Members – Ann Watkins</li> <li><input type="checkbox"/> Recap of Pre-Survey Results – Jenni Gudapati</li> <li><input type="checkbox"/> Subject Matter Expert Introductions – Jenni Gudapati</li> </ul> | <i>Meeting Overview</i>  |
| 9:20 a.m.  | <b>Subject Matter Expert Presentation by Medicaid - David Bell, Deputy Division Administrator and Cindy Brock, Alternate Care Coordinator</b>   | <i>The focus of Medicaid's Telehealth Workgroup<br/>10-minute presentation<br/>10-minute Q &amp; A</i> |
| 9:50 a.m.  | <b>Subject Matter Expert Presentation by Kimberly M. Beauchesne, MHS; Manager, Strategy and Telehealth, Saint Alphonsus Health System</b>   | <i>Saint Alphonsus Telehealth Programs<br/>10-minute presentation<br/>10-minute Q &amp; A</i>          |
| 10:10 a.m. | <b>Break</b>  |  |
| 10:30 a.m. | <b>Subject Matter Expert Panel Behavioral Health: Ron Oberleitner, MBA; Abhilash Desai, MD; and Pat Martelle, LCSW, MPH</b>   | <i>Behavioral Health Panel<br/>30-minute presentation<br/>and 10-minute Q &amp; A</i>                  |
| 11:10 a.m. | <b>Identify Action Items and Next Steps – Krista Stadler, Co-Chair</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Key questions for next steps</li> <li><input type="checkbox"/> What data do we need to bring back to this group?</li> <li><input type="checkbox"/> Identify research/information needs prior to next meeting</li> <li><input type="checkbox"/> Identify action items</li> </ul>  |  |
| 12:00 noon | <b>ADJOURN</b>  |  |





# TeleT

Telehealth Task Force

**January 22, 2020**

**Location: 700 W. State St., JRW Building**

**9:00 a.m. Mountain Time**

**1st Floor East Conference Room**

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## Meeting Minutes:

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**Member Attendees:** Craig Belcher, Aleasha Eberly, Eric Forsch, Jenni Gudapati, Patrick Nauman, Susie Pouliot, and Krista Stadler

**Members Excused:** Paul Coleman, Eric Foster, Doug Fry and Chad Holt

**Guests:** Susan Ault, Kimberly Beauchesne, Stacey Carson, Michael Cash, Jill Daniels, Scott Ehret, Phil Fegan, Ron Oberleitner, Linda Rowe, Madeline Russell, Sandra Salts, Linda Swanstrom

**DHW Staff:** Mary Sheridan, Ann Watkins, Shelby-Lyn Besler

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## Agenda Topics:

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**Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review-** *Craig Belcher, Jenni Gudapati, and Krista Stadler, Co-Chairs of the Telehealth Task Force (TTF)*

- ◆ Review meeting goals
- ◆ Membership composition – designed to incorporate business interests that represent Idaho employees in a variety of business sectors and geographic areas. The membership is comprised of 12 members; 4 of which specifically represent the healthcare sector.
- ◆ Expectations for involvement – attending and sharing input of information at all meetings over the next few months. Pre and post surveys will be distributed to TTF members to elicit additional feedback to help frame future agenda content.
- ◆ During the months of February-May, subject matter experts (SMEs) will present at the TTF meetings on various topics to recommend solutions to promote further adoption and utilization of telehealth in Idaho. For their presentations, all SMEs will be asked to utilize two standardized templates (including a use case template) to allow for consistent aggregation of information in the final report.
- ◆ All SMEs will be invited to provide feedback on the final report prior to its submission to the Healthcare Transformation Council of Idaho (HTCI) and the Health Quality Planning Commission (HQPC) in August 2020.

- ◆ A Request for Quote was released by the Department of Health and Welfare (DHW) on 1/21/2020 to obtain a vendor to conduct a telehealth environmental scan in Idaho. Additionally, a survey has been developed for DHW programs to ascertain the level of telehealth usage and adoption within the Department.
- ◆ Pre and post surveys results (completed by TTF members) will be utilized to develop an action plan, identify resource needs and to provide content for the final report to be delivered to HTCI and the HQPC. The TTF will also be sharing information with other HTCI workgroups (e.g., Payer Provider Workgroup and the Rural & Frontier Healthcare Solutions Workgroup).
- ◆ Surveys will be aggregated by BSU students and members will be sent links via email for survey response. Timeframe for completion 3-4 days post TTF meeting.
- ◆ TTF focus is to elicit information for solutions to move beyond the known telehealth barriers in Idaho and to create additional opportunities for access in rural and urban areas.
- ◆ The Statewide Healthcare Innovation Plan (SHIP) helped clinics adopt and expand their telehealth utilization through a telehealth webinar series and a telehealth grant program for interested clinics.
- ◆ Aleasha Eberly reported that J.R Simplot contracts for telehealth service with American Well and Hinge Health (muscular), a physical therapy exercise. Also has new mother support, behavioral health, and other primary care services. Vendors are allowed to promote their products.

**History and Background for Idaho Telehealth Adoption and Expansion - Craig Belcher, Jenni Gudapati, and Krista Stadler, Co-Chairs of the TTF**

- ◆ Coming from a payor's perspective – each insurance plan has imbedded telehealth services and codes for telehealth reimbursement in their respective plans. Each payer has information on their telehealth resources and plans on their website.
- ◆ Providers struggle to understand the different plans and what payers will reimburse for as far as telehealth services, billing requirements and how to address yearly plan changes.

**The Current Idaho Telehealth Support Act- Stacey Carson, Idaho Hospital Association and Telehealth Council Chair from 2014-2017**

- ◆ The Idaho Telehealth Council (ITC) was established by House Concurrent Resolution 46 and met from 2014-2017.
- ◆ The ITC had 22 members and included 7 payers, department of insurance, 4 physicians, 5 hospitals, the bureau of occupational licensing, the Idaho Medical Association, the Hospital Association, and the Primary Care Association.
- ◆ The ITC focused mainly on medical practice standards and the patient/provider relationship.
- ◆ The top three areas of focus were: 1) a video requirement for establishing the patient/patient relationship (majority felt this was required but recognized it could evolve in the future); 2) reimbursement and coverage – The ITC built a matrix of payer reimbursement methodologies and is posted on the ITC website; however there was no appetite to address reimbursement legislatively; and 3) unintended consequences – the ITC wanted to avoid disruption to behavioral health services (e.g., Telehealth Support Act is not applicable for non-licensed behavioral health individuals).

- ◆ The ITC also looked at issues such as continuity of care, electronic medical records, as well as, population management strategies and behavioral health impacts.
- ◆ Broadband limitations and reimbursement policies were recognized as impediments but were not addressed by the ITC.
- ◆ They utilized Federation of State Medical Board (FSMB) FAQs and Smart Guidelines, as well as, resources from the Center for Connected Health Policy.
- ◆ Online/Internet prescribing was a concern due to continuity of care and patient safety issues.
- ◆ Telehealth Access Act, Idaho Chapter 57 Title 54, was adopted in 2015 and section 54-5705 addressed the provider/patient relationship.
- ◆ Any provider who is treating a patient located in Idaho had to have a license to practice in Idaho. It is important to be aware of the distinction between licensed but not credentialed in Idaho.
- ◆ Idaho was one of the first states to adopt the compact for medical licensure where the provider could practice in multiple states.

**TTF member Susie Pouliot** talked briefly about attempts by the Idaho Medical Association to introduce legislation in 2015-2016 to provide minimum standards for reimbursement of telehealth services. She also addressed quality standards for healthcare delivery through telehealth, and that Idaho providers must uphold the local standard of care. For further information on the Idaho Standard of Care, reference Title 6-10-12.

**Mary Sheridan, Bureau Chief for Rural Health and Primary Care** touched briefly upon the proposed legislation (HB324) which was introduced during this legislative session which would remove the patient/provider requirement for audio and video communication.

**Future TTF topics for Subject Matter Experts:**

- ◆ Payment and reimbursement for telehealth services
- ◆ Project ECHO, MAT Training and behavioral health - Contact Janice Fulkerson from North Point Recovery to determine her interest in serving as a SME.
- ◆ Promotion of telehealth utilization, e.g., how to communicate, educate and train healthcare delivery providers, as well as, consumers on how to use telehealth
- ◆ Broadband Taskforce and any existing barriers in Idaho
- ◆ Credentialing
- ◆ Presentations by American Telemedicine Association in February on legislation introduced in other states and in March on the national telehealth arena and innovations by other states
- ◆ Presentations by other SMEs to discuss what has worked and not worked with their organization

**Additional Discussion- TTF Co-Chairs**

- ◆ Idaho healthcare transformation is a multi-year process.
- ◆ By 2023, the goal is to have 50% of all healthcare payments in value-based arrangements.

**Actions items for future meetings**

1. Educate TTF members on value-based payments
2. Discuss cooperative relationships and collaboration between rural areas and participating organizations
3. Review TTF charter and approve

**Meeting Adjourned:** 12:00 p.m.

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# TeleT

## Telehealth Task Force

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**February 26, 2020**  
**9:00 a.m. Mountain Time**

**Location: 700 W. State St., JRW Building**  
**1st Floor East Conference Room**

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### Action Items:

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

TTF members will be asked to adopt the minutes from the January 22, 2020 TTF meeting.

Motion: I, \_\_\_\_\_ move to accept the minutes of the January 22, 2020 meeting of the Telehealth Task Force as presented.

Second: \_\_\_\_\_

Action Item 2 - TTF members will be asked to adopt the TTF Charter.

Motion: I, \_\_\_\_\_ move to accept the Charter of the Telehealth Task Force as presented.

Second: \_\_\_\_\_

Action Item 3 - TTF members will be asked to adopt the TTF Member Communication Protocols.

Motion: I, \_\_\_\_\_ move to accept the TTF Member Communication Protocols of the Telehealth Task Force as presented.

Second: \_\_\_\_\_

Action Item 4 - TTF members will be asked to accept David Bell, Deputy Administrator for Policy, Division of Medicaid as an ex officio member of the Telehealth Task Force.

Motion: I, \_\_\_\_\_ move to accept David Bell, Deputy Administrator for Policy, Division of Medicaid, Department of Health and Welfare as an ex officio member of the Telehealth Task.

Second: \_\_\_\_\_

# Telehealth Task Force (TTF) Charter

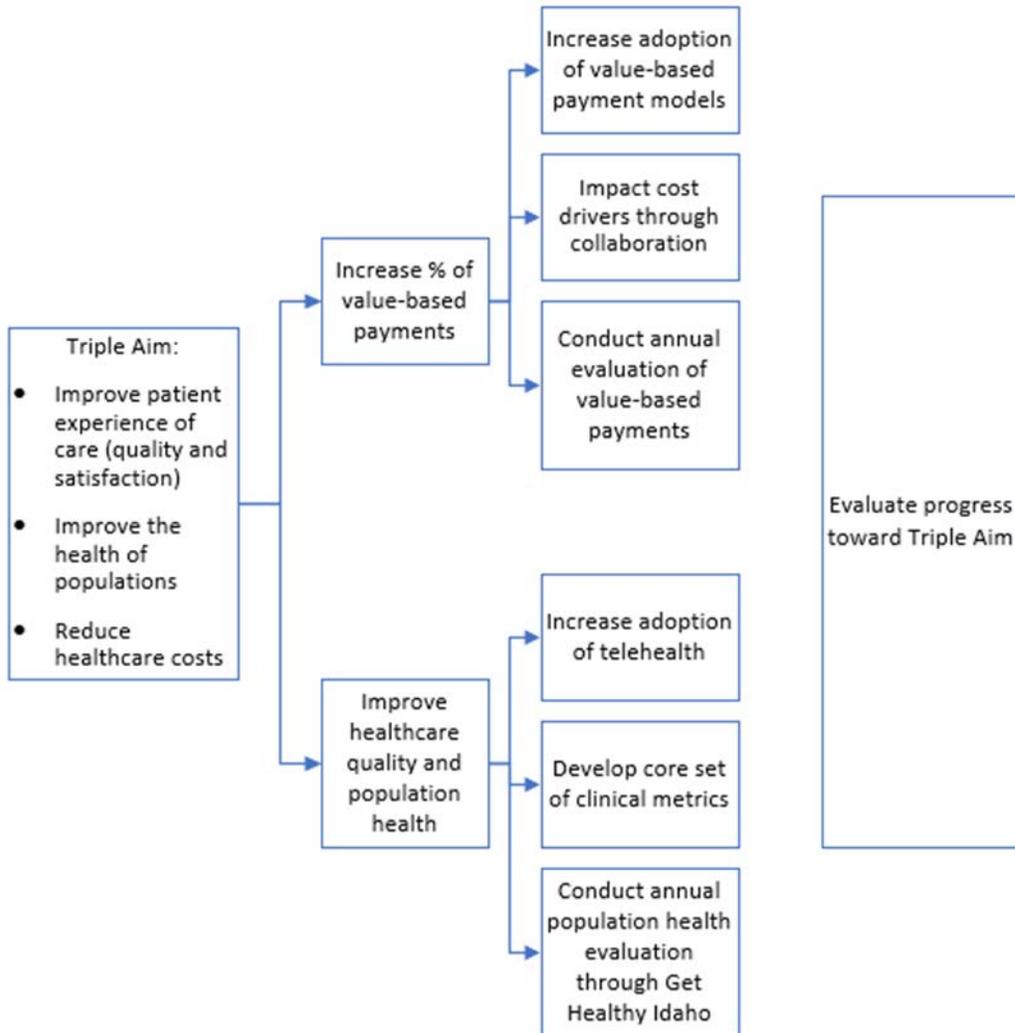
## Task Force Summary:

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|                         |   |
|-------------------------|---|
| Co-Chairs:              | Craig Belcher, Jenni Gudapati, Krista Stadler   |
| OHPI Staff Lead:        | Ann Watkins   |
| TTF Charge (from HTCI): | Identify the drivers and opportunities to telehealth services adoption and expansion in Idaho for providers, clinics, specialists, hospitals, and other health system partners and recommend mitigation strategies to increase adoption and utilization.  |
| HTCI Alignment:         | <ul style="list-style-type: none"><li>• Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.</li><li>• Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.</li><li>• Recommend and promote strategies to reduce overall health care costs.</li></ul>   |
| Accountable to:         | <ul style="list-style-type: none"><li>• Report progress monthly to the Payer Provider Workgroup and HTCI</li></ul>  |
| Context:                | <ul style="list-style-type: none"><li>• Telehealth has the potential to help overcome the specific challenges of provider shortages and rural and frontier community isolation.</li><li>• Telehealth can help improve access to primary care, specialists, hospitals, community health centers, sub-acute settings, etc. and support patient and provider education and share real time actionable data.</li><li>• There are complex issues surrounding telehealth which must be addressed by stakeholder collaboration to thrive within a very complex healthcare system.</li><li>• Continued and coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent.</li><li>• In July 2019, the Health Transformation Council of Idaho (HTCI) with endorsement by the Health Quality Planning Council (HCPC) approved the formation of a Telehealth Task Force.</li></ul> |

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## Logic Model Diagram



## Goals, Objectives, and Actions:

**Goal: Improve healthcare quality, access, and the health of Idahoans.**

**Objective 1:** Identify the drivers for telehealth services expansion in Idaho and recommend solutions to increase adoption and utilization.

| Strategy  | Action to be Taken<br>(Accountable Group)   | Timeline   |
|---|---|--|
| Secure grant funding to conduct environmental scan to assess telehealth usage in Idaho, with a focus on substance/opioid use disorder treatment.              | <p>Assess alignment with CMS Medicaid SUPPORT Act Funds<br/>Action: CMS review and determination (IDHW)</p> <p>Implement state procurement process to secure vendor, pending CMS approval<br/>Action: vendor contract established (IDHW)</p> <p>Conduct environmental scan, pending CMS approval<br/>Action: final report presented to HTCI and Telehealth Taskforce (IDHW)</p> | <p>September 2019</p> <p>December 2019</p> <p>April 2020</p>                       |
| Develop pre-implementation plan, charter, and goals for Telehealth Taskforce (TTF)  | <p>Develop TTF Charter (TTF Co-Chairs)</p> <p>Develop TTF Agendas, Facilitators, Subject Matter Experts and Presenters (TTF Co-Chairs)</p> <p>Submit TTF Charter for review by the Payer Provider Workgroup (DHW TTF Resource)</p> <p>Submit TTF Charter to HTCI for review and approval (DHW TTF Resource)</p>   | <p>October 2019</p> <p>November 2019</p> <p>November 2019</p> <p>December 2019</p> |
| Identify IDHW programs with telehealth components and assure inclusion in statewide planning efforts.   | Survey IDHW programs to ascertain telehealth usage and identify IDHW staff to participant on the TTF (IDHW)   | November-December 2019   |
| Identify members and convene telehealth taskforce   | <p>Identify TTF members and submit final member roster for HTCI review (TTF Co-Chairs)</p> <p>Convene TTF (TTF Co-Chairs)</p>   | <p>October-December 2019</p> <p>January 2020</p>                                   |
| Create the taskforce pre-work package that identifies known barriers to telehealth adoption and provide initial resource literature to the taskforce members. | Packet delivered at least two weeks prior to first meeting. (TTF Co-Chairs, IDHW TTF Resource)  | December 2019  |

|  |  |                       |
|--|--|-----------------------|
| Identify solutions and strategies to increase adoption and utilization | Conduct monthly meetings in order to identify Idaho-specific solutions and strategies based on drivers and opportunities related to specific use cases (TTF)       | January- June 2020    |
|  | Submit regular progress reports to HTCI (IDHW TTF Resource)  | December- August 2020 |
|  | Draft action-oriented final report with specific recommendations that will result in driving utilization by removing barriers to implementation and sustainability | June-August 2020      |
|  | Share TTF recommendations with HTCI (target: TTF co-chair presentation to HTCI) and HQPC   | August 2020           |

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## Planned Scope:

Deliverable 1: Develop pre-implementation plan, TTF charter, framework for meeting cadence and structure, timeline, deliverables, goals, objectives and operational parameters to achieve successful launch of the Telehealth Task Force in January 2020.

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### Description:

Create vision and operating plan for the Telehealth Task Force (TTF) that aligns with the charge given by HTCI

Document scope and operating framework of the TTF in an agreed upon charter that includes: Goals, Objectives, Actions/Strategies, Scope, Deliverables, Timeframes, Milestones, Membership and Meeting Approach/Logistics

### Timeframe:

| <i>Anticipated Dates</i> | <i>Description</i>  |
|--------------------------|---|
| Sept - Nov 2019          | Co-Chairs and Staff Lead Develop Draft TTF Charter<br>Determine framework for TTF initiative  |
| Nov – Dec 2019           | Forward Draft Charter to PPW and HTCI for review and feedback.<br>Recruit TTF members, Identify facilitators, subject matter experts and or presenters by topic area/category<br>Establish TTF meeting calendar for Jan-June 2020<br>Conduct literature review<br>Determine funding viability for environmental scan for telehealth utilization in Idaho.<br>Identify materials to be shared with TTF members prior |

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|                |   |
|----------------|---|
|                | to TTF kickoff in January, develop agenda for first meeting, identify subject matter experts to present at meetings and confirm their participation. Develop presentation materials and guidelines for subject matter expert (SME) presentations Solicit SME's and begin scheduling presentations |
| Jan 2020       | Launch TTF in January<br>Review TTF Charter and Approve/Provide Overview of Topic Categories, Review Calendar for Presentation of Topics  |
| Feb - May 2020 | Review and elicit feedback from TTF members, subject matter experts, presenters using predefined presentation format that seeks to focus on structured detailed discussion rather than presentations  |
| May/June 2020  | Finalize strategy(ies) to impact TTF identified barriers, solutions, targets and deliverables   |
| June 2020      | Develop final TTF recommendations and strategy(ies) for next steps<br>Draft findings, report and recommendations for presentation to PPW and HTCI members in August 2020.   |
| July 2020      | Review draft of report<br>Incorporate edits and prepare final report  |
| August 2020    | Report findings to HTCI   |

Milestones:

- Recruit TTF members by December 13, 2019
  - Secure Facilitators, Subject Matter Experts and Presenters for January, February and March meetings by December 13, 2019 and complete selection of Facilitators, Subject Matter Experts and Presenters for April and May meetings by February 1, 2020
  - Conduct literature review and complete by December 31, 2019
  - Baseline – uses of telehealth in Idaho, conduct an environmental scan to determine this
  - Identify topics that TTF is to explore that can influence and impact barriers, challenges and opportunities (December 2019)
  - Refine deliverables and framework for TTF by November 12, 2019.
  - Calendar the date for each deliverable e.g. when this topic will be presented to the task force to be finalized by December 13, 2019.
  - Develop a strategy and timeline for each topic/deliverable to be finalized by December 13, 2019.
- Monitor and report progress to HTCI and PPW related to TTF framework, design and anticipated body of work on a regular basis.

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Deliverable 2: Complete a review of current literature, legislation and other potential regulatory or structural impediments in order create a baseline packet of information for TTF members that will inform and allow the TTF membership to evaluate and recommend any needed changes.

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Description: Review of the Idaho Telehealth Support Act and other Idaho legislation, Non-Idaho state legislation and policies, National policy/descriptions, Idaho

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Association Telehealth documents and other potential regulatory or structural impediments

Timeframe:

*Anticipated Dates*      *Description*

December/January 2020      **Review the Idaho definitions of telehealth, common terminology and vernacular** as well as the Idaho Telehealth Support Act and other materials in order to prepare the TTF members to consider the need for revisions or modifications throughout the TTF SME presentations

Milestones:

- Define scope of this activity
- Identify gaps
- Develop a strategy and timeline for each target
- Report progress to Payer Provider Workgroup and then HTCI

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Deliverable 3: Collaboratively develop and deliver a final report that includes solution-based recommendations that point to immediate and longer team goals, outline recommended next steps and required resources for continued adoption and expansion of telehealth in Idaho.

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Description:

The TTF will review and gather objective and subjective information in order to collaboratively draft a final recommendations report that to the best of their ability represents all types of healthcare entities and those who have a vested interest in health care. The TTF will evaluate, at a minimum, the following areas through literature review and structured subject matter expert testimony and use case analysis.

- Assessment of telehealth utilization in the State of Idaho (IDHW survey only)
- Current barriers to telehealth adoption and utilization
- Potential use cases for telehealth in Idaho
- Cost of implementing and sustaining telehealth solutions
- Business model transformation and reimbursement strategies and impact/alignment of telehealth findings
- Billing codes review and crosswalk findings/recommendations
- Policy/legislation review and recommendations
- Vernacular review and recommendations
- Community engagement review and recommendations
- Telehealth implementation challenges

Timeframe:

*Anticipated Dates*      *Description*

May/June 2020      Finalize strategy(ies) to impact TTF identified barriers, solutions, targets and deliverables

June 2020      Develop final TTF recommendations and strategy(ies) for next steps

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|             |   |
|-------------|---|
|             | Draft findings, report and recommendations for presentation to PPW and HTCI members in August 2020. |
| July 2020   | Review draft of report  |
|             | Incorporate edits and prepare final report  |
| August 2020 | Report findings to HTCI   |

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## Membership and Composition:

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### General Information

#### 1) TTF Membership

TTF will consist of representatives from the following mix of business stakeholder groups and will not exceed 12 members (including three co-chairs) with no more than one representative from each site. Consideration was given to business geographic location, size, self-insured status and community presence/engagement.

Members should be in a role at the perspective company that had direct oversight and accountability for one of the following areas; workforce health and safety, operations and/or finance (example of titles- Human Resources, Chief Operating Officers, Chief Financial Officers).

#### 2) Subject Matter Experts

Targeted and open call subject matter experts will be invited to present on relevant telehealth topics at one of the four meetings e.g. January – April 2020 to highlight telehealth barriers, gaps in service and potential solutions to increase adoption and utilization of telehealth in Idaho. Targeted Subject Matter Experts will be identified from the following categories or organizations:

- Medicaid
  - Medicare
  - Commercial Carriers
  - Self-Funded Employer
  - Representatives from the following organizations:
    - Idaho Hospital Association
    - Idaho Medical Association
    - Idaho Primary Care Association
    - Idaho Academy of Family Physicians
    - Veterans Administration
    - Educational Institutions
  - Physicians from Health Systems
  - Independent Clinic Physicians
  - Other Healthcare Professionals
  - Rural/Urban Geographic Areas
  - Department of Health and Welfare
  - Health IT and Telehealth Subject Matter Experts
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Subject Matter Experts who participate and share their expertise with the TTF will be invited to provide feedback on the TTF final recommendations and action-oriented final report.

Member Selection

Co-Chair Invitation; subject to approval of membership categories by the HTCI

Terms

Membership shall be extended to individuals and organizations by the co-chairs as needed to address the initiative(s) of the task force. There are no set terms or limits for this workgroup.

Expectations of Members

- Members must participate in 75% of all meetings scheduled for the Telehealth Task Force.
- Members' designee may participate in up to 25% of the meetings scheduled within the task force meeting time frame.
- Members are encouraged to send the same designee to the meetings instead of different individuals.

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## Meeting Times and Locations:

- To be determined within the pre-implementation planning phase (e.g. October – December 2019).
- Distribute meeting times and locations and post those dates on the HTCI website.
- Include information about in person and on-line participation for TTF members

## Communication Channels:

- Distribute proposed charter and solicit participation from potential task force members during the pre-implementation phase (e.g. October – December 2019)
- Announce approved task force members, task force progress, and the completion and dissolution of the task force via the HTCI website, HTCI and PPW meeting reporting mechanisms.
- Delivery of monthly progress report to HTCI and PPW
- Identify other communication channels for consideration to convey the work of the TTF as deemed appropriate.
- Identify communication channels for ongoing communication for Telehealth issues at the sunset of the TTF.

## Agendas and Notes:

- Solicit administrative agenda items from TTF members 10 days before meeting
- Prepare agenda and distribute prereading materials no less than 48 hours before meeting
- Post meeting notes and agendas on HTCI website

## Final Report:

- Prepare a final report which captures the work of the TTF and recommendations for future action.
- Provide a link to the task force's final report once complete and approved by HTCI.

## Resourcing:

It is anticipated that existing staff resources allocated will be adequate to facilitate and support the Telehealth Task Force. Based on the final outcomes of the evaluation and corresponding recommendations there may be additional resources, research, publications and projects, etc. identified to address the adoption barriers within telehealth.

## Change Management:

Changes to scope must be approved by HTCI.

## Version Information:

| Version | Author        | Summary                              | Date                     |
|---------|---------------|--------------------------------------|--------------------------|
| 1.0     | Watkins       | Initial Drafting                     | 09/09/2019               |
| 1.1     | Watkins       | Revision with TTF Co-Chair feedback  | 10/16/2019               |
| 1.2     | Watkins       | Revisions with TTF Co-Chair feedback | 10/21/2019               |
| 1.3     | TTF Co-Chairs | Review by TTF Co-Chairs              | 11/5/2019 and 11/12/2019 |

## Final Acceptance:

| Name/Signature              | Title               | Date       | Approved via Email       |
|-----------------------------|---------------------|------------|--------------------------|
| HTCI approved on 11/21/2019 | HTCI advisory group | 11/21/2019 | <input type="checkbox"/> |
|                             |                     |            | <input type="checkbox"/> |
|                             |                     |            | <input type="checkbox"/> |

## Telehealth Task Force Member Communication Protocols

The Telehealth Task Force (TTF) is a part of the Healthcare Transformation Council of Idaho (HTCI). The Department of Health and Welfare staff provides administrative support to HTCI and TTF. All recommendations of the TTF must be approved by HTCI prior to releasing any public comment or positions. The TTF is a collaboration involving individuals from many different institutions and organizations. Members of the TTF are our most valuable asset and play an important role in helping us address telehealth adoption and utilization in Idaho. Because individuals who contribute to TTF often have multiple affiliations (both inside and outside of the TTF), it is important we establish clear guidance about who can speak officially about the efforts of the TTF.

At the conclusion of each TTF meeting, key talking points will be distributed to all task force members which can be utilized to inform others about the work of the telehealth task force. This will assist in ensuring that the messaging of the task force members is consistent and on point. Any recommendations of the task force that are to be incorporated into the final report for HTCI must be approved by the members of HTCI prior to release to anyone or any organization.

Many TTF members are experts in their field and have every right to discuss their work and express their personal views or if appropriate the views of their organization. In some instances, due to an individual's position, whatever that person says could be construed as official policy for the TTF. All TTF members must clarify that they are not speaking on behalf of the TTF and that the views are their own and not those of the TTF, HTCI or the Department of Health and Welfare.

If you have questions, please email [ann.watkins@dhw.idaho.gov](mailto:ann.watkins@dhw.idaho.gov).

# Value-Based Healthcare & the Healthcare Transformation Council of Idaho

## Background

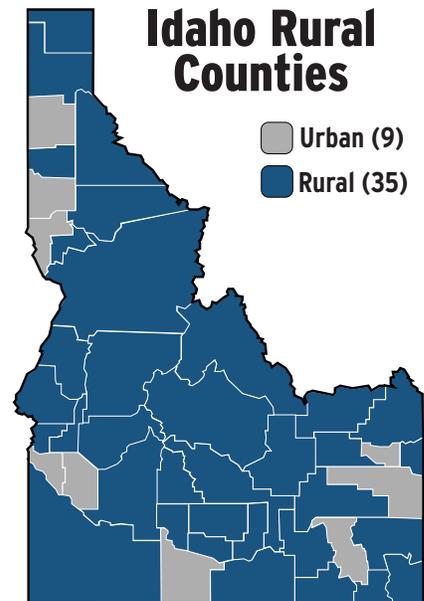
Value-based healthcare is a delivery model whereby providers, including hospitals, clinics and physicians, receive payments based on patient health outcomes and cost of care. Value-based payment agreements reward providers for helping patients to receive appropriate health screenings, benefits from preventive healthcare, improved health, reduced effects and incidences of chronic diseases, and live, overall, healthier lives. Patients receive cost-effective care that is designed to avoid unnecessary services, duplicative testing, or more expensive care than is necessary to achieve the desired outcome.

## The Difference Between Value-Based Care and Fee-for-Service Care

In the fee-for-service model of care, providers receive payments based on the amount of healthcare services they deliver, regardless of whether the service was necessary, harmed the patient, or if a less expensive option would have produced the same or better outcome. The reimbursements do not reward quality, which creates adverse incentives that drive up costs. Fee-for-service payments also promote fragmentation, because providers receive payments for each service delivered, as opposed to value-based payments that, in the most advanced models, are fixed payments for all care or an episode of care that helps integrate and coordinate care.

## Healthcare in Idaho

Idaho lags behind the nation in adopting value-based payment models. For rural and frontier providers, hospitals and clinics, implementing value-based payment models remains particularly difficult, as they often have limited financial resources to invest; lack interoperable data systems; face challenges with managing population health over large, sparsely populated geographical areas; and experience burdens of satisfying performance measurement and reporting requirements.



**59%** National rate for value-based payments

**29%** Idaho rate for value-based payments

## Contact Information:

### Elke Shaw-Tulloch, MHS

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### Mary Sheridan

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

January 2020

## Benefits of Value-Based Care

Transitioning to a value-based healthcare delivery model provides many benefits to the state, including:

- Developing programs to align with public expectations of the healthcare delivery system while focusing efforts on containing state healthcare costs.
- Providing incentives for healthcare providers to deliver the best care at the lowest cost and help individuals achieve their best possible health.
- Advancing healthcare quality, improving population health and containing or reducing healthcare costs.

## The Healthcare Transformation Council of Idaho (HTCI)

In February 2019, the state established the HTCI to continue Idaho's transformation efforts and movement towards value-based payment models. HTCI receives support from the Office of Healthcare Policy Initiatives (OHPI) in the Bureau of Rural Health and Primary Care, Division of Public Health.



## Statewide Coordination, Collaboration and Support

HTCI provides leadership, coordination and communication to advance value-based healthcare in Idaho, in addition to leveraging resources strategically to overcome fragmented systems of care.

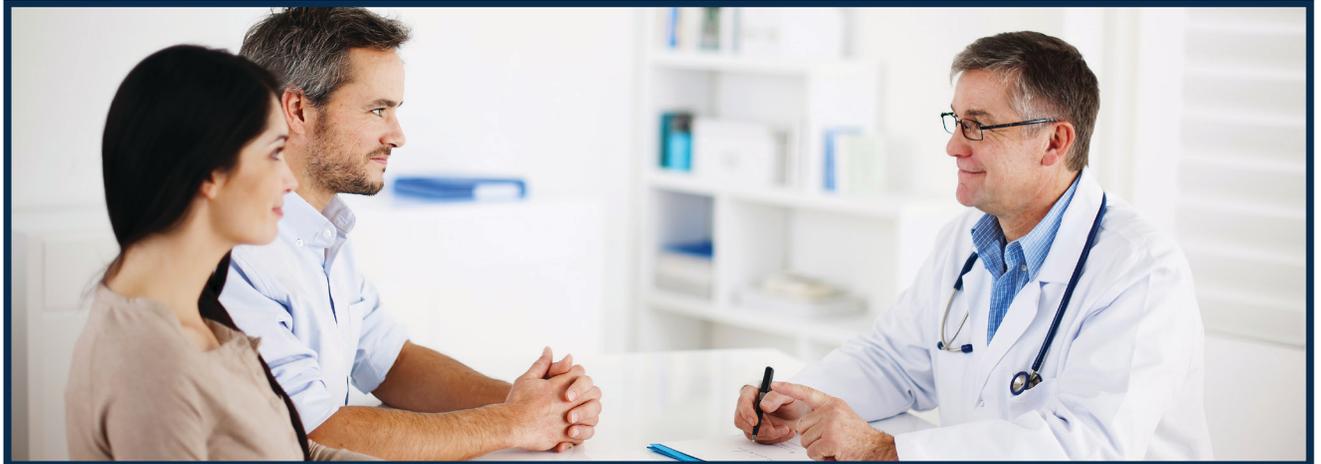
OHPI supports HTCI by implementing strategies and tactics that encourage the adoption of value-based models, so that Idaho can achieve a more efficient healthcare system with improved outcomes. OHPI also convenes workgroups, under the direction of HTCI, to move ideas into action. Current initiatives include advancing telehealth, identifying cost drivers to contain healthcare costs and developing an innovative value-based model for rural and frontier areas.

Although the four-year Statewide Healthcare Innovation Plan (SHIP) successfully initiated the shift from volume to value, additional time and collaboration remains critical to advancing healthcare reform in the state. Achieving value-based healthcare outcomes is a long-term, time-consuming and labor-intensive endeavor for healthcare providers and organizations. No state has already solved this problem that would allow Idaho to simply implement a solution. Many providers are already engaged in transformation efforts and are increasingly working toward value-based payment arrangements; however, challenges and barriers persist.

## What Will Help the State Transition Successfully?

- Sustained funding for HTCI and OHPI to continue developing, implementing and leading statewide value-based efforts.
- Providers are investing significantly in the infrastructure necessary to be successful under value-based arrangements and incurring financial losses in the transition, which often takes years. Providers participate because it's the right thing to do, however, it is contrary to their best interest in the fee-for-service environment. Continuing to engage them in this is critical to success.
- Providers, clinics, hospitals and health system leaders must improve clinical quality, reduce inefficiencies and manage costs to thrive in a value-based setting.
- Resources, education and technical assistance will help support healthcare transformation to value-based models, especially in rural and frontier areas.

# Examples of How Patients Benefit from Value-Based Healthcare



## Care coordination contributes to value-based healthcare and improved health.

*Scenario: Mr. Jones is a 54-year-old man with asthma*

### Fee-for-service model:

Mr. Jones makes repeated trips by ambulance to the hospital emergency department for shortness of breath. Each time, the emergency room physician and staff provide the necessary medications and treatments to alleviate his shortness of breath and discharge him home. Mr. Jones' shortness of breath continues to worsen, and he is transported to the emergency room nearly every three to four weeks. He receives multiple bills every time he is transported and treated, and he can no longer afford to pay the amount due.

### Value-based healthcare model:

Mr. Jones made a trip by ambulance to the hospital emergency department for shortness of breath. The emergency room physician and staff provided the necessary medications and treatments to alleviate his shortness of breath and, before discharging him home, he and his family met with the nurse case manager. The case manager learned that Mr. Jones has a primary care provider that prescribed appropriate asthma medications, and that his clinic recently hired a nurse care coordinator. The care coordinator visited Mr. Jones at home and learned about issues impacting his health that were not apparent to his provider: his adult daughter recently moved home and smokes in the house; and Mr. Jones cannot afford his prescription medications but was embarrassed to tell his provider. The care coordinator spoke with Mr. Jones and his daughter to develop a plan to maintain a healthier home environment and spoke to his provider and pharmacy to find a more affordable medication. Mr. Jones had no trips to the emergency department in the following months.

## Contact Information:

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Bureau of Rural Health & Primary Care  
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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

January 2020

## **Appropriate screening contributes to value-based healthcare through early detection.**

**Scenario:** *A primary care clinic has a very low rate of colon cancer screenings for their patients.*

### **Fee-for-service model:**

Clinic staff understand that age-appropriate disease screening is essential to prevention, early detection, and management; however, patients just do not seem to schedule their colonoscopy when it is recommended and, under fee-for-service, there is no incentive for the clinic to spend the additional resources needed to reach out to patients and make the case for why they should proceed with the screening.



### **Value-based healthcare model:**

The primary care clinic recently joined a value-based care network of providers. They were unhappy to learn their colon cancer screening rates were below every other clinic in the network. The clinic generated a list of eligible patients that had not received their colon cancer screening and contacted each patient. They learned the screenings did not occur for a variety of reasons and staff worked with every patient to resolve the issues. They referred patients for testing and followed up with them to assure the screening was completed. Months later, the clinic is the top performer in the network. Additionally, six patients were found to have cancerous lesions and had interventions while the cancer was early, more manageable, and far less costly to treat.



## **Advanced care planning contributes to value-based healthcare while aligning with a patient's end-of-life wishes.**

**Scenario:** *Mrs. Smith is an 89-year-old woman with diabetes and heart failure.*

### **Fee-for-service model:**

Mrs. Smith recently moved to Idaho to live with her son and daughter-in-law. Before moving to Idaho, she was hospitalized four times in the past nine months, was prescribed 11 different medications, and used oxygen to walk more than 20 feet. Her doctor also told her that her kidneys were failing, and she would need to start dialysis.

Her care providers assumed she would opt for all possible treatments, but no one took time to sit down with her and her family to discuss her wishes.

### **Value-based healthcare model:**

Mrs. Smith sees a new provider after moving to Idaho. In preparing for the appointment, her new provider reviewed her medical records and scheduled a longer visit to discuss her end-of-life wishes. Mrs. Smith's son accompanied her to the appointment and said he had never broached the subject with her. The provider discussed her current health status, including the need for dialysis, and asked Mrs. Smith about her personal preferences. She told her doctor that if her condition worsens, she wanted to remain comfortable and stay at home. The provider connected Mrs. Smith and her family to hospice and palliative care for the support and care she had requested. The patient remained at home and kept comfortable; had meaningful interactions with her family and friends up until the end; and significant hospital, intensive care, and physician costs were averted.



## **Telehealth is a strategy providers may use to support value-based healthcare by providing readily accessible care instead of higher cost alternatives.**

**Scenario:** *Cody, an active 10-year-old, wakes up early in the morning to get ready for school. He is complaining about red and itchy eyes.*

### **Fee-for-service model:**

Cody's mom is getting ready for work and is not sure whether it is safe to send Cody to school. She decides to take him to an urgent care clinic for a diagnosis and get to work as quickly as possible. Unfortunately, there is a long wait. While Cody's mom is finally glad to hear he has severe allergy symptoms and not an infection, she has missed more time off work than anticipated.

### **Value-based healthcare model:**

When Cody wakes up with red, itchy eyes, his mom connects to their primary care provider's practice through a secure audio and video connection. The provider reviews Cody's health history, asks his mom some questions, and examines his eyes via webcam. They determine Cody can be safely treated with over-the-counter antihistamines and understand they would be referred for an in-person visit, depending on how he responds. Cody's primary care provider group is part of a value-based healthcare network. Providers are incentivized to deliver the most efficient and effective care at the lowest cost. Cody goes to school and his mom does not miss much work as a result of the appointment.

## **Hospitals and health systems positively impact the social determinants of health by reinvesting shared savings from value-based healthcare models.**

**Scenario:** *A local hospital serves an area of the state with high poverty and low per capita income. Food insecurity is often an issue for their patients and newly diagnosed diabetics cannot access the type of food needed to achieve better health.*

### **Fee-for-service model:**

The hospital advises patients about a small, local foodbank; however, the foodbank does not have the resources to keep up with demand or the fresh produce needed for the hospital's diabetic patients. While the hospital supports the food bank through local fundraising by volunteers, their patients cannot achieve their best possible health without proper nutrition.



### **Value-based healthcare model:**

The hospital participates in a value-based shared savings model with public and commercial payers. At the end of the year, the hospital receives a portion of the money saved and reinvests the savings in the community. This reinvestment will improve the health of the community and continue to drive down healthcare costs, which will result in even more savings. This year, the hospital establishes a collaborative partnership with other health and social service agencies in the community. The partnership is focused on increasing access to healthy food and education for diabetic patients. They also create a program for newly diagnosed diabetics and provider education, two months of appropriate food, and a weekly visit from a community health worker — all at no charge to the patient. As a result, the hospital is reducing unnecessary hospital admissions and emergency department visits, while the clinic is seeing an overall improvement in outcomes for diabetic patients.



# **Medicaid Telehealth 101**

**February 26, 2020**

**Cindy Brock**

**Medicaid Program Policy  
Analyst**



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## Medicaid launched telehealth

Idaho = 1.3 million Idahoans

Medicaid = 160,000 beneficiaries

Telehealth = two behavioral health services

(\*Pharmacological management and psychotherapy)



Idaho = estimated 1.8 million Idahoans

Medicaid = 350,000 beneficiaries

(\*Post ACA and including Buy-In and expansion)

Telehealth = 35 services Fee-For-Service network

(\*IBHP managed care for behavioral health - reimburses for telehealth services under a separate policy and fee schedule for their network)



Formed internal cross-bureau workgroup

Issued formal policy - 2013

Modified IDAPA to support program operations

Added codes to align with SHIP/PCMH - 2016

Added codes & simplified technology requirements - 2018



- Collaborative Workgroup (Medicaid Subject Matter Experts)
- Evaluate new codes, monitor program & regulatory changes & identify access issues
- Review Medicare and other carrier policies
- Evaluate best practices - make Idaho-specific recommendations
- Propose updates typically annually



## Governance

Social Security Act & other Federal Laws relative to Medicaid

State Plan

Idaho Telehealth Access Act

## Operations

Rules – IDAPA 16.03.09 – base benefit

Information release MA 18-07 (\*most recent)

Medicaid provider handbook (\*[idmedicaid.com](http://idmedicaid.com))



Only specific codes covered

35 codes across these areas:

Children's Development Disabilities, Early Intervention, Interpretive, Occupational, Physical & Speech Therapy; Supervision for Community Based Rehabilitation Services (CBRS in the school setting), Primary Care (physician & non-physician) and other behavioral health and tobacco cessation services

(\*All services subject to standard policy requirements for that service or program area)



## Services must = Community level

ALL Medicaid rules & regulations apply

(\*unless identified in our policy)

Telehealth = Community Provider board licensure

Telehealth = Community Place of Service (POS) codes

## Technical

Real time, high quality video – No grainy/fuzzy/choppy

## Documentation

Documentation must specify telehealth as delivery mode

All standard documentation requirements apply



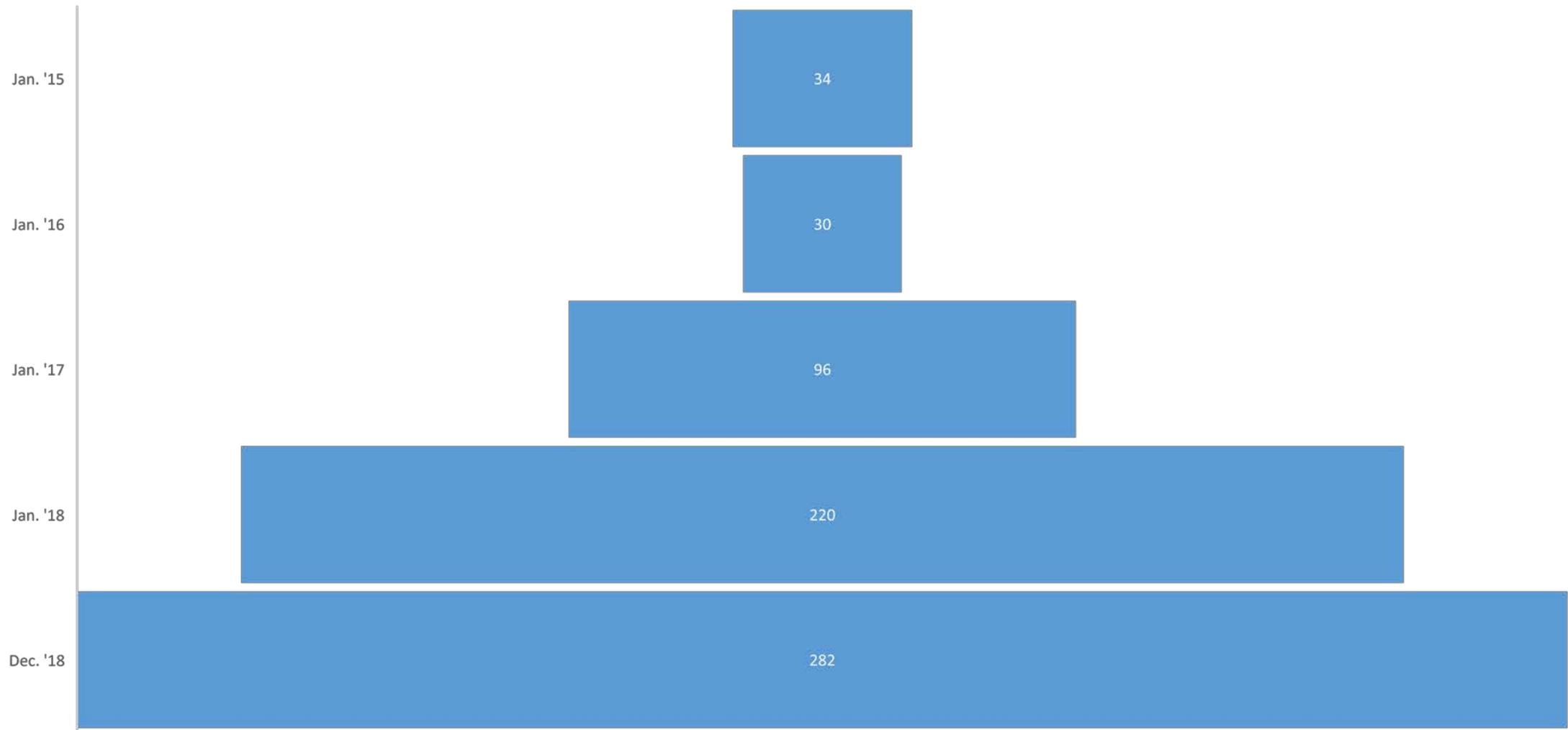
- Provider has software or equipment that fails during service delivery
- Telephone, email, texts, or faxes
- Participant who chooses to terminate during a session
- Site fees either originating or distant



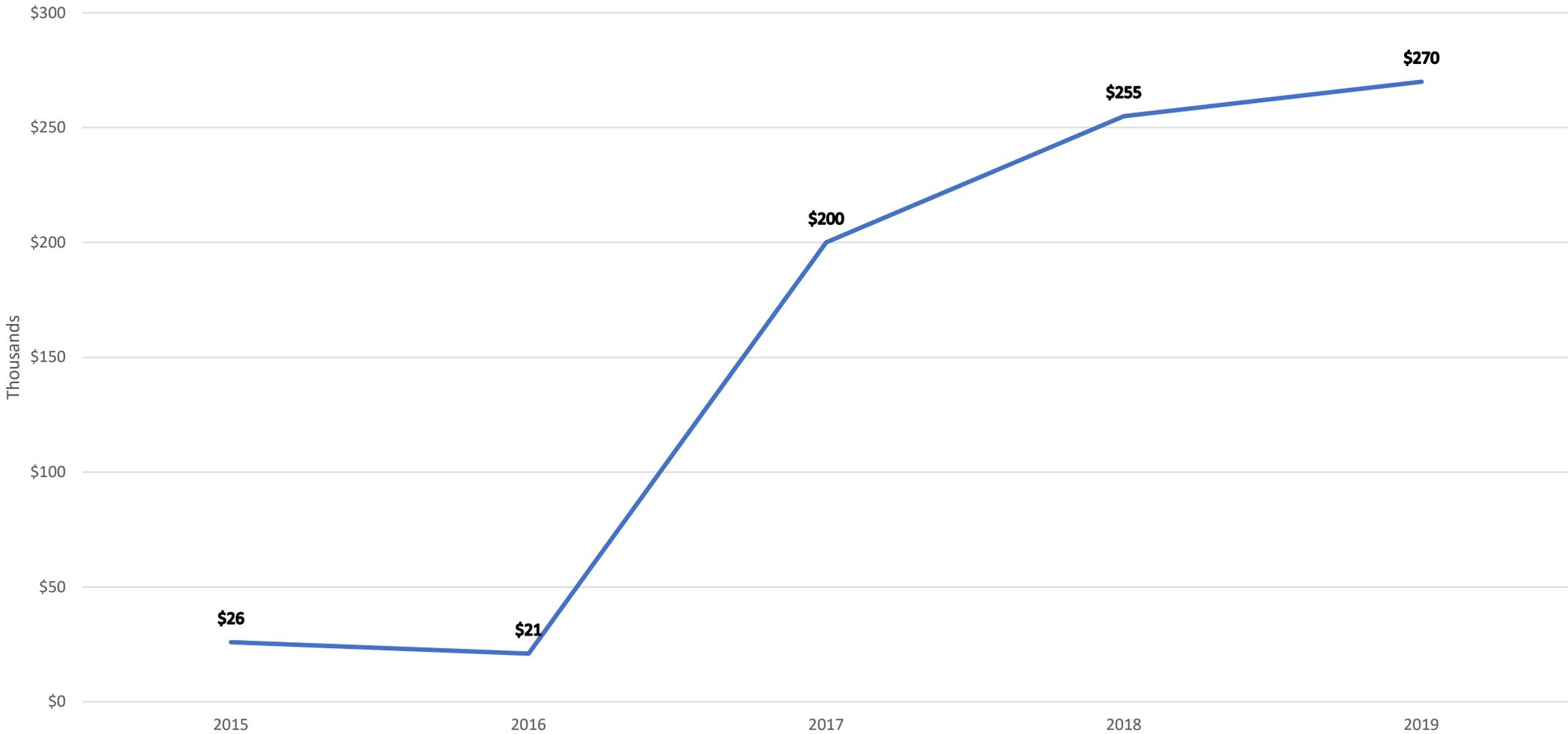
- Confidentiality of equipment or software on both ends
- Operator on receiving end if intermediary
- Providers responsibility to inform the participant
- Software or equipment that fails during service delivery



**Participants Treated**



# REIMBURSEMENT PAID OUT





Build it, they will come

Quality, high speed internet access  
equipment

ISP – Monopolies/expensive or unreliable

Reimbursement

Regulatory environment

Cost to providers



## HCVC Implementation

innovative payment models

measurable quality improvement

new telehealth opportunities

## HTCI Taskforce

collaboration



BURNING QUESTION?



Kimberlu  
Beauchesne

# Telehealth Task Force Subject Matter Presentation

February 26<sup>th</sup>

Saint Alphonsus Health System

# About US: Saint Alphonus Health System

## Our Mission

We, Saint Alphonus Health System, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

## Our Core Values

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Justice - We foster right relationships to promote the common good, including sustainability of Earth.
- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

## Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.



## Key Statistics:

- 5 hospitals
- Over 70 Saint Alphonus Medical Group clinics
- 572 licensed beds
- 2 Free standing Emergency departments
- Over 105,000 emergency visits annually
- Over 26,000 inpatient discharges
- Nearly 750,000 hospital outpatient visits

# Executive Summary

- Saint Alphonsus supports a variety of telehealth services in different care settings across Idaho and Eastern Oregon providing services in rural and urban settings, internal and external to Saint Alphonsus
- Inconsistent policies across the payor landscape create access barriers to telehealth services
- Administrative hurdles such as payor enrollment, executing delegated credentialing agreements, and delays in licensing slows the deployment of new services

| <u>Outpatient</u>       | <u>Emergency &amp; Inpatient</u> | <u>Other/ Education</u> | <u>Direct to Consumer</u> |
|-------------------------|----------------------------------|-------------------------|---------------------------|
| Psychiatry              | Stroke                           |                         | MyeVisit – Urgent Care    |
| Rheumatology            | Neonatology                      | Diabetes Education      |                           |
| Burn Follow-up          | Burn                             |                         |                           |
| Oncology                | Social Work                      |                         |                           |
| Wound Care              | Rapid Medical Exam (ED)          |                         |                           |
| Maternal Fetal Medicine |                                  |                         |                           |



# Magic Wand Scenario

Clear and consistent telehealth reimbursement policies across all payors that does not require real-time validation of covered benefits for standard services

# Magic Wand Scenario

The administrative burden of payor enrollment would be alleviated by:

- Providers already in a network but adding a new tele-outreach facility would have a uniform and expedited process for enrollment
- Providers needing to be enrolled for the first time that are only providing telehealth services can enroll with a single streamlined application for all Payors
- Enrollment can be completed in 30 days for telehealth providers

# Summary Conclusion:

- The single most consistent barrier to telehealth services is the ability to bill health plans for the services rendered particularly in urban areas where access issues still persist
- Administrative hurdles slow deployment and the burden of completing applications and e-signing forms falls to the provider that offers services
- The Idaho Telehealth Access Act has supported telehealth growth for our program and was a much needed first step; however without sustainable business models the potential for increased access to health care services through the use of telehealth is stymied.

# Contact Information:

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Saint Alphonsus



Trinity Health

# Telehealth Task Force Behavioral Health

February 26, 2020



Panel

Ron Oberleitner

Abhilash Desai

Patricia Martelle

# Agenda

Overview - Idaho Behavioral Health

Telehealth Toolkit for Behavioral Health

Case Studies:

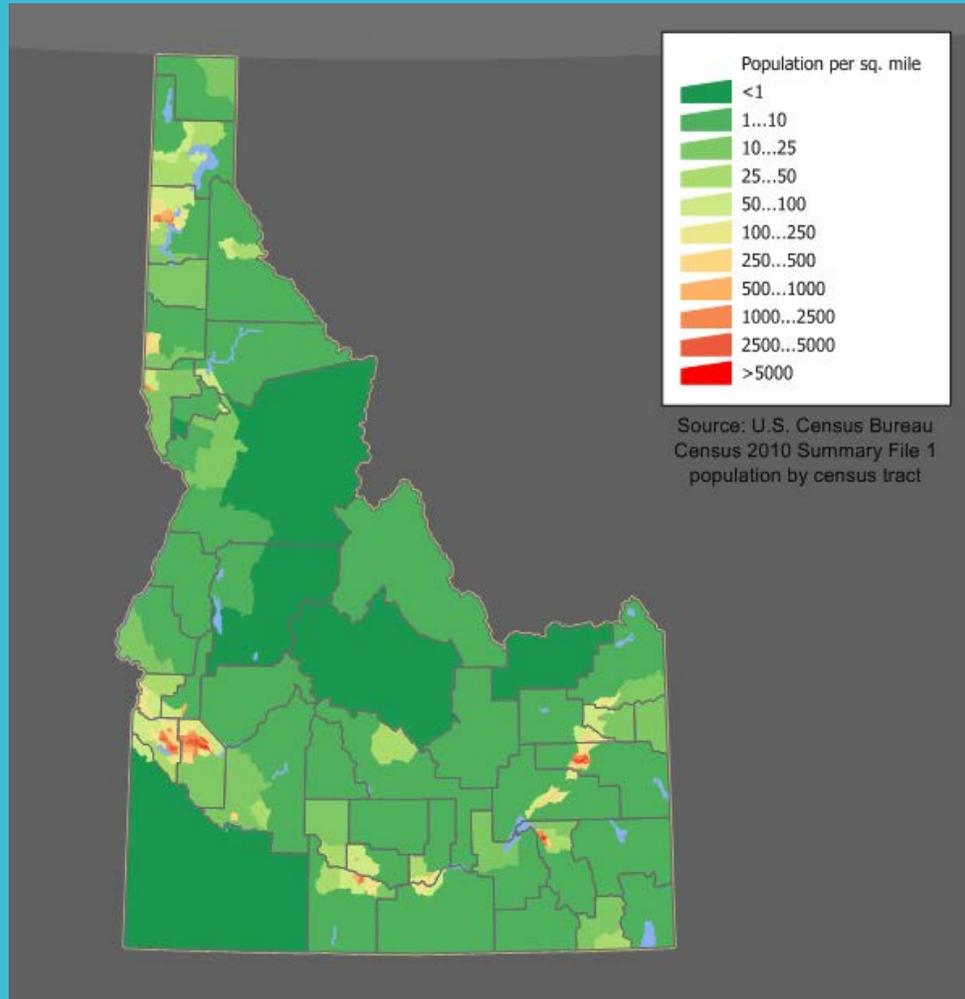
- Autism
- Opioid (Substance) Abuse
- Serious Emotional Disturbances (SED's)

Recommendations

# Behavioral Health in Idaho

## About Us

- 11th largest state
- 35 out of 44 counties are rural
- Over 350,000 Medicaid beneficiaries (2020)
- Mental Health Professional Shortage



| <u>Autism</u>  | <u>Opioid Abuse</u>  | <u>Serious Emotional Disturbances</u>  |
|--|--|--|
| <ul style="list-style-type: none"> <li>- Incidence 1 in 59</li> <li>- Increased depression, anxiety, suicide, early death</li> </ul> | <ul style="list-style-type: none"> <li>- National crisis!</li> </ul> | <ul style="list-style-type: none"> <li>- Affects Over 40,000 Idahoans</li> </ul> |

# Telehealth Toolkit - Realtime Telehealth

## Direct

### St. Luke's Autism Clinic Launches Telehealth Service

By Chris Langrill, News and Community

April 26, 2018



Dr. J. Timothy Leavell

Dr. J. Timothy Leavell has been aware for some time that Idaho families have had to go to great lengths – literally – to come see him at his office.

"I began to think, first of all, about the people coming from McCall," said Dr. Leavell, whose Meridian office is part of the St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities. "They would drive two hours for a 30-minute follow-up visit. And you stop and think, 'That doesn't make any sense at all. That's a huge waste of time.'"

So, for some time, Dr. Leavell has been excited about the possibility of bringing telemedicine to his clinic. But first, some legislative hurdles had to be overcome. After legislators made some changes to Idaho's laws, Dr. Leavell was eager to take the next step with his clinic.

Secure Videoconferencing



Secure Text

## Collaborative



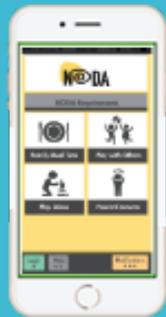
Collaborative Care During Patient visit with Family Doctor



**HIPAA  
conforming !**

# Telehealth Toolkit - Other Telehealth Technologies

## Asynchronous Telehealth



*Patient engagement apps, Secure Video Capture*



*Remote 'screeners' / questionnaires*

## Remote Monitoring / Patient-centric apps



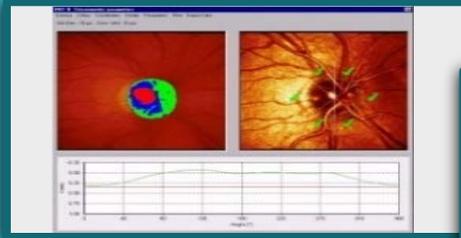
*Examples:*

- *Location (GIS) devices*
- *Seizure or stress sensor wristwatches*
- *(Caregiver) Data collection apps*
- *Medication dispensers*

**HIPAA  
conforming !**

# Autism

1990's: 'My Day Job'



Surgery Software



Image Guided Surgery



Telemedicine w/ Operation Smile

## Ron Oberleitner

CEO, Caring Technologies, Inc. (Boise, ID),  
dba Behavior Imaging

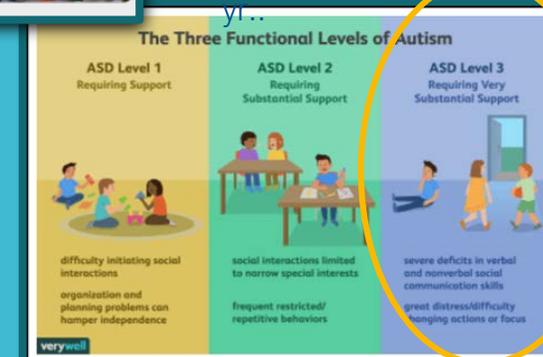
1996 – 2020: 'Home Life and Passion'



Robby diagnosed at 3 ½ years



Robby at 27 yr.



# Telehealth in Autism Healthcare

## Medical



Sleep issues over 50%)  
Seizures (1/3 of teens)  
Obesity  
GI ( 8x typical kids)

## Behavior / Mental Health

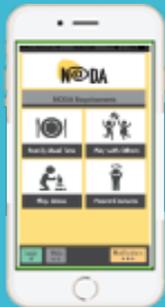


Earlier Diagnosis  
(waitlists)  
Anxiety (up to 40%)  
Depression (up to 26%)  
Suicidality  
Behavior Therapy  
Med Management  
Psychotherapy

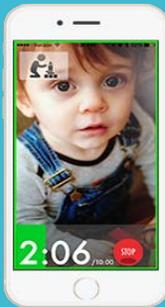
## Why Telehealth?

- > Conventional care is \$\$\$, unsustainable
- 25% (non-verbal) can't communicate their behavior health needs
- Distance from helpful Providers (helpful experts is another trip for patients.)
- Behaviors rarely appear during office visit
- People with Autism needlessly die younger !

# Magic Wand? Using Novel Telehealth



- Diagnostic Assessments



- Behavior Assessment
- Remote Consultation
- Staff / Parent Training
- Skill Assessment
- Therapy Supervision



- Medication Management
- Better Clinical Trials

[click video](#)

What Families or Teachers Use.....



Organize per Diagnostic and Statistical Manual of Mental Disorders (DSM 5)



Expert 'Radiology' Suite for Behaviors

What Clinicians Use



Reporting

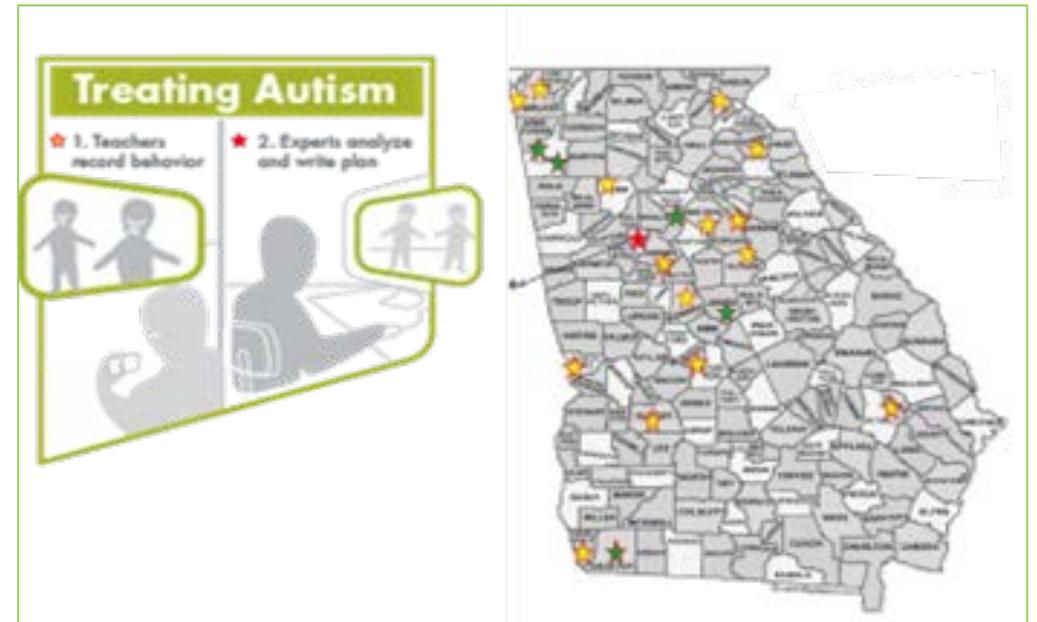
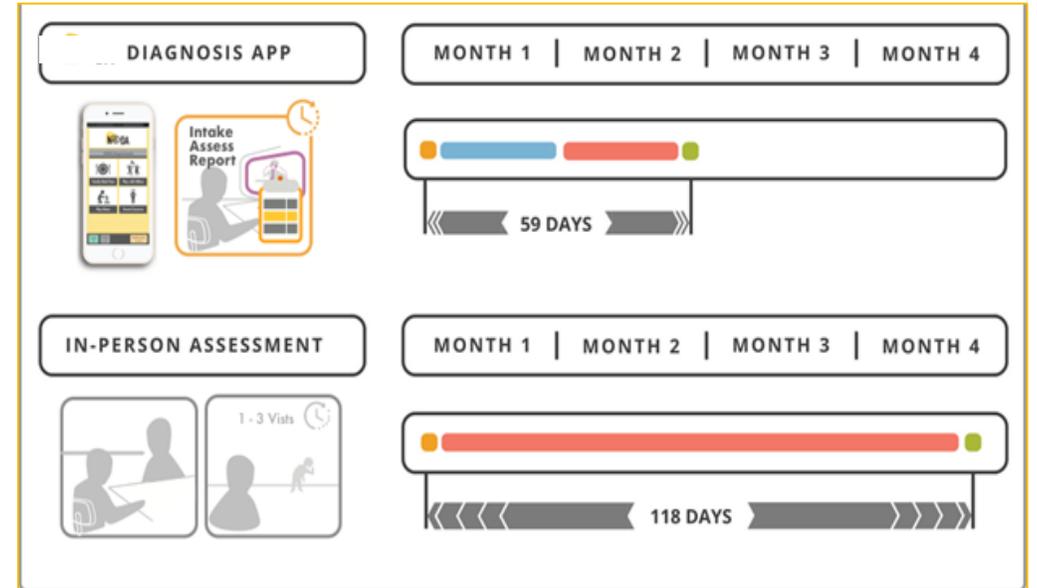
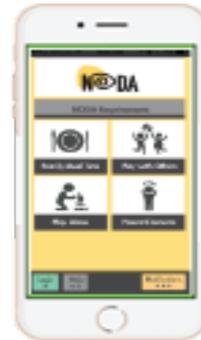
# Case Studies

## Diagnostic Assessment ...

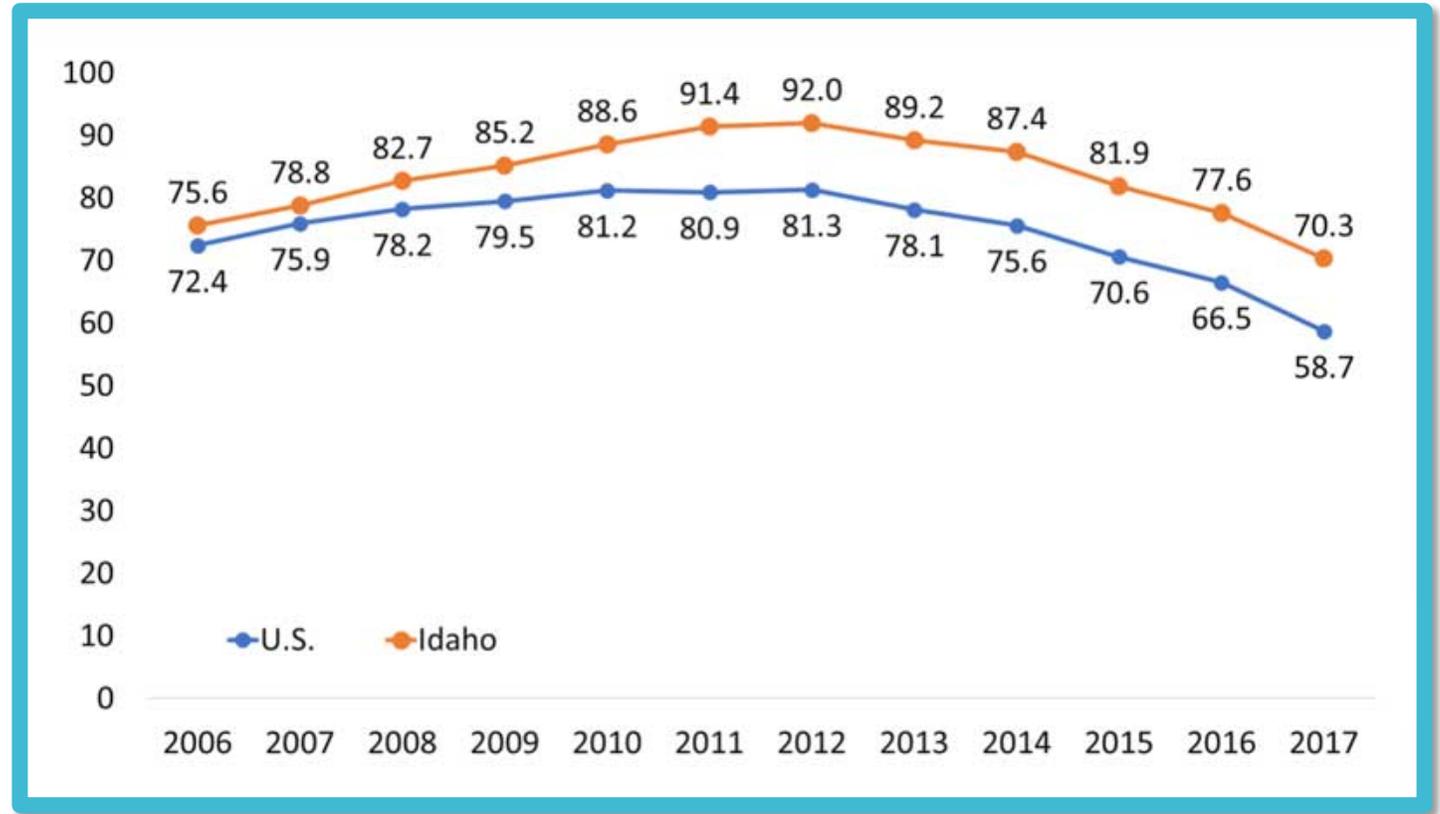
- 88% agreement to InClinic Assessments
- ½ the time for Diagnostic Assessment

## (Functional) Behavior Assessment

- Response = 1 vs. 30 days (*t*)
- Save Clinical Time (reduce travel)
- 42% less costly (\$)
  - Eg. Saves \$12,000 / year per client
- 43% less data collection errors
- Video data invaluable to measure progress
- SCHOOL TELEHEALTH Solution



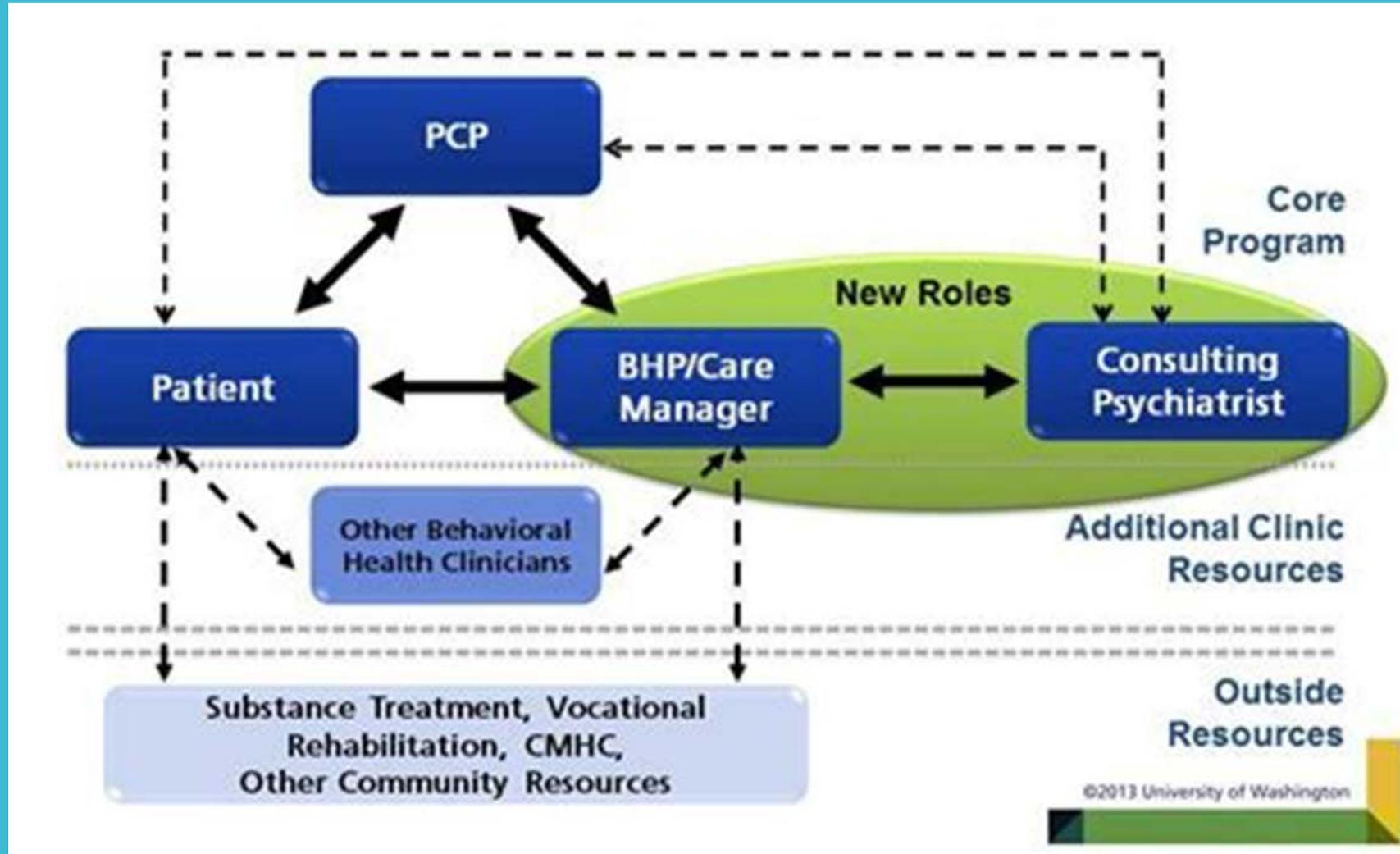
# Opioid (Substance) Abuse



**Abhilash K. Desai MD**

Adjunct Associate professor, department of psychiatry,  
University of Washington School of Medicine

# Collaborative Care Team Structure



# Project ECHO

## Collaborative Care – Vital!

- Extension for Community Healthcare Outcomes
- University of Idaho: Opioid Crisis, Behavioral Health
- Autism Spectrum Disorder: An Overview
- Pharmacologic Treatment of Insomnia
- Pain Management in Older Adults without Opioid and Tramadol

# Provider's Telehealth Magic Wand



Collaborative Care During Patient visit with Family Doctor

Electronic Health Records

HIPAA compliant audio-video platform  
(e.g., Zoom, WebEx, BlueJeans)

ECHO program

Behavior Imaging

# Serious Emotional Disturbances (SED)

Patricia Martelle, LCSW, MPH



# Serious Emotional Disturbances (SED) – Case study



**Case Example:** Billy, 15 yrs., caucasian, adopted at infancy, diabetic, adhd, depression

**Profile:** 15 yrs, attends public high school, average grades starting to drop, emotional dysregulation beginning around age 12 recently intensifying, demonstrates advanced skills as pianist and is dependable animal caretaker, on probation for assault.

**Family:** 3 siblings at home, father works outside the home, mother is self-educated on SED and trauma-informed approaches

**Location:** Rural Idaho community with few behavioral health providers

*Billy has been referred for behavioral health services.*

# Business as Usual...

## Step 1

- Therapist/counselor is assigned to the youth.
- Therapist/counselor conducts assessment to determine diagnosis.

## Step 2

- Develops treatment plan based on identified problems
- Obtains signatures of parent and youth indicating agreement with plan.

## Step 3

- Update to treatment plan at specified time intervals (90—120 days)
- Discharge

## Expected Trajectory of Billy's Case

Failure to return to second appointment.



Lack of adherence to treatment plan.



Deterioration of functioning: grades, relationships (violence), piano lessons, pet care.



Havoc in the home as parents are overwhelmed.



Need for higher level of care and/or justice involvement.



# Telehealth Solutions in Delivery of Behavioral Health Services for Children

- System promotes prevention services and early intervention as major public health initiatives through popular media. **Billy's mom could have learned of options to address son's emotional symptoms when they first appeared (age 12).**
- Family applies for services via phone or computer. **Accessibility made convenient for mother with four children all under the age of 16.**
- A care coordinator/navigator is assigned; stays in touch with family/youth regularly through texts, calls, emails for coaching, educating, navigating. **Billy receives ongoing support that encourages him to continue to participate; his mom is less stressed as she has the information she needs.**





Assessment(s) are scheduled at family's convenience to occur in their home or location of their choosing.

**Billy and mom chose appointments to occur in their home via Zoom.**

A record is created, with appropriate safeguards, that can be shared with all systems serving the child.

**Billy's Care Coordinator ensures Billy has a record in a commonly shared platform with Billy's treatment team members and ensures HIPAA compliance.**

# Teaming Approach

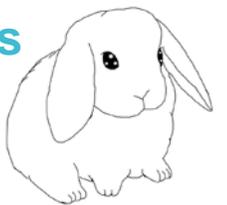


1. Treatment teams are developed that include people the family has chosen to represent or advocate for them as well as a representative from each service system the child is involved in. **Billy and his mother chose his team and communicate with them via text and email: his favorite teacher, his pediatrician, the probation officer, the piano teacher, the therapist, Billy's parents and Billy.**

2. Members of the treatment team access appropriate records in preparation for the meeting. **Team members access appropriate documents via a shared database to prepare for Billy's treatment team meeting.**

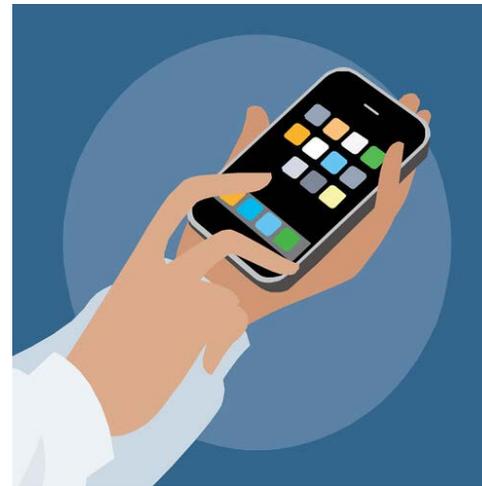


3. Treatment teams convene via telehealth applications and collaborate to develop a treatment plan driven by the family, guided by the child and based on the child's strengths. **Billy's team meets virtually every 3 months to ensure the plan is still relevant. Pursuit of music appreciation and animal care is woven into Billy's treatment plan.**



•Care coordinator ensures execution of treatment plan, provides oversight and monitoring (coaching, educating, navigating) and ensures the treatment plan is updated regularly.

**Frequent supportive communication occurs between the Care Coordinator and Billy and his mother via texting, phone calls and emails.**



What would tele-health do for Billy?



## Expected trajectory:

Transition out of system. **Billy stays in school and graduates; continues to excel in music, gets job at local vet's office for the summer.**



# Barriers and Challenges

- InPerson Treatment pays more and pays consistently
- Workflow of large organizations are difficult to change
- Complacency – People are comfortable doing what they always have done
- People go into healthcare because they are touchy feely types of individuals.... They prefer to work in-person with people not through technology
- Telehealth reimbursement still emerging

# Recommendations

- Enable Telehealth practices accepted by respective National Boards
  - Leverage Realtime Telemed when possible
  - BIG Priority - Collaborative care and Asynchronous Telehealth
  - Only HIPAA-conforming technologies
- (Behavioral) Telehealth parity
- Optum/Medicaid should incentivize providers to adopt telehealth
- Expand School Telehealth services
- Fund Project ECHO



## Contact Info...

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- Patricia Martelle - [pmartelle@idahofederation.org](mailto:pmartelle@idahofederation.org)