WashingtonState
TelehealthCollaborative

Meeting Minutes

Tuesday, January 5, 2021 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

Member attendance					
Sen. Randi Becker	N/A	Kathleen Daman	Y	Dr. Ricardo Jimenez	Y
Sen. Annette Cleveland	N	Dr. Josh Frank	Y	Dr. Geoff Jones	N
Rep. Marcus Riccelli	Y	Joelle Fathi	Y		
Rep. Joe Schmick	Y	Karen Gifford		Scott Kennedy	
Dr. John Scott	Y	Dr. Frances Gough		Mark Lo	Y
Dr. Chris Cable	Y	Sheila Green-Shook	Y	Denny Lordan	Y
Jae Coleman	N	Emily Stinson	Y	Adam Romney	Y
Stephanie Cowen	Y	Sheryl Huchala	Y	Cara Towle	Y
				Lori Wakashige	Y

Non-Member Presenters: Rep. Mia Gregerson (D-33), Sabrina Roach (National Digital Inclusion Alliance), Sean Graham (WSMA), Christopher Chen (HCA), Micah Matthews (Legislative Director, WA Medical Commission), Leo Morales (UW & Latino Center for Health), Nicole LaGrone (WSTC & UW Medicine)

Public attendees *(alphabetical by first name)*:

Chad Gabelein (Multicare), Claire Fleming (Virginia Mason), Kimberly Darren (Regence), Ryan Kimmel (UWM), Gail McGaffick (WSPMA), Allyssa McClure (WA State), Carrie Tellefson (TelaDoc), Chelene Whiteaker (WSHA), Christie Spice (DOH), Christopher Chen (HCA), Claire Fleming (Virginia Mason), David Streeter (WSHA), Garrison Kurtz (unknown), Erica Drury (unknown), Hanna Dinh (UWM), Ingrid Mungia (UWM), Jayda Greco (unknown), Jep Shepard (WSMA), Joan Miller (WA Council for Behavioral Health), Jodi Kunkel (HCA), Kai Neader (Evergreen Health), Katherine Weiss (WSNA), Kim Holstein (unknown), Kimberly Darrin (Regence), Krisitine Joy Culala (UWM), Laura Morris (unknown), Lauren Baba (UW), Leslie Emerick (Independent Lobbyist), Lia Carpeneti (Community Health Plan of Washington), Maia Thomas (DCYF ESIT), Marissa Ingalls (Coordinated Care), Mark Gerth (unknown), Melissa Johnson (unknown), Michelle Martines (unknown), Mike Farrell (WMC), Nancy Lawton (unknown), Rachel Abramson (UWM), Sean Graham (WSMA), Shirley Prasad (WSHA), Stephanie Mason (WMC), Stephanie Shusan (CHPW), Tori Lallemont (unknown), Tracie Drake (DOH), Veronica Vanslyke (TelaDoc)

Meeting began at 10:01 am

Welcome & Attendance

John Scott [0:00]

Review of Meeting Minutes - November 17, 2020

All [4:22]

Dr. Scott (Chair) reviews minutes. Mark Lo (Seattle Children's) motions to approve minutes. Kathleen Daman (Providence) seconded. Unanimously approved.

Action Items:

- Ms. LaGrone (Collaborative Program Manager) to post approved November 2020 notes on Website

Telehealth Training Bill Edits

All [7:36]

Workgroup from the previous meeting identified 4-5 issues in Telehealth Training bill, *SSB 6061*. The members reviewed the issues, current bill language, and proposals.

- Clarify and narrow the definition of health care professionals impacted
    - Members discussed that the current interpretation from the Nursing Commission makes no distinction between medical assistants and nurses helping with physical exam on patient end (tele-presenters) or those who help patients with initial setup of telemedicine visit, versus those clinicians who are diagnosing, counseling and treating patients.
    - Members thought that the intended purpose of the training is for clinicians who are diagnosing, counseling and treating patients.
    - Preliminary approval for clarification will include clarifying language, alongside national Qualified Health Professional.
- Clarify meaning of "attestation"
    - In response to questions from health care systems, members approve language proposed: "Attestation can be any documentation or certificate to prove attendance of training by the health care professional. This can include certificates of completion, proof of attendance, or any verification system that proves a healthcare professional completed telemedicine training. Records of attestation are to be kept by the individual or health care organization. They do not need to be submitted but should be kept in case of audit by their respective licensing entity."
- The collaborative discussed whether the training should be every two years to coincide with license renewals. However, there are already a lot of training requirements and most of the

anticipated changes are expected to be around billing. Therefore, it was decided that this should be a one-time training for now.

Action Items:

- Program Manager to make edits to proposal document, circulate to members, and share with representatives on Collaborative

Rapid Credentialing for Telemedicine – Rep. Schmick (09)

Dr. Ryan Kimmel (UW Psychiatry), Rep. Schmick (R-09), Chelene Whiteaker (WSHA) [42:13]

Dr. Ryan Kimmel, Director of TelePsychiatry services at UW Medicine, shared credentialing issues with psychiatric consult line (PCL), which initially offered phone only consultations but was encouraged by the state to offer video telepsychiatry services to rural hospitals that are outside of the UW system. Psychiatrists offering care are required to be credentialed at hospital or clinic where patient is located in order to speak with patient directly. While proxy credentialing is allowed in Washington, not all hospitals and clinics have added proxy credentialing to their bylaws. Current credentialing process can take months and all of the anticipated telepsychiatry would be urgent, so current process would not work. While credentialing is a necessary safeguard, in this instance it is a barrier to care, especially given the limited scope of the consult. Other health care systems, such as Kaiser Permanente and Providence, share this is not an issue specific to UW and has other implications and uses outside of psychiatric consultation, such as emergency and specialty services. One unique factor of the PCL is the specialists are not billing the patients for the consult.

Questions and Discussion

- WSHA - Credentialing and privileging are complex and present many liability challenges. This discussion is missing the rural clinic/hospital perspective, but we will assume that bylaws are created by the individual clinics and they would not appreciate a mandate. WSHA offers to collaborate with Rep. Schmick and hold meeting of rural clinics and hospitals to learn their perspective on the issue.
- Ideally the consulting provider would be able to register the patient within 10 minutes. Proposes a centralized list of service providers that hospitals could opt into. However, avoiding out-of-network bills for the patient will require more discussion.
- While the scope of this issue is broad, for now better to focus on psychiatric use cases and explore other specialties from there.
- Premera Blue Cross and Kaiser Permanente are interested in exploring network of service providers further.

Action Items

- Chelene Whiteaker (WSHA) to continue conversation with Rep. Joe Schmick. Potentially convene meeting of rural hospitals.
- Program Manager and Chair to loop back with WSHA for updates and to connect Insurance representatives in the Collaborative.

Bill Proposal: Audio Only Payment Parity –Rep. Riccelli

Rep. Marcus Riccelli (D-03), [1:03:24]

- Rep. Riccelli presented a bill proposal, which would add audio-only services to telemedicine services paid at parity for mental health services and behavioral therapy, but he is also exploring expanding the uses further.
- Bill proposes:
    - Removing the exemption for audio-only telemedicine, in effect requiring health insurers, PEBB, SECC, and Medicaid managed care to reimburse for audio-only telemedicine services;
    - Applying the payment parity requirement to "mental health and substance use disorder services including behavioral health treatment" (this is the language used in the Office of the Insurance Commissioner WAC establishing the essential health benefit categories) delivered through audio-only technology
    - Specifying the payment parity requirement does not apply to any other services

Bill primarily focuses on behavioral health but Rep. Riccelli is in conversation on expanding this further.

Discussion and Questions

- Dr. Kimmel comments on efficacy of audio only therapy. Studies show telephone cognitive behavioral therapy is as effective as in person. There is similar data of equivalent outcomes for substance abuse, parenting coaching in child psychiatry. In psychiatry, it can be beneficial to see the patient, but for counseling audio only can be sufficient. High speed internet is a class and geographical barrier for many, telephone removes some of these barriers.
- Rep. Riccelli requests feedback on establishment of a patient-provider relationship as necessary for audio-only visit and whether that should be considered. In general, providers are more concerned about only seeing established patients that are patients. In psychotherapy, a video visit will have already happened. Requiring an in-person visit may not remove the barrier. Dr. Kimmel offers to connect Rep. Riccelli to psychology professors.
- Exemption if referring PCP has done an exam - if someone has referred them and then provides relevant information, what does that mean? What needs to be included in the referral?

- Rep. Riccelli asked whether audio-only parity should apply to other conditions, besides mental health and substance abuse. Needs to connect with Rep. Schmick.
- Video presents both more information and opportunities for bias.
- Bill drafted for parity across the board, but would need more information in this group to create space to scope it down. Could include established psychological disorders, similar to controlled substances criteria.
- For coverage parity and payment parity - WSMA would be supportive of payment parity in addition to coverage parity. Utilization follows payment. Kaiser Permanente - interested in middle ground, audio only has not been reasonably reimbursed but parity may not address some of the issue of the larger system.
- WSHA supports audio only payment parity - there are CPT codes for audio only, but payment dollars are too low. Concern that without some direction the CPT codes will become the default. KP - there is a middle group where equity could be reasonable.
- Operating in a relaxed HIPAA environment - this is not considered a secure communication channel for telemedicine. WSHA - there are a lot of phone calls already happening, need more clarification.

Action Items:

- Rep. Riccelli to work with Rep. Schmick
- Any other thoughts on audio only parity send to Rep. Riccelli

Review and Discussion of Telemedicine Definition proposal - TeleDoc

Mike Farrell (WMC), All [1:04:19]

WA Medical Commission hosted workshop on updating the definition of telemedicine. Rule will set standards of telemedicine - definition is now technology neutral, but could change depending on what happens in legislative session.

Question/Discussion:

- Why now? Attendees convinced WMC audio should be included. WMC thought audio only would be standardized along other.
- Considered having a sentence that includes more traditional modalities of telemedicine.
- TeleDoc - proposing language in bill to change telemedicine definition to technology neutral approach.
- 98point6 - this is about acknowledging that there are multiple ways to offer high quality care. Don't want to create an environment where care is limited by technology.
- Is there data or studies looking at equivalency for patient outcomes for these new technologies? 98point6 pointed to antibiotic stewardship policy that is adhered to at higher rates compared to

in person providers. TelaDoc, recently partnered with another company for RPM, but offered to present more evidence later if needed.

- Some attendees pointed out such a broad definition could be considered telehealth rather than telemedicine.
- Kaiser Permanente - Why are we broadening the definition and how does it affect the regulatory impacts? [unanswered]
- Children's - support a broader definition but recognize there are broader implications.
- Providence - Concerns about education, payment, and other restrictions and qualifications about the change.
- Multicare - we would want to support definition neutrality to avoid conflicts.
- WSMA - State statute may also change, and whatever the legislature would do would apply across provider types. For the physicians in state, we are prioritizing the audio only. If the WMC would move forward with changing the definition, it wouldn't apply to providers outside of their jurisdiction.
    - Members warn that fragmented definitions could create barriers to care.

Action Items:

- WMC open to comments to the definition change
- Collaborative to revisit definition discussion - identifying implications and impacts of having different definitions between state/commissions, and introducing technology neutral language.

Wrap Up/Public Comment Period

[1:47:20]

Next meeting first week of March. Meeting date to be sent out.

Public Comment Period

All

- None

Meeting adjourned at 11:57 am

Next meeting: First week of March 2021

Via Zoom.