

Report of Findings from Telehealth Key Informant Interviews August 2020

This report of findings from telehealth key informant interviews is the third deliverable of a collaboration between Stonewall Analytics, and the Idaho Department of Health and Welfare in partial fulfillment of deliverables for the Telehealth Environmental Scan Project (contract HC173800).¹ This report is based upon interviews of Idahoans throughout the State, with varying backgrounds, knowledgeable about telehealth issues. The interviewees include Telehealth Task Force members, clinicians, representatives from the public sector and private industry, leaders of professional associations, and healthcare delivery system telehealth professionals and payer representatives, among others.

Stonewall Analytics performed 16 subject matter expert interviews with stakeholders throughout Idaho between July 13, 2020 and August 19, 2020. The interviewees were as follows.

Interviewee	Position	Organization	Interview Date
Mr. Eric Foster	Senior Director, Health and Wellness	Albertsons	July 13, 2020
Mr. Ron Oberleitner	Chief Executive Officer	Behavior Imaging	July 14, 2020
Ms. Sarah Ridinger	Quality Improvement Specialist	Idaho Primary Care Association	July 15, 2020
Mr. Bobby Cuoio	Executive Director	Hospital Cooperative	July 15, 2020
Ms. Kimberly Beauchesne	Telehealth Director	Community Health Association of Spokane (CHAS)	July 17, 2020
Ms. Aleasha Eberly	Benefits Specialist	Simplot	July 17, 2020
Mr. Hans Kastensmith	Executive Director	Idaho Health Data Exchange	July 17, 2020
Ms. Hilary Klarc	Director of Provider Network	PacificSource	July 21, 2020
Ms. Linda Swanstrom	Executive Director	Idaho State Dental Association	July 22, 2020
Ms. Susie Pouliot	Chief Executive Officer	Idaho Medical Association	July 27, 2020
Ms. Trudy Bearden	Senior Consultant and Telehealth Lead	Comagine Health	July 28, 2020
Mr. Matt Wimmer	Administrator	State of Idaho, Division of Medicaid	July 28, 2020
Ms. Anne Lawler	Executive Director	State of Idaho, Board of Medicine	August 4, 2020
Dr. Neil Ragan	Physician	Healthwest, Inc.	August 13, 2020
Dr. Andrew Baron	Chief Medical Officer	Terry Reilly	August 17, 2020
Dr. Magni Hamso	Medical Director	State of Idaho, Division of Medicaid	August 19, 2020

¹ The Idaho Telehealth Environmental Scan was supported by the Centers for Medicare and Medicaid Services Health Information Technology Implementation Advance Planning SUPPORT ACT funding from the US Department of Health and Human Services.

The following key takeaways emerged from the interviews. These takeaways are categorized by telehealth reimbursement, telehealth utilization and adoption, technology, licensure and liability concerns, and future sustainment. Of note, the last section of this document contains the discussion structure for how interviews were conducted.²

Telehealth Reimbursement

- The need for payment parity is regarded universally as the biggest obstacle to the post-COVID sustainment of telehealth.
- Medicare and Medicaid payment policies—in a number of instances—can or have enhanced telehealth participation by commercial payers and an increase in their telehealth reimbursement.
- There is a belief by some that telehealth should be another means for decreasing healthcare costs. This is largely based upon the premise that telehealth visits do not require fixed facilities. When telehealth is being provided by a third party, this aspect may be reasonable. **However, when telehealth is utilized as a supplemental means to provide care by facilities with existing and recurring patient relationships (both in- and out-of-office), payment parity—not cost savings—makes more sense for long-term sustainment.**
- Teledentistry is a promising area to support dentistry in rural Idaho, however, it is challenging to obtain payment for services. Offering the services also requires a significant investment in technology for clinics particularly in rural and frontier areas.
- Although phone calls have not traditionally been reimbursed for telehealth, this may need reconsideration. The rural nature of much of Idaho, combined with broadband limitations throughout the State have made the use of phone calls in certain situations useful and a valuable tool that enhances access to care.

Telehealth Utilization and Adoption

- Telehealth has been implemented successfully to support behavioral health, opioid use, and substance abuse disorders—especially in remote areas. Some other positive spillover effects occur with telehealth too. This includes a decrease in no-show metrics and increased patient engagement in the spectrum of care. Telehealth has also bridged the gap for vulnerable populations where transportation and irregular work hours can sometimes prevent obtaining needed medical care.

² Audio recordings of the interviews were provided to the IDHW representatives.

- Telehealth allows for patient-centered care, and many patients strongly prefer to utilize telehealth. Telehealth allows patients to get care, without the anxiety and difficulty associated with getting to their appointment for patients and their caregivers and particularly in behavioral health may eliminate stigma attached to an in-person encounter
- The ability to see the patient and their home surroundings in video telehealth sessions is a great benefit in the treatment of opioid use disorders. Efforts through telehealth to keep patients engaged in their care process has led to fewer relapses.
- Medicare wellness visits (annual, preventative visits) have realized success within telehealth. A key part of these visits includes the verification of medications currently taken; this is rather easily accomplished through video sessions in the patient’s home as their medication is present and can be directly shown to the provider.
- Although COVID-19 was largely responsible for opening the floodgates for telehealth adoption and utilization, Idaho is still lagging behind more progressive states, such as Oregon and Washington. Lack of parity legislation and less telehealth reimbursement were cited as significant reasons for this lag.
- Providers drive the demand for telehealth services and also enjoy the benefits of its added convenience. If telehealth is to continue to grow, it will depend on providers seeing it as a viable option for meeting patient needs, ensuring that quality and standards of care are equivalent to in-person medical care, and it must be economically viable (i.e., payment parity). Supporting providers through continued education and funding is key in sustaining demand. For example, providing continued education and guidelines for telehealth utilization e.g. appropriate uses of telehealth and how to effectively deploy telehealth and engage a patient before and during the telehealth visit.
- Telehealth was cited by some providers as a valuable resource and an additional way to enhance service delivery by allowing the focus of in person visits to be more on care coordination and treatment of chronic care issues. Effective deployment of telehealth may also help solve issues with provider burnout, access to care and the ability to consult numerous specialists.

Telehealth Technology

- The increased use of Zoom, online shopping, and working from home as a result of COVID-19 has made the public embrace the convenience of telehealth—these perceived benefits are likely to remain “sticky” to those that enjoy and appreciate them.
- Bandwidth and availability of technology to patients, as well as the upfront costs to clinics are particularly difficult for Idaho's rural providers. In many cases, the use of

Zoom, and other video-chat technologies have had a positive impact on utilization with minimal investment costs.

- The ability to share data associated with telehealth and include it in the electronic health record would have a positive impact on continuity of care. This is highly relevant when telehealth is associated with ongoing care management by the patient's care team.

Licensure and Liability Concerns with Telehealth

- There is a long-term need for licensure reciprocity and a formal means for state licensure boards to communicate and adjudicate complaints directed towards licensed individuals from outside their jurisdiction.
- Currently, liability coverage as it pertains to telehealth crossing state-borders is not clear to providers and healthcare delivery organizations.
- Providers are less concerned about liability issues and more concerned with having the ability to appropriately and effectively strive to do what is in the best interests of the patient. This has been especially true for rural, impoverished patients in the areas of behavioral health and substance abuse as these patients have greatly benefited from the flexibility and diminished barriers to care afforded by telehealth.

Future Telehealth Sustainment

- Although the demand for in person visits is likely still diminished as a result of patient concerns about safety, most organizations have robust management plans to continue to pursue and expand telehealth opportunities.
- Senior leadership of self-funded employers have realized the benefit of telehealth and are likely to pursue increased telehealth offerings for employees to both satisfy employee needs and to attempt to decrease healthcare-related costs.
- Initially, there seemed to be a phenomenon where providers would be apologetic to patients about the utilization of telehealth. However, there seems to be consensus that after the forced utilization in response to the pandemic, both providers and patients see telehealth as a great opportunity to supplement their regular visits in a way that is beneficial to everyone involved.
- There is a need for practices to provide a telehealth toolkit as a single source for information for their patients. Community Health Association of Spokane (CHAS) is a great example of how to provide such a toolkit (<https://chas.org/services/telehealth>).

Provider toolkits are also advocated by numerous organizations and should be focused on providing information to help providers best leverage telehealth.

- Given the geographic proximity to the Boise Veterans Affairs (VA) Medical Center to the Idaho Department of Health and Welfare, and the VA's high adoption of telehealth, there is potential for future opportunities to engage with leadership at the VA to develop best practices and overall lessons learned.

Outline for Telehealth Interviews

- Welcome from Stonewall
 - Explain our work with this project
 - How the interviews fit into the project
 - When findings will be shared
- About the interview
 - Interviews will be recorded, and those recordings provided to IDHW
 - What information from the interview will be used in the report?
- Start of the interview
 - Find out if the person took part in the survey
 - Some of the questions could be redundant (just want us to be cognizant)
 - Tell me a bit about your role in your organization
 - Find out about how connected the interviewee is to telehealth in the organization
- Telehealth Status Portion
 - Does your organization currently offer (or purchase) telehealth services for patients (or employees)?
 - If yes,
 - When did your organization begin offering (or purchasing) services?
 - What telehealth services or specialties are offered (or purchased)?
 - If no,
 - Has your organization considered offering telehealth?
 - What decisions or factors currently prevent you from offering (or purchasing the services)?
 - How has the onset of COVID-19 changed your perspective on telehealth?
 - We have learned from the preliminary survey findings, a large spectrum exists on the use of telehealth
 - Some feel telehealth cannot replace an in-person medical visit
 - Others believe this has been a great embrace of technology and it has mitigated some of the impacts of accessing a healthcare provider during the pandemic
 - What are your thoughts on how telehealth fits into the larger context of healthcare delivery?
 - Has this viewpoint changed since the onset of COVID-19?
 - What are your organization's plans in the near and long-term regarding the use of telehealth?
 - What have your patients (or staff, or employees) been saying about telehealth?
- Barriers and Future Steps Portion
 - Temporary measures have been put in place at the federal level to alleviate some of the burdens with telehealth, whereas Idaho has put also created permanent measures (<https://mhealthintelligence.com/news/idaho-governor-makes-covid-19-telehealth-expansion-permanent>)
 - In addition to the current measures (both temporary across the country and permanent in Idaho), are there other changes you would like to see to allow your organization to offer telehealth?

- Is telehealth here to stay, or will it revert back to a secondary aspect, once / if the COVID-19 pandemic goes away
 - What are the limitations with telehealth (e.g., safety concerns about doing exams, taking vitals)?
- Wrapping Up
 - Covered a range of topics regarding telehealth in this conversation
 - Are there any other areas you would like to discuss, or are there topics you thought we would discuss but didn't?
 - Reiterate timeline for findings and thank the person for their time