

## HPIO publishes recommendations developed at Telehealth Leadership Summit

In August HPIO released a new brief titled "The Health Policy Institute of Ohio's Telehealth Leadership Summit: Key findings and considerations" (<http://bit.ly/17ss7xl>).

On July 16, HPIO convened 57 multisector telehealth stakeholders from across the state to participate in a Telehealth Leadership Summit. Participants explored a number of issues surrounding telehealth.

HPIO's brief outlines the key findings and recommendations that arose from the Summit.

"Stakeholders expressed a need to align telehealth policy priorities and identify realistic reforms and policy guidance that could further the implementation of telehealth in Ohio," said HPIO Health Policy Associate Reem Aly, who leads the Institute's work in this area. "HPIO's Telehealth Leadership Summit sought to meet this need."

Presenting sponsors of HPIO's Telehealth Leadership Summit were Nationwide Children's Hospital, HealthSpot and the Upper Midwest Telehealth Resource Center. Gold sponsors were University Hospitals Rainbow Babies & Children's Hospital, Cincinnati Children's Hospital Medical Center and The Ohio State University Wexner Medical Center.

HPIO is focusing attention on telehealth as a promising practice that can lead to improved health outcomes and access to care and reduce health costs. The Institute's telehealth work has included holding a series of coverings on the topic to educate, mobilize and unify telehealth stakeholders. To learn more about telehealth in Ohio, visit HPIO's telehealth resource page (<http://www.healthpolicyohio.org/resources/tools/telehealth-resources.php>).

### Summit recommendations and next steps for telehealth stakeholders

1. Incorporate telehealth into the educational curriculum and training of health care providers and increase the number of continuing education (CE) classes focused on telehealth.
2. Explore requiring telehealth providers to undergo specific training or CE related to telehealth.
3. Explore the feasibility of collecting telehealth outcomes data into a single repository for the state. Make telehealth data readily accessible to payers, purchasers and state policymakers.\*
4. Seek additional guidance from Ohio professional healthcare licensing boards to clarify the role of their licensees in telehealth service delivery.
5. Explore standardization of patient general consent forms to include consent language for delivery of services via telehealth.
6. Encourage direct communications between providers, payers and purchasers on paying for telehealth and structuring telehealth pilot projects so that end goals are shared and aligned.
7. Encourage payment that sustains telehealth in the current fee-for-service environment but also moves towards more integrated payment systems and payment reforms.
8. Ensure that telehealth visits are properly documented at both the patient and provider sites.
9. Develop a statewide tracking tool to identify providers engaged in telehealth.
10. Encourage the use of telehealth in a way that does not perpetuate or contribute to fragmentation of care.
11. Explore mechanisms for mitigating telehealth fraud and abuse.

\* The Ohio Hospital Association is in the process of compiling Ohio hospital data to demonstrate how telehealth can lead to improved outcomes.

### Save the Date: Upcoming HPIO Forum

## Going upstream to address Ohio's biggest health challenges and cost drivers

### Featured Speakers:

- **Dr. Heidi Behforouz**, Associate Physician in the Division of Global Health Equity at Brigham and Women's Hospital (BWH) and Medical and Executive Director of the Prevention and Access to Care and Treatment (PACT) Project
- **Rick Brush**, Founder & CEO, Collective Health, and Executive Director, Health Initiative Coordinating Council (HICcup)
- A panel discussion moderated by **Janine Janosky**, Vice President, Austen BioInnovation Institute

**When:** December 5, 2013

11:30 a.m. to 1:30 p.m.

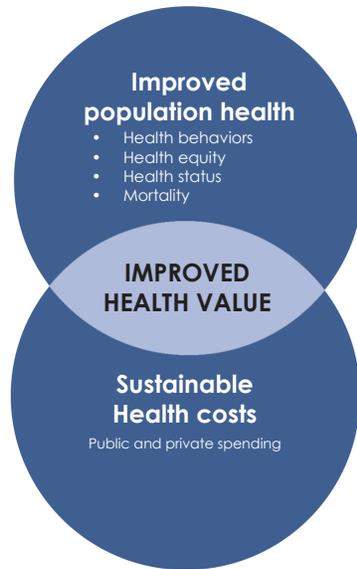
**Where:** Statehouse Atrium, Columbus

# Work continues on measuring Ohio health value

As part of a health measurement initiative, HPIO is engaging public and private stakeholders to identify core measures that are most powerful for tracking health value in Ohio.

Identified measures will be included in a HPIO health value dashboard for the state. This includes tracking metrics around population health outcomes, health costs and spending, health care system performance, public health system performance, and social, economic and physical environments.

From July to September, HPIO convened two workgroups to recommend metrics around population health outcomes and health costs to be included in an HPIO health value dashboard. The



workgroups identified 15 population health metrics and 11 health cost metrics. The metrics were finalized at the third meeting of the HPIO health measurement advisory committee on September 20, 2013.

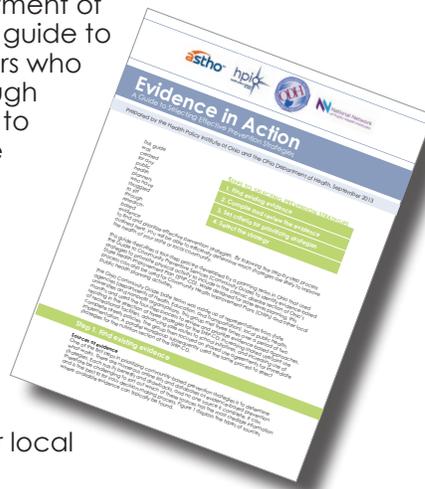
As a next step, HPIO is convening workgroups around (A) health care system performance and (B) the social and economic environment, and the physical environment. The workgroups will meet three to four times over the next four months. The workgroups are tasked with recommending 15 metrics within each of their domains to be included in HPIO's health value dashboard. The next meeting of the health measurement advisory committee

to review the workgroup's recommendations is scheduled for late February or early March.

## HPIO helps create guide for public health planning

HPIO and the Ohio Department of Health recently created a guide to assist public health planners who have struggled to sift through research-based evidence to find and prioritize effective prevention strategies.

By following the step-by-step process outlined in the guide, public health entities across the state will be able to efficiently determine which strategies are likely to improve the health of their local community.



HPIO and ODH developed the guide through a grant from the Association of State and Territorial Health Officials (ASTHO) and the National Network of Public Health Institutes (NNPHI), with funding from the CDC.

While designed for state-level planning, this four-step process described in the guide can also be used for Community Health Improvement Plans (CHIPs) and other local public health planning activities.

The Ohio Community Guide State Team was made up of representatives from state agencies (departments of Health, Education, and Transportation), local public health, universities and nonprofit organizations.

## Analysis aids Montgomery County in ACA preparation

The Montgomery County Affordable Care Act Task Force (MCACATF) recently contracted with HPIO to conduct an environmental scan and assessment of the current access, capacity and delivery system of the healthcare safety net for vulnerable populations in the county.

The MCACATF was created by the Montgomery County Board of Commissioners in April 2013 to prepare the community for the implementation of the Affordable Care Act and its impact on the human service safety net in Montgomery County.

Conducted between May and September 2013, the scan included qualitative research to assess how the safety net is working for vulnerable populations, and quantitative research to review data, analyze trends and conduct a workforce capacity analysis.

