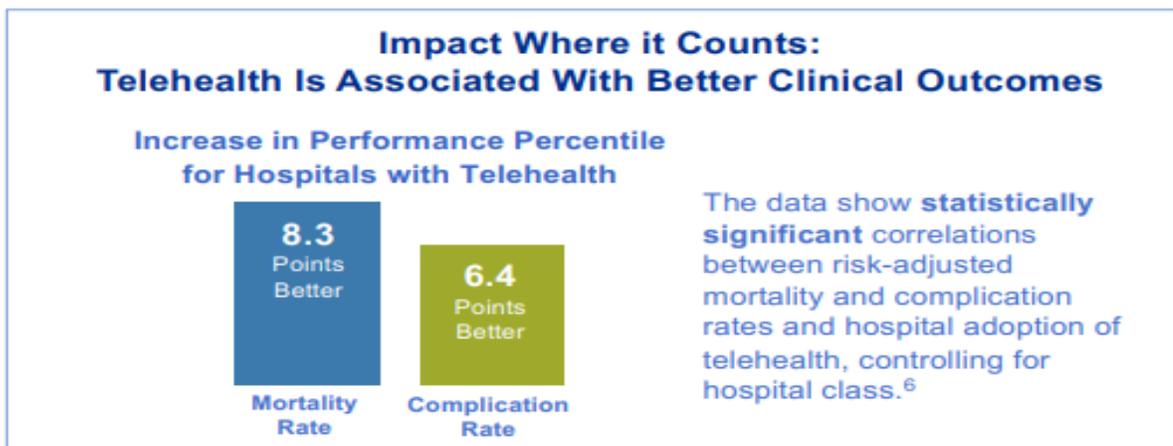


Telehealth Task Force Meeting Talking Points for May 27, 2020

1) Subject matter expert presentations on telehealth and related use cases and their recommended solutions to extend telehealth adoption and utilization were provided by 1) Dr. Brooke Fukuoka on teledentistry, 2) Ann Mond Johnson, CEO American Telemedicine Association discussed the national landscape, myths and COVID-19 impacts to telehealth; 3) Matt Bell and Hilary Klarc from PacificSource presented their telehealth programs and reimbursement opportunities; 4) Julia Millard, BrightMD spoke about telehealth applications and solutions that can assist in evolving to value based payment; 5) Dr. Ambert-Pompey, as part of the Center of Education for Interprofessional Collaboration since 2015, focused on health professional trainee education in primary care and provision of care via telehealth modalities; and 6) Dave Hays, Department of Health and Welfare, Division of Public Health-Bureau of EMS presented on the Community Health Emergency Management Services (CHEMS) Telehealth Program(s).

2) Key takeaways for Telehealth Task Force members to share:

- **Dr. Brooke Fukuoka presented a video on Your Special Smiles Teledent Program** - the link to the video is here: <https://www.facebook.com/yourspecialsmiles/videos/688552478603811/>
- Your Special Smiles utilizes teledentistry, portable dentistry, and silver diamine fluoride to expand access to dental care for adults who have special needs and geriatric patients who have limited mobility.
- Accomplishments through the teledent program - At Your Special Smiles, they
 - Have patients who would otherwise not have access to care and now do.
 - Have patients who previously had to be treated under general anesthesia and now can be treated awake.
 - Were able to continue some connection and care with high risk populations during the coronavirus pandemic.
 - Can improve performance by improving the visualization of the area
 - Can improve daily oral hygiene through video consultations
- **American Telemedicine CEO Ann Mond Johnson shared the following insights:**



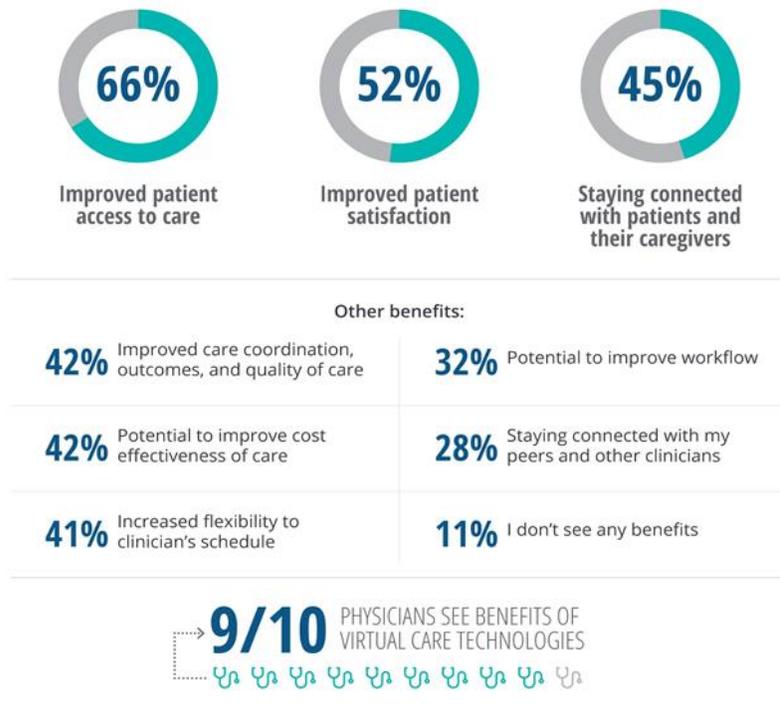
- Telemedicine can be an effective tool to triage patients and redirect to more appropriate, less costly venues for care

- Telehealth channels are bound by the same regulations and checks as when patients are seen in-person
- 92% of patients with a prior in-person visit were satisfied with their video visit, as compared to 53% satisfaction among those without a prior in-person visit
- Telehealth increases patient feelings of personal involvement in their own care

FIGURE 1

Top three benefits of virtual care relate to patient experience

Survey question: What are some of the benefits of virtual care technologies?



- **Matt Bell and Hilary Klarc** discussed how **Pacific Source** achieves their vision by:
 - Convening and collaborating with their provider and community partners.
 - Integrating health care and community resources, technology and innovative approaches.
 - Engaging and investing in their communities
 - Continually improving the member experience

PacificSource Commercial Telehealth Top Billed Services	
Typically, office visit services reimbursable/Covered via Telehealth	Covered
Telehealth services paid at parity with office visit services	Covered
E-visits and brief telephone check ins	Covered
Originating Site: Patient Homes	Covered
Expansion of Telehealth Providers	Covered
Telehealth modality/Skype, FaceTime, etc.	Covered

- PacificSource is seeing significantly less telehealth services billed for in Idaho when compared to other service areas: Oregon, Montana, and Washington. Common feedback includes:
 - Patient demographics and technology capability
 - Provider delays in rolling out services
 - Outdated technology
 - Expensive software costs
 - Broadband Issues
 - Idaho’s primary care practices and Behavioral Health Access Capacity

- **Julie Millard from Bright MD** shared that **virtual care delivery helps facilitate the transition from fee-for-service (FFS) to Value-Based care (VBC) across a geographically dispersed and rural population.**
 - Done well, virtual care is data light, requiring no special equipment or broadband access, and ensures all data is interoperable, managing health across a large rural geography, and improving the performance and reporting of a care delivery system.
 - To successfully do this, policies, regulation, and legislation need to favor all modes and types of telehealth solutions including synchronous and asynchronous options

- **Dr. Ambert-Pompey at the Boise Veterans Affairs Medical Center (VAMC) developed a multi-disciplinary telemedicine curriculum between July 2019 and May 2020.**
 - This week-long ambulatory elective included trainees from the University of Washington Boise Internal Medicine Residency and the Nurse Practitioner Residency.
 - The clinical experience involved patients via rural Clinic Video Telehealth (CVT), an Accessing Telehealth through Local Area Stations (ATLAS) in a highly rural location and to patient’s home or mobile using VA Video Connect (VVC).

- Examples of telehealth integration in **CHEMS programs** include:
 - o Supporting patients with chronic conditions--CHEMS providers are present during a telehealth visit in a patient's home, with the primary care provider (PCP) connecting from a remote location.
 - o Arriving in a patient's home in response to a 911, finding a low-acuity condition, then initiating a telehealth visit with a provider--treating the patient in place or transporting them to an appropriate facility other than an emergency department.
 - o Making a routine CHEMS visit to a patient's home to find the patient suffering from new (but non-emergent) symptoms. Initiating a telehealth visit with the patient's PCP rather than transporting the patient to an emergency department.
 - o Reaching out to vulnerable populations (citizens experiencing homelessness, for example), initiating telehealth visits when discovering low-acuity conditions that could be addressed in the field.
 - o Completing a social determinants of health checklist/screening with the patient to share with the PCP.



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