

Idaho Telehealth Planning Meeting Executive Summary
Wednesday, May 23, 2018 9:00am – 4:30pm
JRW Building – Boise, ID

On May 23, 2018, the Idaho Department of Health and Welfare hosted a telehealth planning meeting in Boise. The purpose of the meeting was to convene a diverse set of telehealth subject matter experts to identify and discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Over 40 telehealth stakeholders from across the state representing hospitals, urban and rural health clinics, health systems, Community Health EMS (CHEMS), government, insurance, telehealth consulting experts, associations, and academia participated. Through the convening, attendees built consensus around the value and need for advancing telehealth services across Idaho. The group concluded that its best course of action is to seek the partnership of the Idaho Healthcare Coalition (IHC) to advocate on behalf of the future of telehealth in Idaho.

The meeting came near the conclusion of the multi-year Statewide Healthcare Innovation Plan (SHIP) which has been working to transform healthcare to a value-based system and transform primary care practices across the state into Patient-Centered Medical Homes (PCMHs). The SHIP initiative concludes January 31, 2019. As a part of the larger SHIP initiative, significant work has been done to nurture the use of telehealth strategies to increase access to quality healthcare throughout the state. The efforts have included the development of a telehealth toolkit, a series of webinars, and two rounds of grantmaking. These grants supported new or expanding telehealth programs resulting in twelve sub-grant awards to eight clinics and one CHEMS agency, a technical assistance program to all grantees across the state, and the May 23 planning meeting.

Stakeholders at the meeting identified the most pressing barrier as the existence of a complex reimbursement landscape that has resulted in the inconsistent, or overall lack of reimbursement for telehealth services beyond the recent progress made with Idaho Medicaid telehealth policies. The group also voiced a concern about the lack of an operational coordinating body with adequate capacity to meaningfully advance telehealth. Other barriers included a lack of training and workflow processes that address telehealth's impact, limitations on managing prescriptions, and addressing technology requirements. (For a full meeting summary, see the attached minutes).

As the group moved on to identifying opportunities, there was general agreement about the potential of telehealth to help overcome the specific challenges of provider shortages and rural and frontier community isolation which contribute to significant areas of underserved populations due to lack of access to care. They identified the models and applications for telehealth that can improve access to primary care and specialists, support patient and provider education, and share real time actionable data. Additionally, the group recognized that the complex issues surrounding telehealth must be addressed by stakeholder collaboration to thrive within a very complex healthcare system.

By the end of the day, there was emerging consensus that continued, coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent. Participants considered it crucial that dialogue continue post-SHIP among stakeholders, particularly payers, and all were interested in continuing the dialogue.

Given the previously narrow scope of the now inactive Telehealth Council, its low membership, inactivity, and lack of resources, participants agreed that another coordinating body with adequate capacity is needed to advance telehealth. Stakeholders decided to ask the IHC to advocate on their behalf, by communicating the need for the continued prioritization of telehealth to the Health Quality Planning Commission and asking their help in continuing the momentum of the telehealth work that has begun and finding potential solutions to identified challenges.

