

# IDAHO TELEHEALTH COUNCIL

December 12, 2014

## Meeting Minutes

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ATTENDEES:

LOCATION: 450 W State Street, 10<sup>th</sup> Floor, Boise, ID

**Members Present:**

Stacey Carson – Telehealth Council Chairman, Idaho Hospital Association  
Lance Coleman, Blue Cross of Idaho  
Tana Cory, Bureau of Occupational Licenses  
Tom Donovan, Department of Insurance  
Barry Bennett, Idaho Board of Medicine  
Vicki Wooll, Idaho Medical Association  
Molly Steckel, Idaho Medical Association  
Susan Ault, Idaho Primary Care Association  
Tracey Sessions, Idaho State Hospital South  
Todd Hurt, Idaho State Hospital North  
Mary Sheridan, Department of Health and Welfare, Division of Public Health  
Matt Wimmer, Department of Health and Welfare, Division of Medicaid  
Casey Meza, Affiliated Health Services, Kootenai Health  
Becky diVittorio, OptumHealth  
Linda Mac Vicar, Pacific Source  
Melissa Christian, Regence BlueShield  
Michael Meza, Kootenai Health  
Tiffany Whitmore Seibert, St. Alphonsus Health System  
Paul McPherson, St. Luke's Children's Hospital  
Marc Chasin, St. Luke's Health System  
Bill Hazle, Stargazers, LLC

**Teleconference:**

Rick Goodwin, Eastern Idaho Regional Medical Center  
Michael Ide, Idaho Primary Care Association  
David Morledge, Neurostatus, LLC  
Michael Bess, OptumHealth  
Ken Schaecher, Select Health

**Members Absent:**

Carrie Gilstrap, Bureau of Occupational Licenses  
William Ganz, Idaho Board of Medicine  
Nancy Kerr, Idaho Board of Medicine

**DHW Staff Present:**

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

**Guests:**

Gary Capistrant, American Telemedicine Association (Subject Matter Expert)  
Representative Rusche, Idaho House of Representatives  
Emily Patchin, Risch-Pisca Law and Policy  
Jeremy Pisca, Risch-Pisca Law and Policy  
Kris Ellis, Eiguren-Fisher-Ellis Public Policy Firm

Tony Smith, Eiguren-Fisher-Ellis Public Policy Firm  
Joseph McCollum, Hawley Troxell Attorneys and Counselors  
Adam Husney, St. Alphonsus Health System  
Jean Uranga, Uranga & Uranga  
Sara Bartles, Business Psychology Associates  
Susan Miller, Board of Dentistry  
Sandy Evans, Board of Nursing  
Kris Armstrong, Constituent

#### **1. Welcome, Introductions, Charter – Stacey Carson, Telehealth Council Chair**

- ❖ Stacey welcomed everyone.
- ❖ Members and guests provided brief introductions.
- ❖ Stacey reminded the Council to keep the following in mind while working towards our charter:
  - Improve access to care and patient management;
  - Decrease the cost of care and increasing efficiency;
  - Assure public protection and patient safety; and,
  - Improve patient outcomes.
- ❖ The Council's challenge is finding the right balance. Stacey is encouraged by the participation and thoughtful input Council members have offered. She is optimistic the Council can produce recommendations and fulfill the Charter as delineated in HCR46. Stacey shared her vision for Council's project plan:
  - 12/12 – The Council will review, discuss and determine their position on the revised draft document.
  - 12/15-12/31 – The document discussed by the Council at the Dec 12th meeting is vetted with constituents and stakeholders.
  - 1/9 – The Council will take action on a formal proposal at the next meeting.

#### **2. Minutes – Stacey Carson, Telehealth Council Chair**

- ❖ Minutes of the 11/12/2014 meeting were moved and accepted as prepared.

#### **3. Opening Remarks – Representative John Rusche, Idaho House of Representatives**

- ❖ Representative Rusche began by saying that everyone uses telecommunications to build relationships. The patient is going to decide how they want to access care. We are just at the start of this journey. The work belongs here with this Council rather than with the legislature. It is preferable that the Council comes to an agreement on a recommendation. Representative Wood and the rest of the legislature would like to say thanks to the Council for our work. Representative Rusche would like to have proposed legislation during the 2015 session and looks forward to seeing what Council brings forward. The draft legislation should keep the patient at the center, provide the right care for the right situation, and protect the patient while providing access.

#### **4. State-of-the-State – Gary Capistrant, American Telemedicine Association**

- ❖ Gary Capistrant provided a high level overview on the nationwide status of telehealth. He emphasized telehealth is a mode of delivery not a type of service and that telehealth should not be held to higher standard than a face-to-face encounter. Gary made reference to [HR3750](#) and [Social Security Act 1834M](#) during his presentation and suggested the Council review this legislation, particularly in looking at definitions.
- ❖ [U.S. Telemedicine Public Policy presentation](#)

#### **5. Review Draft Discussion Documents – Stacey Carson, Telehealth Council Chair**

- ❖ All three of the documents have embraced the FSMB SMART guidelines.
- ❖ [Idaho Telehealth Access DRAFT version 1](#)  
This is the document that was drafted by the Definitions Subcommittee of the Council. 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. Idaho Telehealth Access DRAFT version 1 was discussed

at the November council meeting.

❖ [Idaho Telehealth Access DRAFT version 2](#)

This is a revised version of the first document (addressing the telehealth / telehealthcare component). This revised version captures comments from the 11-12-14 Council meeting as well as comments received by Stacey Carson since the November meeting.

❖ [Telemedicine language IMA-Teladoc to Telehealth Council](#)

This is a revised version of the first document (addressing the telemedicine component). This is draft language as a result of negotiations between the Idaho Medical Association and Teladoc. It is important to note that the IMA board has not yet taken a position on this language and may ultimately not be able to support this language or other language presented by the Council.

## 6. Collect Feedback on Draft Discussion Documents – Stacey Carson, Telehealth Council Chair

❖ The Council had a robust discussion regarding draft discussion documents. Comments, suggestions, questions are recorded below.

- The IMA and Teladoc have been in discussions that pre-date the work of the Council. The IMA would appreciate the Council's consideration of this language provided it furthers the goal of the Council. The Telemedicine language IMA-Teladoc to Telehealth Council document only applies to physicians with some additional guardrails.
- The Idaho Board of Medicine unanimously accepted and supports the FSMB guidelines.
- Whichever document version the Council chooses to move forward with aligns with the FSMB guidelines.
- The Idaho Board of Medicine did not discuss the pharmacy provision and whether or not there is a conflict.
- Access to care is different than convenience.
- When establishing a patient-provider relationship using telemedicine technology, Saint Alphonsus would like to see video AND audio as the appropriate mechanism.
- The payers are faced with ambiguity. Before reimbursement can take place, payers need to know the acceptable practices in Idaho for using telemedicine technology.
- Patients have been attributed but the physician has never had a face-to-face with the patient.
- The rules and policy have to be established. The payers want to know what the rules are. The payment is secondary.
- If we want to improve the population health, we have to reach out to them.
- The Subcommittee's recommendations did not intend to limit the scope of practice for healthcare providers.
- Telehealth should allow healthcare providers to treat patients where the patients live and work.
- Adult Medicaid Children best practices may be resourceful for the Council to refer to.
- Health Insurance Exchanges do not have restrictions on telehealth.

❖ Stacey suggested the Council acknowledge what pieces of the document the Council agrees on and put the parts the Council does not agree on in the parking lot.

- Parking Lot
  1. Technology – Where do we stand on requiring two way audio-visual with no prior in-person visit required
  2. Certified but not licensed language
  3. Standard of Care (community) language
- The Council determined by motion that the Idaho Telehealth Access Act DRAFT version 2 is an improvement over version 1 has decided to move forward using this version
- The Idaho Board of Medicine has adopted the FSMB guidelines.
- The IMA has not taken a position on the FSMB guidelines. They do have a policy that requires an in-person visit prior to a telehealth encounter to establish a patient-provider relationship (which is not consistent with FSMB guidelines).
- Telehealth Access Act DRAFT version 2 comments
  1. Lines 9-20, Council is in agreement.
  2. Lines 22-31, The definitions should be tightened up to align more closely with the FSMB guidelines. The subcommittee will collect sample definitions, select 4 and send them to the Council for further consideration.
  3. Lines 33-35, Council is in agreement.
  4. Lines 37-39, Reference time in asynchronous store and forward transfer, otherwise Council in agreement.

5. Lines 41-42, This part been placed in the parking lot and warrants further discussion.
6. Lines 44-46, Council is in agreement.
7. Lines 48-50, Council is in agreement.
8. Lines 52-55, This part been placed in the parking lot and warrants further discussion.
9. Lines 57-61, Apply the determination regarding “in the community” and apply to section B.
10. Lines 63-66, Rewrite in the positive. Amend language.
11. Lines 79-86, This section needs to moved up in the document. Incorporate comments from last Council meeting.
12. Lines 87-88, Since section 5 has been moved up in the document, this needs to be renumbered as 5.
13. Lines 89-90, Place holder- Protect current practices when there is an existing relationship. Since section 5 has been moved up in the document, this needs to be renumbered as 6.
14. Add to the “findings” section verbiage about “right care for the right condition” as Rep. Rusche mentioned earlier.
15. It was noted that the document must go through legislative services so it is not a good use of the Council’s time to wordsmith the entire document.

**7. Determine Council Position on Draft Discussion Documents – Stacey Carson, Telehealth Council Chair**

- ❖ The Council has not yet come to an agreement regarding their position; this agenda item will be tabled until the December meeting.

**8. SHIP/IHC Update – Cynthia York, IDHW**

- ❖ There have been no updates since the last meeting.

**9. Meeting Summary/Confirm Action Items – Stacey Carson, Telehealth Council Chair**

- ❖ The subcommittee will reconvene prior to the next meeting and incorporate the Council’s feedback. A new revised document will be available at the next Council meeting for consideration.
- ❖ [Project Plan](#)

**With no further business to come before the Council, Chairman Carson adjourned the meeting at 2:35 p.m. without objection.**

Notes:

- On Dec 16, 2014 the Idaho Medical Association’s executive committee voted to accept the FSMB’s SMART guidelines as a base for their position from this point forward.
- The next Idaho Telehealth Council meeting has been rescheduled from Jan 9<sup>th</sup> to Jan 16<sup>th</sup>.