Note to reader: The following table includes the notes from the February 9, 2017 Telehealth Work Group meeting. As directed at the meeting, A::B added the "Vision for Medicaid Redesign" graphic categories so that each patient population is broken out by physical health, behavioral health, as well as long term services and supports, with a system wide section at the end. In the table below (Table 1), goals for the use of telehealth to improve health outcomes are listed and organized by Patient Experience / Population Health, Provider Experience, Reduce Per Capita Costs. Technology barriers and legal/policy barriers are listed in the last two columns. Dr. Bob Onders sent an outline of issues related to telehealth and they have been integrated into Table 1.

Table 2 in this document is new. It is organized by barrier and coded for type of barrier and the patient population it impacts. This table could be a shorter summary of the barriers. Currently, Table 2 does not include all the barriers and there may be some overlap of the ones listed but if the group likes this table, we could use it to help with issue prioritization and identification of solutions.

TABLE 1 TELEHEALTH GOALS AND BARRIERS IDENTIFICATION BY TYPE OF CARE + SPECIFIC POPULATION

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
PHYSICAL HEALTH: PRIMARY + PREVENTATIVE CARE; SPECIALTY CARE; EMERGENCY SERVICES + HOSPITAL					
Patients who require education for a specific condition or medication	Patient education can be delivered through telehealth to improve compliance with treatment.		Reduce higher level conditions associated with lack of compliance to treatment or misuse of medications.		

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
Patients who need access to specialty consult, for example ENT	Improving patient experience by allowing them to see a specialist when one is not available in their community.		Reduce costs associated with travel.		Sub-regional clinics have a lot of access to the physicians; the rural villages with clinics have less access to the physicians. Goal is to provide better telehealth connectivity to access physicians and specialty consults in the villages. If this happens, will the patients bypass the CHAPs?
Chronic disease	Provide care and symptom management through telehealth. Remote patient monitoring; blood pressure, glucose, weight. Old model is that patient data is monitored and goes to a dashboard and alarms go off. New model: the remote monitoring data is reviewed regularly and there are regular patient check-ins. New technologies and existing technologies need to be used in concert with medical staff to help the			Systems do not work if the patients do not turn on the technology and use it. Some payers refuse payment if the patient doesn't use the technology. Sometimes the patient doesn't know how to use the iPad.	Currently, no reimbursement for care management or performance-based payment models that measure outcomes such as reduced total cost of care, improvements in patient health and patient satisfaction. Telehealth, as currently defined, does not directly address this issue. Telephone calls and texts are not eligible for reimbursement under Medicaid. Medicaid does not currently pay for case management, unless included in a targeted case management program, which are not common.

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
	patient improve their health.				
High acuity patients: Patients that have ongoing medical issues that are complex; Patients, such as someone who has cancer who needs medication management. Other examples: Diabetes, cystic fibrosis, asthma, chronic renal disease. End stage renal is an exclusion under MCD.	Provide services in home with telehealth; some of it would be BH; some is case management and medication management; focus is to identify and discuss ongoing concerns. Looks like: Interactions over an iPad with a nurse case manager, or with a provider. Example questions: How is your medication? Are your legs swelling more? A lot of this can help the patient avoid emergencies.		Reduce costs for services by being proactive with medication management.		Solutions: DM2 management, asthma management, case management for high needs patients

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SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
Medicaid patients who visit the ED or medi-vac or patients who require an escort.			Less ED, medivac and escort required transports will reduce costs.		Requirements exist to offer telehealth (when available) as an option for patient care prior to travel authorization by Medicaid. No reimbursement / incentives are provided for telehealth equipment/support personnel to healthcare entities or providers to help meet this requirement.
Incarcerated patients through DOC			Look for ways to use TH to reduce medical costs for the DOC.		
BEHAVIORAL HEALTH: MILD TO MODERATE; SEVERE + COMPLEX; INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT					
Children and adults with mild to moderate behavioral health issues Note: Many of these would be addressed in a primary care provider practice and would be short term.	Patient care model and feeling free to talk with them by telephone and video so that they do not have to come into the office. Ability to refer a patient for a brief course of counseling or treatment from a behavioral health provider delivered through			Barriers are similar to high need patients. Cleveland clinic allows you to book your appointment online (in person or telemedicine).	Reimbursement needs to occur for all types of providers, not just MD.

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	telehealth. Solo PCP could have a relationship with a counselor not in their office and could connect the patient with the counselor through TH. Group interventions such as parenting skills for new mothers, recovery supports for aftercare delivered via telehealth. Looks like: Facilitating a group online with video. This helps smaller communities who do not have enough people for a similar group because. Group dynamics help clients support and connect with each other.				

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
Children and Families with Chronic Behavioral Health Diagnoses; example autism and ADHD	Need for more live or interactive video on a real time basis between patients and providers to provide appropriate treatment in the home for chronic behavioral health conditions such as Autism Spectrum Disorders.	Increase access to multi-disciplinary care via telehealth; not just med review.		Ability to provide telehealth services in the family's home. Medicaid requires the family to travel to a facility and they can't render directly in the home. Technology is not enough bandwidth in the home. Remote location has limited bandwidth (Meyers Chuck).	A policy issue is that currently home-based services are only allowed through the 1915c waivers and the children who would benefit from this service do not meet Level of Care to qualify for those waivers; this is being addressed in 1115 Behavioral Health benefit design. Difficult for behavioral analysts to become certified Medicaid providers (not specific to telehealth). Controlled substances; limits to behavioral health prescribing via telehealth; currently requires a physical exam, should include behavioral health physical assessments. Remove limitation that only licensed behavioral health providers can bill Medicaid for clinical services; need to also include federally certified providers so that Behavioral Health Aides in the tribal system can provide services.

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
Adults with severe and complex behavioral health conditions	Look for ways to use telehealth to identify potential acute BH incidents, including suicide. Improve the use of medication management and controlled substance prescription through TH. Crisis management could be improved, for patients with a schizophrenic break or a PTSD episode. There is a way to build 24-hour			For the crisis intervention services that need to be available 24/7, you have to make sure your technology works because the stakes are much higher.	Unless there is targeted case management, the BH provider can't bill for this. This is a TH and non-TH issue.

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SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
	video services to provide these services. Careline is the statewide crisis intervention and suicide prevention phone number. Over the past 10 years, call volume has doubled. Why? Suicide prevention efforts have been increased to get the Careline number out there. If we had a statewide register to identify the TH provider, the Careline could be part of the intake solution.				
Inpatient Psychiatric Residential Treatment					
LONG-TERM SERVICES + SUPPORTS: SOCIAL SUPPORTS; HOME + COMMUNITY-BASED SERVICES; NURSING FACILITY CARE					

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
Seniors or persons with disabilities living in their homes	Improving the provision of LTSS through the use of TH via assisted living and group homes. Reduce the need for this patient population to go to a provider given costly and difficult transportation requirements.		Reduces transportation costs for individuals.	Solution: SDS has a technology committee to find out how to reimburse for in-home remote monitoring, assistive technology. A RFI was released to vendors to identify what the equipment needed, cost and other program requirements.	
Nursing home residents who require specialty consults such or behavioral health services	Address patient health needs on-site in the nursing facility to avoid transports and to improve patient wellbeing to reduce challenging and disruptive behaviors.				

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SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
SYSTEM-WIDE FOR ALL PATIENTS					
		Develop a hub and spokes network to connect providers across the state, to know who is available to provide TH services.		This does not exist in Alaska and would require considerable investment and coordination. No centralized system to see if the person is on and see if the provider is online or connected to see what rooms and how to connect; Solution: Maryland has hubs and you have to sign up to be able to provide services. Solution: Movement toward better broadband throughout the state. Beth Davidson convened a meeting with GCI; lots of progress related to bandwidth. Solution: Use the business registry requirement from SB 74 to help create that hub.	

	GOALS FOR IMPROVEMENT USING TELEHEALTH			TECHNOLOGY BARRIERS	LEGAL + POLICY BARRIERS
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	Ensure expanded telehealth improves patient health	Facilitate providers adopting telehealth as part of their practice. Use telehealth for continuing medical education and other provider training and grand rounds. Get education and data out to providers and clients to identify the strengths and weaknesses of telehealth.	Improve the ability for providers to access telehealth technologies.	New technology is one the biggest cost drivers. We need to make sure that the technologies we use actually improve outcomes. Monitoring blood pressure, for example, does it improve outcomes? The medical devices are really cheap but it's the staffing to have someone call every day that is more expensive ($3K to $5K per patient). Connectivity is expensive; providers can apply for subsidy but the process is complicated and most providers don't know how to do that.	Alaska does not have a parity law which mandates health insurers to incentivize telehealth services relative to in-person care. MCD billing is not issue; Tricare, VA gets reimbursed but not with others; some members discussed that they do get reimbursed by other payers. Licensure boards; need to update their policies. SB 74 says these boards can no longer sanction disciplinary actions for the use of telehealth. But they still need to update their policies. Licensing and credentialing; state licensure and facility credentialing process is necessary to render services through an organization (both TH and non-TH issue). Written consent. Alaska does not currently require consent from patients to receive care via telehealth. Addition of this

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					requirement would be a significant barrier to access. Telehealth equipment costs and internet/software fees that are incurred by either the patient or the healthcare provider are not covered by any current reimbursement method. Additional costs incurred for a provider to join a statewide network or to be listed in a statewide registry may further create barriers for a provider to cover their own cost (time/resources) for providing care. Medicare coverage depends on additional criteria including whether the patient is physically seen in an FQHC or a USDA-designated rural area. The cost of conducting a telehealth visit can be more expensive to the provider than an in-person visit. The additional costs are a result of

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					added support personnel needed to manage the scheduling of the visit, management of any pre-visit workup (labs, imaging, etc) and equipment/software needed to conduct a visit. Additionally, the coverage and reimbursement for telehealth are frequently less than an in-person visit. CMS regulations prohibit the payment to a healthcare provider for telehealth care from being shared with the originating site provider. Reimbursement sharing could potentially help offset the equipment and personnel expenses incurred at the patient originating site.

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SPECIFIC POPULATION	PATIENT EXPERIENCE + POPULATION HEALTH	PROVIDER EXPERIENCE	REDUCE PER CAPITA COSTS		
	Protect patient confidentiality.	Allow federally certified providers to bill for telehealth to facilitate referrals for people living in remote villages.		Texting: not HIPAA compliant but providers and patients are using this. Use of a BOT? It depends on how you use the technology. Teens: "How are you doing?" or if the patient initiates.	Telemedicine: Has to go through a PCP for it to be Medicaid reimbursable. If the only staff is a BHA or CHAP and it's a relative and they don't want to let them know they want to connect outside. Individual can't call a PCP in Anchorage to get telehealth. This doesn't work for a village. Everyone knows everyone. This should be changed for BH. Most other payers fund it this way; Medicaid should. For BH the initial assessment should be able to occur via a provider outside of the village.

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	Increase video capability to expand use of telehealth and ensure documentation in patient record.			Video end user devices; audio is more important than video sometimes. Video scheduling; how to manage this for the video. You can use emails but it's more ad hoc. Solution: Ontario has figured out how to extensive scheduling. Video Support; systems need this. Provider forgot password. System can't connect; upgrades and installation. Patients and families need support to access, and be trained on equipment needed for in home treatment services. (computers, cameras, phones, etc). Video Lifecycle; onboarding and then once they stop providing services, how to make sure they no longer have access to the services. EHR on video: getting the remote provider to get a note	

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				into the EHR. If you are connecting with a patient through a different remote provider and they have a different EHR, you can't same your notes or see the initial patient records. Companies say they have solutions (even Teledoc) but doesn't seem to be working in practice.	

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	Maintain high quality standards with telehealth services.	Understand the role of telehealth and the cost impacts of expanded access.			No defined standard of care for a telehealth visit. The definition, and the associated requirements, should vary based on the type of care provided. Out of state telehealth providers may have little to no experience with the patient and limited knowledge of Alaska and the health care environment. Data is not readily available from Medicaid. There is no easy way for providers to determine the number of hospitalizations/ED visits/Outpatient visits for patients who have received care via telehealth compared with those patients receiving standard in-person care.

TABLE 2 SUMMARY OF BARRIERS TO THE EXPANDED USE OF TELEHEALTH (NOT COMPLETE; COULD BE A PRIORITIZATION TOOL)

BARRIERS LP = Legal and Policy T = Technology Impact of barrier on different levels of care shown in the far right with an "x"		POSSIBLE SOLUTION	PHYSICAL HEALTH			BEHAVIORAL HEALTH			
			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	LONG-TERM SERVICES + SUPPORTS
LP	**No reimbursement for providing ongoing care management via phone or text rather than face-to-face encounters because there is no billable revenue associated with this.** This is important for children, adults, those with chronic conditions, as well as behavioral health diagnoses.	Care management fee and performance-based payment models that measure outcomes such as reduced total cost of care, improvements in patient health and patient satisfaction. Telehealth, as currently defined, does not directly address this issue. Telephone calls and texts are not eligible for reimbursement under Medicaid. Medicaid does not currently pay for case management, unless included in a targeted case management program, which are not common.	X			X	X		X
LP	**Despite the passage of SB 74 which prohibits professional boards from sanctioning providers for**	Ensure State Medical Boards and Licensing update their regulations to allow for telehealth consistent	X	X					X

BARRIERS LP = Legal and Policy T = Technology Impact of barrier on different levels of care shown in the far right with an "x"		POSSIBLE SOLUTION	PHYSICAL HEALTH			BEHAVIORAL HEALTH			LONG-TERM SERVICES + SUPPORTS
			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	
T	**providing services via telehealth, clear policies do not yet exist.**	with SB 74, which allows Medicaid to pay for telehealth services for most other services that can be rendered in person. See technology issues identified later.							
LP T	**Patients need increased access to multi-disciplinary care via telehealth**. Medicaid does not allow more than one provider to bill at a time for a service; SB 74 identified all licensed providers to be eligible to bill Medicaid for behavioral health services but also should include federally certified so that Community Health Aides and Behavioral Health Aides can also bill for services.		X	X		X	X		
T	**Bandwidth is not sufficient in all areas of the state to enable video-based telehealth from a patient's home.** Bandwidth at the rural clinics is typically sufficient to support video-based telehealth.		X	X		X	X		X

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			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	
	Rendering case management, medication management and other services through telehealth in the patient's home helps to identify and discuss ongoing concerns. For example, a nurse case manager can interact with a patient using their IPAD and ask how their medications are working; all of this can help reduce the potential for emergencies, which reduces costs. Doing this requires sufficient bandwidth at the patient's home.								
LP	**The ability to prescribe controlled substances through telehealth is limited because a physical exam is required prior to making the prescription.** Behavioral health assessments do not qualify as an eligible telehealth service when controlled substances are prescribed.	Allow behavioral health clinical assessments to satisfy requirement for exam prior to controlled substance prescriptions via telehealth.				X	X	X	

BARRIERS LP = Legal and Policy T = Technology Impact of barrier on different levels of care shown in the far right with an "x"		POSSIBLE SOLUTION	PHYSICAL HEALTH			BEHAVIORAL HEALTH			LONG-TERM SERVICES + SUPPORTS
			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	
LP	**SB 74 allows licensed behavioral health providers can bill Medicaid for clinical services, but this excludes some important providers.**	Remove limitation that only licensed behavioral health providers can bill Medicaid for clinical services; need to also include federally certified providers so that Behavioral Health Aides in the tribal system can provide services.				X	X	X	
LP T	**Medicaid does not allow reimbursement for care management or services provided in-home other than through a 1915c waiver program. This limits use of self-monitoring or testing technology in patient's homes.** Remote patient monitoring, including blood pressure, glucose levels weight allows providers to monitor changes and work with patients to improve health outcomes. NOTE: the old model was to collect data that goes to a dashboard and alarms go off when a certain threshold is reached. The new model is to regularly review data and check in with the patient frequently. New technologies and existing technologies need to be used in concert with medical staff to help the patient improve their health. The	1115 Behavioral Health waiver will address this for behavioral health services; Medicaid needs to develop policies for reimbursement for these services for physical health care. The Department, through SDS, has a technology committee to figure out how to reimburse for in-home remote monitoring, assistive technology. A RFI was released to vendors to identify what could be reimbursed.	X	X	X	X	X	X	X

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	technologies need to be evidence based.								
LP T	**Patients and their families are not always trained on the technology or refuse to use the technology when planned.** Some payers refuse payment if the patient does not use the technology. Some patients are unfamiliar with how to use an IPAD.		X	X	X	X	X	X	X
LP T	**Lack of knowledge regarding who provides telehealth services and how to access them.**	Create regional hubs for telehealth. Use the business registry requirement of SB 74 to create a clearinghouse of telehealth providers.	X	X	X	X	X	X	X
LP	**Conflicting information regarding the efficacy of telehealth services versus in-person visits creates a barrier to is use by both providers and patients.**	Review evidence based research on the efficacy of telehealth and communicate the results.	X	X	X	X	X	X	X

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T	**For video conference telehealth, there is no centralized system to see if the provider is available.** For example, a centralized system would allow you to see who is connected, what "rooms" to visit, and how to connect.	Create a centralized system for access and scheduling of video-based telehealth.	X	X	X	X	X	X	X
T	**For video conference telehealth, audio is often not sufficient for effective communication.** Computer speakers are often not sufficient to hear and communicate between the patient and the provider or between providers.		X	X	X	X	X	X	X
T	**For video-based telehealth, comprehensive scheduling systems do not exist.** Email is often used for scheduling but the process becomes ad hoc and inefficient.	Centralized scheduling and regional hubs: Ontario has figured out a way to do centralized scheduling.	X	X	X	X	X	X	X

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T	**There is not sufficient technology support for video-based telehealth.** Providers forget passwords. The system can't connect. There are needs for upgrades and installation. Patients and families need support to access the system and be trained on the equipment (computers, cameras, IPADs).								
LP T	**Lifecycle process for discontinuing access to telehealth.** A provider is trained to access a telehealth system and then stops providing the service. The system must ensure that provider no longer has access to the telehealth system.								
T	**Remote providers need access to electronic health records (EHR) to be effective.** If a provider is connecting via telehealth through one EHR system that is incompatible, the provider cannot make notes in the patient's files or see the patients records in advance of the telehealth meeting.	Existing software solutions are not entirely effective.							

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			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	LONG-TERM SERVICES + SUPPORTS
LP	**State licensure board policies are outdated and do not reflect changes from SB 74.** There is concern and confusion regarding what services are allowed through telehealth and what the State licensure boards allow.	SB 74 prohibits professional clinical licensure boards form imposing disciplinary sanctions on licensees for practice via, audio, video, or data communications when physically separated from the patient. Licensure boards should update their policies to create more clarity and certainty related to the use of telehealth.	X	X	X	X	X	X	X
T LP	**Texting patients is problematic under HIPAA but patients and providers often prefer this type of communication.**	Solutions that exist already: Use texting in a way that is consistent with HIPAA. Keep texts general. Patient can text provider. New solutions: Explore the use of encrypted texting.	X	X	X	X	X	X	X
LP	**Medicaid will not pay telehealth claims for behavioral health or other health services unless a primary care provider (PCP) refers you to the specialty provider.** This is an issue in some rural communities related to confidentiality. If you know the behavioral health aide (BHA) or the community health aide and do not want them to know you are	Educate providers about how to increase consumer choice to access needed services. For example, a rural resident should be able to connect via phone with a provider in a sub-regional or regional health clinic to access the assessment needed to be referred to services that could be provided via telehealth.	X	X		X	X		

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			PRIMARY + PREVENTATIVE CARE	SPECIALTY CARE	EMERGENCY + HOSPITAL SERVICES	MID TO MODERATE	SEVERE + COMPLEX	INPATIENT PSYCHIATRIC + RESIDENTIAL TREATMENT	
	seeking behavioral health services, you cannot directly access a clinician in Anchorage using telehealth and have it covered by Medicaid.								
T	**It is expensive for providers to access the connectivity necessary for telehealth.** There are subsidized programs but they are complicated and difficult to access.	Movement toward better broadband throughout the state. Beth Davidson participated in a meeting with GCI; lots of progress related to bandwidth in rural areas.	X	X	X	X	X	X	X
LP	**There is no parity law in Alaska requiring all payers to reimburse for telehealth.** Some private payers will not reimburse. Often times if you bill the payers and code it correctly (with telehealth) they will pay.	Pass a parity law for Alaska.	X	X	X	X	X	X	X