HB 345 Telehealth Pilot Project

Background
HB345 was passed in the 2017 legislative year sponsored by Representative Rebecca Edwards and Senator Brian Shiozawa. The purpose of the House Bill 345 is to: a) determine how telehealth services can best be used; b) determine the best practices for providing telehealth services; and c) identify the types of healthcare services beneficial for telehealth services. Title 26 Chapter 59 Telehealth Pilot Project is repealed January 1, 2020. Funding for the project is $150,000 per year for 2 years with $25,000 a year of administrative costs.

Summary of Activities
On June 30, 2017, the Utah Department of Health issued a request for proposals and received 23 applications with total requests of over $3 million. Service projects using telehealth technologies to reach underserved populations and geographies ranged from primary care, perinatal depression, medical oncology, senior care, behavioral health, pediatric care, lactation consultation, stroke care, veteran care and home health. Each application was reviewed by two reviewers on a 100-point scale that considered multiple criteria which included increased access to healthcare, increased timeliness in crisis intervention, reduced costs, increase access by rural populations and other underserved populations, demonstration of best practice, reasonable costs and applicability, numbers of patients served and a demonstration of innovation. Applications were then prioritized on total average points and discussed by the 5 reviewers for a final decision.

Awardee
The grant was awarded to a University of Utah Project entitled: TeleMentalHealth: A Promising Approach to Reducing Perinatal Depression in Utah's Rural & Frontier Communities. This project will train primary care providers, screen 700 patients, provide group support services directly to 85 patients and develop partnerships with three local public health departments representing 10 rural and frontier counties serving Central, San Juan and South Eastern health districts. The contract was effective September 1, 2017 and will end August 31, 2019.

Outcomes to Date (2 Quarters)
To date 189 women have been screened, approximately three-quarters have screened negative of which 103 were determined to be high risk due to life events. Twenty-six percent screened positive of which 70% indicated interest in mental health services. Sixteen women have actively enrolled in telehealth group therapy sessions. Sixty-eight percent of those women screened were Caucasian, 23% American Indian, and the rest (9%) were a mixture of other. Additionally, 65% of the women were covered by Medicaid, 18% by private insurance and the rest (17%) had no insurance coverage or it was unknown.