Utah Digital Health Service Commission Meeting

Thursday September 13, 2018, 10:00 a.m. – 12:00 p.m.
Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Minutes

Members Present: Mark Hiatt (Chair), Sarah Woolsey, Patricia Henrie Barrus, Teresa Rivera, Peter Hannon, Mark Dalley (online), Todd Bailey (online), Tammy Richards, (online), Randall Rupper, Preston Marx (online), Craig Herzog (online)
Members Absent:, Andrew Croshaw, Henry Gardner
Staff Members: Navina Forsythe (UDOH), Kailah Davis (UDOH), Humaira Lewon (UDOH)
Guests: Iona Thraen (UDOH), Sheila Walsh-McDonald (UDOH), Sally Aerts (UDOH), Jon Reid (UDOH), Sri Bose (CDC-UDOH), Matthew Plendl (UDOH), Sheryl Gardner, Deb LaMarche (Utah Telehealth Network), Brian Wayling (IHC telehealth), Marz, Cesarini (Utah Telehealth Network).

Welcome and Introduction:

Mark Hiatt welcomed everyone and there were brief introductions. The July meeting minutes were motioned for approval by Teresa Rivera, Sarah Woolsey seconded. All voted in favor.

Patricia Henrie-Barrus was introduced. Patricia is the new mental or behavioral health representative.

Held the vote for the Chair Elect. Sarah Woolsey volunteered to count the votes.

Using EMS Data for Fall Prevention:

Iona Thraen introduced Sally Aerts. Iona reviewed summary of data (see handout). EMS goes to the home for falls, but they treat and release. They would like to be able to refer them for fall prevention intervention services. Sally mentioned the formation of the Utah Falls Prevention Workgroup that was legislatively formed. There are several repeat calls to EMS to the same home, but involved service providers (e.g., primary provider, other EMS) don't know about it. Insurance plans are also interested in fall prevention. Area agencies on aging are interested in having access to the data so that they can get a referral and do an initial assessment. They are looking at the initiative for Medicaid 90-10 funding to onboard aging and other providers who would serve this population and have an electronic alert or notice to the agencies. Application for the IAPD will go in January. Note that Medicaid is changing the process and timelines to accept high level applications in January (ePOLST, falls, community care), then approval and submission in March/April. There may need to be a law change to be able to share EMS information with these agencies, they are investigating.

Researcher Thomas Gill, followed older adults for 16 years and called them monthly. Falls was the #1 issue that kept people in disabled state. AAA can serve we think 60 and older. They are trying to build an infrastructure, would use the Medicaid money to build the infrastructure for Medicaid patients, but

then the infrastructure will be in place for others. Randall asked how they will determine risk, will look at comorbidities, medication and other factors to determine who they would send and suggest a follow up assessment for. ACOs are very interested in this to minimize their risk. Jon Reid stated that they have the EMS data, but they are not authorized to use it in this capacity. So Gold Cross is piloting giving it to UHIN CHIE. **Commission would like to revisit in January.**

DHSC supports this effort. It is in the State HIT Plan.

It was noted that there are three current IAPDs, pediatric CSHCN, newborn screening and CSD.

State HIT Dashboard:

Mark reviewed the dashboard. Forty-five percent of measures experienced progression (green), 52% no change (yellow), one (3%) decreased (red). The one that decreased is from CMS reporting. Decrease may be because of changes in reporting and expectations as more providers move into an alternative payment model. Not an area of concern. We can still keep it on dashboard. Might want to look at commercial payer progress towards alternative payment options when we review and change the dashboard but that data can be difficult to get. May be able to get some public reporting before the legislature. Mark thinks they may be willing to share and he would be willing to do outreach for this. Can look at number of groups or the percentage of membership that is enrolled in some type of value based arrangement.

Looking at 3.1.1. and the number of behavioral health providers in the CHIE. Some providers like to receive the notifications. Example are Davis Behavioral Health using a new SAMHSA consent to be able to share some information with providers. They are realizing now that there is a need for some sharing of mental and physical health data. There is sharing now, but just in the major organizations. If you do an SBIRT where do you send them. DSAMH is looking at software called open beds to inform where residential openings are available.

What about 4.2 can we have more organizations adopt. Sarah will take to UMA, Navina to UHA, Teresa to HIMSS, Iona took to Medicaid, Patricia will take to UCOOP.

Telemedicine: Opportunities, barriers, and future directions:

Peter Hannon introduced the topic, the panel, and reviewed the history of telemedicine (see slides). Intermountain is using more telemedicine and healthcare will continue the trend to have more available online. Deb stated that their task is to provide technical assistance. However more demand is for the live video conferencing. There are HIPAA compliant versions of these products. There is some difficulty in providing technical support across the scope of devices. There is more remote patient monitoring. Apple just released a watch that does EKGs. Project ECHO provides expert feedback to local providers. It is similar to a knowledge network. Cases can be presented for feedback.

Discussed barriers. One example is in Moab, closest hospital is Grand Junction, much of that could be handled via telemedicine from that hospital however all of those providers would need to be licensed in Utah. Utah has worked to support and implement telehealth and the interstate compact movement.

Payers reimbursement of telehealth varies on a number of conditions. The telehealth network works mainly with unaffiliated agencies, LHDs, etc to help with their bandwidth. Sometime network providers

will charge a higher rate for healthcare facilities thinking they have more funding available, which is not true for many rural healthcare facilities.

Who monitors quality for telehealth and how do you integrate medical home. In Intermountain it becomes a patient record and the records are monitored for quality and medication use, etc. How does telehealth impact small communities that can barely support a local provider if we are taking their work away from them. UTN doesn't feel that rural is taking their business. Integrating records is a concern. Some providers like that others can take a call in the middle of the night.

Quality monitoring is not necessarily known now, it is a big question. Rural healthcare unsure about payment paradigm and shifting from fee for service to fee for value. It is the fee for value that will make telehealth work. Continuity of Care can be lacking. Intermountain has done well at this with their integrated services.

There are 30 states that have passed a payment parity legislation. If something is covered in person it will be covered via telemedicine. Hasn't happened in Utah. There has been some blocking as people do not want mandates. Mark said that there is not incentive to move to value based model in the rural.

Equity in terms of bandwidth is important to discuss in the future. More information on payment. Quality is important and record sharing is part of that.

Election Result for Chair Elect:

Sarah announced that Randall Rupper is the new Chair Elect

Commission's Leadership Transition:

Mark transitioned leadership role to Teresa Rivera.

Appreciation for members ending their term:

Mark Hiatt
Andrew Croshaw

Other Business:

UHIN Annual conference is October 11. CARIN is the keynote.

Mark Hiatt thanked everyone and meeting adjourned.

Action Items:

Sent out refresher on which commission member fills what role - Humaira
Work to see if we can get other agencies to adopt the State HIT plan

- Teresa will contact HIMSS
- Sarah will contact UMA

- Navina will contact UHA
- Trish will share with UCOOP
- Iona & Navina sent to Medicaid

Follow-up:

- Does DHSC want to take any action on telemedicine issues?
- January 2019 – follow up on fall prevention status