Telehealth Task Force Second Inaugural Meeting
September 16, 2008
Notes taken by Linda Axtell-Thompson

Meeting Participants: Scott Daniels (DoH), Lorna Nekoba (Hilo Medical Center), Tom Driskill (HHSC), Earl Bethke (HHSC), Norman Okamura (STAN/TIPG), Lydia Hemmings (DHS), Suzie Martin (Tripler), Dale Moyen (HPH), Karen Seth (Queens), Deborah Peters (UH TRI), Gerard Akaka (Queens), Anthea Ahquan (DHS), Lianne Hasegawa (DoH), Sylvia Au (DoH), (Maui County Council), Christina Higa (UHTIPG), Larry Eron (Kaiser), Joseph Humphry, Alan Tice (Hepatitis Support Network).

Introduction by Deborah Peters

The Hawaii Telehealth Collaborative was formed in Spring 2007. It was recognized that telehealth in the State of Hawaii needs to be promoted and supported but to do this we collectively need to be organized.

In November 2007 the Collaborative held one day symposium. Many attended from different sectors and shared what they thought were primary issues regarding Telehealth in Hawaii. This symposium was funded by the HMSA Foundation who is funding a number of initiatives. The symposium final report can be found at the website hawaiitelehealth.net.

Since the symposium, the Collaborative supported a series of luncheons for each of five defined focus areas. The topics covered so far include reimbursement and political will and leadership. The follow-up meetings were designed to refine these issues, drill down in detail and focus. There is much overlap between five issues.

The Collaborative Steering Committee continues to meet on a regular basis. The committed lobbied for HCR 138 that created the Hawaii Telehealth Task Force. There are two Task Force deliverables: (1) preliminary report due in December 2008, and (2) a final report due in December 2009. We have much to do to finish the preliminary report before December. The objective of this meeting is to reach consensus on the Task Force vision, mission and scope.

We need to agree that we may not agree with the exact definitions today but leave with at a minimum a working definition that we can live with and avoid word smithing. We can put discussions offline on social networking sites or the website we have set up. We also need to come to agreement of what goes into report.

Vision of Telehealth Task Force

By the year 2015, a robust sustainable Telehealth system will link all the people of Hawaii to health care services.

Discussion:

- This vision statement was discussed at length within the collaborative work group. The idea was to keep it as all encompassing and inclusive as possible.
- Tom Driskill commented that 2015 too far ahead. Take it literally.
- Maybe "make health care services available to all people of Hawaii". The reason is that we don't know if we can really link everyone, but we can make services available to everyone.
- Sylvia Au reminded us that the task force will be in place for only two years.
- Karen Seth pointed out that in our last Steering Committee meeting there was discussion on using the word "access" rather than "linking." She wanted to know why was it changed?
- There was a lot of discussion about Telehealth as not so only for remote locations but for care in home, for chronic disease management and linked into systems – not only for those who are geographically remote.
- Why used "linked"? Linked implies physical connection, not metaphysical connection, which implies expense of linking technology in the home. "Access" might be better word to suggest legislature's intent.
- Center for Aging Services has definition, calling this system "healthcare unbound," as opposed to being linked. Technology in on and around the body to allow health services to be accessed beyond traditional.
- The Task Force needs to stay confined to Telehealth and not the entire healthcare system that has issues with access.
- What is meant by Telehealth? Deb does not consider "link" to be physical. Link does not mean only physical infrastructure.
- Maui looking at connecting care, maybe use word "connect" instead of "link" that implies both link and access. Avoid issues of access.
- Dale: link could infer statewide telephone system. Replace "link" with "make available to," or make more solid? However there is still concern about access and a concern about the term "link" meaning "wiring up." There are semantic differences. Access to health care is a major issue in the presidential race.
- The Task Force is really talking about tele-access, which implies some sort of link, not necessarily hard wired.
- Gerard: year 2015 is too far out? Is it realistic to make it earlier? This is already 2008, we won't have it by 2010; sustainable makes it more difficult to envision.
- Lorna: why not use Tom's suggestion - Link or connect is more proactive, "make available" is more passive. We cannot link everyone, we can argue about "all" but this is a goal. The goal is realistic, within 5 years people will have many links to each other, e.g., family to elder parents, coming quickly. 2015 is approaching very soon to link all. There are already many things happening now.
- Vision statements are supposed to be inspirational and global.
- Keep in mind preliminary report to legislature in 2009, final report in 2010, 2015 will be a five year horizon.

Deb informed everyone that we'll draft several suggestions, get everyone's input probably via email, and we will revisit after preliminary report. Our vision may well change as result of having done the preliminary report.

Mission of Telehealth Task Force

"Recommend to the Hawaii State Legislature a state Telehealth strategic plan to develop sustainable Telehealth services."

Discussion:

- The Mission is more concrete this describes what we are actually going to do by December 2009 and December 2010.
- This is a resolution, not mandated by law, so we have great latitude in what we will do.
- Remember even as we look at "strategic plan," we might want to narrow our focus.
- Norman had suggested maybe pick three or four things to focus on.
- "Plan" is static term, what about "flexible, adaptive, evolving" nature of Telehealth. Include adaptations to fast changing technology. Go beyond static "do this," include flexibility because of the rapidly changing environment. This may not change statement of mission, but plan must acknowledge/address rapid changes in how health care will be delivered, e.g., home care.
- Legislature needs to understand this is a dynamic proposal, must include creativity. Make sure this aspect is reflected in the report.
- Does "sustainable" telehealth services, suggests multiple businesses within system, e.g., infrastructure services and clinical services. Business models one of five areas from symposium, purpose of the word "sustainable," we are sensitive to legitimate charge that once external funding leaves the project goes away. This needs legs to stand on its own, which incorporates notion of business models.
- The objective is not necessarily to ask for funding from state, or should it be self-sustaining? It would b foolish to not ask for money, but we can't ask them for money ad nauseum, but seed money to get started, but business model so would be self-sustaining eventually.
- It would be nice for State to acknowledge the need for seed money for grants to spawn projects that could prove self-sustainable over long run, form strategic alliances, need pilot projects to demonstrate viability. Too often in the past, projects proposed were not sustainable. There is a need to address the issue of sustainability beyond the grant period.
- Lorna said our focus should be to develop appropriate infrastructure so that individual projects can sustain themselves.
- Tom said it is unrealistic if think we can get any money from the state, even seed money; it's creating the environment to support projects, use infrastructure already there, be more creative in the planning.

Scope of Telehealth Task Force

Includes:

Infrastructure (technical and organizational)
Video-teleconferencing
Store-and-forward (e.g., radiology, dermatology, need not be real time)
Personal health applications
Distance learning

Excludes:

Electronic medical records
Personal health records

Discussion:

- Does this also include telephones, e.g., smart phones, and their use to access services and information? Only smart phones, not dumb phones; go beyond face-to-face doctor visit?
- Also look at HMSA Online Care, can be accessed by email or phone, need to consider what is already happening beyond this room. Some things will be paid by insurance. No set concept of how low do we go?
- There was discussion about clearly excluding Electronic Medical Records (EMR) and and Personal Health Records (PHR) from the scope of the Task Force.
- It is difficult to talk about Telehealth without talking about EMR and PHR, but for this purposes of this Task Force it was proposed to exclude them.
- EMRs provide the platforms for those applications, those things could be hubs that deliver Telehealth services. Within our team, we can say "EMR will be hub," but the area is so large by itself that we can't deal with it.
- Many clever applications are using cell phones and everyone has cell phones these days. New website just introduced this week, chronic disease management tools to consumers directly, RFID, prescriptions, vital signs monitoring. Things are moving so fast, we need to keep track; whatever we create must be interoperable with other systems being created. Not saying they don't exist, but trying to limit the scope of the task force. We can acknowledge EMR or PHR are out there, just not talk about those specific issues. We are talking about sustainable, but in scope no discussion of reimbursement or malpractice.
- We will be driven by five priority issues from the November 2007 conference. Also need to consider privacy and confidentiality.
- Christina: We need EMR as platform to make Telehealth services broadly available. Someone mentioned that there is a task force that focuses on EMRs but this is not accurate. Dale mentioned that this was in reference to HHIE but their mission is not that broad, in talking about interoperability standards between EMRs and PHRs.

- What are we doing is a middle man role, between patient and physician. We are piecing together -- communication, endpoints, patient, doctor, security, insurer. Need to define endpoints to more easily decide what communication systems are needed.
- Pharmacists are building links now. Is there a pharmacist on the task force? How far do we go in expanding the definition of teleahtlh? Do we have all the right people on the task force?

- Sylvia: a policy recommendation to legislature can be to form task force for EMR/PHR to address those needs. We cannot address such a huge issue in our task force, but make clear importance of EMR/PHR, state needs to pull together a separate task force for that issue alone.
- A visitor registry is being developed. We are talking about the Telehealth meaning within state's total mission of improving health. Telehealth for what? To empower people to have better health and wellness, moving from doctor's office to patient's home, Telehealth connect doctors to those people.
- The task force will be a major catalyst for identifying and pushing many issues such as RHIOs, telecommunications broadband, these are affinity groups for our task force.
- We should have connections formalize between Telehealth, HHIE, broadband task force. Who is on the broadband task force? We need to connect with them.
- Another affinity group the Office on Aging, dealing with the age wave, wants to promote aging in place with technology, telecare. We need these kinds of systems to help people age in place.
- Telehealth is many different things, technology, people, both utilizers and providers, next section talk about projects, ideas, affinity groups, activities; real focus should be what sort of projects should we get involved in.
- We still need to define what endpoints we are trying to bring together through technology. Should is be doctor-patient? Should it be pharmacists? Insurers to ensure right services? State oversight? How many endpoints talking about trying to connect. In a perfect world all would be connected to all, digitally, cost effective and efficient. How do we move Hawaii into 21st century. Connecting care system.
- Need to stay realistic. So many groups happening, what should be our role to inform legislature, what about identify barriers that are common to all projects? Some are common.
- Identify projects that already happening, as well as ones that should be done.
- Deb to Christina, think about how much we should approach EMR/PHR.
- Christina: EHRs cannot be left out, but if our task force cannot take it on, we should recommend that an EHR task force is established. This group might provide an important link between the different parties that working on different important aspects of telehealth, who do not necessarily talk with each other. Telehealth is multi-disciplinary with representatives from the different stakeholders. Our Task Force has an opportunity to bring together these stakeholders.

- Deb recommends that everyone read the report on telehealth that was produced for the State of California. Between now and December, the best we could hope for is a synthesis of project summaries, lessons learned, critical success factors, critical barriers. We cannot conduct a needs assessment, and do not have the time or resources to complete one in this short amount of time. We can use needs assessments already done by others. This is what preliminary report will include.
- What needs assessments have been done? JABSOM ; Dept of Psych for Big Island, community infrastructure and needs. Refer to those that have been done. We can also gather reports on disparities in care. Find out where needs assessments have been done and summarize finding.

- In strategizing we should go through the last few years of legislation and look at what have legislators been interested in. We recognize this is a problem, Telehealth could be a solution.
- Deb is part of HRSA collaborative looking at patient safety and pharmacist services, very interested in expanding their role as intermediary with patients. Flu season is coming so they are very busy right now, can contact new school of pharmacy in Hilo.
- Also what about WalMart as most dynamic healthcare provider. What about Verizon, ATT, communication systems? Do we incorporate them? What about insurers? HMSA, Kaiser, MedQuest are already involved.
- In a perfect world would want to include all stakeholders, but need to find someone willing to spend the time. Maybe someone who is faculty on school of pharmacy. We do have people who represent technical side of things. We can't do everything. Maybe there will be issues that we should run through technical providers. Also this task force has no funding, no staff, limited with what you can do. Prescription compliance is big issue, again, question of Telehealth for what? Rural prescription, what can be done under the law?
- The resolution says we have access issues, we look to you telehealth task force to address these issues. We need to go back to resolution and exactly what they want us to do, not try to do everything. Don't get too far off - the proposed vision and mission are in line with resolution needs.
- Returning to Norman's suggestion – we should limit to four applications only. Deb feels comfortable once we do preliminary report, will help define scope even further, now we need not and cannot draw the lines. Most people are participating in-kind with no additional funds and resources.

<u>Follow-up:</u>

- The preliminary report will be outlined as proposed today. A project summary template will be created to collect information on projects that have been completed, in progress and future projects.
- Christina will create the template. The Collaborative will discuss this further at our Thursday meeting.
- The summaries collected will be included in the report appendix – or maybe grouping projects together, identifying general outcomes, barriers, success factors.
- The summaries will be limited to one page.
- The deadline for summaries is two weeks from end of this week - October 10.
- Most important will be what worked and didn't work, not just descriptions of what happened.

- If you are aware of needs assessments, health disparities, health care needs, anything that Telehealth could help with, if study has been done. Also projects ongoing probably have needs assessments. Email to Deb report or reference.

- Revisit what we should ask from the State. Will part of strategic plan include funding strategy? Maybe ask state for seed money, or partnership with private sector? Many states in financial difficulty. One state legislator proposed last spring, if any request

for funding, there should be matching funds. We will need to include financial plan. We should also look at ways to demonstrate to state how we can save money. Projections are dire in next biennium. If there is an economic opportunity, insurers should also be looking at these opportunities. MedQuest uses federal match monies with funds already allocated. How do we formalize getting input into strategy? We need to synthesize and analyze existing projects, what are major barriers, what are proposed solutions to those barriers, what legislative requests would address. Legislative task force will submit a report to legislature and also proposed legislative bills.