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HEALTH MANAGEMENT ASSOCIATES

Idaho Statewide Healthcare Innovation Plan
Telehealth Grant Program

Executive Summary

PREPARED FOR THE
IDAHO DEPARTMENT OF HEALTH AND WELFARE

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Introduction

Overview of the Idaho Statewide Healthcare Innovation Plan Telehealth Grant Program

The Idaho Department of Health and Welfare (Department), Office of Healthcare Policy Initiatives was created to manage a Center for Medicare and Medicaid Innovation State Innovation Model grant for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). SHIP was developed to redesign Idaho's healthcare system by strengthening primary and preventive care through the patient centered medical home (PCMH), and evolve from a fee-for-service, volume–based payment system of care to a value-based payment system that rewards improved health outcomes.

To establish the PCMH model in rural, medically underserved areas, Idaho undertook the unique approach to use a Virtual PCMH model. In this model, the traditional PCMH healthcare team is expanded to include existing local resources and remote resources technology. To support the SHIP PCMH clinics and Community Health Emergency Medical Services (CHEMS) agencies, the Department contracted with Health Management Associates (HMA) to work with the State on a variety of initiatives including creating a series of telehealth webinars and providing technical assistance (TA) to the telehealth grantee program.

Telehealth Webinar Series

Starting in July 2016, HMA created and delivered a series of six, one-hour webinars, along with a toolkit of associated resources, that could be used by clinics participating in the SHIP PCMH to help build the clinics' capacity, knowledge, and expertise to develop and implement their own telehealth program. The six telehealth webinars covered the following topics:

- Demand Analysis
- Readiness Self-Assessment
- Telehealth Reimbursement, Billing, and Coding
- Equipment Selection
- Program Development
- Evaluation and Monitoring

Idaho SHIP Telehealth Grantee Program

The Department provided twelve sub-grant awards to eight clinics and one CHEMS agency to support new or expanding telehealth programs that improve care, increase access to care, expand system capacity, and achieve efficiencies in health care delivery. As part of the Telehealth Grantee program, HMA provided TA to the grantees to implement and expand their telehealth projects. The framework for the technical assistance provided included the development and facilitation of individual site assessments and gap analyses, regular virtual coaching sessions, one in-person site visit, and group learning through four interactive Learning Collaborative webinars.

Telehealth Planning Meeting

In May 2018, the Department hosted a telehealth planning meeting in Boise, the purpose of which was to convene a diverse set of telehealth subject matter experts to identify and discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Over 40 telehealth stakeholders participated and were able to build consensus around the value and need for advancing telehealth services across the

state and concluded that its best course of action is to seek the partnership of the Idaho Healthcare Coalition (IHC) to advocate on behalf of the future of telehealth in Idaho.

Telehealth Program Grantees

The twelve SHIP Telehealth Program Grantees included both pilot and expansion projects from across the state. Grantee organizations varied in staffing models and service population size, ranging from a one-provider shop to a large, multi-facility federally qualified health center with integrated behavioral and dental care. The majority of telehealth projects piloted video visit technology to support visits between a primary care provider and patient. In some cases, the patient was at another clinic location, but generally the originating site was in the patient home, office, car (parked, on the way to school for example), or in a foster care facility.

A brief description of each awardee's telehealth model is described below.

Coeur d'Alene Pediatrics

Coeur d'Alene Pediatrics (CdA Pediatrics) is the largest pediatric clinic in Idaho, serving children in North Idaho for over 30 years. The clinic provides patient-centered collaborative care with thirteen providers including a wide range of subspecialists in three state-of-the-art facilities.

Coeur d'Alene Pediatrics received three SHIP telehealth grants to expand their Telehealth Expansion Program services across several sites. The expansion program focused on increasing the number of telehealth appointments available, increasing the number of participating providers, and expanding the types of telehealth appointments available. The program also worked to provide telehealth services onsite at a local children's residential safe haven, Children's Village. Telehealth services are provided for established patients through video visits and, for care provided at Children's Village, a nurse facilitated the visit on site with the young resident.

Over the course of the program, the number of providers offering telehealth appointments increased from three to six and the no-show rates for telehealth visits decreased to below the overall no-show rates for all appointments. At Children's Village, the telehealth program helped to decrease the burden of staff time and transportation by allowing appointments to be given to children on-site, rather than at the clinic. Finally, the practice identified the autistic patient population and their parents as a population particularly adept at participating in telehealth visits as it limits disruption of the patient's schedule and/or surroundings, making the telehealth visits less stressful and more productive.

Driggs Health Clinic

Driggs Health Clinic (DHC) is a rural health clinic operated under the umbrella of Teton Valley Health Care, Inc., associated with Teton Valley Hospital and Victor Health Clinic. Teton Valley Hospital is a nonprofit, 13-bed hospital in rural Teton Valley, Idaho that employs 154 staff and is certified by Medicare as a Critical Access Hospital.

The SHIP telehealth grant was used by DHC to add a pilot tele-oncology component to their existing telehealth programs. The purpose of the pilot was to test tele-oncology services to coordinate treatment for clinic patients diagnosed with cancer, while managing the treatment plan locally and maintaining the patient's relationship with their providers. The goal of the pilot was to enhance patient care, improve outcomes, and reduce travel expenses and stress levels. Initial results showed increased community awareness of the telehealth program, but patient recruitment proved difficult as many patients still preferred in-person visits.

Family Medicine Residency of Idaho

Family Medicine Residency of Idaho (FMRI), founded in 1974, has eight clinics in Ada and Canyon Counties. FMRI is both a federally qualified health center providing care for underserved and rural communities and a medical residency training program with three-year residencies and a range of one-year specialty fellowships.

The focus of FMRI's telehealth grant was to launch two distinct telehealth programs. The first project aimed to build the infrastructure and training for the implementation of real-time transfer of patient information from a visiting nurse on-site with an established patient to a physician at the FMRI site. The second project worked to build plans for a live support system via telemedicine to use with Meridian Schools Clinic to avoid the burden of transporting students to visits. The goals of the program were to (1) reduce barriers and improve access for patients at FMRI, with a primary focus on home-bound patients, and (2) improve care to ill school children at schools throughout the district. For the first project, FMRI focused on home-bound patients and the program was piloted with an established FMRI patient and is now ready to be expanded to additional patients. The second program with Meridian Schools Clinic has long-term plans in place that include building the program with the school district, but more work remains to be done before the program can be piloted.

Latah Community Health

Latah Community Health is part of a regional network of 13 non-profit federally qualified health center sites (collectively, CHAS Health) committed to providing whole-person, patient-focused primary and preventive health care.

Community Health piloted real-time telehealth visits using the Chiron Health platform for patients located in their homes. The target population were Medicaid and uninsured adults in Latah County, with a focus on those with behavioral health and diabetic patients who require regular follow-up appointments. The goals were to reduce patient transportation barriers, increase patient engagement in their own care, and expand system capacity. Latah Community Health was able to identify a clinical

provider champion and train 100% of their behavioral health clinicians on the utility of tele-behavioral health and with strong organizational support and leadership, were able to increase program promotion and patient recruitment. They were also able to, in collaboration with the larger CHAS telehealth team, create comprehensive workflows that are helping to drive telehealth expansion throughout the CHAS Health system. However, Latah Community Health faced barriers as some telehealth services, such as tele-pharmacy, had low patient interest and higher no-show rates, and some individual providers required more support with incorporating telehealth services into clinical workflows.

Payette County Paramedics

Payette County Paramedics (PCP) is an ambulance district that provides 911 emergency services, Stand-by events, and Critical Care inter-facility transports to the citizens of Payette County and surrounding areas. PCP has one ambulance, equipped to provide the highest level of pre-hospital and interfacility transport capability, and two crews of Emergency Medical Technicians and Paramedics.

PCP developed plans to partner with an area hospital to create a telehealth program that included the hospital making referrals to PCP to provide post-patient discharge care to clients. Using telemedicine, the paramedics would be able to identify potential issues and change the plan of care inside the home in collaboration with the physician. As well, the physician would be able to remotely prescribe and send orders to a local pharmacy as needed. Finally, PCP aimed to be able to admit patients directly from an emergency scene or work with the patient to create a care plan for follow-up care, bypassing the local Emergency Department. The goals of the telehealth program were to enhance communication, decrease wait times, and reduce utilization of emergency services. At the end of the grant period, PCP had secured its hardware and vendor partner and developed operational workflows, but unfortunately was not able to finalize a partnership with a local hospital as the provider partner. Without a confirmed partner, PCP has been unable to pilot the program.

Sandpoint Family Health Center

Sandpoint Family Health Center (SFHC) is a physician owned clinic with five practicing family physicians and one nurse practitioner. SFHC treats all ages from newborn to seniors, with an emphasis on serving the entire family.

SFHC launched a pilot telehealth project that aimed to work with established patients with a diagnosis of diabetes with an HgbA1c of 9 or over and insured by Medicaid or Regence Blue Shield, to offer follow-up care using video visits. The video visits would facilitate follow-up visits, medication questions, lab and test results, and responses to general patient questions. The goal of the program was to improve rural patient centered access to primary care services in the location of their choosing. SFHC was able to develop workflows and policies and procedures and was able to complete several telehealth visits with patients. However, patient recruitment was difficult as patients still preferred in-person visits and limited insurance coverage of telehealth as a covered benefit. They were also able to draft a proposal that could allow them to work with an employer-based plan to offer telemedicine visits which could be used in future negotiations to expand their telehealth program.

Shoshone Family Medical Center

Shoshone Family Medical Center is certified Rural Health Clinic serving as the only clinic in Lincoln County, Idaho, an area larger than Rhode Island. Shoshone offers integrated behavioral health and clinical pharmacy, with the mission to improve access to primary care services through use of a multi-disciplinary team approach to health care.

Shoshone implemented a telehealth pilot program that offered video visits to patients for clinically appropriate primary and secondary care services. The initial target population was patients with a diagnosis of diabetes and a HgbA1c of 9 or higher. Priority activities included patient outreach and engagement and the implementation of the chosen telehealth platform. The overall goal of the pilot was to improve access to healthcare services for rural patients. Shoshone was able to pilot the telehealth program with 2 established patients who met the clinical criteria but were also considered to be high functioning and computer literate. The center also worked to promote tele-visits to patients using comprehensive patient collateral materials and found that approximately half of their current patients would be interested in using telehealth services. However, they also faced barriers in engaging eligible clients due to costs associated with out-of-state licensure fees and the fact that many clients still preferred in-patient visits.

Southfork Medical Clinic

Southfork Medical Clinic (Southfork) is a solo practice rural health clinic owned and operated by a Nurse Practitioner, Wendy Swope. Established in 2015, Southfork provides comprehensive primary care to the residents of Swan Valley.

Southfork Medical Clinic developed their own telehealth program to provide diagnostic imaging services via teleradiology to serve patients with traumatic injuries and respiratory issues. They were able to procure a mobile x-ray machine and contracted with a radiology practice to provide diagnostic interpretations. The goal of the program is to be able to quickly determine the urgency of additional evaluation and treatment or whether to start care prior to transfer. At the end of the grant period Southfork was able to review x-rays of 14 patients and only one patient was sent to receive further care at the emergency department.

Terry Reilly Health Services

Terry Reilly Health Services (TRHS) is a private not-for-profit organization providing quality care to all, with discounted fees available, based on family size and income. TRHS is a federally qualified health center, that operates eight medical/behavioral health clinics, five dental clinics, and a detox/mental health and crisis facility located in the communities of Melba, Marsing, Homedale, Middleton, Caldwell, Nampa, and Boise.

TRHS received two SHIP telehealth grants to support one pilot program and one expansion program. The pilot program was created to provide medication management and counseling services to four of their rural clinics. The goal of the pilot was to increase patient access to behavioral health care and provide clinicians at the rural clinics access to psychiatric consultation without the need for travel. The expansion

program aimed to enhance a nurse triage and urgent care virtual services program by offering video teleconferencing between the patient and a triage nurse at the same four rural clinics. The goal was to reduce wait times for appointments at these clinics. For both programs THRS was able to procure a partner to implement the projects and began receiving telehealth visit. TRHS also developed workflows and open communication with all staff to increase buy-in and optimize patient identification and recruitment.

Summary of Telehealth Service Data

Total Number of Grants	Total Number of Unduplicated Patients Served	Total Number of Telehealth Visits
12	161	349

Elements for Idaho Telehealth Program Development

The Idaho SHIP Telehealth Grantee Program provided the opportunity for practices across the state to test innovative approaches to telehealth service delivery in multiple settings while targeting various patient populations. No two programs were the same, allowing for the state to learn from each pilot and expansion program to inform future telehealth initiatives. Each of the twelve grantees had unique challenges and successes but there were common themes and findings shared between them.

Model Development and Team Leadership Support are Critical First Steps

A common theme among the more successful grantee programs was a clearly defined scope of services and a committed core telehealth team that could drive progress. These key steps can act as building blocks for a successful telehealth program and should be established prior to contracting with a vendor or purchasing equipment. Successful buy-in from the clinics also helped with the creation of clear workflows and polices and procedures, helping to ease the implementation process across site(s). Provider champions are also important to help address issues early on related to provider skepticism about telehealth by validating and addressing concerns.

Payment for Telehealth Services Remains a Barrier

The most common pressing barrier identified among grantees was the existence of a complex reimbursement landscape that has resulted in the inconsistent, or in some cases an overall lack of, reimbursement for telehealth services. Grantee programs that had access to payments for telehealth services, such as for pediatric care or specific Medicaid populations, were the ones able to create more sustainable telehealth programs. For smaller independent practices, this was more challenging as they were not able to address the payment policy issues on their own. The topic of payment should remain a focus going forward for the State and telehealth programs (SHIP and others).

External Stakeholder Engagement Can Get Complicated

Many of the SHIP grantees proposed telehealth projects that involved partnerships with organizations outside of the practices' business structure, such as hospitals or school-based health centers. While this

is a common model for telehealth, such as working with separate entities that function as the originating site, developing these relationships can be time consuming and complex.

Vendor Selection and Relationship Development Support Sustainability

A vital element of most telehealth programs is the relationship with the telehealth vendor who provides the platform for service delivery. The most successful telehealth grantees established their telehealth model and program goals before selecting a vendor, ensuring alignment and ease of program set up. They also continued regular communication with the vendor as the program evolved to tailor functionality and improve provider and patient satisfaction.

Provider Driven Patient Recruitment and Engagement Does Not Guarantee Patient Participation

Even when telehealth appointments are available, some patients will still choose an in-person visit despite the time and travel involved to go to the office. Patient reticence for telehealth can impede adoption. Thus, one key to implementing a telehealth program is defining the telehealth service population prior to program implementation, including a survey of patients, to determine why patients would want a telehealth service and to identify special populations that may be well-suited to telehealth.