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2017 TELEHEALTH SUMMIT FINAL REPORT

THE WAY FORWARD

October 12, 2017 (Pre-summit)– University of Hawaii, John Burns School of Medicine
October 13, 2017(Main Event) – Pomaikai Ballrooms, Honolulu, Hawaii

PREPARED BY:

HAWAII STATE DEPARTMENT OF HEALTH - OFFICE OF PLANNING, POLICY AND PROGRAM DEVELOPMENT

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To view an infographic summary of this report, click here: Telehealth Summit Highlights.

EXECUTIVE SUMMARY

Telehealth is the use of electronic information and telecommunications technologies to support and promote the delivery of clinical health care, patient and professional health-related education, public health and health administration. Technologies include four modalities: store and forward, remote monitoring, live consultation and mobile health (excludes telephone contacts, facsimile transmissions, email and text).

Within the Pacific island region, the earliest documented instances of telehealth activity may have occurred in the 1990's between Tripler Army Medical Center (TAMC) and Kwajalein Missile Range Hospital (KMR).[1] Despite KMR's limited access to medical resources due to its remote location in Micronesia, TAMC delivered real-time telecommunication technologies using live video conferencing and provided KMR access to a variety of medical specialists in orthopedics, dermatology, radiology, urology, pediatrics, ophthalmology, and physical therapy.[2]

Today, telecommunication services have since greatly improved in quality and accessibility. Advances in technology have made it possible for the delivery of cost effective health care services through telehealth. And with Hawaii's progressive telehealth laws SB2469 (Act 159 SLH 2014) and SB2395 (Act 226 SLH 2016) which provides reimbursement parity for the same services as in-person (includes Medicaid and private payers) and ensures telehealth is covered when originating in a patient's home and other non-medical environments, the next steps will be essential towards integrating telehealth as a standard of care for Hawaii's people.

It is with this understanding that the Department of Health will help facilitate the development of telehealth in the State and advocate and foster collaborations within the community. We

[1] Bice, S., Dever, G., Mukaida, L., Norton, S., and Samisone, J. (1996) Telemedicine and Telehealth in the Pacific Islands Region: A Survey of Applications, Experiments, and Issues, Proceedings of the Pacific Telecommunications Conference '96, pp 574-581.
[2] Delaplain CB, Lindborg CE, Norton SA, Hastings JE (December 1993) Hawaii Medical Journal, 338-9.

believe that together we can improve the quality of life and health outcomes of Hawaii's people. Health is everyone's *kuleana* (i.e. right, responsibility, ownership, etc.)[3]

DESCRIPTION OF ACTIVITIES

In 2017, the Department of Health proposed a State Telehealth Summit and in collaboration with partners, acquired support in part from the Department of Labor and Industrial Relations. The summit was held over two days on October 12 and 13, 2017 at the University of Hawaii John A. Burns School of Medicine, Medical Education Building and Dole Cannery Square – Pomaikai Ballrooms, respectively. Pre-summit activities on day one offered participants practical information on telehealth technologies and practices. The main summit event on day two focused on policy and planning.

There were 276 registered attendees from Maui, Molokai, Kauai, Big Island, Lanai, and Oahu. Continuing medical education credits up to 6.5 AMA PRA Category 1 Credits™ were also made available to all attendees including the 74 physicians who signed-in at registration.

AGENDA OBJECTIVES

Day 1 (Pre-Summit Event):

- Experience the latest telehealth technologies, equipment, and service through vendor exhibits and demonstrations.
- Understand government assistance and subsidy programs, e.g., up to 65% discounts through the Universal Services Fund.
- Connect with Hawaii's telehealth stakeholders through e-Poster briefings.

Day 2 (Main Summit Event):

- Understand the current telehealth policy landscape at the State and Federal level, including recent reimbursement parity laws.
- Share practical advice and experiences from community practitioners of telehealth.
- Shape future goals and planning efforts for telehealth in the State of Hawaii.
- Network with senior leaders within state government, technology, and healthcare sectors.

A total of 16 panel speakers represented a range of topics at the federal and state level to actual examples of telehealth initiatives implemented across Hawaii statewide. The Department's hypothesis for low rates of telehealth adoption – no higher than 15% of practicing providers – is that technology and policy were no longer significant barriers, but rather provider and patient behavior. Although the overall goal of the summit was to facilitate stakeholder dialogue on telehealth, a **major objective was to educate the community about recent policy changes** which has been cited by providers as obstacles for decades. Based on evaluation responses collected at the summit (refer to Table. 1 below), the Department demonstrated meeting its first objective. The **second major objective was strategic alignment of stakeholders** for increased collaboration in health care, public health, workforce development, technology, and education.

[3] Nā Puke Wehewehe `Ōlelo Hawai`i Pukui/Elbert: http://wehewehe.org/

This objective was achieved with a facilitated group session which was structured in the summit finale.

MAIN SUMMIT "SPEAKER PRESENTATION SNIPPETS"

You may download speaker presentations from the Main Summit here. A few of the speaker presentation comments are listed below.

Queen's Healthcare Systems: Matthew Koenig, M.D., FNCS, Medical Director of Telehealth

"Stroke is the #1 cause of chronic disability in adults, the #3 cause of death in Hawaii."

"IV tPA must be administered within 4.5 hours of symptom onset. Standard of care is initiation of IV tPA within 60 minutes of patient arrival to the ER."

"In 2016, ~25% of the tPA treatments in the state of Hawaii were done by us using telemedicine."

Hawaii Pacific Health, Wilcox Medical Center: Amy Corliss, M.D., Chief of Staff

"TeleNephrology consults has a financial cost savings of at least $10,000 per patient in transfer costs. Families stay together at home and goals of care discussed without stress of transfer."

Medical Interstate Licensure Commission: Jon V. Thomas, M.D., MBA, Chair

"The process is systematically self-propelled without any manual intervention."

HMSA Online Care: Katy Akimoto, Sr. Vice President

"74% of patients in the U.S. say they'd get their health care services online or by phone."

"50% of Kaiser's encounters are online."

Center for Connected Health Policy: Mei Wa Kwong, J.D., Policy Advisor & Project Director

"Potential trends are increased focus on using telehealth to combat opioid addition, network adequacy, reimbursement/licensing, prescribing, and looking at plans that limit their telehealth services to a third-party vendor."

Marghee's Mobile Medical, LLC – Health Care on Kauai & Neighboring Islands

"Provides urgent and primary care for patients by way of telehealth (like Skype) or home visits as appropriate."

DOCNow Virtual Healthcare Centers Telemedicine for Hawaii. Founded in early 2016 by Dr. Jim Barahal, Dr. Normal Estin and Managing Director Paige Williams.

"See a Doctor From Any Device…Lose The Wait…All Insurance Accepted…365 Days A Year 8am – 9pm. DocNowHawaii.com"

SUMMIT FINALE: FACILITATED GROUP DISCUSSIONS FOR STRATEGIC PLAN DEVELOPMENT

Following speaker sessions, attendees were divided into smaller groups to describe a "**perfect telehealth world for Hawaii**". Facilitators from the Department of Health Genomics Section led six small groups to gather participant input and highlight consensus areas for strategic planning and next steps. Following small group discussions, participants gathered into the main conference ballroom where group leads reported out to the larger group on common themes and shared highlighted areas of opportunity for strategic plan development.

A perfect world scenario for telehealth included "…statewide broadband especially rural areas…, workforce education and training, a telehealth advisory council, unified credentialing and privileging…, an interstate medical licensure compact…."

Based on the facilitated group discussions, there were significant areas of consensus amongst group participants which were asterisked on flip charts for collection, analysis and evaluation. For example, the need for telehealth education and training was discussed in nearly all groups. Key consensus areas of opportunity for strategic planning are listed below. These are:

- Development of a State Telehealth Council
- Integration of a Unified Credentialing and Privileging System Between Health Systems
- Support for a Medical Interstate Compact
- Development of a Telehealth-Ready Workforce (to include Community Health Workers)
- Workforce Education and Training on Telehealth
- Community Outreach
- Infrastructure Improvements (Broadband Bandwidth and Equipment)
- Enforcement of Parity Laws
- Marketing and Outreach to Increase Consumer and Provider Buy-In
- Development of Data Sharing/Governance Policies
- Campaign for Telehealth Awareness and Building Community Trust
- Development of Tax Incentives
- Funding for Rural Practices

EVALUATION AND ANALYSIS OF SUBMITTED EVALUATIONS

Evaluation forms were provided to summit attendees upon registration to capture attendee feedback on both summit days. On day two, attendees and group participants completed and returned evaluation forms in available collection boxes located at the registration table and conference room.

There were 79 out of 276 registered attendees who completed and submitted evaluation forms for a 30% response rate. Additionally, as an incentive to attending and completing the evaluation forms, physicians were offered up to 6.5 continuing medical education credits. Of the 74 physicians who signed-in at registration (at one or both summit days), there were 21 respondents who indicated their professional role as "clinician, clinician leadership, private practice, or urgent care provider" for a **28% response rate amongst the provider group**. Respondents also included 16 government agency representatives, 19 health care leaders, five community members, four elected officials, and two academics.

For both summit days, the overall rating in quality and helpfulness of all speaker sessions combined was "above average". There were no scores of "below average or poor" in any of the nine session elements assessed in either summit days.

Given recent policy changes, respondents were asked to rate their knowledge of policy changes using a rating scale of high, medium and low prior to and after the summit on services eligible for telehealth reimbursement (refer to Table 1 below). Based on the evaluation findings prior to the summit, 62% were unaware of malpractice coverage policy changes, 56% were unaware of private plan reimbursement policy changes, and 46% were unaware of Medicaid reimbursement policy changes. After the summit, respondents increased in their knowledge in all areas related to policy changes (refer to Table 2 below).

When participants were asked, "do you use telehealth in your practice or entity?", 37% of respondents answered "No". However, of those respondents who answered no, all are now willing to consider telehealth in their practice or entity.

Table 1: Prior to Summit: Percentage of Respondents Who Were Unaware of Equivalency Changes

UNAWARE OF EQUIVALENCY CHANGES	➢ 62% Were unaware of Malpractice Coverage Parity policy changes ➢ 56% Were unaware of Private Plan policy changes ➢ 46% Were unaware of Medicaid policy changes

Table 2: After Summit: Change in Knowledge (all subject areas showed an increase)

INCREASED CHANGE IN KNOWLEDGE ON POLICY CHANGES	➢ 30% Practical impacts of integrating telehealth ➢ 27% Services eligible for telehealth (medical, oral, mental health, etc.) ➢ 27% Settings eligible telehealth reimbursement changes (home, school, work, etc.) ➢ 27% Malpractice coverage equivalent to face-to-face visits ➢ 23% Telehealth technologies and services ➢ 20% Establishing patient relationships via telehealth

CONCLUSION AND NEXT STEPS: DEVELOPMENT OF A STATEWIDE PLAN FOR TELEHEALTH

Overall, the Hawaii Telehealth Summit held on October 12 and 13, 2017 was well received. Attendee feedback, both qualitative and quantitative, was overwhelmingly positive.

Both objectives of the summit were met on education about significant changes in telehealth law, specifically reimbursement and malpractice parity, as well as improving provider knowledge, attitudes, and behaviors regarding telehealth. The following summarizes summit findings.

- Over 200 attendees from healthcare, technology, education, and community attended the telehealth summit.
- Most promising finding of the summit is that more than one-third (74) were practicing physicians who registered to attend either one or both summit days.
- Although the summit's attendance exceeded expectations, neighbor Island representation was still lacking at less than 10% based on returned evaluation forms which highlighted the need to work further with neighbor island community representatives.
- There were panel presentations from a total of 16 speakers representing federal, state and private industry who covered a variety of in-depth telehealth topics from Hawaii telehealth parity reimbursement laws to practical telehealth experience.
- A lack of provider knowledge, education and awareness of policy changes and reimbursement laws appear to be a key barrier to provider adoption. Data analysis from the summit evaluation forms indicated that attendees were unaware of reimbursement equivalency for Medicaid or private plans, or of malpractice coverage prior to conference.
- Almost all of those that said they do not currently use telehealth said they are willing to consider it. Training and education of health care providers on clarifying reimbursement laws would likely increase telehealth providers in the state.
- A perfect world for telehealth in Hawaii included a statewide telehealth council to lead and guide telehealth development, unlimited supply of accessible providers, interstate medical licensure compact, unified credentialing and privileging between health systems, broadband interconnectivity, "one-touch" easy technology access, provider training and education of parity laws, and government enforcement of parity reimbursement.

In conclusion, these findings are encouraging but reveal much more work is needed since participants were already more familiar with telehealth than colleagues surveyed at the 2017 Health Care Workforce Summit, 44% versus 15%, respectively.

The next steps for telehealth is the development of a statewide telehealth plan with participation and input from community stakeholders. The DOH will develop a concept draft plan from summit findings collected at the group session and evaluation forms. The concept plan will be made available in May 2018. The anticipated timeline for planning activities is May through August.

If you're interested in participating in the development of the statewide telehealth plan, please register here: Telehealth Planning Group