

Meeting Minutes

October 19, 2018,
 2:00-4:00pm
 SRC Caucus Room, Capitol Building
 Olympia, WA

Member attendance:					
Sen. Randi Becker	X	Chad Gabelein	Zoom	Denny Lordan	X
John Boze	X	Dr. Frances Gough	zoom	Sarah Orth	X
Dr. Chris Cable		Sheila Green-Shook	zoom	Adam Romney	zoom
Sen. Annette Cleveland		Sheryl Huchala	zoom	Rep. Joe Schmick	X
Stephanie Cowen		Dr. Richardo Jimenez		Dr. John Scott	X
Kathleen Damen		Dr. Geoff Jones	Zoom	Cara Towle	zoom
Brodie Dychinco	X	Dr. Catherine (Ryan) Keay		Lori Wakashige	X
Joelle Fathi	Zoom	Scott Kennedy		Rep. Marcus Riccelli	X

Public Attendees: Marissa Ingalls (Coordinated Care), Luis Tulloch (zoom), Jean-Marie (zoom), Joshua Frank (zoom), Ellen Silverman, Ian Goodhue, Julie Stroud (NW Physicians Network), Lisa Roche (Providence), Matt Levi (CHI Franciscan), Tracy Drake, Hugh Ewart (Seattle Children’s Hospital), Kyle Parker (Molina), Jimi Bush, Stafford Strong (Senate Republican Caucus), Frances S, Katheryn Weiss (Community Health Plan), Hailey Hamilton (WSMA), Courtney Smith (Kaiser), Leslie Emerick, Cindy Jacobsen, Michelle Martinez, Dave Arbaugh, Jodi Kunkel, Greg Attanasai, Roman Daniels-Brown (WSMA), Marissa Ingalls, Shirley Prasad (WSHA)

Meeting convened at 2:07pm

I. Review of Meeting Minutes Aug 2018

- a. Minutes reviewed
 - i. Mr. Dychinco stated GQ modifiers should be GT Modifiers. Minutes will be adjusted to reflect this change
- b. Sen. Becker motioned for approval, Mr. Lordan seconded approval
- c. Motion passed unanimously to approve meeting minutes
- d. **ACTION:** August 2018 meeting minutes to be posted on Telehealth Collaborative Website

II. Telehealth Training (Denny Lordan, Sarah Orth, John Scott)

- a. Senate bill 6399 was reviewed by Sarah Orth
- b. The collaborative gathered input from more stake holders since last meeting
- c. Mr. Lordan talked with WA Medical Quality Assurance Commission (MQAC), the licensing body for physicians
 - i. They are not interested in enforcing telemedicine training as part of a physician’s license

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- ii. Questions from Sen. Becker: Is the Commission only dealing with medical doctors for training? Answer from Mr. Lordan and Dr. Scott, only regulate Physicians and PA's (Jimi Bush confirmed)
- d. Northwest Regional Telehealth Resource Center (NRTRC, based in Utah)
 - i. Offered to assist with training
 - ii. Question from Rep. Schmick: Is there an equivalent of patient safety that we are not providing if we didn't have this training? Answer: Physicians act within the guidelines of their training. The intention is not that you must complete this training; we just want to offer it.
- e. Question: Would there be some kind of certificate from this training and what do you do with that certificate? Do we want to enforce this or not? Answer: Rep. Riccelli offered the idea that there could be a sort of certificate offered, perhaps through continuing medical education or a medical malpractice insurer.
- f. More on training from Ms. Orth, who reviewed the second slide deck she provided to the collaborative. This slide deck discussed:
 - i. Definitions of telemedicine and how they differ
 - ii. Licensing requirements
 - iii. Credentialing and Privileging
 - iv. Reimbursement & Store -and -Forward Reimbursement
 - v. Standards of care
 - vi. Informed consent
 - vii. Technology
 - viii. Webisode Manner
 - ix. Question on EMR from Rep Schmick: does telemedicine get covered in consent to care documentation? Answer: Dr. Scott said UW actually changed their consent to care documents to specifically mention Telehealth. There is no stipulation in any of the laws that you have to have a separate, written consent for telemedicine.
 - x. Rep Riccelli: Maybe create a checklist on how to create telehealth in your org. Lordan said ATA has a toolkit.
- g. Question from Dr. Scott: Is this training document something that we should give to MQAC or share on the WSHA website?
- h. Thoughts from the collaborative: Should there be formal training and continuing medical education?
 - i. Mr. Bush thinks this would be a great resource and will help get it accredited to make it CME approved.
 - ii. Mr. Lordan & Ms. Orth provided a list of free trainings currently available.
 - iii. Residency programs are being trained in the WWAMI region and Sen. Becker wants to get this added to the curriculum. Dr. Scott wants to get this into the UW Curriculum for Medicine residents.
- i. Question from Mr. Boze: Would it be better to make this a CME resource? This seems to be the way we are going, to make this more voluntary.
- j. Ms. Orth & Mr. Lordan are offering to take this on for the group in further detail so it can be a public resource.
- k. Ms. Drake shared: The Department of Health also regulates many other professions who engage in telehealth, such as dentists, osteopaths, naturopaths, etc. This would be a great training to include on the Department of Health webpage. Absolutely. Could be something we send out via GovDelivery to our professions offering the voluntary training.
- l. Decision that we need: Do we make this mandatory? Or voluntary with specific designation?
Decision: Voluntary with a special designation.

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- m. Mr. Dychinco asked, what is the goal of getting certified? Is it for the consumers benefit or the doctor's benefit? Sen. Becker thinks this would help get the word out about telehealth. The goal is to raise the quality of care.
- n. Frances G.: There are safeguards that you can apply and make sure the care standards are clear. Carena (a Seattle-based telemedicine company) had guidelines that they put in place, made sure that the practice behind all telemedicine were consistent.
- o. Rep. Schmick proposes that this training not be mandatory. Sen. Becker agreed.
- p. Sen. Becker said she wants all levels of providers to be on the same level. **Action: Ms. Orth and Sen. Becker will connect offline about who this training might be targeted too.**
- q. How would you get this certificate? Dr. Scott said we have online trainings at UW. Could also do competency program instead of training.
- r. This should be competency training for providers.
- s. Rep Riccelli: Maybe this should be a designation instead of certification.
- t. According to Mr. Romney this doesn't present any legal issues because it's not mandatory training under state law. Suggested a statement of best practice from the collaborative. A best practice guide would be a great resource
- u. **Decision: the collaborative wants this as a resource, not mandatory.**
- v. **ACTION: Share this with MQAC**
- w. **Offline we will explore the non MD non-allopathic options.**
- x. Ms. Drake shared: Feel free to contact me for contacts for the non-medical commission and non-nursing commission professions to discuss getting this training out there. I am happy to work as a go-between. I am the lead on the DOH Office of Health Professions Telehealth Workgroup. Our workgroup has formed telehealth best practices across professions.

III. Telehealth Payment Parity (all)

- a. Dr. Scott reviewed the minutes from the Payment Parity Workgroup.
- b. The major point of disagreement was the practice expense. The providers felt they were less efficient when practicing telemedicine.
- c. **Action: Mr.Dychinco will email Dr. Scott his edits on the minutes from this meeting. There is a reduced practice expense.**
- d. Mr. Goodhew asked: What does the state mean by parity? Answer: Mr. Dychinco stated that the parity was regarding the same provider/provider clinic getting paid the same whether in person or virtual.
- e. Mr. Dychinco summarized the document he shared. **Action: Ms. Neill will send that out to the collaborative.**
 - i. There is a reduced practice expense for telehealth.
 - ii. The implementation expense is fairly low.
 - iii. Reimbursement is a factor in utilization. Insurers are reducing the copay for telehealth visits. Insurers want a benefit differential.
 - iv. Is there a need for clinical parity between telehealth and in person visits? This is still an unknown.
 - v. Included Physician language and Health plan suggested language. Sen. Becker said she does not want to use the same language used from the chiropractors. Telephone, fax, email are not methodology for Telehealth. In the WA definition of telehealth and store-and-forward only Video qualifies as telehealth.
- f. Ms. Stroud stated: Current state for CMS is that any telemedicine performed for risk adjustment for value based contracts, those conditions cannot be applied to telemedicine to the risk adjustment methodology. We might want to select different language.
- g. Mr. Romney shared: reminder from the bill that created the collaborative states the collaborative shall develop recommendations on improving reimbursement and access to services.

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- h. There is a perception out there that people are resistant to telehealth because they believe they will just be told to come in anyway so they will end up getting charged twice for the same issue.
- i. Sen. Becker: the thing to remember is that the patient can be treated early so they won't need more expensive care due to lack of access to a doctor. Need to see what the outcomes of these services are and are they saving anything because of these visits. We need to remember we are all here because of the patients.
- j. Sen. Becker provided a policy on Telemedicine from Medicaid: Ms. Neill will share with the group.
- k. Dr. Scott noticed in this doc:
 - For Medicaid you need a GT modifier and POS 2 code
 - Codes are only for store and forward
 - Sen. Becker shared a very rough draft bill.

Action: everyone please look at an offer suggestions to Dr. Scott. Sen. Becker provided it to the people in the room.
- l. Mr. Strong suggested some amendments to paragraph 2A & B regarding Store -and -Forward, asking that paragraph 2A be deleted. He made those edits to the bill and Ms. Neill sent the bill out to all participants with those edits reflected. These paragraphs refer to requiring documentation like referrals there must be an accompanied office visit.
- m. Question: Is the referring healthcare provider the one doing the referral, or the one being referred to? Answer: The one being referred for services.
- n. Question: Why is this a bad idea? Answer: Because a mom could take a picture of a skin condition and send the pick to the dermatologist without a referring provider and now the dermatologist cannot get reimbursed.
- o. Question: Do we need to write into the definition of Store-and -Forward that it's not provider to provider or eConsult? Mr. Lordan suggested on doing some research on what would get billed.

Action: Mr. Dychinco will provide Ms. Orth & Mr. Lordan information on what his company's policy is.
- p. Mr. Strong recommended striking the other times this matter was mentioned in the bill, bottom of page 4 and the top of page 5, and it appears again on page 7.
- q. Question: Regarding no requirement for referral vs. strict requirements for a referral from a physician that has already seen the patient for this matter. Could this be relaxed to once a physician has had an in person visit, they could then refer for those services regardless if they had in person addressed that issue in the past? Answer: It's not a question of having a referral or not, it's as a patient you have an office visit with the referring provider. The Store-and-Forward Doctor doesn't get reimbursed if the patient has an appointment with a different provider.
- r. It would be simpler for the patient if they could just call the PCP office and get a referral instead of having to make a trip in for an in person visit.

IV. Store and Forward (Sarah Orth)

- a. Ms. Orth reviewed her Store - and- Forward slide deck.
- b. A lot of this was covered in the discussion of the proposed Bill language.
- c. The language in the law is confusing and would need to be adjusted.
- d. We have the opportunity to improve this and create access to care.
- e. Medicaid would like to change their policy, but it is mandated by law, so this needs to come back to the collaborative for clarification.

V. Public Comment Period

- a. Medicare policy will be changing a bit, they have removed the GT requirement.
- b. Leslie Emerick, home care association of WA. Tele monitoring might be a great thing to consider. This can help people being cared for in their homes. **Action: Dr. Scott will share info on remote monitoring with Leslie.**

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Next meeting: one more meeting this year in Seattle, UW School of Medicine Library, 1959 Pacific Ave, NE. Nov 27, 9:30-11:30

Action: Dr. Scott follow-up with Ms. Drake offline

Meeting adjourned: 4:00pm