



October 16, 2019, 9:30-11:30AM

**Location: 450 W. State St.,
2th Floor, Conference Room 2B**

Meeting Minutes:

Member Attendees: Matt Wimmer, Dr. Kelly McGrath, Dr. Lydia Bartholomew, Norm Varin, Wren Withers, Yvonne Ketchum-Ward, Larry Tisdale, Teresa Cirelli, Cynthia York

Staff: Mary Sheridan, Stephanie Sayegh

Guests: Elke Shaw-Tulloch, Joe Pollard, Dieuwke Dizney-Spencer

Anti-Trust Statement: It is the policy of the Healthcare Transformation Council of Idaho (HTCI), to conduct all its activities, and the workgroups associated with HTCI's activities, in compliance with federal and state antitrust laws. During these meetings and other activities, including all informal or social discussions, each member shall refrain from discussing or exchanging competitively sensitive information with any other member.

Summary of Motions/Decisions:

Motion:

Yvonne Ketchum-Ward moved to accept the minutes of the September 16th, 2019 Payer Provider Workgroup meeting as presented.
Cynthia York second the Motion.

Outcome:

Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review- *Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup*

- ◆ Meeting called to order at 9:34 AM
- ◆ HTCI meeting tomorrow, 10/17/19

Charter Update- *Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup*

- ◆ Presented updated charter to HTCI and approved. Modification was to change the description for identifying “top 10 spends” to identifying cost drivers that can be improved through payer and provider collaboration.

HealthCare Payment Learning & Action Network (HCP-LAN) categories - Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup

- ◆ We will have an HCP-LAN presentation at a future PPW meeting to ensure all have the same information.
- ◆ Suggested we have provider and payer present together.

Inviting additional providers to participate in PPW

- ◆ Acknowledged the Payer Provider Workgroup does not currently include robust provider representation.
- ◆ Suggested we need to ensure providers’ time is well spent and be strategic with engagement. The group will consider the ideal points at which to incorporate broader provider representation.

Meeting Schedule- Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup

- ◆ Reminder: next meeting is November 18th at 1:30pm MT

Request for Proposal (RFP) update- Mary Sheridan Bureau Chief Rural Health and Primary Care

- ◆ RFP will require contractor to identify the percent of beneficiaries and percent of payments in HCP-LAN categories. Results will be compared to 2017 data collected during the Statewide Healthcare Innovation Plan (SHIP). Referred to SHIP document titled, “Payer Financial and Enrollment Metrics for Goal 6.” Document will be included with RFP documents to assure a comparison of 2018 data to the 2017 SHIP analysis.
- ◆ Workgroup members discuss whether or not the cost avoidance categories in the SHIP report titled, “Idaho Statewide Healthcare Innovation Plan Projected Financial Results.” Following discussion, the group agreed the categories may be valuable, however, there is currently no clear need to collect this data since there are no specific projects to impact them.
- ◆ Suggested including measuring the cost of care (e.g., inpatient, outpatient, pharmacy, primary care). Payers tend to use similar categories and the data will already exist.
- ◆ Suggested including lines of business.
- ◆ RFP will include an option for additional special projects, as needed and resources are available.
- ◆ Do we include self-insured? Level-set is important – to ensure everyone is measuring the same
- ◆ Timing for establishing a new contract after the RFP process is 3-6 months. Draft is ready and hope to publish within the next couple of weeks.

Division of Public Health Data Presentation and background on selecting four (4) priority areas –

Elke Shaw-Tulloch and Joe Pollard, Department of Public Health

- ◆ Healthcare transformation and social determinants of health – two key areas for the Division of Public Health. Opportunities for leverage and alignment.
- ◆ Shared and discussed the process for selecting the 4 Division of Health priorities: mental/behavioral health, overweight/obesity, diabetes, and unintentional injury.
- ◆ Process included an assessment, data review, key informant interviews, and stakeholder meeting.
- ◆ Priority areas determined through stakeholder engagement process.

- ◆ Reviewed data available on Get Healthy Idaho website (gethealthy.dhw.idaho.gov) which also includes a [dashboard](#).

Define strategy to identify three (3) cost drivers to impact through collaboration

- ◆ Discussed strategies and ideas for identifying the 3 cost drivers that can be impacted through collaboration.
- ◆ Legislature is focused on deliverables and want to see impact to support future funding.
- ◆ Suggestions included:
 - Sepsis: Importance of early diagnosis and intervention. Associated with high cost and high mortality. One of the highest paying DRGs. There are sometimes also challenges with billing for patients with a sepsis diagnosis with a short or emergency department only visit. Implementing new strategies and protocol in north Idaho that could be replicated.
 - Focus on foundational elements that impact health: behavioral health, high blood pressure, chronic disease management. Focus early instead of downstream.
 - Identify outliers: where is Idaho an outlier? Example of back surgery in the past. Could find something more recent.
 - Division of Public Health priorities and potential for collaboration.
 - BMI (body mass index): foundational element and a small reduction can result in health improvement.
- ◆ Prioritization:
 - Establish a process for the group to prioritize issues.
 - Select Health has group decision-making tools to they can share.
 - Need to focus on drivers the group can impact through collaboration.
 - Chairs will also work with Mary Sheridan outside of PPW meetings for other solutions.

Closing

- ◆ We need to have an early win and show how we can collaborate to impact.
- ◆ Will identify presentations for future PPW meetings to support planning and decision-making.
- ◆ Topic ideas for December meeting:
 - Presentation from Dr. McGrath on development of sepsis protocol, collaboration process, and early outcome data, if available.
 - Presentation about data points where Idaho is an outlier.
 - Share ideas and methodologies for decision-making. Select Health willing to present their strategy.

Meeting Adjourned: 11:25 am



Improving Sepsis Care
Helen Holmes, RN, MBA
Ann Ealy, RN



KootenaiHealth
kh.org

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Breadth of the Sepsis Problem

- On September 11th the United States lost nearly 3,000 citizens in the terror attacks.
- Sepsis will kill this many Americans in the next 4.5 days.
- In the U.S. between 2010-2014, there were 27 air traffic deaths.
- Sepsis claims that many lives every 55 minutes.



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Our Opportunity

In 2017 our septic shock mortality rate was 30%.

Mayo Clinic Care Network Findings

- **Earlier Resuscitation** – Rapid Response Team protocols are good; however, suggest earlier resuscitation and allow RRT team to perform at highest level. Encourage more RRT calls.
- **Point of Care lactate protocol** – (ED and on the floors) will help resuscitation happen sooner. Key point is to compress the time and compress the resuscitation.
- **RRT Training** -- Train the entire RRT team together including physicians. Focus on teamwork and communication, First words from RRT should be... "How can we help?"

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Kootenai Health Sepsis Goal

Goal : Decrease septic shock mortality to 20% in 2018, saving an estimated additional 21 lives.

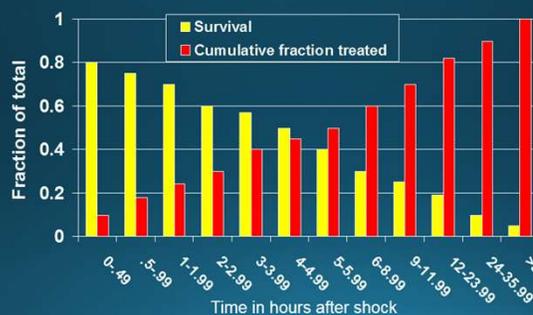
Focus: Shorten time to recognition and treatment in the ED.

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Time is Mortality

CHEST: March 2019
 "Among 10,811 eligible patients,...each additional hour from ED arrival to antibiotic initiation was associated with a 10% increased odds of 1-year mortality."
 (95% CI, 5-14; P < .001)

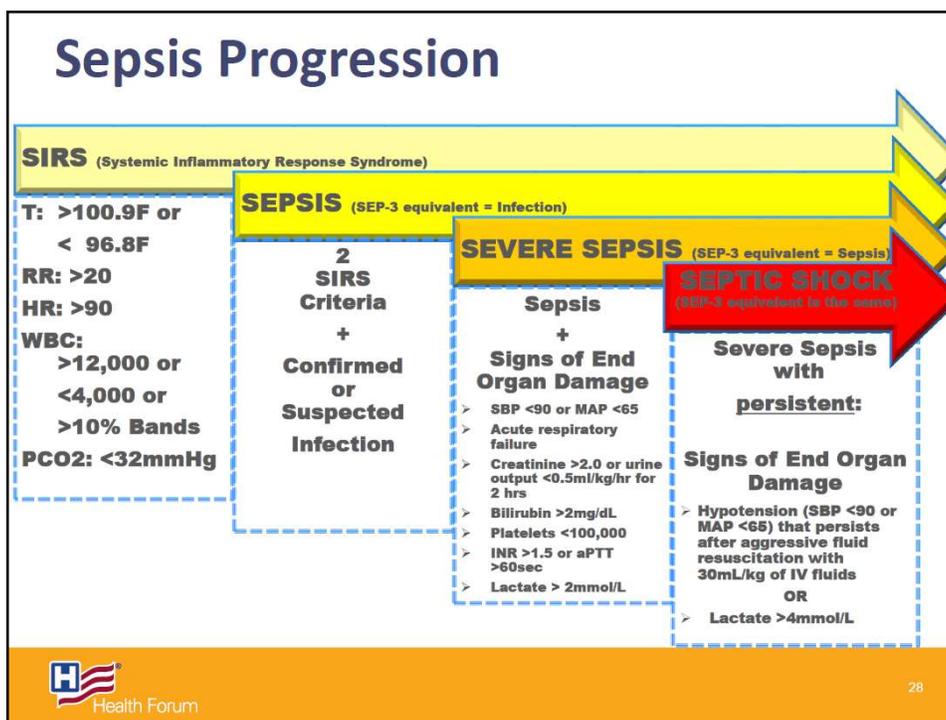
Antibiotic Timing in Septic Shock



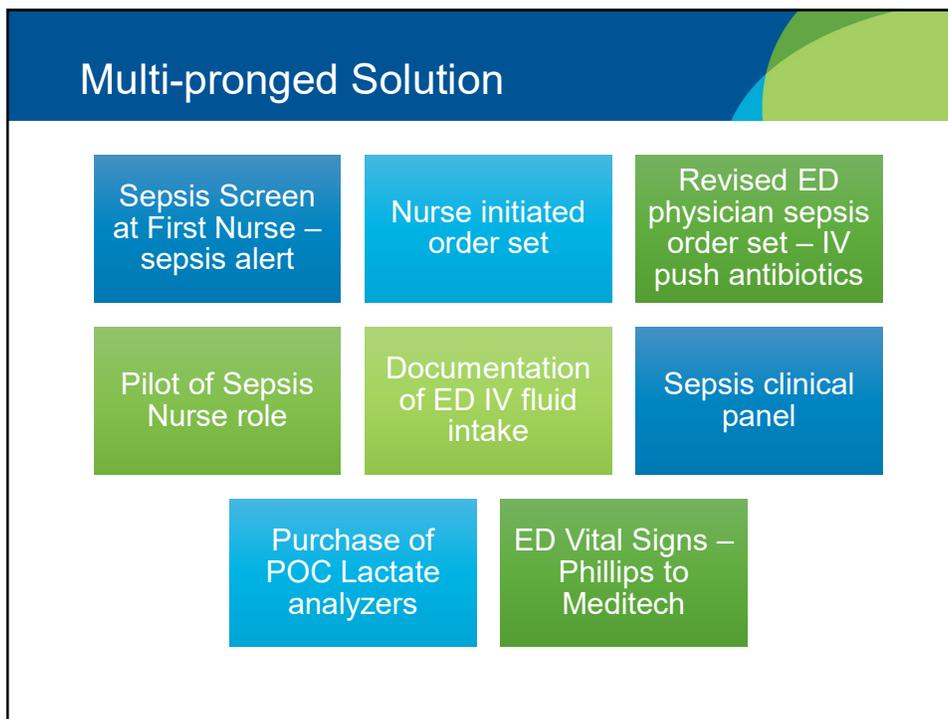
Kumar A. Crit Care Med 2006;34:1589-96.

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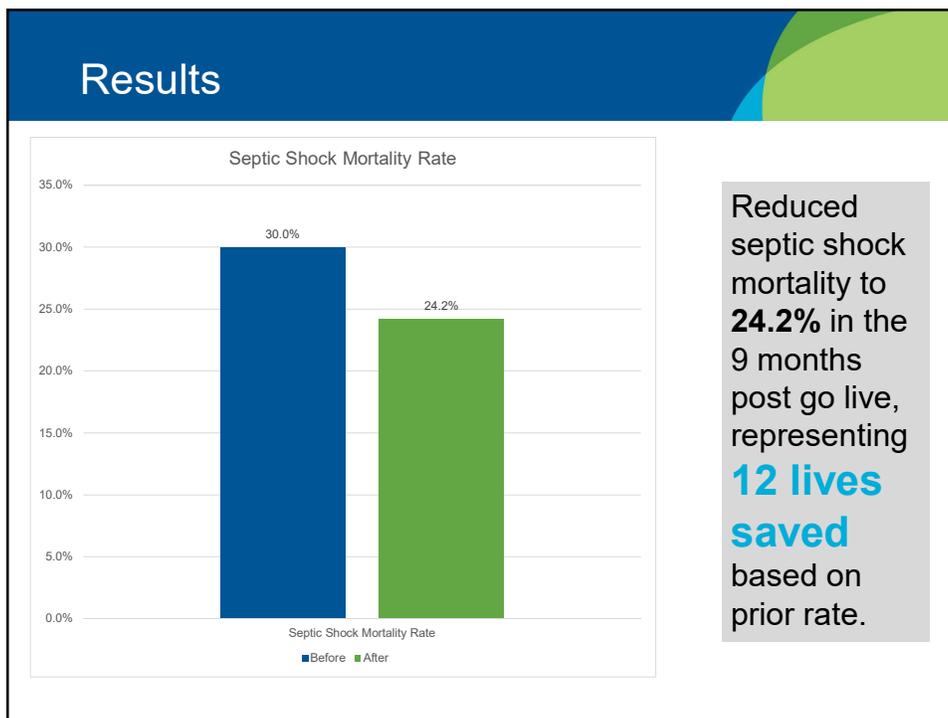
Sepsis Progression



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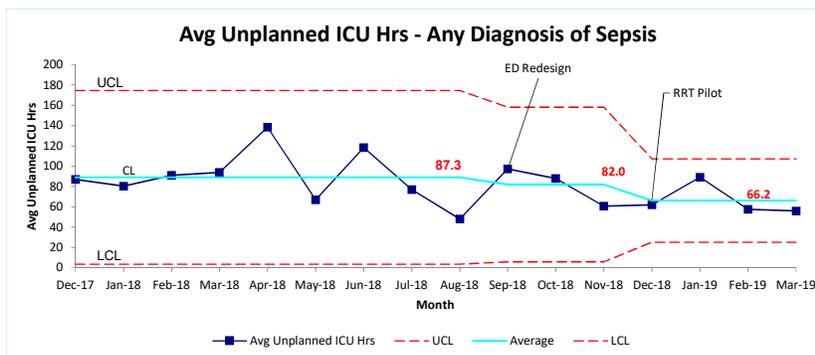


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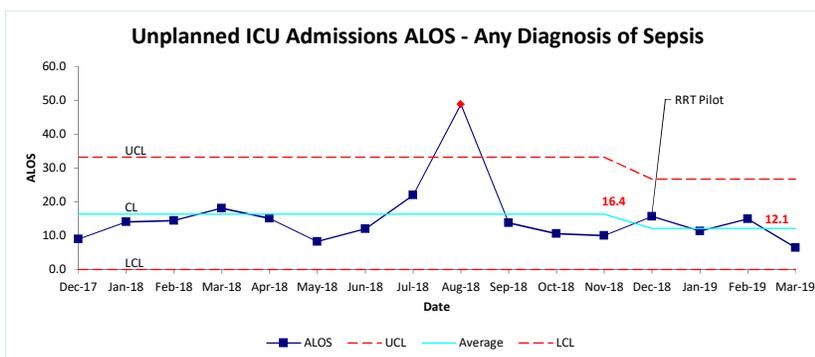
Unplanned ICU Hours



- Unplanned = patients admitted to the ICU from a med/surg floor. Outliers from both pre and post were removed (3 from pre and 1 from post).
- Average unplanned hours spent in the ICU pre-RRT pilot were 87.3. Post intervention the average dropped to 66.2, *representing a savings of approximately 21 hrs per patient* (across 41 patients).

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Unplanned ICU ALOS



- For these same patients (any DX of sepsis, with an unplanned transfer to the ICU), the pre-intervention ALOS was 16.4 days, and post was 12.1 days. *We saved an average of 4 days per patient in whole.*

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Outreach

As Kootenai Health has moved toward our vision of being the preferred regional referral center, the processes and communication for transferring patients both internally and externally has become more complex, requiring new structure and standardization.

Goals

1. Clinical intake process for referring hospitals
2. Standardized communication pathways
3. Standardized clinical pathways for common diagnoses
4. Escalation process
5. Dashboard and regular data review and feedback

*Background- sepsis work began with Bonner General Health, now expanding to include Shoshone Medical Center, Clearwater Valley and St. Mary's

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Regional Coordination

As Kootenai Health has grown into the main regional referral center, the processes and communication for transferring patients both internally and externally has become more complex, requiring new structure and standardization



Standardized Processes

- Clinical intake form
- Monthly score cards
- Care pathways



Quality and Continuous Improvement

- Data that matters
- Provider escalation pathways
- Dashboards for continuous monitoring



Coordination

- Swing bed utilization
- Needs determined by regional partners

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Sepsis Clinical Pathway

1. Complete assessment:

- ▶ Complete full set of vital signs (RR is most predictive sepsis vital sign)
- ▶ Complete labs: lactate, creatinine and white blood count
- ▶ Identify suspected source
- ▶ Identify current interventions/medications administered including IV fluids and antibiotics

2. Follow algorithm results and recommendations:

If:

- ▶ Lactate < 4
- ▶ BP – normal
- ▶ HR – normal
- ▶ O2 – no increased oxygen needs
- ▶ Fewer than two organ systems involved

↓

Then:

Determination to keep made in collaboration with Kootenai Clinic Hospital Medicine

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Patient can safely stay at a critical access

If:

- ▶ Lactate 2-4
- ▶ BP, MAP > 65
- ▶ HR < 110
- ▶ O2 needs normal to increased, but if Bi-pap needed, should go to ICU
- ▶ Acute kidney injury (AKI) with Urine Output (UOP) > 30 mL/hr
- ▶ pH > 7.2
- ▶ OK if multisystem involvement (slight elevation in troponin, LFTs)

↓

Then:

Sepsis

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Transfer and admit to medical floor, Hospital Services

If:

- ▶ Lactate > 4 after IVF
- ▶ MAP < 65 after IVF
- ▶ HR < 90 bpm or > 110 bpm
- ▶ Respiratory failure with Bi-pap or intubation
- ▶ AKI with UOP < 30 mL/hr
- ▶ pH < 7.2

↓

Then:

Septic Shock

Note: After IVF (30mL/kg administered with pressure bag; 999 on pump not fast enough)

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Transfer and admit to Kootenai Health Critical Care Intensivist Service

Sepsis To-do Check-list:

- IVF- Lactated Ringers recommended for sepsis with bolus of 30 mL/kg in hour one and maintenance rate of 150 ml/hr
- If initial lactate >/+ 2, was a repeat lactate drawn?
- Blood cultures. Ideally drawn prior to antibiotics, but do not delay abx administration to get them
- Antibiotics:
 - IVP Ceftriaxone 2 gm? (fastest option - IVP over five-to-seven minutes good for 24 hours)
 - Zosyn 4.5 mg or Merrem 1 gram ASAP and prior to transport
 - If rare allergy to above drug class - Levaquin 750 mg may be administered instead
- Vasopressors as needed
 - Start norepinephrine (first line choice) 0.1 mcg/kg/min
 - Titrate to MAP >/= 65



Patient Transfer Center
800-200-1511



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Initiative: Increase Telehealth Adoption

Goal 2: Improve healthcare quality, access, and the health of Idahoans.

Objective 1: Identify the barriers to telehealth program expansion in Idaho and develop solutions to increase adoption and utilization. Telehealth services increase healthcare access and provide a cost-effective delivery strategy in value-based systems.

Telehealth Task Force Co-Chairs:

- Craig Belcher, Regence Blue Shield**
- Jenni Gudapati, BSU Value-Based Healthcare Program**
- Krista Stadler, St. Luke's Virtual Care Center**

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Telehealth Task Force (TTF)

- **Identifying potential TTF members is underway.** There will be 12 members – 4 from healthcare sector and the remaining **8 will represent various industry sectors throughout Idaho. If you have names for consideration for TTF membership, please submit to Ann.Watkins@dhw.Idaho.gov**
- **TTF will meet monthly from January-June 2020 and focus on solutions and recommendations to advance telehealth in Idaho.** A final report with TTF recommendations will be presented to HTCI and HCPC in August, 2020.



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Telehealth Task Force (TTF)

- A pre-work packet on known barriers (e.g. reimbursement, definitions, legislation and rules, implementation and sustainment costs, alignment to current business models) and other relevant materials regarding the telehealth landscape will be distributed to members prior to launch of TTF.
- **Twenty-four Subject Matter Experts (SME's) will be invited to present to TTF** utilizing a standardized slide template on what recommendations do they have to remove the barriers of telehealth and respond to the question – **If you could put any telehealth solution in place what would you do and why and include a specific use case of a patient?**
- **The HTCI will consider adoption of the Charter at their upcoming meeting on November 21, 2019. Copies of the proposed charter and membership structure and potential SMEs are included as attachments in the PPW agenda for your reference.**



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Telehealth Task Force (TTF)

- Questions or feedback, please contact: Jenni Gudapati @ JenniGudapati@boisestate.edu or Ann.Watkins@dhw.Idaho.gov

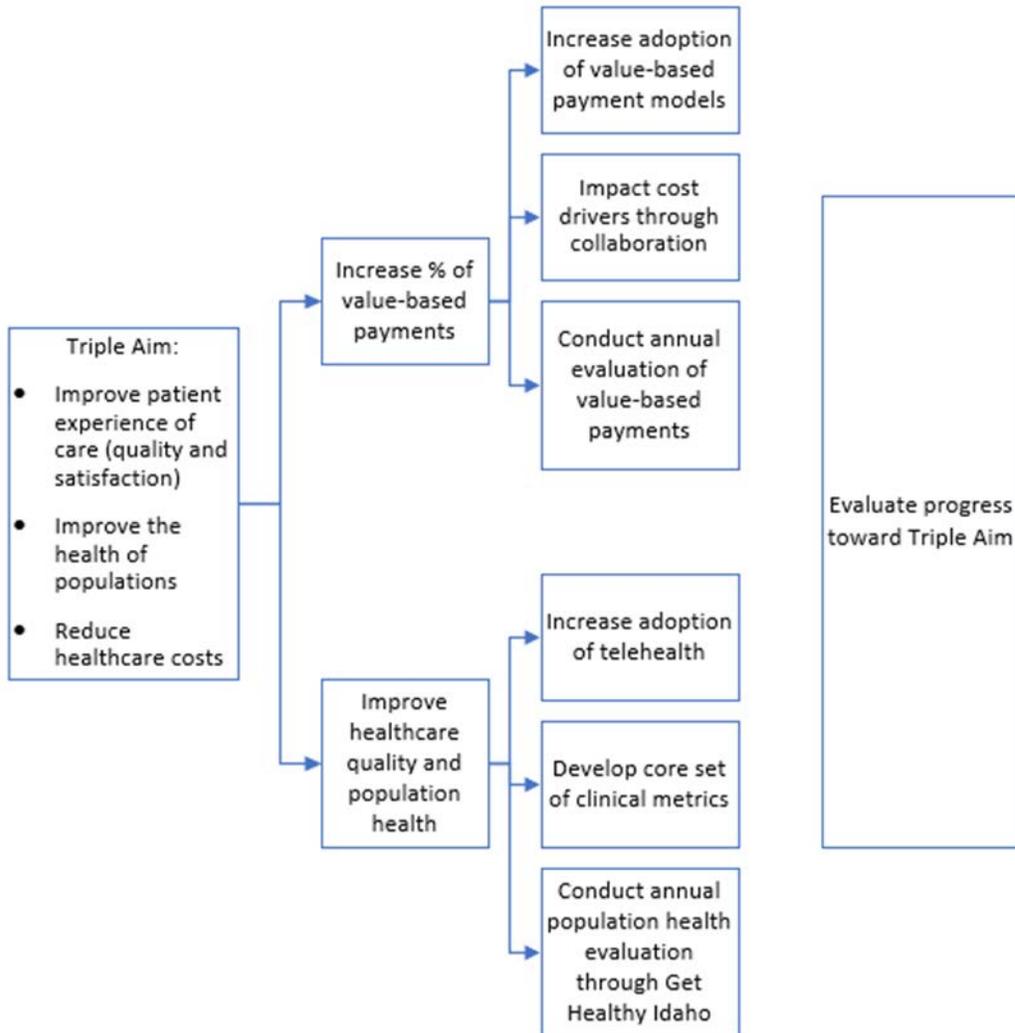


Telehealth Task Force (TTF) Charter

Task Force Summary:

Co-Chairs:	Craig Belcher, Jenni Gudapati, Krista Stadler
OHPI Staff Lead:	Ann Watkins
TTF Charge (from HTCI):	Identify the drivers and opportunities to telehealth services adoption and expansion in Idaho for providers, clinics, specialists, hospitals, and other health system partners and recommend mitigation strategies to increase adoption and utilization.
HTCI Alignment:	<ul style="list-style-type: none">• Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.• Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.• Recommend and promote strategies to reduce overall health care costs.
Accountable to:	<ul style="list-style-type: none">• Report progress monthly to the Payer Provider Workgroup and HTCI
Context:	<ul style="list-style-type: none">• Telehealth has the potential to help overcome the specific challenges of provider shortages and rural and frontier community isolation.• Telehealth can help improve access to primary care, specialists, hospitals, community health centers, sub-acute settings, etc. and support patient and provider education and share real time actionable data.• There are complex issues surrounding telehealth which must be addressed by stakeholder collaboration to thrive within a very complex healthcare system.• Continued and coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent.• In July 2019, the Health Transformation Council of Idaho (HTCI) with endorsement by the Health Quality Planning Council (HCPC) approved the formation of a Telehealth Task Force.

Logic Model Diagram



Goals, Objectives, and Actions:

Goal: Improve healthcare quality, access, and the health of Idahoans.

Objective 1: Identify the drivers for telehealth services expansion in Idaho and recommend solutions to increase adoption and utilization.

Strategy	Action to be Taken (Accountable Group)	Timeline
Secure grant funding to conduct environmental scan to assess telehealth usage in Idaho, with a focus on substance/opioid use disorder treatment.	<p>Assess alignment with CMS Medicaid SUPPORT Act Funds Action: CMS review and determination (IDHW)</p> <p>Implement state procurement process to secure vendor, pending CMS approval Action: vendor contract established (IDHW)</p> <p>Conduct environmental scan, pending CMS approval Action: final report presented to HTCI and Telehealth Taskforce (IDHW)</p>	<p>September 2019</p> <p>December 2019</p> <p>April 2020</p>
Develop pre-implementation plan, charter, and goals for Telehealth Taskforce (TTF)	<p>Develop TTF Charter (TTF Co-Chairs)</p> <p>Develop TTF Agendas, Facilitators, Subject Matter Experts and Presenters (TTF Co-Chairs)</p> <p>Submit TTF Charter for review by the Payer Provider Workgroup (DHW TTF Resource)</p> <p>Submit TTF Charter to HTCI for review and approval (DHW TTF Resource)</p>	<p>October 2019</p> <p>November 2019</p> <p>November 2019</p> <p>December 2019</p>
Identify IDHW programs with telehealth components and assure inclusion in statewide planning efforts.	Survey IDHW programs to ascertain telehealth usage and identify IDHW staff to participant on the TTF (IDHW)	November-December 2019
Identify members and convene telehealth taskforce	<p>Identify TTF members and submit final member roster for HTCI review (TTF Co-Chairs)</p> <p>Convene TTF (TTF Co-Chairs)</p>	<p>October-December 2019</p> <p>January 2020</p>
Create the taskforce pre-work package that identifies known barriers to telehealth adoption and provide initial resource literature to the taskforce members.	Packet delivered at least two weeks prior to first meeting. (TTF Co-Chairs, IDHW TTF Resource)	December 2019

Identify solutions and strategies to increase adoption and utilization	Conduct monthly meetings in order to identify Idaho-specific solutions and strategies based on drivers and opportunities related to specific use cases (TTF)	January- June 2020
	Submit regular progress reports to HTCI (IDHW TTF Resource)	December- August 2020
	Draft action-oriented final report with specific recommendations that will result in driving utilization by removing barriers to implementation and sustainability	June-August 2020
	Share TTF recommendations with HTCI (target: TTF co-chair presentation to HTCI) and HQPC	August 2020

Planned Scope:

Deliverable 1: Develop pre-implementation plan, TTF charter, framework for meeting cadence and structure, timeline, deliverables, goals, objectives and operational parameters to achieve successful launch of the Telehealth Task Force in January 2020.

Description:

Create vision and operating plan for the Telehealth Task Force (TTF) that aligns with the charge given by HTCI

Document scope and operating framework of the TTF in an agreed upon charter that includes: Goals, Objectives, Actions/Strategies, Scope, Deliverables, Timeframes, Milestones, Membership and Meeting Approach/Logistics

Timeframe:

<i>Anticipated Dates</i>	<i>Description</i>
Sept - Nov 2019	Co-Chairs and Staff Lead Develop Draft TTF Charter Determine framework for TTF initiative
Nov – Dec 2019	Forward Draft Charter to PPW and HTCI for review and feedback. Recruit TTF members, Identify facilitators, subject matter experts and or presenters by topic area/category Establish TTF meeting calendar for Jan-June 2020 Conduct literature review Determine funding viability for environmental scan for telehealth utilization in Idaho. Identify materials to be shared with TTF members prior

	to TTF kickoff in January, develop agenda for first meeting, identify subject matter experts to present at meetings and confirm their participation. Develop presentation materials and guidelines for subject matter expert (SME) presentations Solicit SME's and begin scheduling presentations
Jan 2020	Launch TTF in January Review TTF Charter and Approve/Provide Overview of Topic Categories, Review Calendar for Presentation of Topics
Feb - May 2020	Review and elicit feedback from TTF members, subject matter experts, presenters using predefined presentation format that seeks to focus on structured detailed discussion rather than presentations
May/June 2020	Finalize strategy(ies) to impact TTF identified barriers, solutions, targets and deliverables
June 2020	Develop final TTF recommendations and strategy(ies) for next steps Draft findings, report and recommendations for presentation to PPW and HTCI members in August 2020.
July 2020	Review draft of report Incorporate edits and prepare final report
August 2020	Report findings to HTCI

Milestones:

- Recruit TTF members by December 13, 2019
 - Secure Facilitators, Subject Matter Experts and Presenters for January, February and March meetings by December 13, 2019 and complete selection of Facilitators, Subject Matter Experts and Presenters for April and May meetings by February 1, 2020
 - Conduct literature review and complete by December 31, 2019
 - Baseline – uses of telehealth in Idaho, conduct an environmental scan to determine this
 - Identify topics that TTF is to explore that can influence and impact barriers, challenges and opportunities (December 2019)
 - Refine deliverables and framework for TTF by November 12, 2019.
 - Calendar the date for each deliverable e.g. when this topic will be presented to the task force to be finalized by December 13, 2019.
 - Develop a strategy and timeline for each topic/deliverable to be finalized by December 13, 2019.
- Monitor and report progress to HTCI and PPW related to TTF framework, design and anticipated body of work on a regular basis.

Deliverable 2: Complete a review of current literature, legislation and other potential regulatory or structural impediments in order create a baseline packet of information for TTF members that will inform and allow the TTF membership to evaluate and recommend any needed changes.

Description: Review of the Idaho Telehealth Support Act and other Idaho legislation, Non-Idaho state legislation and policies, National policy/descriptions, Idaho

Association Telehealth documents and other potential regulatory or structural impediments

Timeframe:

Anticipated Dates *Description*

December/January 2020 **Review the Idaho definitions of telehealth, common terminology and vernacular** as well as the Idaho Telehealth Support Act and other materials in order to prepare the TTF members to consider the need for revisions or modifications throughout the TTF SME presentations

Milestones:

- Define scope of this activity
- Identify gaps
- Develop a strategy and timeline for each target
- Report progress to Payer Provider Workgroup and then HTCI

Deliverable 3: Collaboratively develop and deliver a final report that includes solution-based recommendations that point to immediate and longer team goals, outline recommended next steps and required resources for continued adoption and expansion of telehealth in Idaho.

Description:

The TTF will review and gather objective and subjective information in order to collaboratively draft a final recommendations report that to the best of their ability represents all types of healthcare entities and those who have a vested interest in health care. The TTF will evaluate, at a minimum, the following areas through literature review and structured subject matter expert testimony and use case analysis.

- Assessment of telehealth utilization in the State of Idaho (IDHW survey only)
- Current barriers to telehealth adoption and utilization
- Potential use cases for telehealth in Idaho
- Cost of implementing and sustaining telehealth solutions
- Business model transformation and reimbursement strategies and impact/alignment of telehealth findings
- Billing codes review and crosswalk findings/recommendations
- Policy/legislation review and recommendations
- Vernacular review and recommendations
- Community engagement review and recommendations
- Telehealth implementation challenges

Timeframe:

Anticipated Dates *Description*

May/June 2020 Finalize strategy(ies) to impact TTF identified barriers, solutions, targets and deliverables

June 2020 Develop final TTF recommendations and strategy(ies) for next steps

	Draft findings, report and recommendations for presentation to PPW and HTCI members in August 2020.
July 2020	Review draft of report
	Incorporate edits and prepare final report
August 2020	Report findings to HTCI

Membership and Composition:

General Information

1) TTF Membership

TTF will consist of representatives from the following mix of business stakeholder groups and will not exceed 12 members (including three co-chairs) with no more than one representative from each site. Consideration was given to business geographic location, size, self-insured status and community presence/engagement.

INSERT BUSINESS NAMES HERE (to be completed once TTF members are identified).

Members should be in a role at the perspective company that had direct oversight and accountability for one of the following areas; workforce health and safety, operations and/or finance (example of titles- Human Resources, Chief Operating Officers, Chief Financial Officers)

2) Subject Matter Experts

Targeted and open call subject matter experts will be invited to present on relevant telehealth topics at one of the four meetings e.g. January – April 2020 to highlight telehealth barriers, gaps in service and potential solutions to increase adoption and utilization of telehealth in Idaho. Targeted Subject Matter Experts will be identified from the following categories or organizations:

- Medicaid
 - Medicare
 - Commercial Carriers
 - Self-Funded Employer
 - Representatives from the following organizations:
 - Idaho Hospital Association
 - Idaho Medical Association
 - Idaho Primary Care Association
 - Idaho Academy of Family Physicians
 - Veterans Administration
 - Educational Institutions
 - Physicians from Health Systems
 - Independent Clinic Physicians
-

-
- Other Healthcare Professionals
 - Rural/Urban Geographic Areas
 - Department of Health and Welfare
 - Health IT and Telehealth Subject Matter Experts

Subject Matter Experts who participate and share their expertise with the TTF will be invited to provide feedback on the TTF final recommendations and action-oriented final report.

Member Selection

Co-Chair Invitation; subject to approval of membership categories by the HTCI

Terms

Membership shall be extended to individuals and organizations by the co-chairs as needed to address the initiative(s) of the task force. There are no set terms or limits for this workgroup.

Expectations of Members

- Members must participate in 75% of all meetings scheduled for the Telehealth Task Force.
 - Members’ designee may participate in up to 25% of the meetings scheduled within the task force meeting time frame.
 - Members are encouraged to send the same designee to the meetings instead of different individuals.
-

Meeting Times and Locations:

- To be determined within the pre-implementation planning phase (e.g. October – December 2019).
- Distribute meeting times and locations and post those dates on the HTCI website.
- Include information about in person and on-line participation for TTF members

Communication Channels:

- Distribute proposed charter and solicit participation from potential task force members during the pre-implementation phase (e.g. October – December 2019)
- Announce approved task force members, task force progress, and the completion and dissolution of the task force via the HTCI website, HTCI and PPW meeting reporting mechanisms.
- Delivery of monthly progress report to HTCI and PPW
- Identify other communication channels for consideration to convey the work of the TTF as deemed appropriate.
- Identify communication channels for ongoing communication for Telehealth issues at the sunset of the TTF.

Agendas and Notes:

- Solicit administrative agenda items from TTF members 10 days before meeting
- Prepare agenda and distribute prereading materials no less than 48 hours before meeting
- Post meeting notes and agendas on HTCI website

Final Report:

- Prepare a final report which captures the work of the TTF and recommendations for future action.
- Provide a link to the task force’s final report once complete and approved by HTCI.

Resourcing:

It is anticipated that existing staff resources allocated will be adequate to facilitate and support the Telehealth Task Force. Based on the final outcomes of the evaluation and corresponding recommendations there may be additional resources, research, publications and projects, etc. identified to address the adoption barriers within telehealth.

Change Management:

Changes to scope must be approved by HTCI.

Version Information:

Version	Author	Summary	Date
1.0	Watkins	Initial Drafting	09/09/2019
1.1	Watkins	Revision with TTF Co-Chair feedback	10/16/2019
1.2	Watkins	Revisions with TTF Co-Chair feedback	10/21/2019
1.3	TTF Co-Chairs	Review by TTF Co-Chairs	11/5/2019 and 11/12/2019

Final Acceptance:

Name/Signature	Title	Date	Approved via Email
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Telehealth Task Force (TTF) Proposed Membership

Subject Matter Expert Presentations and Ex Officio Legislative Members

TTF Charge: Identify the drivers, challenges and opportunities to telehealth program adoption and expansion in Idaho for providers, clinics, specialists, hospitals, and other health system partners and recommend mitigation strategies to increase adoption and utilization.

TTF Membership Composition: 12-member task force - **It is critical that a broad base of diverse stakeholders be assembled to address solutions to increase the deployment and utilization of telehealth in Idaho.**

Members from Healthcare Sector:

- 1) Jenni Gudapati, **educational institution**/value-based payment Boise State University
- 2) Krista Stadler, **health system** e.g. St. Luke's Virtual Care Center
- 3) Craig Belcher, Regence Blue Shield **commercial payer**
- 4) Susie Pouliot or another designee from **Idaho Medical Association**

Other Industry Sectors/Telehealth Utilizers in Idaho:

8 individuals representing various roles or professions and geographic areas of Idaho e.g. Human Resources, COOs, CFOs and or research and development/innovation.

These Idaho industries currently utilize telehealth or may be a future utilizer of telehealth for their employee base.

Idaho Employers/Industries identified to be approached about TTF participation are as follows:

- 1) Idaho Power (backup Albertsons)
- 2) Agri-Beef Business (backup Simplot)
- 3) Clearwater Analytics (Boise)
- 4) Lighthouse Foodservice (No Idaho)
- 5) Hecla Mining (No Idaho)
- 6) Clear Spring Trout Farms (small business - Hagerman)
- 7) Chobani Yogurt (Magic Valley/Twin Falls)
- 8) Tourism Industry (potential CDA resort or another TBD)
- 9) Insurance Broker (representing small business sector clientele)

Ex-Officio Legislative Representation:

- **2 ex officio members representing the Legislature:** Potential legislative members identified (e.g. one Representative and one Senator) – Representative Youngblood (Nampa), Representative Erpelding (Boise), Representative Blanksma (Hammett) and Senator Agenbroad (Nampa), Senator Nelson (Moscow) or Senator Crabtree (Grangeville)

Pre-Implementation prior to launch of TTF in January 2020:

A packet of key materials will be shared with TTF members prior to the launch of the TTF in January 2020. Content will include known barriers information, use cases, data (if available), literature review of topics applicable to task force charge.

Outputs: Prepare a final report which captures use cases, data (if available), barriers to implementation that have Subject Matter Experts have experienced or anticipate experiencing, summary of ideas to remove barriers and/or implement innovative ways of solving the problem.

Subject Matter Experts:

Subject Matter Experts will be invited to present on relevant telehealth topics at one of the four meetings e.g. January – April 2020 to highlight telehealth barriers, gaps in service and potential solutions to increase adoption and utilization of telehealth in Idaho.

10 Minute Presentations: Subject Matter Experts will be asked to develop a five- slide presentation which points out drivers, challenges, opportunities for telehealth adoption and expansion in Idaho and solution-based recommendations to consider for implementation. Subject Matter Experts will be invited to provide feedback on the TTF final report.

To be as inclusive as possible, an open call for Subject Matter Experts will include the following:

- Medicaid
- Medicare
- Commercial Carriers
- Self-Funded Employers
- Associations such as:
 - Idaho Hospital Association
 - ATA
 - Association of Idaho Chambers of Commerce
 - Broker's Association
 - County/City Government Associations
 - Idaho Medical Association
 - Idaho Oral Health Alliance
 - Idaho Primary Care Association
 - Idaho Academy of Family Physicians
 - Idaho Center for Nursing
 - Broker's Association
 - Association of City and County Governments
 - Non-Profit Association
 - National Telehealth Resource Center
 - Small Business Association

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- Educational Institutions
 - Physicians from Health Systems/Independent Clinic Physicians/Other Healthcare Professionals
 - Sites of Care – Hospitals, Long Term Care, Rehab Facilities, Home Health Entities, Hospice, Schools, EMS and Veterans Administration
 - Specialties – Behavioral Health, CHEMS, Oral Health
 - Representatives from Rural/Urban Geographic Areas
 - Department of Health and Welfare Subject Matter Experts
 - Health IT and Telehealth Subject Matter Experts – Local HIMSS Chapter, Broadband Taskforce, Department of Commerce, Cyber Security
 - Influencers – Maxine Belle, Dr. John Rusche, Casey Meza
 - Other – Venture Capital, Local Disruptors, Other State Organizations, Other Healthcare organizations, INL
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