

# IDAHO TELEHEALTH COUNCIL

May 8th, 2015

## 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  
Susan Ault, Idaho Primary Care Association  
Becky diVittorio, OptumHealth  
Kathy McGill, Department of Insurance  
Casey Meza, Affiliated Health Services, Kootenai Health  
Michael Meza, Kootenai Health  
David Morledge, Neurostatus, LLC  
Tracey Sessions, Idaho State Hospital South  
Mary Sheridan, Department of Health and Welfare, Division of Public Health  
Matt Wimmer, Department of Health and Welfare, Division of Medicaid  
Tom Donovan, Department of Insurance  
Mitch Toryanski, Bureau of Occupational Licenses  
Tiffany Whitmore Seibert, St. Alphonsus Health System  
Bill Hazle, Stargazers, LLC  
Molly Steckel, Policy Director  
Representative John Rusche

**Teleconference:**

Melissa Christian, Regence BlueShield  
Rick Goodwin, Eastern Idaho Regional Medical Center  
Michael Bess, OptumHealth  
Rhonda Robinson Beale, Blue Cross of Idaho

**Members Absent:**

William Ganz, Idaho Board of Medicine  
Paul McPherson, St. Luke's Children's Hospital  
Ken Schaecher, Select Health  
Marc Chasin, St. Luke's Health System  
Nancy Kerr, Idaho Board of Medicine

**DHW Staff Present:**

Katie Morales, Staff to the Telehealth Council  
Cynthia York, Administrator, Staff to the Telehealth Council  
Casey Moyer, Operations Project Manager, Office of Healthcare Policy Initiatives

**Guests:**

Lynsey Winters Juel, Jannus  
Sara Bartles, Business Psychology Associates  
Michael Ide, Health IT Manager, Idaho Primary Care Association  
Tony Schmidt  
El Mcleaver  
Tim Olsen, Pinnacle Business Group

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

- ❖ Stacey Carson welcomed everyone.

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

- ❖ Becky diVittorio made the motion to approve minutes from the 3/13/2015 meeting after striking a sentence from page three, Mary Sheridan seconded the motion, motion carried.

**3. Hospital Perspectives, Current Telehealth Programs and Issues in Hospitals – Panel Discussion**

- ❖ Tiffany Whitmore Seibert, St. Alphonsus Health System
  - In 2006 St. Alphonsus received a grant to provide training on using telemedicine equipment in rural Idaho hospitals.
  - Currently they are working with a group of emergency physicians specifically for stroke related emergencies. Telestroke is the busiest program for St. Alphonsus, but other telemedicine programs are also growing rapidly, including Telepsychiatry and emergency services.
  - They have partnered with the University of Utah's Burn Center so patients can be managed in local hospitals but receive care from the University of Utah Burn Center via telecommunication.
  - Several hybrid clinics have been opened, mainly in Oregon, where specialists will travel to communities and host clinics. This has been highly successful because specialists can be based in urban areas and rural areas still benefit from them.
  - St. Alphonsus has partnered with the University of Washington to help patients with mental disorders.
  - A pilot for a direct to consumer model is in development, where programs and resources are brought directly to patients' homes. This model requires care in protecting the patient's healthcare information. Information is provided on their website to help educate patients on how to make their home environmentally secure.
- ❖ Rick Goodwin, Eastern Idaho Regional Medical Center
  - Eastern Idaho Regional Medical Center's Telestroke program has grown and evolved due to the need for time sensitive service. To help fulfill the need for these services they have established a relationship with a hospital in Wyoming for their Telestroke services.
  - Telemedicine is critical for healthcare delivery and cost. It allows smaller programs access to physicians and specialists that can help make decisions about care for patients, such as whether or not they need to be transported to a larger facility.
  - Telemedicine operates on a responsive model, utilized when there's an alert from an outlying facility asking for a consult with a doctor from a larger facility.
  - They are in the early stages of utilizing the technology Intouch, which would expand access to doctors for consumers.
  - There are several barriers to growing telemedicine at EIRMC which include: payment issues, finding a balance between operable technology and physicians available/willing to work through telemedicine, and varied required physician certifications in each state.
- ❖ Tracey Sessions, Idaho State Hospital South
  - Telemedicine at State Hospital South (SHS) began when they implemented video conferencing equipment. They worked with the Department of Health and Welfare (DHW) to create a secure firewall to meet Health Insurance Portability and Accountability Act (HIPAA) standards, then used the video conferencing for meetings with families for children in hospitals, meetings with staff in other regions around Idaho, and recently for Telepsychiatry. The physician that SHS has partnered with 'videos in' for 4-5 hours a day meeting with patients, nurses, and other doctors. When the physician see patients, a nurse is assigned in the room with the patient at all times. The physician and nurses utilize the electronic medical record system, logging on together and updating information simultaneously.
  - Tracey referenced a handout from Idaho Health Care Association, 2015 spring workshop. This has helped guide SHS in establishing their telemedicine program. The presenter, Sue Dill Calloway, was open to a further conversation and could be used as a resource for the council.
  - Patients who see their doctors through Telepsychiatry seem to be responding well to this method, if patients aren't comfortable with it they have an option to opt out. It's been noted that youth seem to be more comfortable in using the technology.

- ❖ Casey Meza, Affiliated Health Services, Kootenai Health
  - Nurses who were members of the Association of peri-operative Registered Nurses (AORN) participated with St. Alphonsus to train their nurses to be emergency room experienced using telecommunication. It was an effective and unique teaching and learning opportunity because the St. Alphonsus nursing team was able to dial into the operating room to observe and learn from the AORN nurses.
  - Most patients love telemedicine technology and have the lowest ‘no show’ rates for psych appointments, which equal better continuity of care. Affiliated Health Services is extending their telemedicine services to include a dermatologist from Minnesota.
  - They have used the equipment for educational services by teaching doctors and nurses and creating those learning opportunities on a regular basis. Telemedicine is a great opportunity to do initial trainings and imperative for continued education. With this technology, rural hospital staff do not have to travel far to receive training.
  - There is a need for telemedicine in emergency medical services (EMS) situations, they are starting to look at community paramedic programs where the paramedic would solve immediate injuries and then have a doctor through telemedicine assess whether or not that patient needs to be transported to the emergency room. This could have the potential of saving a lot of money for patients and hospitals.

#### 4. Idaho Telehealth Council Background for Next Steps

- ❖ Legislative and Regulatory Landscape for Telemedicine
  - Coverage and reimbursement, medical practice standards, scope of practice
- ❖ Information on how each state is doing on physician practice standards and licensure, and coverage and reimbursement, is available at <http://www.americantelemed.org/policy/state-policy-resource-center#tracker>
- ❖ Coverage and Reimbursement
  - As far as parity laws for private insurance coverage of telemedicine, there are 23 states with telemedicine parity law, 1 with partial parity law, 11 with proposed parity bills, and 12 with no parity legislative activity, including Idaho.
- ❖ National and Federal Landscape
  - Rep. Gregg Harper (R-MS) recently introduced the Telehealth Enhancement Act as H.R. 2066. This bill will strengthen Medicare, Medicaid, and federal telecommunications programs through expanded telemedicine coverage. It has strong bi-partisan across the political spectrum.
  - A Senate companion bill to H.R. 2066 will be introduced soon by Senator Thad Cochran (R-MS). Interest in the Senate was highlighted in a committee hearing where Republican and Democratic senators expressed their support for measures that will transform healthcare through the use of telemedicine.
  - Mike Thompson (D-CA) will soon introduce the Medicare Parity Act. This also has strong bipartisan support and will remove restrictions to telemedicine in Medicare and require parity with in-office visits.
- ❖ FSMB Licensure Compact
  - Legislative status of FSMB Licensure Compact is available at <http://www.licenseportability.org>
- ❖ Data and Research
  - Research Outcomes: Telemedicine’s Impact on Healthcare Cost and Quality is available at <http://www.americantelemed.org/docs/default-source/policy/examples-of-reseach-outcomes---telemedicine's-impact-on-healthcare-cost-and-quality.pdf>
- ❖ Decision Points and Next Steps
  - The council should keep in mind the charter for all decisions: “...the Idaho Department of Health and Welfare should convene a 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 can also refer to the statement of purpose in HCR 46 which elaborates on the intent for the council.
  - The Council needs to develop a proposed workplan for Director Armstrong’s consideration which includes goals, objectives, activities, timeline, and deliverables. The plan should align with the council’s charter. The council’s structure should also be able to support the goals and objectives. To determine this, the council should ask; “does the composition of the council need to be refreshed,” “how often does the council need to meet,” and “do we need to form sub-groups?”

**5. Idaho Telehealth Council Goals, Objectives, and Timelines; Approved Work Plan**

- ❖ The council reviewed the “Idaho Telehealth Council Proposed Workplan” and discussed suggestions to make changes.
  - While discussing the proposed workplan, the council reviewed their purpose which is to make recommendations concerning telemedicine to the legislature based on what is best for Idaho, by taking input from key stakeholders, communities, State Healthcare Innovation Plan (SHIP), and others and are not influenced by industry or who has the most money.
  - The council discussed having objectives that revolve around the barriers that face improving and expanding telemedicine; such as sustainable funding, educating hospitals and providers on how to use equipment, and establishing equipment and physicians to use the equipment.
  - The council discussed creating subcommittees comprised of members of the council and inviting other experts with knowledgebase to be on the committees as well.
  - While creating goals the council will make sure to incorporate the consumer voice and perspective.
  - The council moved to approve the matrix (developed electronically during the meeting) that was developed. Molly Steckel made the motion, Tracey Sessions seconded the motion, motion carried. Stacey Carson will email the revised draft workplan to the council to view before the next meeting; council members will think about what goal they are interested in helping complete and what sub-committee they would be on.

**6. Housekeeping**

- ❖ The council will meet via phone call on June 5, 2015 to review the draft proposal before it is submitted to Director Armstrong. The committee will have an in-person meeting on June 19, 2015 where they will be able to receive direction and discuss it further with Director Armstrong.

**With no further business to come before the Council, Mary Sheridan made the motion to adjourn the meeting at 2:00 p.m. without objection.**