IDAHO State of Idaho Telehealth Council

Status Update

July 1, 2015 – June 30, 2016

Goals and Objectives

July 1, 2014 – June 30, 2015

A progress report and proposed work plan designed to coordinate and develop standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.

June 5, 2015

Strengthening healthcare in Idaho through the appropriate use of telehealth

Contents

Page

Executive Summary 3

Council Formation 3

Guiding Principles 4

Findings 4

Accomplishments 5

Situational Awareness 6

Proposed Workplan 8

Resource Request 13

References 14

Draft

Executive Summary

Council Formation

The 2014 Idaho Legislature passed House Concurrent Resolution 46 (www.legislature.idaho.gov/legislation/2014/HCR046.pdf) and in June 2014 the Department of Health and Welfare (DHW) convened the Idaho Telehealth Council to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho. The Council's website is located at: http://telehealthcouncil.idaho.gov/Default.aspx

The director-appointed Council is comprised of physician/providers, hospitals, payers, regulatory agencies, public health, rural health, and primary care representatives and is chaired by Stacey Carson of the Idaho Hospital Association. The Council's first meeting was on July 25, 2014 and has met monthly since then.

Telehealth Council Directory			
Appointees			
Organization	**Last Name**	**First Nam**	**Title**
Blue Cross of Idaho	Robinson Beale, MD	Rhonda	Medical Director
Bureau of Occupational Licenses	Toryanski	Mitch	Legal Counsel for the IBOL
Department of Insurance	Donovan	Tom	Deputy Director
Eastern Idaho Regional Medical Center	Goodwin, MS, MBAH	Rick	Assistant Administrator
Idaho Board of Medicine	Ganz, MD	William	Member, Idaho Board of Medicine
	Kerr, RN, MEd, CMBE	Nancy	Executive Director
Idaho Hospital Association	Carson	Stacey	Vice President, Operations & Registry Services
Idaho Medical Association	Steckel	Molly	Policy Director
Idaho Primary Care Association	Ault	Susan	Director of Care Improvement
Idaho State Hospital South	Sessions	Tracey	Eastern Hub Administrator
IDHW Division of Public Health	Sheridan	Mary	Bureau Chief
IDHW Division of Medicaid	Wimmer	Matt	Bureau Chief
Kootenai Health	Meza	Casey	Executive Director, Affiliated Health Services
Neurostatus, LLC	Morledge, PhD, CCC-A, DABNM, FASNM	David	Clinical Neuro-physiologist
OptumHealth	Bess, MD	Michael	National Medical Director of Telehealth
	diVittorio	Becky	Executive Director
Pacific Source	Mac Vicar	Linda	Healthcare Quality Improvement Facilitator
Regence BlueShield	Christian	Melissa	VP of Network
Select Health	Schaecher, MD, FACP, CPC	Ken	Medical Director
Kootenai Health	Meza, MD	Michael	IT/Telehealth Consultant
St. Alphonsus Health System	Whitmore Seibert	Tiffany	Director, Strategy and Planning
St. Luke's Children's Hospital	McPherson, MD, FAAP	Paul	Medical Director, CARES
St. Luke's Health System	Chasin, MD	Marc	System Vice President, CIO
Stargazers, LLC	Hazle, MD	Bil	Owner
Staff to the Telehealth Council			
IDHW	York	Cynthia	Administrator
	Moyer	Casey	Project Manager
	Thurston	Kim	Administrative Assistant
Legislative Representative			
Idaho House of Representatives	Rusche	John	Representative

Guiding Principals

The Council agreed to operate with transparency, be realistic, and to uphold the following guiding principles with any proposed recommendations:

- Support patient centeredness
- Enhance access to care and quality of care
- Promote cost effectiveness and be evidence-based
- Align with already established standards (FSMB, ATA, etc.)
- Sustain patient privacy and patient consent

Findings

Telehealth plays a vital role as Idaho strives to achieve the triple aim to improve: 1) quality of care; 2) population health; and, 3) affordability of healthcare. The appropriate use of telehealth technologies offers healthcare providers, hospitals, and health plans ways to provide improved access to healthcare. Telehealth can deliver safe, secure and cost saving access to healthcare for Idahoans and can bring care into clinical as well as non-clinical settings. Telehealth helps address barriers to access due to provider shortages, improves access to specialty physicians, and can keep care closer to home. Despite healthcare provider shortages, providers are sometimes reluctant to practice using telemedicine technology in Idaho and payers are reluctant to reimburse due to unclear policy regarding practice standards.

Based on a compilation of research outcomes on telemedicine's impact on healthcare cost and quality[1] the following findings were acknowledged:

- Telehealth services enhance access to health care, make delivery of health care more cost-effective and distribute limited health care provider resources more efficiently.
- Citizens with limited access to traditional health care may be diagnosed and treated sooner through telehealth services than they would be otherwise, resulting in improved health outcomes and less costly treatments due to early detection and prevention.
- Telehealth services address an unmet need for health care by persons who have limited access to such care due to provider shortages or geographic barriers.
- Telehealth services provide increased capacity for appropriate care in the appropriate location at the appropriate time to better serve patients, providers and communities.
- When practiced safely, telehealth services result in improvement in health outcomes by expanding health care access for the people of Idaho.

Draft

Accomplishments

The Council determined the first order of business was to establish standard definitions and clarify practice standards. The Council conducted a comprehensive review of policies from many other states and examined guidelines offered by standard setters such as the American Telemedicine Association[2] and the Federation of State Medical Boards.[3] Many states are doing similar policy work to ensure the safe use of telehealth in practice. The Council took care to balance improved access to healthcare with patient safety.

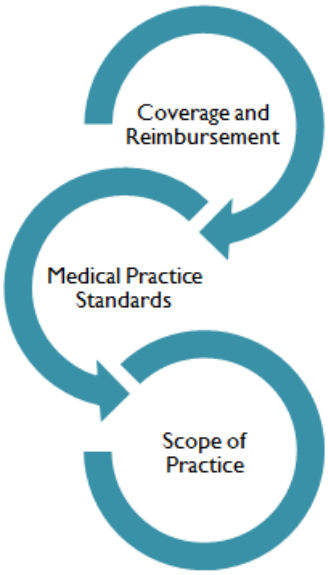
The Council developed and successfully passed the Idaho Telehealth Access Act (H189) during the 2015 legislative session. The Act requires that telehealth services be within the scope of license and consistent with the current standards of care. The Act defines how a patient-provider relationship may be established without an in-person encounter and includes provisions for issuing prescription drug orders using telehealth services. Promoting continuity of care is an important element within the Act. Statute language for the Idaho Telehealth Access Act can be viewed at: http://www.legislature.idaho.gov/legislation/2015/H0189.pdf

Highlights of the Idaho Telehealth Access Act

- Patient-provider relationships can be established without an in-person visit using two-way audio and video and maintained using electronic communications;
- Prescription drug orders can be issued using telehealth services with parameters [21 U.S.C. section 802 (54) (A)];
- Supports multi-disciplinary collaboration such as patient-centered medical homes;
- No restrictions on where the originating site is (where the patient is located); originating sites can include home, school, etc
- The statute requires providers to obtain a good medical history and adequate documentation that is secure and available to the patient and other providers.
- Decreases healthcare fragmentation; increases continuity of care; and,
- Telehealth services can be delivered within the provider's scope of license and consistent with the current standards of care.

Draft

Situational Awareness



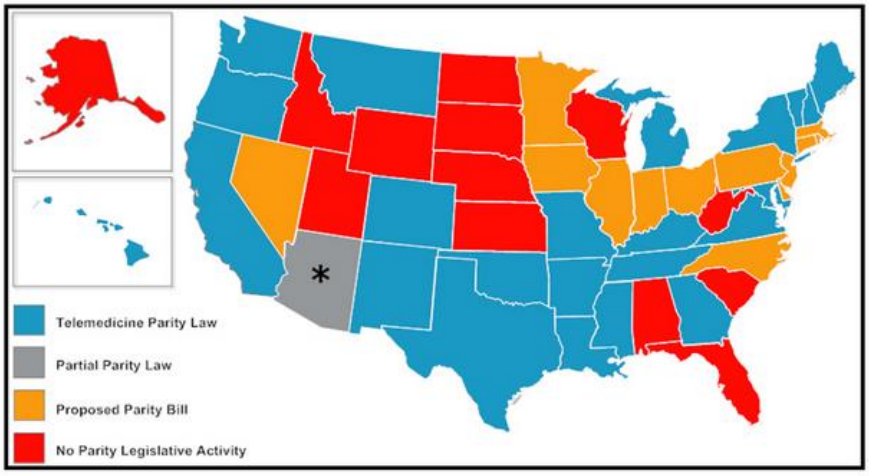
State and national landscape: No two states are alike when it comes to laws pertaining to coverage and reimbursement, medical practice standards, and scope of practice.

State Analysis on Practice Standards: State telemedicine gaps analysis have been prepared by the American Telemedicine association which captures the complex policy landscape of 50 states with differing telemedicine policies, based on telemedicine reimbursement policies as well as policies outlined by their respective state Medical Board.[2]

State Analysis on Reimbursement Policies:
The current telehealth policy for Idaho Medicaid can be found at:
http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf

Idaho does not have any parity laws for private insurance coverage for telemedicine.[2] Nationally, 24 states have private coverage parity for telemedicine with 11 more states having proposals in 2015. In addition, 13 states have legislated Medicaid coverage for interactive video encounters with 9 more states having proposals in 2015.

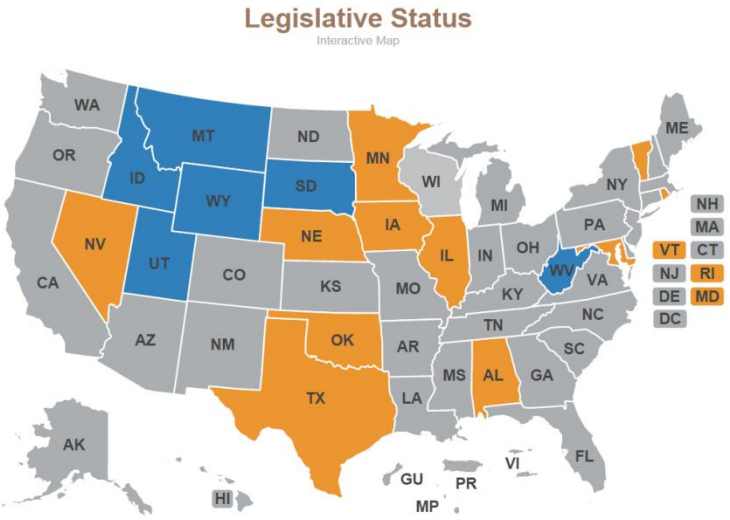
States with Parity Laws for Private Insurance Coverage of Telemedicine (2015)



Source of Map: http://atawiki.org.s161633.gridserver.com/wiki/index.php?title=State_law

Draft

Interstate Medical Licensure Compact:



The Compact was developed by representatives of state medical boards from across the country and supported by the Federation of State Medical Boards (FSMB) and the Council of State Governments (CSG). In a rapidly changing health care environment, the Compact will expand access to care, facilitate multistate practice and enable telemedicine without compromising patient safety. The Compact counters the efforts seeking to federalize or nationalize the medical licensure system. It allows for the Idaho Board of Medicine to participate in the rules and governance of the Commission that manages the Compact. Some of the components of the Compact include sharing data on practitioners choosing to use the expedited licensing process, shared disciplinary information, participation in joint investigations, and cost sharing. Disciplinary actions remain the duty/option of the State Board of Medicine The purpose of the Compact is to streamline the process of applying for medical licenses in multiple states while ensuring the responsibility for licensing and disciplining physicians remains with individual state medical boards. It also speeds the process of licensing physicians for locum tenens (temporary) positions and for telemedicine provisions.

Source of Map: http://www.licenseportability.org.

Idaho passed the Interstate Medical Licensure Compact (H150) during the 2015 legislative session, which enables Idaho to join the compact. Statute language can be viewed at: http://www.legislature.idaho.gov/legislation/2015/H0150.htm.

Ryan Haight Act: One of the most significant changes to telemedicine was the passage of the Ryan Haight Act in 2008.[4] The Act places a number of restrictions on the practice of online pharmacies and the ability of practitioner's to prescribe medications through the internet (the law is applicable to controlled substances in schedule III, IV, or V).

The Texas Medical Licensing Law Blog describes the essence of this federal law well at http://www.txmedicallicensinglaw.com/2013/08/articles/texas-medical-board/the-ryan-haight-act-and-the-changing-face-of-telemedicine/. The article describes the following: “The Drug Enforcement Agency treats a practitioner who prescribes medication following a telemedicine evaluation as covered under the Act. Generally a practitioner is in violation of the act if he or

Draft

she does not perform at least one in-person assessment of the patient before prescribing medication. The Act does exempt practitioners from this requirement as long as a practitioner meets the federal definition of practicing telemedicine. A physician practicing telemedicine may prescribe controlled substances without an in-person evaluation if: (1) The patient is treated by, and physically located in a hospital or clinic which has a valid DEA registration; and (2) the telemedicine practitioner is treating the patient in the usual course of professional practice, in accordance with state law, and with a valid DEA registration. 21 USC 802(54)(A). The most important thing to note for a practitioner is that the location where the patient is being treated must be a hospital or clinic that is itself registered with the DEA."

Proposed Work Plan

There are opportunities to coordinate and develop standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho without enacting laws. The Idaho Telehealth Council met in May 2015 and prepared a proposed workplan for moving forward.

Based on a finalized workplan, the Council's structure will be examined to support the goals and objectives of the workplan and logistics such as: 1) composition of Council members; 2) frequency of Council meetings; 3) composition of subcommittees; and, 4) frequency of subcommittee meetings.

Draft

Goal 1 - Examine reimbursement policies in Idaho and determine telemedicine payment models that support the triple aim.		
Objective 1.1 Collect data on current reimbursement policies from other states and within Idaho.	**Activities** • Examine payment models within the Center for Medicare & Medicaid Innovation (CMMI) for other states, expansion plans, and other data aligned with the triple aim • Look for other innovative models in other states (next generation beyond fee-for-service) with a focus on shared savings, care coordination, etc • Assemble a "reimbursement matrix" for telehealth services by ID payer • Identify opportunities for pilot projects (for value-based fee models) with payers to demonstrate cost effectiveness of specific telemedicine applications. • Determine where fee-for-service payment reform is needed most • Examine Medicare reimbursement policies (urban and rural)	**Timeline** 5/1/15-9/15/15
Objective 1.2 Identify other statewide initiatives and determine how access to telehealth will support their mission as related to the triple aim.	**Activities** • Liaison with the Health Quality Planning Commission • Liaison with the SHIP multi-payer workgroup • Liaison with Idaho Behavioral Health Planning Council • Liaison with the Idaho Simulation Network • Liaison with the Time Sensitive Emergency Council • Liaison with the SHIP Behavioral Health Integration Workgroup	**Timeline** 5/1/15-9/15/15
Mechanism: The Council will form a sub-committee comprised of Council members and other industry experts with specific knowledgebase to meet as needed to address and report back to the Council.		
Requested Resources: 0.20 FTE - Program Staff Activities Include: Subcommittee participation, monthly conference calls, subcommittee communications, pre-meeting calls with chair/vice-chair 0.15 FTE – Administrative Staff Activities Include: Meeting minutes, workgroup member coordination, meeting scheduling, preparing materials.		
Deliverables: • Report on Idaho's current reimbursement for telehealth services and potential opportunities for innovative opportunities for cost savings with understanding of different reimbursement methodologies. • Increased coordination with other statewide initiatives aimed at improving quality, improving population health and improving affordability of healthcare. • Report on case studies pertaining to actual dollars saved through the application of telehealth services. • Identification of multiple disciplinary activities for telemedicine equipment utilization to improve ease of use and increase ROI of equipment.		

Draft

Goal 2 – Develop roadmap to operationalize and expand telehealth services in State Healthcare Innovation Plan (SHIP) patient-centered medical homes (PCMH) and Community Health Emergency Medical Services (CHEMS) programs.		
Objective 2.1 Develop a SHIP telehealth expansion plan.	**Activities** • Identify state planning resources. • Develop a roadmap to operationalize telehealth in rural PCMHs and CHEMS programs, including behavioral health and specialty services.	**Timeline** 5/1/15-1/31/16
Objective 2.2 Provide training and technical assistance to support telehealth program development in PCMHs and CHEMS.	**Activities** • Identify and provide on-site and virtual training resources for PCMH, CHEMS, and Public Health District SHIP staff. • Identify and provide best practices resources for the delivery of telehealth services. • Develop and implement a peer mentoring program.	**Timeline** 2/1/16-1/31/19
Objective 2.3 Establish and expand telehealth programs to improve access to specialty care and behavioral health services in rural communities.	**Activities** • Provide technical assistance to Public Health District SHIP staff, Regional Health Collaboratives, PCMHs, and CHEMS staff to implement new and expanded behavioral health and specialty services via telehealth. • Identify behavioral health and primary care integration telehealth resources.	**Timeline** 2/1/16-1/31/19
Mechanism: The Council will form a sub-committee comprised of Council members, Idaho Telehealth Alliance members, SHIP staff and other stakeholders.		
Requested Resources: 0.25 FTE - Program Staff Activities Include: Subcommittee participation, monthly conference calls, subcommittee communications, pre-meeting calls with chair/vice-chair 0.15 FTE – Administrative Staff Activities Include: Subcommittee minutes, subcommittee member coordination, meeting scheduling, preparing materials, draft reviewing, website maintenance.		
Deliverables: • Telehealth expansion plan. • Develop and implement telehealth peer mentoring program, training, and best practice program tools and strategies. • Expansion of telehealth programs in PCMHs and CHEMS programs. • Increased access to behavioral health and specialty services in rural communities. • Monitor impact of small rural clinics.		

Draft

Goal 3 - Act in advisory capacity to regulatory boards proposing rules and regulations specific to the use of telemedicine by healthcare providers.		
Objective 3.1 The Idaho Telehealth Council will be available, as needed, to provide guidance to regulating boards that decide to promulgate rules pertaining to the use of telemedicine by healthcare providers.	**Activities** • Review and make recommendations to draft rules/regulations as needed. • Council chair will write letter to regulating boards and professional associations so they know the Council is available to review and comment on proposed rules and regulations during July. • Council chair will write letter to Congressmen apprising them of the work of the Council and let them know we are a resource if needed.	**Timeline** 5/1/15-4/30/16
Mechanism: The Council as a whole will support this objective.		
Requested Resources: Additional 0.10 FTE - Program Staff Activities Include: Research, Technical Assistance request/coordination, materials preparation, and other activities.		
Deliverable: • Increased coordination of Idaho rules and regulations pertaining to telehealth.		

Draft

Goal 4 - Support educational clinical practice statewide using telemedicine technology to increase coordination and standardization.		
Objective 4.1 Work with organizations and institutions offering education and simulation (North Idaho College, ISU, BSU, Idaho Simulation Network, etc) to localize educational opportunities using telemedicine equipment and support grant deliverables among various stakeholders.	**Activities** • Liaison with Idaho Board of Education, North Idaho College and LCSC • Liaison with Idaho Simulation Network • Liaison with the Governors Health Professions Education Council • Liaison with the Idaho Medical Group Management Association	**Timeline** 7/1/15 – 6/30/16
Mechanism: The Council will form a sub-committee comprised of Council members and others with expanded knowledgebase (such as the Idaho Telemedicine Alliance).		
Requested Resources: 0.10 FTE - Program Staff Activities Include: Subcommittee participation, monthly conference calls, subcommittee communications, pre-meeting calls with chair/vice-chair 0.05 FTE – Administrative Staff Activities Include: Meeting minutes, workgroup member coordination, meeting scheduling, preparing materials.		
Deliverable: • Increased coordination and standardization of educational clinical practices statewide using telehealth technology		

Draft

Resource Request

Staffing:

0.65 FTE Professional (i.e. Program Specialist, Project Manager)

0.37 FTE Administrative (i.e. Administrative Assistant 2)

To fully support the Council's workplan and the anticipated functions therein:

- Subcommittee participation, monthly conference calls, subcommittee communications, pre-meeting calls with chair/vice-chair
- Meeting minutes, workgroup member coordination, meeting scheduling, preparing materials.
- Subcommittee minutes, subcommittee member coordination, meeting scheduling, preparing materials, draft reviewing, website maintenance.
- Research, Technical Assistance request/coordination, materials preparation, and other activities.

Draft

References

[1] American Telemedicine Association
http://www.americantelemed.org/docs/default-source/policy/examples-of-research-outcomes---telemedicine's-impact-on-healthcare-cost-and-quality.pdf

[2] American Telemedicine Association
http://www.americantelemed.org/policy/state-policy-resource-center#tracker

[3] Federation of State Medical Boards
http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB_Telemedicine_Policy.pdf

[4] Ryan Haight Act
http://www.gpo.gov/fdsys/pkg/PLAW-110publ425/pdf/PLAW-110publ425.pdf

Draft