

Telehealth Task Force Meeting Talking Points for June 24, 2020

- 1) Subject matter expert presentations on telehealth and their recommended solutions to extend telehealth adoption and utilization were provided by: a) Dr. Scott Dunn on primary care telehealth services and payment/reimbursement issues, b) Kerry Palakanis, Executive Director Connect Care Operations Intermountain Healthcare talked about the federal landscape and status of 1135 waivers and gave a very comprehensive list of her recommended changes for telehealth going forward; c) Dr. Christian Zimmerman presented information about the development of the neurosurgery unit at Saint Alphonsus and their research, publications and outcomes of telehealth pilot projects conducted in conjunction with BSU; d) Anne Lawler spoke about the Idaho Board of Medicine (IBOM) mission and how it relates to telehealth regulation in Idaho, the revisions due to COVID-19 for the IBOM rules and regulations and she talked about how the recent Executive Order issued by the Governor (e.g. extending telehealth post public health emergency e.g. PHE) will impact IBOM with more to follow on that topic; and e) Kimberly Beauchesne presented on the CHAS FQHC Telehealth Program(s) and the benefits of being located in two states e.g. Washington and Idaho. Kim shared how parity rules in WA helped CHAS launch a comprehensive telehealth program in 48 hours in Idaho in response to the COVID-19 PHE.
- 2) **Dr. Dunn's Top 10 Suggestions to Implement Telehealth**
 10. Be open minded
 9. Don't stereotype older patients
 8. Work telehealth into routine daily flow
 7. Be careful of state boundaries
 6. Low overhead to start
 5. Prepare one administrative super user
 4. Personally invite. Use familiar words "video visit"
 3. Understand niche role
 2. Reach patients where they are
 1. Be patient. Expect hesitancy.
- 3) **Dr. Dunn** shared that during the PHE, parity is mandated; but uncertain after the PHE. Payment parity is needed for equivalent medical services (evaluation and management, counseling, preventive) to be reimbursed by all Idaho payers at the same level regardless of patient site of service.
- 4) **Kerry Palakanis** talked about federal solutions for waivers, provider licensing and DEA licensure; other suggested things to address: parity, eliminate the term "originating site", cover remote patient monitoring, include asynchronous care coverage and store and forward coverage. Kerry also provided a handout on 1135 waivers.
- 5) **Dr. Christian Zimmerman** spoke about the outcomes of the Department of Defense, TATRC Telemedicine and Advance Technology Research Center Grant for Neurosurgery services at Saint Alphonsus as well as the publications authored in conjunction with Boise State University.
- 6) **Dr. Zimmerman** also provided a comprehensive overview on a pilot study for utilizing telemedicine in Neurosurgery which highlighted current uses by patients, data and results, a literature review, privacy issues and conclusions and findings of the study.
- 7) **Anne Lawler**, Executive Director of the Idaho Board of Medicine (IBOM) spoke about 2020 Telehealth Legislation introduced during this legislative session. Ms. Lawler also talked about how standard of care is defined in Idaho.

- 8) Specific to the IBOM the following changes were proposed:
 - a) Telehealth changes implemented during COVID-19:
Federal law waivers HHS, CMS, DEA
 - b) State law waivers (Telehealth Access Act)
I.C. Section 54-5703(4) Provider defined
I.C. Section 54-5705 Provider/Pt relationship
I.C. Section 54-5707 Prescribing
I.C. Section 54-5712 Enforcement/Discipline Idaho Code Section 54-1804(d) allows physician from another state or country with unrestricted license to practice in ID in response to a disaster.
- 9) While not required, IBOM requested physicians to register with their office.
 - a) The Board has registered more than 1200 providers from out of state mostly performing telehealth in Idaho.
- 10) Presentation by CHAS FQHC by **Kimberly Beauchesne**
 - a) Telehealth at CHAS Health has been catapulted forward as COVID-19 Emergency provisions have broken down regulatory and reimbursement barriers.
 - b) CHAS now provides 70% of all visits via telehealth to include Primary Care, Urgent Care, OB, Pediatric, Dental, Dietician, and Behavioral Health services.
 - c) Due to favorable Washington policy and payor arrangements pre-COVID, CHAS was well positioned with telehealth infrastructure to rapidly expand services to Idahoans remotely.
 - d) FQHCs face unique challenges providing telehealth to some of the most vulnerable populations and require creative and innovative reimbursement structures to support remote patient monitoring, eConsults and direct-to-patient telehealth.
- 11) **Key Takeaways:**
Patient acceptance
 - a) Need to continue to demonstrate value to patients on a global perspective.
 - b) A personal invite from a provider is the best.
 - c) Are there practice efficiencies to be gained from telehealth?
Patients will not be able to get 100% of care via telehealth and therefore the overhead still remains. This allows efficiency for patient access via telehealth when appropriate.
- 12) Stafford Act elimination of the National Health Emergency
 - a) Removes all Health and Human Services (HHS) Public Health Emergency authority for 1135 waivers
 - b) HHS Azar act expires July 25, 2020 (CARES Act)
- 13) Anne Lawler, IBOM - Provider Discipline
 - a) What is a patient's recourse for provider not licensed in Idaho?
 - b) Reciprocal discipline agreements are in place with the state where the provider is licensed.
- 14) Telehealth changes that may be addressed by IBOM After COVID-19
 - a) Updating Telehealth Access Act to have appropriate reference to Ryan Haight Act.
 - b) Currently 54-5707 states controlled substance RX's must be compliant
 - c) **Need stakeholder to seek change in law to correct and expand this reference**
- 15) Kim Beauchesne - **developing patient adoption strategies will be important to address post pandemic**

TTF members wrap up regarding what to include in the Action Plan?

Topics for further discussion:

- What regulatory revisions are needed?
- Payor reimbursement/parity
- Standardization of guidance from payers for reimbursement
- Billing and coding practices

Include pragmatic operational considerations:

- How do we keep it simple and easy?
- What do providers expect to do in the future?
- Balance of supply and demand economics
- What will make sense with successful outcomes and convenience and/or reliability?

Telehealth services from provider to provider look very different.

Not one size fits all.

Look at Value Based Payment and Telehealth

Global Payment Models

Perhaps in some areas we develop a journey map

Patient experience may be one example



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