WashingtonState TelehealthCollaborative

Meeting Minutes

November 13, 2023 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	Y	Dr. Josh Frank	Y	Scott Kennedy	Y
Sen. Annette Cleveland	N	Joelle Fathi	N	Mark Lo	Y
Rep. Marcus Riccelli	Y	Stacia Fisher	Y	Heidi Brown	Y
Rep. Joe Schmick	N	Dr. Frances Gough	N	Adam Romney	Y
Dr. John Scott	Y	Lisa Woodley	Y	Cara Towle	Y
Dr. Chris Cable	Y	Emily Stinson	Y	Lori Wakashige	Y
Jae Coleman	N	Amy Pearson	Y	Sarah Keogh	N
Stephanie Cowan	Y	Dr. Ricardo Jimenez	N		
Kai Neander	Y	Dr. Geoff Jones	N		

<u>Non-Member Presenters:</u> Aphrodyi Antoine (HRSA), Wakina Scott (HRSA), Wendy Brzezny (Thriving Together), Hanna Dinh Hsieh (UWM)

<u>Public attendees</u> *(alphabetical by first name):*
Al Hansell (CHPW/CHNW), Alpana Banerjee (Mental Health/Public Health Advocate), Brian Patrick O'Brien (UWM), Cara Carlton (MultiCare), Caron Cargill (Hims & Hers), Carrie Tellefson (Teladoc), Charlotte Shannon (UWM), Clark Hansen (ALS), Deanette James (Elamax Mental Health Services), Gail McGaffick (WSPMA), Galen Alexander (Hims & Hers), Jaleen Johnson (NRTRC), Jeb Shepard (WSMA), Jillian Kuba (UWM), Jinn Schladweiler (ARNP), John Schapman (Thriving Together), Josh Viggers (UWM), Julia O'Connor (unknown), Karen Salmon (Diligent Medical Billing), Kathy Letendre (unknown), Kathy Li (UWM), Kirsten Smith (Susan G. Komen), Koji Sonoda (UWM), Leah Rosengaus (Stanford Health), Leslie Emerick (WA State Hospice and Palliative Care), Marissa Ingalls (Coordinated Care), Marshall Glass (unknown), Matt Landers (FHCC), Mercer May (Teladoc), Michelle Baird (unknown), Molly Shumway (UWM), Nomie Gankhuyag (FHCC), Olivia Shangrow (WA Council for Behavioral Health), Preet Kaur (Premera), Rachel Abramson (UWM), Remy Kerr (WSHA), Sam Miller (unknown), Sarah Koca (CHPW/CHNW), Scott Sigmon (ZoomCare), Thalia Cronin (CHPW/CHNW), Trevor Cunningham (Thriving Together).

Meeting began at 10:01 am

Welcome and Attendance
Dr. John Scott [0:00]

Dr. Scott (Chair) shares that Sarah Keogh, who was selected as the patient representative on the Collaborative at the September meeting, will no longer be able to serve in this role.   At the January Collaborative meeting, the Collaborative members will do a re-vote on the other candidates who are interested in the role.

Action Item:
- Mrs. Dinh Hsieh (Collaborative Program Manager) to check with each candidate on their interest for the patient representative position

Review of Meeting Minutes - September 11, 2023
Dr. John Scott [4:45]

Dr. Scott (Chair) reviews minutes. Representative Ricelli motioned to approve minutes. Lisa Woodley (WSHIMA) seconded. Unanimously approved as submitted.

Action Item:
- Mrs. Dinh Hsieh (Collaborative Program Manager) to post approved September 2023 notes on WSTC website

State/Federal Updates
Hanna Dinh Hsieh and Dr. John Scott (UWM) [7:17]

Federal Updates
- The Drug Enforcement Administration (DEA) issued a temporary rule that further extends the ability to prescribe controlled substances via telemedicine without an in-person visit **through December 31, 2024**.
  - Will extend the full set of telemedicine flexibilities adopted during the COVID-19 public health emergency, including any practitioner-patient telemedicine relationships that have been or will be established up to December 31, 2024.
  - Effective November 11, 2023
  - Anticipated final rule in Fall 2024
- CMS 2024 Physician Fee Schedule's final rule indicates that **through December 31, 2024,** CMS will continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.

Telemedicine Research Studies

- The Journal of the American Medical Association (JAMA) released an [article](#) on the strong association between the level of telemedicine use and outpatient clinicians' time in the electronic health record as well as outside of patient scheduled hours.
  - There was no increase in electronic messages received from patients
  - Health systems and policy makers may need to alter productivity expectations and reimbursement policies
- Annals of Internal Medicine published an [article](#) to compare treatment and follow-up visits between primary care telemedicine (audio and video) and in-person office visits
  - In-person return visits were somewhat higher after telemedicine compared with in-person primary care visits, but varied by specific clinical condition
  - The number of prescriptions, lab tests and radiological tests were all significantly lower after telemedicine and audio-only telemedicine visits

Questions/Discussion:
- Dr. John Scott (UWM) adds that the Annals of Internal Medicine article came from Kaiser Permanente in Northern California. Of note, patients who used telemedicine and audio-only were more likely to be older patients and from BIPOC communities.

Federal Telehealth Resources
Aphrodyi Antoine (HRSA) and Wakina Scott (HRSA) [12:07]

Health Resources and Services Administration (HRSA)
- Mission: To improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs
- Tens of millions of Americans receive quality, affordable health care, and other services through HRSA's 90-Plus Programs and more than 3,000 grantees

HRSA Program Areas
- Health Centers
- Maternal & Child Health
- Provider Relief
- Ryan White HIV/AIDS Program
- Telehealth
- Health Workforce
- National Health Service Corps
- Rural Health
- Organ Donation & Transplantation

HRSA Office of Intergovernmental and External Affairs (HRSA IEA) Leadership Team
- Ten Regions – One HRSA

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- o Each region has a leader
- HRSA IEA headquarters are made up of 6 leaders

Core Functions
- HRSA IEA serves as the principal agency lead on intergovernmental and external affairs, regional operations, and tribal partnerships
- Serve: Ambassador and Liaison
- Engage: Strategic Collaboration and Consultation
- Provide: Outreach and Education
- Respond: Public Health Issues

Contact
- Aphrodyi Antoine
  - o Deputy Regional Administrator
  - o Office of Intergovernmental and External Affairs
  - o Region 10 Seattle Regional Office, HRSA
  - o Web: https://www.hrsa.gov/about/organization/offices/hrsa-iea

Connect with HRSA
- Learn more about our agency at: www.HRSA.gov
- Sign up for the HRSA eNews

What is Telehealth?
- **Telehealth** is the use of electronic information and telecommunication technologies to support and promote: long distance health care; patient and professional health-related education; public health; and health administration.
- Telehealth Technologies:
  - o Video conferencing
  - o The internet
  - o Store-and-forward imaging
  - o Streaming media
  - o Terrestrial and wireless communications
  - o Mobile phone use

Office for the Advancement of Telehealth (OAT)
- **Serves across HHS** and coordinates with key federal partners to leverage telehealth to improve access, enhance outcomes, and support clinicians and patients
- **Promotes the use of telehealth technologies** for health care delivery, education, and health information services
- **Provides telehealth funding** for direct services, research, and technical assistance

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Leadership and History in Telehealth
- For over **30 years, HRSA has been a leader** in the field of telehealth
- 1988: HRSA's first telehealth program in the Federal Office of Rural Health Policy
- 1995: Joint Working Group on Telemedicine created (FedTel)
- 2002: The Office for the Advancement of Telehealth established
- 2006: Telehealth Resource Center program formed
- 2016: Federal Telehealth Compendium created
  - 21 HRSA programs with telehealth identified
- 2017: HRSA Telehealth Workgroup formed
  - 1,009 HRSA awards with telehealth identified
- 2020: COVID-19 changed the telehealth landscape
  - More than 3,850 HRSA awards with telehealth identified
- 2021: HRSA established OAT as a stand-alone office
  - Nearly $20 million in new telehealth awards

OAT Budget: Fiscal Years 2021 – 2023
- Budget has grown slightly over the past few years
- In FY 2023, the budget was $38 million, which helped to fund 7 programs and up to 70 awardees

OAT – Telehealth Investments
- In Fiscal Year 2022, the OAT funded grants focused on direct services, research, technical assistance, and workforce
  - Direct Services: $12.34 million
  - Research: $9.50 million
  - Technical Assistance: $4.63 million
  - Workforce: $4.63 million

OAT Grantees Distribution: Fiscal Year 2022
- HRSA provides grant funding across the country, including 36 states, Washington D.C., and Puerto Rico

Grant Funding Opportunities
- FY 2024
  - Licensure Portability Grant Program
  - Telehealth Network Grant Program
- FY 2025
  - Telehealth Resource Centers
  - Telehealth Research Centers
- FY 2026
  - Evidence Based Telehealth Network Program
  - Telehealth Centers of Excellence

o Telehealth Technology Enabled Learning Program

Building Telehealth Evidence Base
- Telehealth Centers of Excellence
- Telehealth Research Centers
- Telehealth Networks
- Telehealth Technology Enabled Learning Program

Telehealth Centers of Excellence Program
- The Telehealth Centers of Excellence examine the **efficacy of telehealth services in rural and urban areas** and serve as a national clearinghouse for **telehealth research and resources.**
- **OAT funds two COEs:**
  - o University of Mississippi Medical Center
  - o Medical University of South Carolina
- HRSA's telehealth centers of excellence published over **20 articles** to date on topics such as telehealth costs and utilization and remote patient monitoring.
- **New Website** launched in 2022: https://telehealthcoe.org/
- **National Rural Health Day:** https://www.hrsa.gov/rural-health/about-us/rural-health-day

Telehealth Research Center Program
- The **Telehealth Research Centers** conduct and maintain a thorough and comprehensive evaluation of nationwide telehealth investments in rural and underserved areas and populations and conduct clinically-informed and policy-relevant research to expand the evidence-base for rural telehealth services.
- **OAT funds two Telehealth Research Centers :**
  - o University of Iowa
    - ▪ https://ruraltelehealth.org/
  - o University of Arkansas for Medical Sciences
    - ▪ https://idhi.uams.edu/rtec/
- From 2021-2023, the Telehealth Focused Rural Health Research Centers had over 15 publications

Evidence-Based Telehealth Network Program
- The **Evidence-Based Telehealth Network Program** demonstrates how health care systems can increase access to health care services utilizing **direct-to-consumer telehealth technologies** and conducts evaluations of those efforts to assess effectiveness.
- In Fiscal Year 2023, OAT awarded approximately **$3.8 million to 11 organizations across 11 states** to support the program.

Telehealth Network Grant Program
- The **Telehealth Network Grant Program** demonstrates the use of telehealth networks to improve health care services for underserved and rural communities.

- In Fiscal Year 2023, OAT awarded more than **$8 million** to support **tele-emergency services** by enhancing emergency care consults from health care providers via telehealth through increased access and training.

Telehealth Technology Enabled Learning Program
- The **Telehealth Technology Enabled Learning Program** connects specialists at academic medical centers with primary care providers in rural and underserved communities to provide training and support in treating patients with complex conditions.
- **Primary Focus Areas:**
  - Behavioral Health/Substance Use Disorder
  - Long COVID
  - Chronic Diseases (e.g., diabetes)

Promoting Use of Telehealth Technologies
- Telehealth.HHS.gov Website
- Telehealth Resource Centers
- Licensure Portability
- Broadband Pilot Program

Telehealth.HHS.gov
- **Telehealth.HHS.gov** is a trusted, timely, and one-stop resource for patients, providers, and researchers for everything they need to know about telehealth including:
  - Best practice guides
  - Licensure
  - Policies
  - Research
  - Funding opportunities
  - Events
  - Tip sheets
  - Videos

Telehealth.HHS.gov – Trends & Research
- There were snapshots of what the trends & research pages look like on the telehealth.hhs.gov website

Telehealth Resource Center Program
- The **Telehealth Resource Center Program (TRC)** supports the delivery of telehealth technical assistance.
  - National Policy Telehealth Resource Center
  - National Technology Telehealth Resource Center
  - 12 Regional Telehealth Resource Centers

- In 2022, TRCs had over **6,000 technical assistance** inquiries.

Telehealth Technology Toolkits
- This is an example of a National Telehealth Resource Center where they like to share various new technologies and updated technology toolkits

Licensure Portability Grant Program
- The **Licensure Portability Grant Program** provides support for state professional licensing boards to development and implement state policies that reduce barriers to the provision of health care services through telehealth technology.
- Currently funds two awardees:
  - The Federation of State Medical Boards, which supports the Interstate Medical Licensure Compact (IMLC) for physicians
  - The Association of State and Provincial Psychology Boards that helps to manage the PSYPACT compact, which targets psychologists
- Both compacts have been very successful in adding states
  - IMLC has 39 states, which includes Washington state
  - PSYPACT has 38 states, which also includes Washington state
- **ProviderBridge:** https://www.providerbridge.org/
  - This is an online tool connecting health professionals with state agencies and health care entities

Telehealth Broadband Pilot Program
- The **Telehealth Broadband Pilot Program** assess the broadband capacity available to rural health care providers and patient communities to improve their access to telehealth services.
- OAT awarded approximately **$8 million to 2 organizations to support 4 states** (AK, MI, TX, & WV).
- The program is being implemented in at least **25 rural counties**.

Telehealth Focus Areas Across HRSA
- **Telehealth focus areas** include primary care, behavioral/mental health, and behavioral substance use disorders/opioid use disorders, pediatric care
- For 2022, there were over 4600 awards that have used telehealth

HHS Telehealth Resources
- **Telehealth.HHS.gov**
  - https://telehealth.hhs.gov/
- **Office for the Advancement of Telehealth**
  - https://www.hrsa.gov/telehealth
- **Telehealth Centers of Excellence**
  - https://telehealthcoe.org/

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- **Telehealth Resource Centers**
  - https://www.telehealthresourcecenter.org/
- **ProviderBridge**
  - https://www.providerbridge.org/
- **Multi-Discipline Licensure Resource Project**
  - https://licensureproject.org/

OAT Announcements
- Telehealth-Focused
  - Updates
  - Funding opportunities
  - Research findings
  - Upcoming events
  - And more
- Sign up to receive biweekly newsletters:
  https://public.govdelivery.com/accounts/USHHSHRSA/signup/37188

Questions/Discussion:
- Dr. John Scott (UWM) adds that if folks are interested in the Long COVID Project ECHO, there is a HRSA-funded monthly webinar on the second Thursday of the month at 12 pm PST – this is open to everyone: https://hsc.unm.edu/echo/partner-portal/echos-initiatives/long-covid-fatiguing-illness-recovery/
- What is the focus/emphasis of future grant opportunities in telehealth research? It looks like many of the ones that were described are opportunities that have passed. Is there any anticipation that they will open up again?
  - For more information on HRSA grants, please visit www.grants.gov. At this website, one can see forecasted grants. An additional resource is visiting https://www.hrsa.gov/grants for more information.
  - Many of the research center programs focus on projects that are priority to HRSA, from health equity to looking at the quality of telehealth services.
  - There are a number of programs that help HRSA to evaluate their current programs like the Evidence-Based Telehealth Network program.
  - If there are upcoming and new issues that would be helpful for HRSA to explore, this is mostly focused for future project years to plan for in advance.
  - Topics will vary for future grant opportunities to help inform policy and future programs – HRSA is looking for folks who are experienced in looking at telehealth research in various communities (e.g. rural and underserved areas) and who perhaps have access to the data set (e.g. Medicare, Medicaid)
- Regarding the Telehealth Centers of Excellence Program, is there a plan to expand this to include other Centers of Excellence?
  - HRSA is awaiting final budget from Congress but there is interest in this expansion

- There have been many questions and interest in expanding this to include other centers
- What are your future programs/resources that folks can learn more about health policy?
    - Telehealth Resource Centers are the best resource to stay up to date on policies from stakeholders and stakeholder decisions.
        - Jaleen Johnson (NRTRC) adds that the Northwest Regional Telehealth Resource Center is also a wonderful telehealth resource: www.nrtrc.org.
        - Dr. John Scott (UWM) shares that the Center for Connected Health is a great resource for telehealth policy: https://www.cchpca.org/

Action Items
- If the Collaborative members have any further questions or have additional comments, reach out to Aphrodyi Antoine at aantoine@hrsa.gov and Wakina Scott at wscott@hrsa.gov.

Established Patient-Provider Relationship
Dr. John Scott (UWM) [49:57]

- (v) Beginning January 1, 2023, for audio-only telemedicine, the covered person has an established relationship with the provider.
- (d) "Established relationship" means the covered person has had at least one in-person appointment within the past year with the provider providing audio-only telemedicine or with a provider employed at the same clinic as the provider providing audio-only telemedicine or the covered person was referred to the provider providing audio-only telemedicine by another provider who has had at least one in-person appointment with the covered person within the past year and has provided relevant medical information to the provider providing audio-only telemedicine.
- Bill text here.

Questions/Discussion:
- There was a correction that the current law is located here where the covered person who was referred to the provider providing audio-only telemedicine by another provider has had, within the past two years, at least one in-person appointment, or, until July 1, 2024, at least one real-time interactive appointment using both audio and video technology, with the covered person and has provided relevant medical information to the provider providing audio-only telemedicine.
    - This is from Senate Bill 5036 – this bill was passed from session this year to extend the date from January 1, 2023 to July 1, 2024.
- Is this legislation still appropriate?
    - Dr. Mark Lo (Seattle Children's) responds that an in-person visit would be beneficial and effective mostly in follow-up visits, especially in mental health. Having an established patient-provider relationship also provides protection for Washington clinic and providers from larger out-of-state entities that would come in and do this by phone.

- o Dr. Joshua Frank (Confluence Health) shares that his question still stands to clarify if Emergency Room physicians could make these referrals. Referrals from Emergency physicians are usually for care coordination only and are not always seen as actual referrals by insurance companies.
    - There doesn't seem to be that level of specificity in this legislation. However, if a provider is in the same system but not in the same group, then this referral would be honored to establish a relationship.
    - Dr. Mark Lo (Seattle Children's) asks for clarification about inpatients. Are inpatients' admissions enough to establish a patient-provider relationship if the specialty team follows up?
        - There currently isn't specific language on this in the legislation, but these can be raised as questions for further discussions.
- o Jinn Schladweiler (ARNP) expresses that a year is too often for some patients and it'd be best if there was a waiver if they're unable to travel to the provider's physical location. Jinn is in a private psychiatry practice and sees some elderly patients who have to take multiple ferries to see her, which is a big burden for them.
    - Remy Kerr (WSHA) clarifies that currently, the law is that an in-person visit is required within the last 2 years for non-essential health benefits, and within the last 3 years for essential services to establish a relationship for payment parity.
    - Sean Graham (WSMA) adds that these provisions are only related to compelling insurance coverage and reimbursement at parity with in-person care. This is not generally granting authority or prohibiting the delivery of audio-only care.
    - Gail McGaffick (WSPMA) states that for behavioral health, it's one in-person every three years or one audio-visual. For all other care, the current law is one in-person every two years or one audio-visual – the audio-visual sunsets on July 1, 2024. The key question is should an audio-visual be allowed for non-behavioral health care beyond July 1, 2024.
    - Stacia Fisher (Providence) agrees that an in-person requirement will be a hardship for some patients with limited resources or ability to travel or have mobility issues. This then creates a dynamic of unequal access to telehealth.
    - Clark Hansen (ALS Association) comments that the proposed bill would mirror the current law for the established relationship requirement for audio behavioral health.
- o Carrie Tellefson (Teladoc) shares that FSMB's Report on the Appropriate Use of Telemedicine in the Practice of Medicine states that "A physician patient relationship may be established via either synchronous or asynchronous telemedicine technologies without any requirement of a prior in-person meeting, so long as the standard of care is met."
- o Dr. Kathy Li (UWM) agrees that once a year for an in-person appointment is too restrictive and burdensome for the patient. Two to three years seems more reasonable. For certain specialties, an audio-video visit would suffice, but will differ by the patient's condition. Other specialties may benefit more from an in-person visit than an audio-video visit.

- Dr. Joshua Frank (Confluence Health) responds that the referral language in the legislation will help with this issue.
- Heidi Brown (Providence) believes that a telehealth audio and visual visit should count in the language as the definition of established.
    - Stacia Fisher (Providence) comments that it'd be great to drive the legislation requirements by clinical appropriateness, but this will be difficult to do. She also agrees that there will be some specialties where audio-only will land well, which is why the legislation carved out behavioral health, for instance.
    - Dr. Kathy Li (UWM) adds that she thinks one can establish a relationship via audio-video visit in the vast majority of cases and providers can determine if there is a clinical need for in-person care.
- Dr. Scott Kennedy (Olympic Medical Center) comments that one reason it makes sense to consider letting an urgent/emergent/audio-visual visit to establish the baseline visit for follow-up audio-only is that it often takes months for a patient to get to the established patient status.
- Dr. John Scott (UWM) shares that a vast majority of his audio-only visits are from failed audio-visual visits, which shows that there is a technology challenge from patients.
    - Jinn Schladweiler (ARNP) agrees that she also has patients who see her via telehealth and have a failed connection that shifts to telephone. She would be concerned if she was reimbursed in this case (if it's a non-mental health appointment). She asks if the definition of an "established patient" can be someone who has accessed telehealth care.
    - Stacia Fisher (Providence) responds that if provider groups or agencies are not adequately reimbursed for the care by insurance, they may decide not to offer it.
- Senator Muzzall asks what is the purpose of providing telemedicine since there seems to be an underlying level of distrust in providing the treatment via telemedicine. He states that we do need to align Washington state law with federal law. It seems like there needs to be a cost-benefit analysis to look at the risks and benefits in providing care via telemedicine.
    - Heidi Brown (Providence) agrees that the state bill should match the federal timelines. She shares that a new in-person patient vs. a new telehealth patient is allowed at the same rate for Medicare and federal patients through 12/31/2024, which allows virtual visits to establish this relationship – therefore, the start date should be 1/1/2025.
    - Clark Hansen (ALC Association) states that Washington will be the only state in the country that requires an in-person visit to establish a relationship July 1, 2024 for audio.
    - Carrie Tellefson (Teladoc) also agrees with the understanding that Washington would be the only state with an in-person requirement if we allow the sunset to go into effect.
- Representative Riccelli adds that stakeholder meetings with legislators are important, especially from the patient perspective. There seems to be additional concerns that are not fleshed out yet. He thinks it's fair that Washington should not be an outlier and so, there should be continuous discussions on this issue until an agreement is met. His main concerns are about expanding access and doing this in a safe manner. Representative Riccelli suggests having a sub-committee to parse out the concerns and discussion points more.
    - Dr. John Scott (UWM) shares that he can lead this sub-group and that this sub-group will be limited to Collaborative members.

Action Items
- Collaborative members to let Mrs. Dinh Hsieh (UWM) and Dr. John Scott (UWM) know of their interest to join a sub-committee in further studying the established relationship issue.

Thriving Together's Telehealth Efforts
Wendy Brzezny (Thriving Together) [1:13:05]

Accountable Communities of Health
- Each of the 9 ACH's in Washington cover a specific region and work to translate large-scale initiatives into action at a more localized level
- Thriving Together NCW covers Chelan, Douglas, Grant & Okanogan Counties and confederated tribes of the Colville reservation

Our Mission
- The mission of Thriving Together NCW is to advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health

A Thriving Region
- With our network of partners, we are dedicated to a simple, measurable goal: All people and places thriving together – no exceptions
- Each vital condition is connected. When they decline, it drives demand for urgent services
- Our network will focus on building up the vital conditions

Our Role in Creating a Thriving Region
- Advocacy
  - Understand the important issues our local communities face and drive systemic change
- Shared Measurement
  - Co-create infrastructure, using stories and statistics to guide our collective effort as we work to improve health and wellness
- Communicate
  - Share information and resources across our network and amplify the work being done by partners
- Build Capacity
  - Bring resources to our region that help our communities stay adaptive in a fast-changing world (trainings, seminars, workshops, etc.)
- Take Action
  - Put plans in motion by distributing funds and coordinating efforts across our network
- Plan
  - Identify key, regional issues, and how we can solve them together

- Collaborate
  - Work with diverse groups to solve problems and avoid duplicating efforts
- Connect
  - Organize networking opportunities and encourage relationship building between partners
- Convene
  - Engage key partners across multiple sectors and counties

How we do our work
- **Our interdependence makes us stronger.** We know that we are all interconnected and that we can't achieve everything we want by operating as if we're separate islands. By developing a shared vision and working together, we can become stronger, smarter, and more resilient.
- **Our region is a place where everyone belongs.** North Central Washington is home to diverse communities, including cities, small towns, and a sovereign nation. When we understand each other's perspectives and interests, we create stronger connections and increase our ability to solve tough problems.
- **Our communities know best.** We want to harness great insights and innovations from around the country but believe that the people in our region know best what's working in their communities – and what needs to change.
- **Our region is full of stewards.** Stewardship is about finding purpose that is larger than yourself or your organization – it's about thinking in terms of the whole community. We believe in distributing leadership, sharing resources, and developing the mutual trust that allows us to build a better future for everyone.

Thriving Together Work Connected to Digital Access
- Telehealth Assessment
- Telehealth Implementation
- Bridging the Digital Divide
- Next Steps

2021: Community Assessment
- WSU College of Nursing and WSU Division of Government Studies and Services
- Here are the findings from conducting the semi-structured interviews, 1:1 interviews, and community survey:
  - Lack of broadband access and reliability
  - Lack of technology
  - Distrust of telehealth
  - Digital illiteracy
- Ingenium Digital Health Advisors
  - Telehealth maturity assessment – 8 organizations
    - 4 (50%) Critical Access Hospitals with associated Rural Health Clinics

- 2 (50%) Community Health Centers (FQHC)
- 2 (40%) Behavioral Health Agencies
- Ingenium Telehealth Program Maturity Model
  - Level 0 – Chaotic
  - Level 1 – Emerging
  - Level 2 – Coordinated
  - Level 3 – Supported
  - Level 4 – Integrated
  - Level 5 – Strategic
  - Level 6 - Transformation

Telehealth Funding Principles
- The Governing Board approved $2 million to support the build out of telehealth infrastructure in the North Central Washington region
- All investments must directly or indirectly benefit a **Community Initiative**
- Consider *both* **equality and equity** as we strive for a balance across geography and populations
- Staff will ensure that all entities that have a **physical presence** in the north central region have **equal access** to the telehealth funding
- Funding will be distributed over 2.5 years
- Community initiatives will be individualized for each community based on **Ability** and **Readiness**

Telehealth Optimization Strategy
- Mission: Improving health and wellness in the Thriving Together NCW's community through Telehealth
- Vision: Every resident can easily access **ALL*** the care they need – **WHERE** they need it, **WHEN** they need it.
- ***ALL:** primary, behavioral, dental, chronic, rehab, specialty, etc. care

Telehealth Multi-Pronged Approach
- Improving the Telehealth Capabilities of Interested Clinical Partners
  - Federally Qualified Health Clinics
  - Rural Health Clinics and Critical Access Hospitals
  - Behavioral health Clinics
  - Addiction Treatment
- Establishing Community-Focused Telehealth Service Initiatives
  - Schools
  - Libraries
  - Fire Stations
  - Community Centers

Provider-Agnostic Telehealth Model
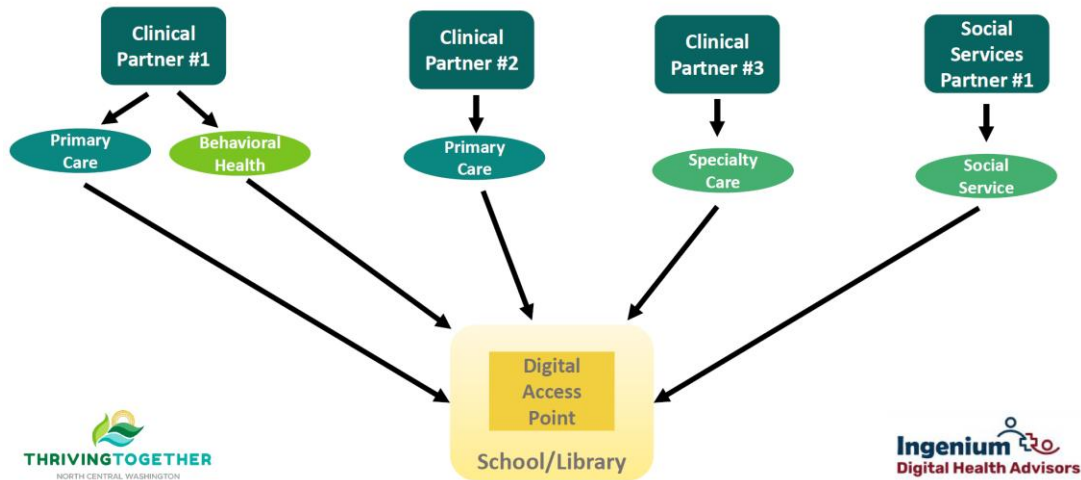
Telehealth Social Services Beyond Telehealth
- Sample Social Services
    - State Benefits Enrollment
    - Health Insurance Enrollment
    - Veterans' Services
    - Social Security
    - Immigration
    - Tax Preparation
    - Job Interview Preparation
    - Legal/Telecourt
    - Passport/Visa Application

Overview Projects and Services
- Building a Playbook: Library and Schools, developing digital access points
- Organizational Telehealth Optimization

Overview Projects and Services, cont.
- Conversion of no show and cancellation appointments
- Tele-Inpatient Care Strategies (TeleTherapy, TeleSpecialty, TeleAcute, TeleSitter)
- Remote Patient Intake
- TeleCrisis at 4 hospital Eds
- TeleCrisis in a Jail
- TeleInterpreter Services for TeleCrisis
- TeleSUD services
- Telehealth service launch in 3 schools and 1 library

Measuring Success

- Organizational Level: Performance Management
- Regional Assessment:
  - Baseline Assessment:
    - Purpose: Understand Telehealth use and potential across the region; Develop a framework to inform an interim assessment
  - Supplemental Analysis:
    - Purpose: Assess telehealth utilization and services provided by telehealth; Assess if telehealth reduces disparities and increases regional access to care

Successes Experienced
- Designed, Engineered and Rolled out Proof of Concepts
  - Created telehealth access points in 5 schools
    - Successfully had a total of 6 patient visits at 4 schools
  - Created a private digital access point in a library
    - Successfully had a total of 6 patient visits at 4 schools
  - Created implementation playbooks for schools and libraries
- 3 schools who experienced the success are asking for additional clinical partners
- Clinical Partners are asking to participate
- Continue to identify additional schools, libraries, and other community partners to build out digital access points
- Behavioral health agency organizational strategy led to additional opportunities

Bridging the Digital Divide
- Providing resources for the community
- Developing and equipping Digital Navigators
- Launching the NCW Digital Equity and Access Coalition

Providing Resources for the Community
- NCW Tech Help website: www.ncwtechhelp.org
- NCW Tech Help Learning Labs & Pop-Up Events
  - Meeting individual where they are at to offer tech help at community events
- www.ncwtechhelp.org/digital-equity-visualizations

Developing and Equipping Digital Navigators
- Digital Navigator: Technology + Telehealth Basics Training
- NCW Tech Help Resource Guides: www.ncwtechhelp.org/ncw-tech-help-digital-navigator-hub
- Videos for Community Health Advocates on Telehealth and Tech Help

Launching the NCW Digital Equity And Access Coalition
- Thriving Together held their first coalition meeting on September 28th to address issues related to digital access and equity across their region

- This coalition was attended by over 60 people representing the entire region
- Digital Equity Films: https://app.frame.io/presentations/93ec37a2-a8a2-4f2b-9c66-29f452f79c89
- Coalition website: https://www.ncwtechhelp.org/ncw-digital-access-and-equity-coalition
- September is Digital Equity Month: https://www.ncwtechhelp.org/digital-equity-month

Next Steps
- Continue:
    - Clinical optimization and expanding telehealth usage
    - Creating additional digital access points in more schools, libraries and community centers
    - Upskilling our current workforce as digital navigators
    - Offering Tech Help Pop-Up labs at community events
    - Co-convening the NCW Digital Equity and Access Coalition

Questions/Discussion:
- To learn more about Thriving Together, visit www.thrivingtogether.org.
- Are these efforts being shared with other ACHs around Washington State?
    - Thriving Together hosts a monthly program leads call with other ACHs where these efforts are being shared.
- What effort is Thriving Together most proud of?
    - Thriving Together is most proud of the digital equity work, especially the telehealth buildout and with the collaboration of all the community partners/organizations (e.g. libraries, tech alliances, schools, etc.) and grants funded into this.

Action Items
- If the Collaborative members have any further questions or have additional comments, reach out to Wendy Brzezny at wendy@thrivingncw.org.

EvergreenHealth's Telehealth Experience
Kai Neander (EvergreenHealth) [1:36:27]

Agenda
- Introduction & Background
- Telehealth Footprint Pre & During COVID
- EMR Centralization Decision
- Telehealth Specific Goals
- Associated Work
- Results
- Next Steps

EvergreenHealth Introduction

- Two Public Hospital Districts Serving NE King & SE Snohomish Counties
    - 2 Hospitals
    - 3 Emergency Departments
    - 8 Urgent Cares
    - 1 Inpatient Hospice Facility
    - 350+ Provider Medical Group
    - 1 Home Health & Hospice Agency

Telehealth Pre-COVID
- Behavioral Health
- Limited:
    - Remote Patient Monitoring
    - Acute Specialty Care
- Planning to expand into the ambulatory care
- Recruitment for Virtual Care Leadership

2020 & 2021
- Virtual Care manager hired
- COVID Outbreak Response at Life Care Center Kirkland
- Enterprise telehealth services implemented
    - Using unintegrated video platforms
- 50% + of ambulatory care provided virtually at peak

EMR Migration
- Epic selected as a unified EMR vendor in 2021
- 13 Month build runway
- Planned Go Live 10/1/2022
- Replacing:
    - 3 EMRs
    - 2 Revenue cycle systems
    - 2 Telehealth platforms

Initial Telehealth Decision
- Use the embedded Epic solution
- Integration an external solution
- Maintain an unintegrated solution

Telehealth Goals
- Empower patient telehealth selection
- Improve provider access & productivity
- Eliminate telehealth visit types where possible

WashingtonState TelehealthCollaborative

- Maximize telehealth efficiencies without impacting access & scheduling autonomy
- Improve experience & quality outcomes
- Ensure equitable telehealth access whenever possible

Administrative & Technical Build Work
- Replace virtual visit types with virtual eligible visits
- Self-scheduling options for compatible virtual visits
- Limit block usage in template build
- Prepping teams for "ad hoc" virtual visits
- E-visit development and workflow training

Momentum Building
- Tracking telehealth patient satisfaction & engagement
- Focusing on the clinical, experiential, & operational value of virtual care for patients & clinical teams
- Celebrating teams with leading telehealth volume & satisfaction results
  - Top decile in:
    - Physician Communication
    - Provider Rating
    - Likelihood to Recommend
- Telehealth Awareness Week
  - "Virtual care has been a game changer for our clinics. Creating a hybrid care model allows Diabetes & Endocrinology and Weight Loss & Bariatric Care to improve patient access and still achieve the clinical outcomes to maintain good health." – EvergreenHealth Endocrinologist

Results:
- Virtual visit volume increased in 2023 over 2021 & 2022
- 23% of virtual visits are self scheduled
- Virtual visit no show rates dropped further to 30% lower than in person
- Average video visit length has dropped by 3 minutes org wide and by 6 minutes in Primary Care
- Deliberative virtual blocking has expanded clinic access up to 30%
- "It saves a ton of time and who wants to get out of your pajamas when you're sick? I love it! Also the fact my copay is already paid before the visit is super convenient." – EvergreenHealth Patient

What Comes Next
- Grow e-visit usage in primary care & expand in specialties
- Fully integrate virtual group sessions & expand to new practices
- Increase "Ad Hoc" virtual visit usage
- Expand audio only delivery structures

- "I hadn't done a video appointment in years and it was very easy so much better than the app I had to use during covid" – EvergreenHealth Patient

Questions/Discussion:
- Can you clarify on the reason for expanding audio-only delivery structures?
  - While certain visit types lend themselves fine to audio-video, addressing the frequency and the burden on patients would be more easily done with audio-only. Kai Neander (EvergreenHealth) shares that from Maternal Fetal Medicine, they have a high volume of visits that would like help in lowering the barriers of care. For example, for their gestational diabetes patients, there is a higher no-show rate when using audio-visual compared to other departments/patient conditions. There is an even higher no-show rate for in-person visits, but lower for audio-only. The goal is to improve patient access further with audio-only.

Action Items
- If the Collaborative members have any further questions or have additional comments, reach out to Kai Neander at kneander@evergreenhealthcare.org.

Northwest Regional Telehealth Resource Center (NRTRC) 2024 Conference
Cara Towle (UWM) [1:55:35]

"The Next Generation of Telehealth: From Reactionary to Visionary:
- This groundbreaking event will dive into the transformative journey of telehealth, from its reactive stage of the last three years, to unlocking its visionary potential.
- Engage with industry experts, thought leaders, and innovators as we discuss cutting-edge technologies, best practices, and the evolving landscape of digital inclusion in healthcare access.
- Don't miss this opportunity to be part of the reshaping of telehealth to embark on a path from reacting to healthcare challenges to envisioning a brighter, healthier future.

Pre-Conference Quality Improvement Workshop
- **Title:** Telehealth-Focused Quality Improvement Workshop led by Trudy Bearden, PA-C, MPAS
- **Course Description:**
  - Practical, hands-on skills to build and strengthen your quality improvement (QI) program
  - Optimize telehealth service delivery in ways that are efficient, data-driven and person-centered
  - Grasp the four elements of the Model for Telehealth Improvement
  - Build skills in planning and executing plan-do-study-act (PDSA) cycles - while avoiding common PDSA pitfalls
  - Engage in telehealth process improvement mapping
- More information here: https://nrtrc.org/conference/qi-workshop.shtml

2024 NRTRC Featured Speakers
- **John D. Scott, MD**
  - Chief Digital Health Officer at UW Medicine
- **Krista Stadler, RN, BSN, MHA**
  - Global Healthcare Innovation Manager at Amazon, Lead-Non-Communicable Disease
- **Angela Siefer**
  - Executive Director at National Digital Inclusion Alliance (NDIA)
- **Justin Tauscher, PhD LMHC**
  - Behavioral Health and Technology Researcher at UW Washington

Register Through December 1st to receive these discounts
- Early bird registration is open
- Register now for $15 off

Join the NRTRC to Highlight your Telehealth Products and Services
- Now accepting sponsors and exhibitors
- More information here: https://nrtrc.org/conference/sponsorships.shtml
- View and complete the vendor prospectus here

Venue, Registration Rates, and Lodging
- The 2024 NRTRC Conference The Next Generation of Telehealth, From Reactionary to Visionary will be held at the University of Washington in the HUB.
- Room Block at The Residence Inn, Seattle University District
- Block of rooms set at $189.00/night

Category	Early Bird Fee's	Standard Fee's starting December 1, 2023
Attendee - Conference Registration	$275.00	$375.00
Student/Resident - Conference Registration	$150.00	$175.00
Pre-Conference Workshop ONLY	$100.00	$125.00
Scholarship Attendee*	$150.00	$150.00

Reasons to Attend the NRTRC 2024 Conference
- Peek into the future of telehealth and virtual care innovation
- Like minds coming together for optimal networking
- State of the art conference planning and execution
- Spark interest in new learnings from presenters
- Pre-Conference QI telehealth workshop

- Day three is dedicated to Digital Equity and Inclusion topics
- Learn about the most up-to-date telehealth technology from the experts at the National Telehealth Technology Resource Center (TTAC)
- Conference registration: https://nrtrc.org/conference/registration.shtml

Wrap Up/Public Comment Period
[1:58:50]
- Next meeting: Monday, January 29, 2024 at 10:00 am – 12:00 pm
- Meeting materials, including presentation slides and recording, will be posted on the Collaborative's website and sent out via the newsletter
- Representative Riccelli shares the following event:
  - House Health Care & Wellness Hearing on 12/04/2023 at 1:30 pm
  - Location:
    - House Hearing Room A and Virtual
    - John L. O'Brien Building
    - Olympia, WA
  - This will be a work session on public health initiatives and funding, telemedicine and health care technology, and health care workforce

Action Items
- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh Hsieh

Tentative Next Meeting Items:
Patient Representative on the Collaborative
New Collaborative Member: Premera
Interstate Licensure Updates
Uniform Telehealth Act
Telehealth Access in Northern California

Meeting adjourned at 12:00 pm

Next meeting: January 29, 2024: 10 am-12 pm
Via Zoom.