

TELEHEALTH TASK FORCE (TTF) MEETING AGENDA

Join by Zoom URL:
<https://zoom.us/j/324779385>
 Zoom Meeting ID: 324779385
 Dial in: 1-877-820-7831
 Participant code: 302163

JRW Building
700 West State Street
East Conference Room 1st Floor
Boise, Idaho

Wednesday, March 18, 2020 9:00 AM-12 NOON MST

TIME	AGENDA ITEM	OBJECTIVE
9:00 a.m.	Welcome & Introductions – Craig Belcher, Co-Chair <ul style="list-style-type: none"> <input type="checkbox"/> Welcome, Introductions, Roll Call <input type="checkbox"/> Review meeting agenda and follow-up items <input type="checkbox"/> Action Item: Approval of Minutes of February 26, 2020 Task Force Meeting <input type="checkbox"/> Recap of Post-Survey Results – Jenni Gudapati <input type="checkbox"/> Update on last meeting follow-up items – Ann Watkins <input type="checkbox"/> Subject Matter Expert Introductions – Jenni Gudapati 	<i>Meeting Overview</i>
9:20 a.m.	Subject Matter Expert Presentation – Dr. Scott Dunn, Sandpoint Family Medical Center	<i>10-minute presentation 10-minute Q & A</i>
9:40 a.m.	Subject Matter Expert Presentation – Ann Mond Johnson, CEO, American Telemedicine Association (ATA)	<i>10-minute presentation 10-minute Q & A</i>
10:10 a.m.	Break	
10:30 a.m.	Subject Matter Expert Presentation – Dr. Kelly McGrath is a family medicine doctor in Orofino and is affiliated with St. Mary's Hospital-Cottonwood and Clearwater Valley Hospital and Clinics.	<i>10-minute presentation 10-minute Q & A</i>
10:50 a.m.	Subject Matter Expert Presentation – Anne Lawler, Executive Director, Idaho Board of Medicine	<i>10-minute presentation 10-minute Q & A</i>
11:10 a.m.	Subject Matter Expert Presentation – Dr. Christian Zimmerman, MD FAANS, FACS, MBA, FRSM MS - Spinal Neurosurgeon, Saint Alphonsus Health System	<i>10-minute presentation 10-minute Q & A</i>

TIME	AGENDA ITEM	OBJECTIVE
11:30 a.m.	Identify Action Items and Next Steps – Krista Stadler, Co-Chair <input type="checkbox"/> Key questions for next steps <input type="checkbox"/> Identify research/information/data needs prior to next meeting <input type="checkbox"/> Identify action items	
12:00 noon	ADJOURN	





TeleT

Telehealth Task Force

March 18, 2020 Location: 700 W. State St., JRW Building

9:00 a.m. Mountain Time

1st Floor East Conference Room

Action Items:

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

TTF members will be asked to adopt the minutes from the February 26, 2020 TTF meeting.

Motion: I, _____ move to accept the minutes of the February 26, 2020 meeting of the Telehealth Task Force as presented.

Second: _____



TeleT

Telehealth Task Force

February 26, 2020 at 9:00 am

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

Meeting Minutes:

Member Attendees: Craig Belcher, Paul Coleman, Aleasha Eberly, Eric Forsch, Eric Foster, Doug Fry, Jenni Gudapati, Chad Holt, Susie Pouliot, and Krista Stadler

Ex Officio Members: David Bell

Members Excused: Rick Naerebout

Members Absent: Patrick Nauman

Guests: Susan Ault, Matt Ayers, Kimberly Beauchesne, Sophia Brasil, Cindy Brock, Francoise Cleveland, Abhilash Desai MD, Lee Flinn, Julie Hart, Ann Lawler, Pat Martelle, Ron Oberleitner, Tim Olson, Neva Santos, Chad Smith, Linda Swanstrom and Prudence Vincent

Phone: Dr. Scott Dunn, Scott Ehert, Randall Hudspeth, and Linda Rowe

DHW Staff: Mary Sheridan, Ann Watkins, Marissa Guerrero, Stephanie Sayegh

Summary of Motions/Decisions:

Motion:

Susie Pouliot moved to accept minutes of the January 22, 2020 meeting of the Telehealth Task Force as presented.

Eric Forsch seconded the motion.

Outcome:

Passed

Aleasha Eberly moved to accept the Charter of the Telehealth Task Force as presented.

Susie Pouliot seconded the motion.

Passed

Susie Pouliot moved to accept the TTF Member Communication Protocols of the Telehealth Task Force as presented

Eric Foster seconded the motion.

Passed

Aleasha Eberly moved 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 Force.
Doug Fry seconded the motion.

Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review- *Craig Belcher, Co-Chair*

- ◆ Roll call, introductions and review of the agenda took place.
- ◆ All members of the telehealth task force have accepted their appointments and all those who were not able to attend the January meeting have participated in briefings hosted by the Co-chairs.
- ◆ To align efforts the telehealth task force and the Medicaid Telehealth Workgroup, David Bell, Deputy Administrator for Policy has agreed to serve as an ex officio member on the Telehealth Task Force.
- ◆ Charter Review – 12 members comprise the telehealth task force (4 representing healthcare and 8 representing Idaho based employers); subject matter experts with telehealth expertise will present at the February – May meetings – there will be approximately 6 SMEs presenting at each meeting. The SMEs will present use cases and their solutions to expand the adoption and utilization of telehealth in Idaho. The SMEs will also participate in the review of the draft final report prior to the submission of the final document to the Healthcare Transformation Council of Idaho members as well as to the Health Quality Planning Commission.
 - All the pre-implementation planning which commenced in September and concluded in December has been finalized and completed.
 - The recruitment of SMEs is on track with a wide variety of telehealth subject matter experts participating.
 - The final report will incorporate recommendations for legislative, policy and systemic changes, interoperability and information technology issues, as well as, ways to promote and educate healthcare providers and consumers about telehealth.
- ◆ The need to develop talking points for telehealth taskforce members to ensure consistent messaging and ongoing communication about the work of the task force was discussed. It was decided that following the conclusion of each meeting, TTF members will receive brief talking points they can share with their stakeholder groups and employees.
- ◆ Jenni Gudapati discussed and shared aggregated results of the pre-survey conducted with members of the TTF. Following the conclusion of each meeting, a post survey will be distributed by Boise State to all TTF members for their feedback and remarks.

Presentation by Medicaid- *David Bell, Deputy Division Administrator and Cindy Brock, Medicaid Program Policy Analyst*

Key points of the presentation – The Idaho Telehealth Access Act and IDAPA guidelines provide the framework for Medicaid telehealth program. In 2016 and 2018, codes were added to support telehealth

payment and utilization by Medicaid providers. Currently there are a total of 35 codes for covered services. In 2018, technology requirements were also simplified. Medicaid is forming a workgroup comprised of Medicaid Subject Matter Experts to evaluate new codes, monitor program and regulatory changes and identify access issues. They will be tasked with reviewing Medicare and other carrier policies as well as evaluating best practices to make Idaho specific recommendations.

Questions or request for additional information: TTF members requested copies of the Medicaid Provider Handbook, clarification on HPSA (health professional shortage area) versus rural/urban point of service location requirements, and a copy of the patient handbook which informs them of telehealth Medicaid service options. There was a request for additional data on school-based telehealth utilization- e.g., has this program enhanced access or did it replace in person services?

Presentation by Saint Alphonus Health System- *Kimberly M. Beauchesne, MHS; Manager, Strategy and Telehealth*

Saint Alphonus 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 Alphonus. They offer outpatient, emergency and inpatient, education and direct to consumer services. 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.

Ideally, clear and consistent telehealth reimbursement policies across all payors that does not require real-time validation of covered benefits for standard services would alleviate some telehealth system delivery issues.

Behavioral Health Panel- *Ron Oberleitner, MBA; Abhilash Desai, MD; and Pat Martelle, LCSW, MPH*

Ron Oberleitner presented an autism use case and highlighted the benefits of utilizing asynchronous telehealth and remote monitoring/patient-centric applications. Telehealth is particularly useful in autism treatment because 25% are non-verbal and can't communicate their behavioral health needs and frequently behaviors rarely appear during office visits. Minimizing distance and travel to providers is also helpful when treating autism. Telehealth also can help reduce diagnosis/response time, clinical time and lessens data collection errors as well as ways to measure progress.

Dr. Desai presented a use case on opioid and substance abuse treatment and focused on illustrating the benefits of a collaborative care team structure. He highlighted his telehealth work in long term care facilities and nursing homes and how the provision of this type of service is supported in a value-based environment. Dr. Desai emphasized the need for interoperability through the utilization of electronic health records and the use of HIPAA compliant audio-video platforms as well as the need for additional primary care provider education through programs such as Project ECHO. He talked about how telehealth is an effective mechanism for 1) treating patients more immediately; 2) keeping patients out of the ER and addressing alternative pain management options other than opioids.

Pat Martelle presented on Serious Emotional Disturbance (SED) with a use case focusing on treatment of teens. Telehealth solutions in the delivery of behavioral health services for children help promote

prevention services and early intervention. Accessibility of services via phone or computer add to the convenience factor. A care coordinator/navigator can stay in touch with family/youth regularly through texts, calls, emails for coaching, educating and navigating encourages participation. Assessments are scheduled at convenient times and can occur in the home of location of their choosing. Records are shared through a common platform with treatment team members and ensures HIPAA compliance. Treatment teams are developed and can communicate via text and email. Teams can convene via telehealth applications and collaborate to develop a treatment plan driven by the family and the child. The care coordinator ensures execution of the treatment plan, provides oversight and monitoring and ensures the treatment plan is updated regularly. Supportive communication can occur between the care coordinator and the family and child via texting, phone calls and emails.

Krista Sadler asked what actions are needed for this type of communication to be implemented? The panel recommended: leveraging real time telehealth services when possible, exploring telehealth parity, expanding School Based Telehealth services, and funding Project ECHO. One of the biggest priorities the panel advocated is to promote and utilize Collaborative Care team-based models and incorporate asynchronized telehealth as a treatment option. The panelists also reinforced the need to investigate more ways to communicate with behavioral health patients by using HIPPA compliant technology that still maintains the standard of care for patients.

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

- ◆ IDAPA Medicaid rules and Medicaid Policy citations pertaining to Medicaid telehealth services
- ◆ Medicaid Provider Handbook
- ◆ Patient handbook which informs them of telehealth service options
- ◆ Clarification of School Data on Behavioral Health (e.g., was access increased or did telehealth replace in person visits?)
- ◆ Behavioral Health Panel SMEs are to bring back data on:
 - Further information on Atlanta evidence-based study
 - Any additional statistical information/articles on telehealth utilization and compliance in other areas
 - Percentage of time for no show patients
- ◆ Ann Watkins to provide more information on Inducement Law and OIG Stark consideration at the next meeting.

Ann Watkins introduced Chad Smith from Stonewall Analytics who has been hired by DHW to conduct a Telehealth Environmental Scan including a literature review, key informant interviews, survey design/deployment of survey to a broad base of telehealth utilizers in Idaho and production of a final report on results. By June, Stonewall Analytics will share high level results with members of the TTF to assist in alignment of efforts.

Meeting Adjourned: 11:55 a.m.

Next Meeting: March 18, 2020 from 9 a.m. – 12 noon MST