

IDAHO TELEHEALTH COUNCIL

November 14, 2014

Meeting Minutes

ATTENDEES:

LOCATION: 450 W State Street, 10th Floor, Boise, ID

Members Present:

Stacey Carson – Telehealth Council Chairman, Idaho Hospital Association
Achini Dingman, Blue Cross of Idaho
Tana Cory, Bureau of Occupational Licenses
Vicki Wooll, Idaho Medical Association
Molly Steckel, Idaho Medical Association
Susan Ault, Idaho Primary Care Association
Todd Hurt, Idaho State Hospital North
Stephanie Sayegh, Department of Health and Welfare
Matt Wimmer, Department of Health and Welfare
David Morledge, Neurostatus, LLC
Becky diVittorio, OptumHealth
Linda Mac Vicar, Pacific Source
Tiffany Whitmore Seibert, St. Alphonsus Health System

Teleconference:

Rick Goodwin, Eastern Idaho Regional Medical Center
Tracey Sessions, Idaho State Hospital South
Casey Meza, Affiliated Health Services, Kootenai Health
Melissa Christian, Regence BlueShield
Julie Bell, Select Health
Bill Hazle, Stargazers, LLC

Members Absent:

Carrie Gilstrap, Bureau of Occupational Licenses
Tom Donovan, Department of Insurance
William Ganz, Idaho Board of Medicine
Nancy Kerr, Idaho Board of Medicine
Mary Sheridan, Department of Health and Welfare
Michael Bess, OptumHealth
Ken Schaecher, Select Health
Michael Meza, Kootenai Health
Paul McPherson, St. Luke's Children's Hospital
Marc Chasin, St. Luke's Health System

DHW Staff Present:

Carla Cerchione, Project Manager, Staff to the Telehealth Council
Cynthia York, Administrator, Staff to the Telehealth Council

Guests:

Kofi Jones, American Well Systems (Subject Matter Expert)
Mark Johnston, Idaho State Board of Pharmacy (Subject Matter Expert)
Dr. Ted Epperly, Family Medicine Residency of Idaho (Subject Matter Expert)
Emily Patchin, Risch-Pisca Law and Policy
Jeremy Pisca, Risch-Pisca Law and Policy
Kris Ellis, Eiguren-Fisher-Ellis Public Policy Firm

1. Welcome, Introductions, Charter, Minutes

- ❖ Stacey welcomed everyone.
- ❖ Members and guests provided brief introductions.
- ❖ Stacey provided an update on the Council's work to the Health Quality Planning Commission (HQPC) on November 5th. The HQPC is very interested in the Council's work and wants to support the Council's efforts. Stacey will continue to keep the HQPC updated on the Council's progress.
- ❖ Minutes of the 10/10/2014 meeting were accepted as prepared.

2. SHIP / Idaho Healthcare Coalition Update – Cynthia York, DHW

- ❖ IDHW submitted to CMMI a Model Testing grant proposal and application. Through the proposal, Idaho asked for over \$60 million to implement the SHIP over a four-year period. CMMI requested that the grant proposal be reduced to \$40 million. Key reduction strategies included:
 - reducing the number of PCMHs from 180 to 165;
 - reducing financial incentives;
 - reducing technical assistance contracts;
 - reducing the project management/financial analysis contract;
 - elimination of the .5 Medical Director position;
 - reducing the overhead allocated to the Regional Collaboratives (RCs);
 - reducing the proposed state evaluation contract to reflect the reduced total budget request.
- ❖ Idaho's strategy to reach 80% of the population includes the 74% of the population who will be participating in the PCMH model by the end of the model test period, as well as the broader state-wide population that will be impacted through the Regional Collaboratives (RCs), operated by Idaho's seven public health districts.
- ❖ Idaho recognizes that Medicare must participate in this model test in order to impact the health and healthcare of the 15% of Idaho's population that has Medicare coverage and to reach the goal of shifting 80% of healthcare payments from volume to value. Idaho requests CMMI's assistance in facilitating Medicare's involvement in this process.
- ❖ [State Healthcare Innovation Plan](#) (SHIP) website

3. The National Environment for Telehealth – Kofi Jones, American Well Systems

The main points of the presentation are as follows:

- ❖ Telehealth encounters should resemble face-to-face encounters and meet the same standards of care.
- ❖ American Well's product adheres to state licensure requirements. While the patient selects the provider, the only options are Idaho licensed providers.
- ❖ The IMA representatives on the Council pointed out the following:
 - Virtual visits may cause disruption of the primary care physician/patient relationship;
 - The primary care virtual visit model does not align with the American Medical Association (AMA) guidelines which indicate that physician/patient relationships are established through a face-to-face encounters;
 - The primary care virtual visit model does not encourage patients without a primary care physician (PCP) to seek out a relationship with a PCP.
- ❖ It was pointed out that the Federation of State Medical Board (FSMB) guidelines for the appropriate use of telemedicine technology indicate that physician/patient relationships can be established without an in-person encounter.
- ❖ [The National Environment for Telehealth](#) presentation

4. Overview of Idaho Code 54-1733, Telepharmacy Rules, and DEA Requirements – Mark Johnston, Idaho State Board of Pharmacy

- ❖ It was pointed out that Idaho Code 54-1733 indicates “...Treatment, including issuing a prescription drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.”
- ❖ The State Board of Pharmacy will not define ongoing clinical relationship but defers to the Idaho Board of Medicine for definition. to define what constitutes an ongoing clinical relationship. This terminology may have impact in areas as emergency rooms and urgent care centers often don't have ongoing clinical relationships with the patient.
- ❖ 54-1733 states, “. . . prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment.” It does not specify that the evaluation must be done in-person.
- ❖ [54-1733](#)
- ❖ [Overview of Idaho Code 54-1733, Telepharmacy Rules, and DEA Requirements](#) presentation

5. Integration of Telehealth with Patient-Centered Medical Homes – Ted Epperly, M.D., Family Medicine Residency of Idaho

The main points of the presentation are as follows:

- ❖ Idaho should aim to provide the highest quality of care as close to home as possible.
- ❖ People do better if they have a usual source of care which is the foundation that the patient centered medical home and the SHIP project is built on.
- ❖ Suggestions from Dr. Epperly:
 - whenever possible align telehealth practices with the SHIP model;
 - build in parameters regarding medication and visits;
 - patient records from telemedicine encounters should be made available to the PCP and patient upon consent of the patient.
- ❖ Use telehealth to integrate care not fragment care.
- ❖ [Integration of Telehealth with PCMHs](#) presentation

6. Recommendations from the Definitions Subcommittee

- ❖ At the October 10th Council meeting a Definitions Subcommittee was appointed and tasked with recommending a proposed definition of telemedicine for the Council to consider at the November 2014 meeting. The Definitions Subcommittee met twice since the October Council meeting (10/20 and 11/4).
Members of the Subcommittee:
 - Stacey Carson – Council Chair
 - Tana Cory – Bureau of Occupational Licenses
 - Bill Hazle – Mental Health Provider
 - Nancy Kerr – Idaho Board of Medicine
 - Casey Meza – Kootenai Health
 - Ken Schaecher – Select Health
 - Molly Steckel – Idaho Medical Association
- ❖ The Subcommittee made an effort to consider all the comments that were submitted by the Council. The subcommittee identified core elements that were mentioned in the comments submitted and agreed to address those elements within the definitions and concepts they aimed to propose back to the Council for consideration and further conversation. In developing the Idaho Telemedicine Draft document, the subcommittee borrowed from several sources. In starting to craft definitions, it was impossible to include all the core elements into just definitions. The Idaho Telemedicine Draft document addresses definitions and concepts providing a starting place for the Council's discussion. Section 3, Definitions, has been bolded to indicate the portion of the document that the subcommittee was originally tasked to complete.
- ❖ The following documents were used to facilitate the definitions discussion.
 - Definitions Subcommittee [Workgroup Notes 10/20/14](#)
 - Definitions Subcommittee [Workgroup Notes 11/04/14](#)
 - [Core Element Alignment](#)
 - [Idaho Telemedicine Draft](#)
 - [Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine](#)
- ❖ Council discussion on the Idaho Telemedicine Draft
 - Section 1. Title
 1. Bureau of Occupational Licenses recommends adding the word “tele-practice” to assure

other licensed providers are included and that the terminology is consistent with their national guidance.

- Section 2. Findings.
- Section 3. Definitions.
 1. Line 22
 - a. Comment – Tracey Sessions has alternative language that may be helpful for the definition of telemedicine and agreed to submit that verbiage to Carla..
 2. Line 24
 - a. Comment - If you are going to use synchronous and asynchronous in draft language then the terms should be defined.
 - b. Comment - Use common terminology. Be careful to avoid unintentional limitations.
 - c. Comment - These term s and whether or not they should be defined needs to be evaluated.
 3. Line 27
 - a. Comment – Remove tele from telecommunication technology
 4. Line 37-39
 - a. Comment - The Council recommended alternative language for defining “synchronous interaction”, meaning real-time communication through interactive technology that enables a Healthcare Provider and a patient at two locations separated by distance to interact.
- Section 4. Requirements.

After reviewing many state statutes, much of the language in the Idaho Telemedicine Draft document was pulled from Louisiana statute since their language addressed most of the core elements identified by prior Council comments.

 1. Lines 48 – 57 refers to guidance from the FSMB and delineates the conditions that must be met by providers using telemedicine that allows for a telemedicine encounter without a prior in-person visit.
 - a. Comment – The IMA voiced some concerns with these lines.
 - b. Comment – The IMA would like more restrictions in the statute rather than in rules and regulations.
 - c. Comment – It is critically important that we don’t require a prior in-person evaluation before a telemedicine encounter as that requirement would be detrimental to many telemedicine programs already implemented in Idaho.
 - d. Comment – Caution against holding providers that choose to use telemedicine to a higher standard than providers who do not utilize telemedicine.
 2. Line 51 – 52
 - a. Comment – holding an unrestricted license and disclosing the identity and credentials are qualifications not requirements.
 3. Line 57
 - a. Comment – delete the line, “using telemedicine technology”
 4. Lines 58 – 61
 - a. Comment – May need to consider guard rails such as not allowing for prescribing of controlled substances (consistent with Idaho Code 54-1733).
 5. Lines 70 – 72
 - a. Comment – Add specific language that records will be sent to the PCP and the patient.
 - b. Comment – Are urgent care centers and emergency room providers forwarding records to PCPs and patients?
- Section 5. Telemedicine; rulemaking.
- Council comments and concerns that apply to the overall document.
 1. Patients in rural Idaho often don’t have a PCP.
 2. The Council should focus on recommendations that are patient-centric both from an access to care standpoint and public safety standpoint.
 3. Aim to draft legislation that is good for everyone concerned.
 4. Enlist the aid of healthcare attorneys to draft the legislation.
 5. The Council needs to agree on concepts and not necessarily wordsmith the document.
 6. Learn from other states – Tennessee started broad and became more specific by adding

parameters such as limiting primary care telehealth providers to 3 virtual visits for the same medical condition.

7. IMA may offer some language to address some of their concerns such as structure around number of visits
8. Some Council members feel that specialty care needs to be treated differently than primary care.

Stacey reiterated that the Idaho Telemedicine Draft document is a conversation document and should be vetted with colleagues and stakeholders but is not considered a formal Council recommendation at this point. She requested that Council members continue to review this document and send comments for consideration to cerchionec@dhw.idaho.gov.

7. Determine Council Position on Subcommittee Recommendations

- ❖ The Council had a robust discussion regarding Idaho Telemedicine Draft document. The Council has not yet come to an agreement regarding their position; this agenda item will be tabled until the December meeting.

With no further business to come before the Council, Chairman Carson adjourned the meeting at 2:00 p.m. without objection.