Washington State Telehealth Collaborative

Meeting Minutes

May 25, 2022 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	N	Dr. Josh Frank	Y	Dr. Ricardo Jimenez	N
Sen. Annette Cleveland	N	Joelle Fathi	N	Dr. Geoff Jones	Y
Rep. Marcus Riccelli	Y	Kathleen Daman	Y	Scott Kennedy	N
Rep. Joe Schmick	Y	Dr. Frances Gough	Y	Mark Lo	Y
Dr. John Scott	Y	Sheila Green-Shook	N	Heidi Brown	Y
Dr. Chris Cable	Y	Emily Stinson	Y	Adam Romney	Y
Jae Coleman	N	Sheryl Huchala	Y	Cara Towle	N
Stephanie Cowen	Y	Claire Fleming	Y	Lori Wakashige	Y

Non-Member Presenters: Paige Stocks (Xealth), Heidi Kriz (Regence), Erin Boespflug (Regence), Hanna Dinh (UWM)

Public attendees *(alphabetical by first name)*:

Alicia Eyler (FHCC), Casey Spurgeon (CHPW), Chad Gabelein (MultiCare), Christopher Chen (HCA), Crystal Chindavongsa (TelaDoc), David Streeter (WSHA), Erica Bryant (Valley Medical Center), Gail McGaffick (WSPMA), Gayle (National MS Society), Jodi Kunkel (HCA), Julia O'Connor (WA Council for Behavioral Health), Julian Bester (CHPW), Kai Neander (EHMC), Kirsten Stagner (CHPW), Leslie Emerick (WA State Hospice and Palliative Care), Marissa Ingalls (Coordinated Care), Mary Storace (WSHA), Matt Starbard (CHPW), Meg Jones (unknown), Molly Firth (UWM), Molly Shumway (UWM), Nicki Perisho (NRTRC), Nomie Gankhuyag (FHCC), Rachel Abramson (UWM), Rachel Ferguson (MultiCare Indigo Health), Shelby Wiedmann (WSMA), Sean Graham (WSMA), Stephanie Shushan (CHPW), Tammie Perreault (Department of Defense), Thalia Cronin (CHPW), Travis Tomulty (Eden Health).

Meeting began at 10:00 am

Welcome, Attendance and Review of Meeting Minutes - March 16, 2022

Dr. John Scott [0:00]

Dr. Scott (Chair) reviews minutes. Rep. Schmick (R-9) motioned to approve minutes. Dr. Mark Lo (Seattle Children's) seconded. No edits suggested. Unanimously approved as submitted.

Action Item:

- Mrs. Dinh (Collaborative Program Manager) to post approved March 2022 notes on WSTC website

State/Federal Updates

Dr. John Scott [9:33]

Oregon's Telemedicine Licensure Policy

- The new language provides a minor expansion and clarify on the care of Oregon-based patients by an out-of-state physician via telehealth.
    - See Oregon Medical Board (OMB) 847-025-0020
      A physician or physician assistant licensed in another state may provide care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person who is in Oregon temporarily for the purpose of business, work, education, or vacation and who requires the direct medical treatment by that physician or physician assistant as provided in ORS 677.060 or ORS 677.137.

      A physician or physician assistant licensed in another state may consult directly with another physician or physician assistant licensed in Oregon if they do not undertake the primary responsibility for diagnosing or rendering treatment to a patient located in Oregon as provided in ORS 677.060 or ORS 677.137.

      A physician or physician assistant licensed in another state may provide temporary or intermittent follow up care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person located in Oregon. Although not specifically addressed by a statutory exemption, the Oregon Medical Board has chosen not to enforce the licensure requirement for the out of state physician or physician assistant to provide this temporary or intermittent continuity of care. The patient needs are best served by having the physician or physician assistant who knows the patient and has access to the patient's medical records provide this follow up care.

Alaska's Telemedicine Licensure Policy

- Alaska's H.B. 265 passed on 5/17/2022 with the following language:
  A physician licensed in another state may provide health care services through telehealth to a patient located in the state as provided in this subsection, subject to the investigative and enforcement powers of the department under AS 08.01.087, and subject to disciplinary action by the State Medical Board under AS 08.64.333. The privilege to practice under this subsection extends only to:

1. *Ongoing treatment or follow-up care related to health care services previously provided by the physician to the patient and applies only if:*
    A. *The physician and the patient have an established physician-patient relationship; and*
    B. *The physician has previously conducted an in-person visit with the patient; or*

2. *A visit regarding a suspected or diagnosed life-threatening condition for which*
    A. *The patient has been referred to the physician licensed in another state by a physician licensed in this state and that referral has been documented by the referring physician; and*
    B. *The visit involves communication with the patient regarding diagnostic or treatment plan options or analysis of test results for the life-threatening condition*

- On April 16, the Department of Health & Human Services extended the federal COVID-19 public health emergency (PHE) an additional 90 days through 7/15/2022.
    - The current PHE was set to expire on 4/16/2022
    - Declaration of renewal here from Department of Health & Human Services
    - Article here.
- The Center for Telehealth and e-Health Law (CTel) created a 50 State Public Health Emergency Survey, detailing which states have expired PHEs and which states have PHEs that may be expiring in the near future.
    - This survey will be updated on a weekly basis
    - Idaho expired on 4/15/2022
- The Health Care Authority has purchased a pool of Zoom licenses for use during the PHE. They have reached capacity, but providers can request to be added to the waitlist.
- H.R. 2471: The Consolidated Appropriations Act extends many of the Medicare telehealth flexibilities put in place during the COVID-19 pandemic for a period following the end of the public health emergency
    - The waiver on originating sites is extended to allow the reception of telehealth services from any geographic location
    - In-person appointments are no longer required prior to a telemedicine appointment for behavioral health services
    - Medicare will cover audio-only telehealth where appropriate
- H.R. 6202: The Telehealth Extension Act lifts geographic and site restrictions to allow Medicare beneficiaries to access telehealth regardless of where they live.
- A new federal report, released by the Department of Health and Human Services' Office of Inspector General analyzed Medicare telehealth data where they saw a huge uptick in telehealth use among Medicare beneficiaries.
    - Medicare beneficiaries used telehealth services 88 times more than they had prior to COVID

- The Health Care Authority's interpreter services team and Universal Language Service have signed a new spoken language contract to provide over-the-phone and video remote interpreting services, which will go live this Spring.
    - The new services will increase healthy equity for Apple Health physicians, language access providers, and Apple Health clients.
- H.R. 7353: The Telehealth Benefit Expansion for Workers Act aims to enable employers to offer standalone telehealth programs from traditional medical health plans – classifies telehealth as an excepted benefit
    - Press release here.
- S. 3937: The Home-Based Telemental Health Care Act establishes a grant program for health providers to expand telemental health services for those specifically in rural populations working in farming, forestry, and fishing industries.
- The Medicaid Ensuring Necessary Telehealth is Available Long-term (MENTAL) Health for Kids and Underserved Act directs CMS to issue guidance to states on options to increase access to behavioral health services and treatment via telehealth for children and underserved communities, specifically those under Medicaid and the Children's Health Insurance Program (CHIP).
    - Press release here.
    - Bill text here.
- The Department of Health and Human Services will continue to include certain telehealth and telephone-only services in its risk adjustment program for qualified health plans in the plan year 2022.
    - CMS information sheet here.
- Several large U.S. pharmacies have delayed or blocked prescriptions of Adderall and other stimulants from telehealth startups amid concerns about overprescribing
    - Article here.
- There is a new federal program called the Affordable Connectivity Program that will offer discounted internet service to low-income households.
    - Article here.

Questions/Discussion

- Is there an expectation of how quickly Alaska's telemedicine policy will be signed and effective?
    - There's usually a 6-month period for the medical commission in the state to create policy

Prescription Digital Therapeutics

Paige Stocks (Xealth), Heidi Kriz (Regence), and Erin Boespflug (Regence) [19:32]

Audience Poll: How familiar are you with prescription digital therapeutics (PDTs)?

- Many attendees submitted responses for not at all or slightly in terms of their familiarity on this topic

What is it?

- A new therapeutic class that uses software to directly treat disease
    - How they do this is by collecting patients' information on their symptoms or progress, which are then shared with or remotely accessed by their providers
- Go by several names including:
    - Prescription digital applications
    - Software as a medical device (SaMD)
    - New drug applications (NDAs)
- Intended to be complementary to the patient's current therapies and treatments

How are patients using it?

- Intended to be preventive to:
    - Stop a disease
    - Improve outcomes in chronic conditions
    - Manage conditions
    - Focus on modifying behavior to increase patient engagement or improve medication/treatment adherence

What is the evidence for clinic benefit?

- Because PDTs are still a fairly new area of digital health, there is limited evidence showing its clinical effectiveness as a complementary therapy to clinical monitoring
    - Short-term benefits have been shown, but not so much for long-term efficacy
    - However, there have been some clinical trials that took place to measure the clinical benefits of PDTs
- There are a few specific examples of PDTs where they have shown some clinical effectiveness like substance abstinence, treatment adherence, improvements in inattention of pediatric patients with ADHD, and decreased hemoglobin levels for those with type 1 or type 2 diabetes

How is it being paid?

- PDT insurance coverage where PDTs are part of the Pharmacy Benefit Managers' Drug Formulary
- Value-based Contracting
    - For those who are interested in this payment route, key metrics have to be considered such as PDTs showing any cost savings, patient adherence, and outcomes
- Reimbursement through a national/state health plan
    - Germany has taken the lead on this and other European countries are following suit, including France
    - Massachusetts Medicaid program will be the first Medicaid program to reimburse for PDTs

- Large company coverage
    - Large companies like Boeing pay for PDTs like Noom where most of them are in the behavioral health realm

References

- Current list of Germany's approved PDTs
- Pear Therapeutics Announces Formulary Availability for its Three FDA Authorized Prescription Digital Therapeutics at OptumRx | Business Wire
- Prescription Digital Therapeutics - Medical Clinical Policy Bulletins | Aetna
- Most Payers Are Unfamiliar with Prescription Digital Therapeutics (healthpayerintelligence.com)

Regence: Digital Health/Digital Therapeutic Products

Classification of Digital Health Technologies

- Regence started working on the definition of digital therapeutics around 1.5-2 years ago and to distinguish this from digital health
- Regence used some of the published and continuously evolving frameworks to develop this classification table of digital health technologies including frameworks from the Academy of Managed Care Pharmacy (AMCP), The National Institute for Health and Care Excellence (NICE), the Digital Therapeutics Alliance, and the International Medical Device Regulators Forum
- This classification is for communicating internally and externally to Regence's members and providers
- Digital health is a broader umbrella term where no clinical evidence, real-world outcomes, and regulatory oversight are required to come into market
- Digital medicine is more narrow in scope where clinical evidence is required. Regulatory oversight is also required if the product is classified as a medical device, but this varies by product
- For a digital therapeutic, clinical evidence, real-world outcomes, and regulatory oversight are required

Regence Definition of Digital Therapeutics

- The working definition of Digital Therapeutics at Regence is:
    - Digital Therapeutic refers to software that delivers evidence-based therapeutic interventions to prevent, manage, or treat a medical disorder or disease. Digital Therapeutic Products are distinguished from digital medicine and digital health products in that clinical evidence of effectiveness *and* regulatory oversight are required for Digital Therapeutic products
- In sum, Digital Therapeutics are distinct from digital health products in that they are:
    - Prescription
    - Evidence-based
    - Deliver a therapeutic intervention

- Subject to regulatory review

Regence Medical Policy – Digital Health Products

- Regence developed polices around how they review digital health products, including for Attention Deficit Hyperactivity Disorder and Substance Use Disorders: http://blue.regence.com/trgmedpol/medicine/med175.pdf
  - As these digital health products come into the market, Regence provides a summary of their review of the evidence and the determination of whether or not these products have medical assessment principles

The Great Balance

- Navigating this exciting new era in a way that balances **opportunity** and **responsibility**
  - Opportunity
    - Impact clinical care
    - Promote health and wellness
    - Increase access to evidence-based treatments
      - Rural areas
      - Other limitations to specialist care
      - Treatment timing
  - Responsibility
    - Be good stewards of health care resources
    - Bring the most effective, proven treatments available to members
    - Be transparent in the decision-making process

Xealth

- A Seattle-based company that is a digital health formulary that works with 21 large health systems across the United States to provide them a tool to orchestrate their digital health strategy
  - They are using this formulary for a variety of digital health tools that they want to use to engage patients across a variety of conditions and service lines and knowing that they don't have the staff or they don't want to clutter up physician workflows – want to seamlessly integrate and ensure that providers have a place in their EHR workflow where they can both enroll and monitor patients in these programs

Questions/Discussion

- Regarding the reimbursement through a national/state health plan, is this a single-payer and is a benefit that's been added?
  - There hasn't been a national program for Medicare yet. But in other countries like Germany, a single-payer system is easier to implement. The only example of a large organization paying for PDTs that is known at this time is in Massachusetts for their Medicaid program.

- Are PDTs being deployed in the Kaiser system?
    - Kaiser deployed Thrive in the past, which was a type of cognitive behavioral therapy. Kaiser also developed Care Companion, which is an Epic-based tool for continuum of care, to help manage COVID-19.
- What is the vendor application's path towards becoming one of the prescribed applications?
    - This is dependent on how the vendor has chosen to navigate their business model
- Regarding who pays for PDTs, is this individually managed by the vendor or is there a standard to arrange for payment?
    - Regence shared their standard for reviewing PDTs
    - Is there a state or national standard and if not, would it be helpful to have this guidance?
        - Erin Boespflug (Regence) shares that it would be helpful to have this at the state or national level, but there is currently no clear gold standard at this time. However, there are regulatory pathways set up for this emerging market through the Federal Drug Administration (FDA).
            - Paige Stocks (Xealth) notes that there are PDT vendors introduced during the COVID period that have used emergency pathways via the FDA to get initial clearance
        - Sheryl Huchala (Premera) and Stephanie Shushan (CHPW) shares that they both currently do not have policies on digital therapeutics at their respective organizations.
        - Paige Stocks (Xealth) describes how the Digital Therapeutics Alliance is a trade organization that is working closely with the various PDT vendors who join this organization – they offer a variety of services and groups to help the PDT vendors who want to bring their products to market navigate these distribution channels.
            - PDT vendors have also gone to employer groups to get on their formulary for their members, which Paige has seen in different health systems. However, she has also seen health systems who want to own the distribution of the PDT tools to gain better patient engagement.
- Are the products left up to each individual carriers to decide if there is a cost or benefit?
    - Heidi Kriz (Regence) responds that it is up to the health plan on what they decide to cover. Where this differs is when there are state mandates that the health plans have to follow within the specific state – this is where there is more broad alignment across the health plans.
    - For any digital health products that do not go the PDT route, there are a few pricing models they can follow:
        - They can implement a license and service fee to engage patients
        - They can follow seated models like pricing the solution based on the number of engaged users
    - Stephanie Shushan (CHPW) notes that for Medicaid, the vendors may need to get approval from the Healthcare Authority

- Will the use of these products, either intended or unintended, lessen the interaction between the primary care physician and patient?
    - Paige Stocks (Xealth) comments that she doesn't think any PDT vendor intends to remove the engagement of a provider or pharmacist who may be engaging with their patients throughout their care – they are complementary solutions
        - What is the most interesting and helpful is getting data back to determine patient's level of engagement with the product and how to alert the care team to maximize patient's engagement so that it strengthens the patient-provider relationship. However, we have to be mindful of the amount of data that is being sent to the care team to prevent any data overload, but is more focused on driving the patient's care
        - Dr. John Scott comments that the products allow for more data in-between hospital visits to fine tune the patient's care
- How do you define a product that met all of the criteria, but is not intended to be brought into the market as a standalone product and is only being used in a health care system?
    - Erin Boespflug (Regence) believes that the bigger question would be: Is the intention of the product that is in development to serve as an aid for providers to increase the data that they're able to receive from their patients and monitor/provide medication reminders or is the intention to intervene in serving as a therapy for the patient?
        - If the former question, then this would be categorized as a digital health product and perhaps also digital medicine per Regence's framework.
        - To be categorized as a digital therapeutic, Regence would look for regulatory oversight
- What are some of the challenges that you see with digital therapeutics?
    - Heidi Kriz (Regence) shares the question of: How do we ensure that members' information is fully protected? – there is the challenge of privacy and security in the data sharing
        - There is a lot of patient's personal health information that is going back and forth, especially when there are very large volumes of applications available to consumers.
        - Some national level oversight would be helpful around the standards you have to hold these vendors to in ensuring members' information is protected
        - Erin Boespflug (Regence) shares that it's important to hold the vendors accountable in expecting that their products will perform in a way that will do good in the community
        - Dr. John Scott adds the question of how does this information get into the patient's electronic medical record.
        - Paige Stocks (Xealth) adds that there is an organization called ORCHA that is originated in the United Kingdom and is primarily working with the National Health Service (NHS). They currently have an office in Boston and she expects that they will continue to grow in the United States market. They evaluate digital health vendors on their security and compliance pieces.

        - From her experience, she has seen health systems with their own compliance programs and if they decide to use a digital therapeutic, she anticipates that the health system would conduct its own independent security review of the product.
    - Paige Stocks (Xealth) shares that a big hurdle for PDT vendors and health systems adopting PDTs is how do they get reimbursed. PDT vendors need to get very clear with health systems on the value that they can provide and the outcomes that will be there for patients.
        - There is also the challenge of getting on the Pharmacy Benefit Managers' Drug Formulary and how does the data come back into the EHR and/or get into the providers' view?
        - There are health systems who have worked with local payers in their region to get some reimbursement for other digital tools that aren't regulated like PDTs
- Are there any documentation standards required if patients are utilizing the service/device?
    - Paige Stocks (Xealth) believes that the FDA will have standards for the PDT vendors that are going through the clearances. Also, for vendors/organizations who are a member of the Digital Therapeutics Alliance, they have to meet a subset of ten principles that the company leads with as part of the membership requirements. The health system will also pick and choose which data requirements they'd like for their patients from the PDT vendors.
- Dr. John Scott shares that Dr. Dror Ben-Zeev from the UW Medicine Department of Psychiatry created an application called Focus that allows patients to do self-guided cognitive behavioral therapy (CBT). He has shown that good patient outcomes that are equivalent to doing an in-person, psychology-based CBT.
- Is there a need for further study from the Department of Health or around Washington State for better standards on PDTs?
    - Representative Schmick responds that the security and privacy issues need to be addressed. He thinks that it's early in the process, but standards to measure the PDT items addressed earlier are necessary. He also adds that if there's going to be a state mandate on PDTs, significant cost and benefits have to be shown.

Action Item:

- Paige Stocks (Xealth) to share more information on ORCHA and the Digital Therapeutics Alliance
- Mrs. Dinh (Collaborative Program Manager) to disseminate Paige's additional information to the Collaborative members

Social Determinants of Health Screening via Telehealth

Dr. Leo Morales (UWM) [1:09:02]

Health Resources and Services Administration (HRSA) Definition of Telehealth

- The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration
- Telehealth is comprised of two forms:
    - Two-way, synchronous, interactive client-provider communication through audio and video equipment
    - Asynchronous client-provider interactions using various forms of technology (e.g. web-based client portals, e-mail messages, text messages, mobile applications, symptom management tracking, sensors, peripherals, client education modules, or electronic medical record data

Social Determinants of Health

- The U.S. Department of Health and Human Services defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play and age. These conditions are separated into six distinct categories
    - Neighborhood & Physical Environment
    - Economic Stability
    - Education
    - Community & Social Context
    - Health Care System
    - Food

Inequities in Life Expectancy

- Data from the American Heart Association shows the relationship between place and health
- A map of Chicago, Illinois was displayed to show the different transportation lines moving from one zip code to the next, which yields many years of difference in life expectancy
- The conditions that people are living in are a direct impact to their health outcomes, specifically life expectancy

Overlap Between Social Vulnerability and Diversity

- Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks.
- Reducing social vulnerability can decrease both human suffering and economic loss

Geographic Concentration of Social Disadvantage is Longstanding: Analyses from 2005

- This analysis was done in King County
- In South King County, life expectancy and rates of physical activity are lower and there are high rates of tobacco use, mental distress, adverse childhood experiences, diabetes, and preventable hospitalizations
    - There is an overlap of social vulnerability and SDOH measures that correspond to these outcomes with a vulnerable population in this region

Relationship of Social Vulnerability Index to COVID-19 Testing and Cases: 3/1/2020 to 8/31/2021

- Maps of King County show where testing was the most intense, which is in North Seattle. However, the greatest concentration of cases was in South Seattle
- What we want to see in a more equitable approach is higher testing rates where we have more intense infections. This is driving or potentially driving poor health outcomes in South Seattle.

Relationship of Social Vulnerability Index to COVID-19 Hospitalizations and Deaths: 3/1/2020 to 8/31/2021

- There are higher hospitalization and death rates in South Seattle, and the maps show the social vulnerability mapping over COVID-19 outcomes.

Up to Date Vaccination Rates by Zip Code (as of 5/9/2022)

- There are lower vaccination rates in South King County vs. North King County according to the Seattle King County Public Health dashboard
    - This is referring to people who have completed their initial vaccine cycle plus recommended boosters for their age group

Results from Household Pulse Survey for Washington State: 12/29/2021 to 1/10/2022

- There are high rates of uninsured, food insecurity, and financial insecurity among Hispanics and Black populations relative to White and Asian populations
    - Food security is looking at people who sometimes or often do not have enough to eat that lasts 7 days
    - Financial security is looking at people who have somewhat or very difficult ability to pay for household expenses that lasts 7 days

Impact of COVID-19 on the Black and Latino Mortality and Life Expectancy

- This is national data showing COVID-19 death rates by age and race
    - Regardless of age grouping, Black and Hispanic communities have had the highest death rates across all the various age groups
        - This is the impact of COVID-19 on life expectancy between 2019 and 2020
            - There is a three-year loss in life expectancy among Non-Hispanic Black males over a course of a year

COVID-19 Cases and Deaths in King County as of 5/17/2022

- Non-white groups have higher rates of COVID-19
- All groups other than Asians differ from Whites in terms of higher mortality from COVID-19
- Washington State data shows same patterns of disparities in COVID-19 outcomes

Effect of COVID-19 on Emergency Department and Telehealth Use

- Between 2019 and 2020, there was a sharp rise in telehealth visits

- The graph noted some policies that were announced along the way (e.g. CMS telehealth waivers, CARES Act, etc)

Trends in Visit Type: Medicare Fee-For-Service Part B Visits from 2019 to 2020

- The graphs show the change in all visits and in-person visits
- In-person visits have declined more than overall visits most likely by substitution with telehealth
- There are fold increases in telehealth use by racial group and whether living in rural or urban areas
    - Rural telehealth use has been much lower than urban use
    - There has been a lot of telehealth uptake in Hispanics and Blacks, but not so much in Asians and American Indians

Telehealth Use is Uneven in U.S. Population Sample

- Lowest Rates: uninsured (9.4%) and young adults (18-24) (17.6%)
- Highest Rates: Medicaid (29.3%) and Medicare (27.4%), Black individuals (26.8%), and those earning less than $25,000 (26.7%)

Video versus Phone

- Highest use of video: adults ages 18 to 24 (72.5%), income >$100,000 (68.8%), private insurance (65.9%), and White individuals (61.9%)
- Lowest use of video: <high school diploma (38.1%), adults 65 and older (43.5%), and Latino (50.7%), Asian (51.3%) and Black individuals (53.6%)

UW Medicine Telehealth Equity Dashboard

- Empaneled patients with 1+ office visit in past 2 years
- Excludes Valley Medical Center

Health Systems are at Early Stages of Adopting Social Care (Bree Collaborative)

- Advancing Equity: To improve equitable health care access, quality, and outcomes by collecting patient demographic data – reducing bias and stigma, identifying and creating new tools, developing partnership guidelines
- Social Need Screening: to improve screening workflows to facilitate implementation of SDOH screening tools through ethical infrastructure and acting on that data to reduce inequities – who, when, how and where to collect data – synchronous and asynchronous approaches
- Storing and Sharing Data: To develop data storage and sharing strategies that protect patient safety and inform better care – privacy, intra-institutional data sharing
- Social Need Interventions: To develop strategies to follow-up on patient social need that leverage resources from within and beyond the healthcare delivery system

UW Medicine SDOH Workgroup

- Mission: This workgroup seeks to ensure that UW Medicine captures information on SDOH across clinical settings in an evidence-based and systematic way. Further, this workgroup will develop a referral process and network to address identified social risks/needs. Our overarching goal is to improve population health through a comprehensive approach that addresses key social factors influencing health.
- Objectives:
    - Identify SDOH screening tools
    - Implement SDOH screening tool across clinical settings
    - Create a referral process for identified needs
    - Develop a quality improvement process for SDOH screening and referrals

Questions/Discussion:

- Nationally, how are we agreeing on the basic screening measures?
    - Dr. Leo Morales (UWM) shares that there are various groups that have come up with their own measures, but there's no agreement yet on which ones are the best and perhaps, there isn't one set of best measures. People are customizing the measures to their patient populations.
        - Epic has an existing tool that is based on other measures that have been developed and has evidence on the validity of this data collection. However, he is not aware of any evidence showing that this data collection leads to outcomes yet.
- What is the access to smartphones vs. telehealth in Washington State? How many systems are using pre-bought minutes to use video and how effective is this?
    - Representative Riccelli is interested in the data on if giving phones to folks, whether for video or phone only, if there's a significant increase in access.
    - Rachel Abramson (UWM) shares that the Health Care Authority has lifeline services available: https://www.hca.wa.gov/about-hca/apple-health-medicaid/lifeline-phone-services
        - Stephanie Shushan (CHPW) comments that lifeline services are available to all Medicaid eligible patients. She's unsure if there is Washington State data available from this program that could be accessed.
- Are there any examples of improvement in health?
    - Dr. Leo Morales (UWM) believes that it begins with one's quality of life – the goal is to improve and extend quality of life. It's a combination of life expectancy, mortality, quality of life, and controlling disease.

Action Item:

- If the Collaborative members have any further questions, reach out to Dr. Leo Morales at lsm2010@uw.edu
- Mrs. Dinh (Collaborative Program Manager) to disseminate the presentation slides

Digital Navigators

Sharonne Navas (Equity in Education Coalition) [1:38:35]

Who We Are

- Connect Washington Coalition (CWC) is a collaborative of:
  - Digital access stakeholders working to increase digital access for:
    - Black, Indigenous, Communities of Color, low-income communities, students, and elders
- Internet Action Crisis Team, launched in April 2020 by Washington State Representative Mia Gregerson, on an informal weekly gathering to coordinate and share information around digital access
- Connect Washington Coalition has been building statewide strategies for digital equity, responding to our communities' urgent digital access needs and working towards a Washingtonian where everyone has universal, affordable, and sufficient internet, devices, and the skills to participate in our communities
- The strength of the Connect Washington Coalition lies in its diversity of stakeholders, including on-the-ground community-based organizations, Tribal leaders, national experts in digital inclusion, large nonprofits reaching millions of people, public officials, government offices, and internet service providers
- From a grant supported by Washington State Department of Commerce, the TechConnect Washington Community Helpdesk providers FREE technical support to all Washington residents to help them engage in a virtual environment
- Helpdesk Technicians are standing by to provide technical guidance, digital navigation support, and connections to other community resources to support parents, students, elders, and all community members during this time. The team is available to provide guidance via remote desktop, chat, email, or phone in multiple languages.
  - Spanish
  - Tigrinya
  - Afaan Oromoo
  - Amharic
  - Sidamo
  - Wolaytta
  - Vietnamese
  - English

42 Digital Navigators working hand in hand with community members in rural areas

- A heat map was presented showing the 1500 phone calls or more received that cover the Puget Sound corridor along with Cheney, Spokane, Central Washington, and Yakima - these are by zip code

7372 individuals from 32 Counties

- Data is from April and May
- The organization is serving about 3500 people a month with 41 digital navigators and 9 help desk technicians
- The average phone call lasts about 11 minutes
- Graphs were shared on the different demographics of people serviced, including immigrants, refugees, asylum seekers, veterans, people living in rural areas, people with disability
    - Mostly, their group of folks that they serve are not 18 years and over

Our Partners

- Listed partners that include community organizations, county library systems in Washington State, and communities in schools

TechConnect Flyer

- Offers free technical support for all Washington state residents without question of status

What's Next: Looking Ahead

- References
    - https://eec-wa.org
    - https://connect-wa.org
    - https://techconnectwa.org

Questions/Discussion:

- Dr. Leo Morales (UWM) shares that how we determine who to serve needs to be addressed more carefully (e.g. do we focus on empaneled patients, do we have a responsibility for the community with needs, etc.). He believes that there's much improvement in reaching out to communities who need access to care most.
- Stephanie Shushan (CHPW) comments that the Community Health Network of Washington is a grantee through the Department of Commerce funding. Link to Care WA is a hotline and website that focuses on connecting healthcare to folks and bridging the digital divide, especially for supporting underserved communities through the Community Health Centers. Distributing smartphones and covering service is part of this program.

Action Item

- If the Collaborative members have any further questions, reach out to Sharonne Navas: Sharonne@eec-wa.org
- Mrs. Dinh (Collaborative Program Manager) to disseminate the presentation slides and the TechConnect flyer for free technical support

Wrap Up/Public Comment Period

[1:56:00]

- Stephanie Shushan (CHPW) clarifies that the Community Health Network of Washington is a network of community health centers across Washington State. The Link to Care WA is not limited to patients from community health centers, but also others in the community.
    - There are community health centers that are serving as pilot sites in developing or expanding their digital navigation within their respective clinics.
- Next meeting: Monday, July 11, 2022 at 10:00 am – 12:00 pm
- A survey will be sent out to the Collaborative members to assess availability for specific dates and times in September and November
- Meeting materials, including presentation slides, will be posted on the Collaborative's website and sent out via the newsletter

Action Items

- Collaborative members to fill out survey for September and November availability
- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh

Tentative Next Meeting Items:

Cambia Telemedicine Updates
Public Health Emergency Telemedicine Waivers

Meeting adjourned at 12:00 pm

Next meeting: September 19, 2022: 10 am-12 pm
Via Zoom.