WashingtonState TelehealthCollaborative

Meeting Minutes

November 4, 2021 | 10:00 am - 12:00 pm

Virtual Zoom Only Meeting

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

Non-Member Presenters: Ginny Weir (Bree Collaborative), Nicki Perisho (NRTRC), Hanna Dinh (UWM)

Public attendees *(alphabetical by first name)*:

Carrie Tellefson (Teladoc Health), Cameron Long (WA Gov), Cori Garcia Hansen (AHECWW), Crystal Chindavongsa (Teladoc Health), David Streeter (WSHA), Don Downing (UW School of Pharmacy), Representative Eileen Cody (WA Gov), Erica (Valley Medical Center), Gail McGaffick (WSPMA), Gayle (National MS Society), Jaleen Johnson (NRTRC), Jane Douthit (Regence BlueShield), Jeb Shepard (WSMA), Joan Miller (unknown), Jodi Kunkel (HCA), Julie Clarke (Resistance Healthcare), Kirsten Davenport (UWM), Kristine Joy Culala (UWM), Lauren Baba (UWM), Lauren Johnson (USDA), Leslie Emerick (WA State Hospice and Palliative Care), Maia Thomas (DCYF), Marissa Ingalls (Coordinated Care), Melissa Johnson (WA Speech-Language-Hearing Association), Meri Hashimoto (Birth to Three Development Cener), Michelle Martinez (HCA), Mike Zwick (Cambia Health Solutions), Molly Shumway (UWM), Morgan Young (L&I), Nancy Lawton (ARNPs United), Nicki Perisho (NRTRC), Nicole Goodman (unknown), Patrick O'Brien (UWM), Rachel Abramson (UWM), Rachel Stauffer (98point6), Samantha Slaughter (WA State Psychological Association), Scot Sigmon (ZoomCare), Sean Graham (WSMA), Seth Greiner (unknown), Shannon Thomson (WMHCA), Stephanie Shushan (CHPW), Thalia Cronin (CHPW), Tom Holt (ZoomCare)

Meeting began at 10:01 am

WashingtonState TelehealthCollaborative

Welcome, Attendance and Review of Meeting Minutes - September 9, 2021

Dr. John Scott [0:00]

Dr. Scott (Chair) reviews minutes. Joshua Frank (Confluence Health) motioned to approve minutes. Chris Cable (Kaiser Permanente) seconded. Unanimously approved.

Action Items:

- Mrs. Dinh (Interim Collaborative Program Manager) to post approved September 2021 notes on WSTC website

State/Federal Updates

Dr. John Scott [9:05]

- On November 2, 2021, CMS issued a final rule for the 2022 Medicare Physician Fee Schedule, which includes expanding telehealth use.
    - CMS added audio-only to the approved list of interactive telecommunications systems when used for diagnosing, evaluating, or treating mental health disorder patients at home.
    - Any mental health telehealth services are to be preceded by an in-person service at least 6 months before the telehealth service.
- The Secretary of Health and Human Services, Dr. Xavier Becerra has extended the public health emergency (PHE) for another 90 days, effective October 18, 2021
    - This means that telehealth flexibilities, waivers, and other Medicare and Medicaid policies in place since the beginning of the COVID-19 pandemic will remain in effect through January 16th, 2022
- Biden Administration provides nearly $1 billion in American Rescue Plan funds to modernize health centers and support underserved communities.
    - Health centers can use this funding for capital improvements and purchase new equipment, including telehealth technology.
    - New York Times article here.
    - Press release here.
- The Washington State Broadband Office has funds available to assist families with internet costs with their Emergency Broadband Benefit Program.
    - More details on this benefit and how to apply are located here.

Bree Collaborative Telehealth Guidelines

Ginny Weir (Bree Collaborative) [12:22]

Opportunity to think about…

- What makes us ill AND How and when we die
- What is it to be healthy?
- Who gets to be healthy?
- How we can live longer?
- Who gets to live a long life? AND How do we know?
- A diagram was shared to illustrate the effort in thinking about embedded social structures, health behaviors, and physical environment
- How do we build a health care system that supports people as they're embedded within these larger structures?

Framework for Action

- The Bree Collaborative is a program of the Foundation for Health Care Quality
    - Was created in 2011 through the HB 1311, which created a framework for their change efforts
    - There are members who come from a variety of backgrounds (e.g. health plans, physicians, public purchasers, etc.)
    - They annually prioritize 4 health care services/diagnoses with variation, high utilization/poor outcomes, inequity, and patient safety
- The development process contains 4 key points
    - Bottom-up approach
    - Iterative process in identifying gap in expertise (new members)
    - Patient and community voice
    - Involve **primary care**

38 sets of recommendations + 4 on the docket for 2022

- Recommendations are in the areas of pain (chronic and acute), behavioral health, oncology, procedural (surgical), reproductive health, aging, palliative care, hospital readmissions, LGBTQ health care, shared decision making, primary care and telehealth
- For next year, the recommendations will be focused on infection control, hepatitis C, pediatric asthma and low back pain management

Beyond Tuskegee – Vaccine Distrust and Everyday Racism

- Thinking about the context of the American health care system in creating new standards for telehealth
- The article referenced talks about systematic bias in medical care

- Black newborns 2x mortality rate of white newborns – halved when black newborns are cared for by black providers

Our Thought Leaders

- Delivery systems
  - Shawn West, MD (Chair), Embright
  - Christopher Cable, MD, Kaiser Permanente Washington
  - Crystal Wong, MD, University of Washington Medicine
  - Cara Towle, RN, MSN, University of Washington Psychiatry & Behavioral Sciences
  - Sarah Levy, MD, Kaiser Permanente Washington
  - Todd Wise, MD, MBA, Providence
- Government
  - Christopher Chen, MD, Health Care Authority
  - Mandy Weeks-Green, Washington Office of the Insurance Commissioner
  - Janna Wilson, King County Public Health
- Health Plans
  - Darcie Johnson, MSW, CPHQ, Premera Blue Cross
  - Jennifer Polello MHPA, MCHES, PCMH-CCE, Community Health Plan of Washington
  - Omar Daoud, PharmD, Community Health Plan of Washington
  - Stephanie Shushan, MPH, Community Health Plan of Washington
  - Lydia Bartholomew, MD, Aetna
- Associations, Purchasers, Community Groups
  - Jeb Shepard, Washington State Medical Association
  - Lindsay Mas, SEIU 775 Benefits Group
  - Wendy Brzezny, North Central Accountable Community of Health

State Environment

- Several laws passed by the Washington State Legislature increase the practical accessibility of telehealth for providers in Washington state.
  - **SB 5175**, passed in 2015, requires insurers under the purview of the Office of the Insurance Commissioner to pay for care provided via telehealth if they pay for in-person treatment, unless the subscriber's health plan excludes telehealth.
  - **SB 5385**, which took effect on January 1, 2021, requires insurers to pay the same amount (parity) for treatment provided by telehealth as they would for the same treatment provided in person.
  - **SB 6061**, which passed in 2020, requires providers except physicians and osteopathic physicians to take training that meets certain requirements if they will deliver care using telehealth.
  - **HB 1196**, which takes effect on January 1, 2023, requires payment parity for audio-only consultations (adding on to parity for audio-visual consultations).

Start with the Right Questions

- Services that are appropriate
    - Define clearly inappropriate
    - Define clearly appropriate
    - Move to middle
- For which patients is this appropriate?
    - Align with patient preference
    - Broadband
    - Attention to equity and quality

3-Part Framework

- Appropriateness
- Person-Centered Interaction(s)
- Measurement and Follow-up

Clinical Appropriateness of Telehealth Visit Diagram

- Good way to make sure the visit is clinically-appropriate

Appropriateness

- Clinical judgment
- Clear criteria
    - Detract from longitudinal relationship
    - Need for a hands-on physical examination
    - Procedure or urgent intervention
    - Acute complication(s)
    - Patient Preference
    - Understanding of risks, benefits, and safety
    - Technological capabilities
    - Privacy
    - Needs can be met
- Plan for in-person, if needed

Patient-Centered Interaction(s)

- Shared understanding
- Cultural humility
- Plan for:
    - Technology failure
    - Shifting preference to in-person
- Credentials are clearly identified
- Professionalism
- Usual source of care
- Medical record

Measurement and Follow-Up

- Data infrastructure
    - Downstream healthcare utilization
    - Evidence-based care
    - Patient-reported outcome(s)
    - Patient satisfaction
    - Stratified by
        - Race/ethnicity
        - Language
        - Sex
        - Age categories
        - Insurance status

Shared Expectations

- Having shared expectations from multiple sectors for appropriateness, person-centered interaction(s), and measurement and follow-up
    - All levers include health plans, delivery systems, individual providers, purchasers, and patients

Questions/Discussion

- Recommendations are finalized after public comment. Guidelines have been sent to the Health Care Authority and awaiting for approval
    - After approval, these guidelines will be incorporated into contracting and then, there will be an education campaign
- There's a desire to not provide additional fragments to our current healthcare system
- Truncated version of checklists for health plans, health care system and delivery, as well as employers and health care purchasers
    - Regarding the point on the medical record being examined for past diagnoses and medication interactions, this is difficult in practicality because it's almost impossible to see what's happening in real-time outside of the health system
        - There is a promise for a health information exchange, but we are not seeing this yet
        - This is a problem outside of telehealth
        - There is a desire to move the U.S. to one medical record

Action Item:

- For any specific questions, the Collaborative members and the public can email Ginny Weir at gweir@qualityhealth.org
- Mrs. Dinh (Interim Collaborative Program Manager) to disseminate the presentation slides

HB 1196 Draft Report

Dr. John Scott [33:38]

- This draft report will be submitted to the Legislature by the end of this month.
- Each page of the draft report was shared to ensure all items discussed from September's Collaborative meeting are captured and accurate.

Questions/Discussion:

- Representative Riccelli spoke about a HB 1196 sub-group where he has the list of interested Collaborative members and is working to set up a meeting for further deep dive discussions
    - He will also have conversations with Representative Schmick as well as Senators Muzzall and Cleveland, and will plan to invite them to these sub-group meetings
- What are your thoughts on patients who are home-bound?
    - This is the reason for adding the real-time interactive visit as a recommendation to the established patient relationship definition.
- Would an ongoing behavioral health management relationship with a pharmacist providing dosing/administration of long-acting injectable anti-psychotics for example, be considered a face-to-face, established relationship, which would allow a follow-up telehealth visit to be compensated?
    - Prescribing through the other laws (e.g. Ryan Haight Act) must be satisfied.
    - Given that these are higher risk medications, the safest step would be to have an in-person visit at least annually
- Chris Cable (Kaiser Permanente) notes that there is a discrepancy with the recommended time period of three years compared to the new Medicare physician fee schedule rule where any mental health telehealth services are to be preceded by an in-person service at least 6 months before the telehealth service.

Action Items:

- Mrs. Dinh (Interim Collaborative Program Manager) to add a note on the new Medicare physician fee schedule rule
- Dr. Scott/Mrs. Dinh to send draft report to Legislature by end of November
- Dr. Scott/Mrs. Dinh to send report to Representative Riccelli to circulate to appropriate folks for additional feedback

Telehealth Best Practices in Other States

Nicki Perisho (NRTRC) [42:33]

Announcements

- February 2 and 3, 2022: Virtual Telehealth Technology Showcase
    - Hosted by the National Consortium of Telehealth Resource Centers

  - There will be 5 use case scenarios highlighted along with many telehealth vendors
  - Will be an interactive event where there will be sessions to ask questions to the telehealth vendors as well as sessions with other Telehealth Resource Centers highlighting their telehealth use case scenarios
- September 26-28, 2022: Annual Telehealth Conference
  - TBD if hosting virtually or in-person
  - Information from last year's conference is located here: https://nrtrc.org/conference/
- To stay updated on NRTRC's events, visit https://nrtrc.org/events/calendar.php

Telehealth Facility Finder

- In the last couple of months, some of the technical assistance requests came from patients asking where to find a telehealth resource and where to find a facility offering telehealth services
  - As a result, NRTRC developed this application, which Nicki Perisho demonstrated at the meeting: www.findtelehealth.nrtrc.org
  - Provides information on the facility and contact information
- If you are not seeing your organization or clinic in the telehealth finder, visit https://wimtracking.com/telehealth/ to be added

CAH Telehealth Guide

- This is a comprehensive guide on how to implement telehealth services
  - Because it covers all aspects of telehealth, this guide can be applicable to hospitals/clinics beyond critical access hospitals.

Telehealth Services and Codes

- This table lists the CPT codes of different categories that are covered during the public health emergency and the associated recommended CMS reimbursements

Annual Telehealth Survey

- NRTRC conducted their 2021 Annual Telehealth Survey, which went out to a listserv that includes everyone in the United States
- A diagram was shown of the geographic distribution of the states where respondents deliver services or reside in
  - 850 of them are in Washington State, which is the highest number of respondents due to the required Washington State Telehealth Collaborative's state telehealth training
  - This diagram highlighted that the survey touched every individual state in the country

Which best describes your organization?

- Behavioral health is the #1 type of organization from the respondents
- A wide range of organizations were represented including school-based clinics, vendors, payers, critical access hospitals, etc.
- Respondents were able to select all organizations that apply to them

Types of special populations served

- Minority populations as well as rural under-served and urban under-served were the majority

Position or role type?

- Mental health professionals were identified as the highest from the respondents followed by clinicians and administrative/management positions
- Surprised to see dentists, hygienists, veterinarians, and hypnotists among this group who are participating in telehealth and wanting to get involved with telehealth education

Health care services delivered by telehealth

- Diagram of responses were displayed based on the response for mental health where almost all of the respondents are providing some type of mental health via telehealth
- Psychology and addictive medicine were the top two services
- A pie chart was shown of the distribution of respondents where they identified themselves as a distant site, originating site, both, or other
    - 48% of the respondents identified themselves as both a distant and originating site

How long as your organization been offering telehealth services or programs?

- 70% of the respondents selected 1-3 years
- Surprisingly, more than 10 years was applicable to more than 5% of the respondents

Pie Charts of the Two Questions Below

- Do you or your organization use an electronic health record (EHR)?
    - 82% of the respondents said yes
- Type of telehealth platform used
    - 45% of the respondents use a standalone solution
    - 28% have their platform integrated with EHR

Telehealth Platforms or Vendors in Use

- The graph shown was specifically for Washington state where majority use Zoom for healthcare
- The other telehealth platforms/vendors were broken down
    - SimplePractice was shown as the top type of other telehealth platforms/vendors

Will you offer telehealth services after the COVID-19 pandemic is over or the public health emergency declaration is lifted?

- 69% of the respondents said yes
- 29% of the respondents are unsure

What telehealth related data are you collecting?

- Majority of the respondents are not collecting data

- If the respondents were collecting data, the top respondents include patient and staff satisfaction along with no-show rates and patient barriers

How does your organization receive telehealth-related training and support?

- This question is important to NRTRC so that they can create telehealth offerings and education/training that respondents are looking for
- 35% of the respondents receive both internal and external training and support
- 28% of the respondents receive external training and support
- 27% of the respondents receive internal training and support
- 11% of the respondents use none

What telehealth resources, tools, training and/or support do you or your organization need?

- A diagram of the top 15 needs were displayed where the majority responded that they have no training needs, which was surprising
    - This is followed by patient access barriers and engagement

Questions/Discussion:

- Trauma was identified as one of the conditions/services delivered by telehealth
    - This mostly applies to critical access hospitals

Action Item:

- Mrs. Dinh (Interim Collaborative Program Manager) to disseminate the presentation slides

Interstate Licensure

Dr. John Scott [1:00:40]

- Before the pandemic, if a provider wanted to see a patient outside of Washington state, the provider would need to be licensed in the state where the patient is located regardless if the patient is established or new
- It is the right of the state to govern professional licensure
- During the pandemic, many of the states put out temporary waivers to improve patient access and providers do not have to be licensed in the state where the patient is located
    - The temporary waivers vary by state. Idaho is one of few states that still has waiver in effect.
    - Many of the states have pulled back these waivers including Alaska and Montana
    - California and Oregon did not have these waivers ever
- At UW Medicine, as the temporary waivers are being expired in some states, they are looking into next steps.
    - Most patients were in Alaska, which were then followed by Idaho, Oregon, California, and Montana

- There have been federal laws in the past few years where if providers are providing care in the VA system, Department of Defense, IHS, etc., providers only have to be licensed in one state
- The main concerns are disciplinary issues where if providers are practicing in another state and there was an issue in the provider's home state, does this information get transmitted into the other state.
    - This was the basis for developing the Interstate Medical Licensure Compact (ILMC) where a home state can share all their information about a provider to other providers in this compact.
        - Washington signed onto this about 3 years ago
        - Roughly half of the states have signed into this, including Montana and Idaho
        - Providers pay $750 and get fingerprinted; this information plus any legal judgment and credentialing information gets transmitted to other states from the WA Medical Commission. This allows providers to get licensure more quickly, usually between 1-4 weeks.
- What is unique about Washington is that if a provider is out of state and has an established relationship with a patient in Washington, WMC policy says that licensure in WA is not necessary and it is appropriate to have a telemedicine visit
    - A reciprocal agreement has not been seen in neighboring states

Questions/Discussion:

- Mark Lo (Seattle Children's) shares that providers who have never used telehealth realized their value in providing care including convenience and patient access.
    - Seattle Children's provides tertiary and quaternary care services which many of them are not found in the neighboring states – this is where telehealth is vital
    - Determined which individual providers and specialties will Seattle Children's pursue full licensure with
    - One issue that has come up are that although the compact and licensure can be addressed for providers at the MD or DO level, there is a question around ancillary services and clinical staff support (e.g. advanced practice providers, including nurse practitioners, nurses, nutritionists, speech language pathologists, etc.)
    - Another issue is that healthcare is often provided in a team context, especially in specialty care – if one provider gets licensed, all providers are not able to get licensed.
- Chris Cable (Kaiser Permanente) shares that Kaiser Permanente has launched a 24/7 video service about a month ago, which is currently covering Oregon, Washington, Idaho, and Colorado
    - There are providers in each of these areas that are largely Kaiser Permanente regions – working across regions to provide better coverage
    - There is software that will mix and match as well as sort patients so that licensure can be aligned to where the patient is located
    - There is a challenge to expand this to all 50 states, but having all providers get licensed is expensive and requires complex logistics
    - Takes advantage of the ILMC, but because Oregon is not part of this, Kaiser Permanente has had to address this state individually

    - There would be less complications if clinical competency was recognized broader than state boundaries and should be easy to allow
    - Tom Holt (ZoomCare) agrees that provision of care by a Washington provider to an established Washington resident patient who is temporarily out of state needs to be addressed to support continuity of care
- Kathleen Daman (Providence) shares that pre-pandemic, Providence has a footprint with a couple of programs (e.g. stroke, hospitalists, psychiatry, etc.) where their providers have had to get licensure for in Alaska, Oregon, California, New Mexico, Montana, and Texas
    - There is a huge team working at the Federal level, with the ILMC issues, and trying to navigate all the different rules and regulations.
    - Providence has advance nurse practitioners and mental health specialists supporting the different programs along with licensed social workers that are part of the dyad team of psychiatrists. There is the challenge of having ancillary and clinical staff get licensed.
- There is also the issue of getting credentialed with the payers and getting a business license in the state where providers want to practice, which causes logistical challenges.
- Lori Wakashige (Legacy Health) shares that in Oregon, there is not an opportunity to participate in the ILMC, which is challenging.
    - Washington having a temporary waiver has helped, but some of the clinics are concerned that this will end at some point and trying to apply for a permanent licensure in Washington state.
    - Currently looking at providers who are heavily using telehealth
    - Legacy Health wants to do additional services (e.g. behavioral health and wound care), but have not been able to pursue this
    - There is also a challenge with the nursing compact
- Representative Riccelli expressed that there is a lot of work to get the states signed on to the ILMC.
    - There are unique challenges and barriers in Northern Idaho and Eastern Washington
    - Working with the Commission to expedite the process with ILMC is needed
- Representative Riccelli shares that the Representative Chambers introduced a bill on the psychology jurisdictional compact, which seems like it's gaining some momentum this year
    - Melissa Johnson (Washington Speech-Language-Hearing Association) shares that her association will be pursuing HB 1043 that establishes the audiologist/SLP compact this session
- Representative Schmick expressed that the legislature can help expedite any processes that are brought up as concerning in Washington, which should be the focus of the Collaborative
- Samantha Slaughter (Washington State Psychological Association) highlights that at the next session, they will continue to pursue the psychology jurisdictional compact that Representative Riccelli shared
- Representative Riccelli advises having multiple one-off conversations with different groups in different states.

  - Dr. John Scott shares that he worked with the Washington State Medical Association to have conversations with Idaho, but they were overwhelmed with the pandemic and didn't have any baseline telehealth legislation
  - Sean Graham (Washington State Medical Association) highlights that they have done several rounds of outreach to medical associations in regional states. This is to make them aware of Washington state's policy and to have them advocate for more policies in their states.
    - They will continue to do this outreach with the Washington State Medical Commission
- Joshua Frank (Confluence Health) summarizes that the main sticking points comes down to accountability and different states' quality control mechanisms.
  - Dr. John Scott adds that there is also competition, especially in states that don't have as many providers where they are concerned that their patients will be swept up
  - A possible suggestion is having reciprocity for established patients and not new patients
- Jaleen Johnson (NRTRC) adds that the NRTRC has additional resources on the compacts linked here: https://nrtrc.org/resources/licensure.shtml
  - If there are any compacts that anyone is aware of or are not published on this page, email info@nrtrc.org
  - Nicki Perisho (NRTRC) expresses that the interstate licensure issue is a priority for all the states and they share that they do not know how to fully resolve it or have the resources to address it

Wrap Up/Public Comment Period

[1:25:24]

- Next meeting January 2022 – Date and Time TBD
- A survey was sent out yesterday to the Collaborative members to assess availability for specific dates and times in January and March
  - The legislative sessions will start during the second week of January and will run through March – will aim to accommodate this during the Collaborative meeting scheduling for January and March
- Meeting materials, including presentation slides, will be posted on the Collaborative's website and sent out via the newsletter
- Tom Holt (ZoomCare) brings up that we should look at any opportunity to improve the patient consumer experience
  - From a policy perspective, the concern is that there are statutes that say the regulatory nexus is where the patient is located
    - Tom suggests that language could be crafted where it's the location of the provider to provide ease of convenience for the patient
- Sean Graham (WSMA) asks if the HB 1196 summary report will be shared with members outside of the Collaborative before this is shared with the Legislature

- Representative Riccelli will convene a sub-group to provide additional suggestions

Action Item

- Collaborative members to fill out survey for January and March availabilities within the week so we can get something on the calendar soon
- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh

Tentative Next Meeting Items:

Health information Exchange
Kaiser Permanente Telemedicine Data
Mental Health/Psychiatry: Telemedicine Updates
Payer Telemedicine Updates

Meeting adjourned at 11:31 am

Next meeting: January 2022 – Date and Time TBD
Via Zoom.