WashingtonState TelehealthCollaborative

Meeting Minutes

Tuesday, June 24, 2021 | 10:00 am - 12:00 pm

Virtual Zoom Only Meeting

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

Non-Member Presenters: Nicki Perisho (NRTRC), Hanna Dinh (UWM)

Public attendees *(alphabetical by first name)*:

Amy Etzell (BREE Collaborative), Carrie Tellefson (Teladoc Health), Christopher Chen (HCA), Claudia Tucker (Teladoc Health), Cori Tarzwell (DOH), Crystal Chindavongsa (Teladoc Health), David Streeter (WSHA), Erica (unknown), Erin Christianson (Seattle Children's), Gail McGaffick (WSPMA), Gayle (National MS Society), Hugh Ewart (Seattle Children's), Jeb Shepard (WSMA), Jordan See (Teladoc Health), Kai Neander (Evergreen Health), Katie Kolan (98point6), Kris Reichl (DOH), Kristine Joy Culala (UWM), Leanne Golembiowski (Pacific Lutheran University), Leslie Emerick (Independent Lobbyist), Lisa Cruz (unknown), Lori Holbrook (WA State Department of Children, Youth, and Families), Marissa Ingalls (Coordinated Care), Michelle Martinez (HCA), Mike Zwick (Cambia Health Solutions), Molly Shumway (UWM), Morgan Young (L&I), Nancy Lawton (unknown), Nastaran Pourebrahim (Fred Hutch), Nicki Perisho (NRTRC), Patrick O'Brien (UWM), Rachel Abramson (UWM), Rachel Stauffer (98point6), Robert Baratta (unknown), Samir Junejo (WA Gov), Shannon Thomson (WMHCA), Shelby Wiedmann (WSMA), Stephanie Shushan (CHPW), Tracie Drake (DOH), Wendy Mead (RehabVisions)

Meeting began at 10:00 am

WashingtonState TelehealthCollaborative

Welcome, Attendance and Review of Meeting Minutes - May 6, 2021

Dr. John Scott [0:00]

Dr. Scott (Chair) reviews minutes. Rep. Schmick (R-9) motioned to approve minutes. Kathleen Daman (Providence) seconded. Unanimously approved.

Action Items:

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

New Member Introduction

Heidi Brown, Outreach and Digital Health Director, Providence [8:12]

Dr. Scott (Chair) introduces Heidi Brown as a new member representing Providence and replacing Denny Lordan. Heidi Brown is based in Spokane and has worked in telehealth for the last few years. Was intimately involved in the scale-up of telehealth at Providence in 2020.

Action Item:

- Moving forward, if Heidi Brown has any agenda items for future Collaborative meetings, she will send them to Dr. Scott and Mrs. Dinh.

State/Federal Updates

Dr. John Scott [9:48]

- Digital Equity Act 2021 was introduced in the U.S. Senate on Friday, June 11th, which aims to close the digital divide through 2 grant programs and builds on recent efforts to increase access to broadband by prioritizing "digital inclusion"
    - One pager here
    - Press release here
    - Official website
- U.S Government Accountability Office (GAO) released a testimony regarding their ongoing assessment of COVID-19 flexibilities within the Medicare and Medicaid programs
    - Testimony highlighted CMS data on recent telehealth utilization
- Department of Justice announced May 26th that it will be pressing charges for fraudulent use of COVID Telehealth flexibilities
- U.S. Senate is considering a telehealth bill for veterans, including offering more virtual mental health services and how to best serve rural veterans

- U.S. House of Representatives and U.S. Senate had hearings that addressed telehealth equity, broadband challenges and funding, the digital divide, ensuring patient privacy for telehealth visits, and prescribing controlled substances via telehealth
- The S. 1704 Telehealth Expansion Act of 2021 was introduced, which would permanently allow all Americans to access telehealth services without the burden of first meeting a high deductible
    - Press release here
- The H.R. 3371 Home Health Emergency Access to Telehealth (HEAT) was reintroduced, which is a bipartisan bill that would provide Medicare reimbursement for audio and video telehealth services furnished by home health emergencies during the COVID-19 emergency and future public health emergencies
    - Press release here
- Permanency for Audio-Only Telehealth Act was introduced in the House of Representatives, which would enable audio-only telehealth services for Medicare enrollees and allow the homes of Medicare beneficiaries to be originating sites for audio-only telehealth
    - Press release here
- The S. 1798 Telehealth Improvement for Kids' Essential Services (TIKES) Act of 2021 was introduced, which seeks to increase telehealth access for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries
    - One-pager here

Action Item:

- Several participants expressed that the federal legislative updates were helpful and asked that they continue, which we will do.

House Bill 1196: Do established patient-provider relationships impact audio-only healthcare visits?

Dr. John Scott [14:58]

Seeking input from Collaborative members for next steps and recommendations regarding this discussion point from this bill.

Bill's Language

- Requires reimbursement for audio-only telemedicine services if "the covered person has an established relationship with the provider"
- "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
    - 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

- Original bill language here

Chris Cable, Kaiser Permanente

- Kaiser Permanente supports the idea of an established relationship being an important component with both audio-only and telehealth visits
    - This helps to ensure the visits are conducted safely and of high quality, as well as providing added value
- Must be part of an ongoing medical episode for continuity of care vs. being piece-meal and open to low-quality care opportunities
- There should be flexibility in what an established relationship means
    - There is concern around the in-person appointment being the definition of an established relationship
        - In addition to in-person, consider real-time interactive audio and video as also being sufficient in an established relationship definition
    - If you're working within a shared practice, it would seem to make sense that the established relationship would still exist with a partner or colleague in that practice without a formal referral
        - People employed in the same medical group or clinic can share the concept of the established relationship for flexibility in providing care when someone's personal care provider is not in the office for a variety of reasons
    - Have an updated view beyond in-person to include having full access to a patient's electronic medical record for the purposes of demonstrating providing quality, safe, and high-value care (there were other members of the Collaborative that disagreed with this last point)

Kathleen Daman, Providence

- Providence agrees on the following points:
    - Having full access to a patient's electronic medical record
    - Shared group practice language
    - Providers having cross-state licensure should be separate from this bill
    - 3 years makes more sense than one year for an established relationship
- Lots of studies show that the efficacy of virtual visits is comparable to in-person visits
    - The mandate that the first visit must be in-person does not make sense
        - Potential compromise: mandating an intake visit being conducted via video and then, potentially following up with audio-only visits, depending on patient preference
- Based on psychiatry visits, no-show rates are significantly reduced when patients are presented with the option of audio-only, especially with addiction services, which resulted in better patient engagement

- This study/service could provide strong support to prior arguments, if needed

Heidi Brown, Providence

- Audio-only should be for established only
  - There is a loop hole in the "or" statement in the bill's language

Questions/Discussion:

- Is there a third area where the covered person has had an in-person visit with someone employed at the same clinic? Is this still part of the variables?
  - Additional language on "established relationship" by David Streeter (WSHA)
    - "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.
      - The clinic definition can be viewed fairly narrowly – would suggest instead changing this to *shared group practice*
- Is there anywhere in the language that the patient has to be seen in Washington? Does the language need to specify this?
  - Chris Cable (Kaiser Permanente) suggests that this should be separate - would not be a critical variable assuming that:
    - The established relationship language includes real-time interactive audio and video and the provider has a practicing license in the state at the time of the video visit
- If the referrals that qualify for this are via internal organization referrals or do they need to be formal referrals approved by the insurance company Josh Frank (Confluence)?
  - Approval of consult requests are dependent on individual policies of insurance carriers
  - Insurers and providers prefer that the legislature set-up doesn't pigeon hole a tedious process in setting up a referral, but rather in leveraging the existing technologies/platforms in making this process and the auditing process easy.
- The language of having an established relationship within the past year is arbitrary
  - Normally, the definition of "established" in the clinic is having an in-person visit within the past three years
- There is a broad consensus in accepting a shared group practice and including audio and video visual as well as a three year period of time to define "established"
- There are vendors who do telehealth and consumers like them. If there has to be an established relationship, that might take away consumer choice from using these vendors. What are the Collaborative's thoughts? Would a phone only visit suffice?

    - From a safety perspective, a large portion of the physical exam is loss through a phone only visit, with the caveat of mental health services. There would be more challenges with an audio only visit.
- Some patients prefer audio-only vs. audio visual because the phone is less intrusive and easier to use. Have others seen this in practice? Yes, but:
    - More information is received from audio visual, so this is preferred
    - Depends on the demographic and their knowledge on the video piece of the visit
    - If it's a first visit with the patient, audio-video would be preferred to start with, since it allows for more of a physical exam and is deemed to be of higher quality.
- Is there an equity issue for audio visual?
    - Yes, some patients don't have broadband Internet or a device; however , an audio-only is better than nothing
    - The intent of this bill is to allow payment parity – it does not mean that one cannot practice medicine via audio. It is still up to the judgment of the individual clinician as to whether an audio-only visit is appropriate.
- The in-person visit requirement implies the possibility of vitals and a physical exam, but also raises timing of access issues. Does the group feel there may be rules or circumstances where a virtual establishment might be acceptable (e.g. a very thorough review by phone)?
    - In drawing the line for audio-only, it is reasonable to include some form of established relationship
        - Moving the line to audio-only negates the intention of having this bill
    - The improvement towards better equity is including audio-video in the bill's language vs. in-person

Action Item:

- Get formal votes on the proposed suggestions of the bill's language at the next Collaborative meeting. Solicit written changes/clarifications to the bill prior to next meeting in September.

Washington Medical Commission Telehealth Definition Update

Dr. John Scott[45:45]

- There were some proposed changes in the Telehealth definition that were not consistent with what was passed in prior bills and laws
    - Washington Medical Commission agreed and will keep the definition the same
- David Streeter (WSHA): Washington Medical Commission will end their rule-making and previous proposals will be withdrawn

Northwest Regional Telehealth Resource Center (NRTRC) Conference Update

Nicki Perisho (NRTRC) [47:01]

Conference Highlights

- Over 350 attendees from 33 states and two countries
- Majority of attendees were clinicians, administrators and vendors
- Tech showcase and state break-out rooms were highlights
- High satisfaction rates for the keynotes and panel presentations
- Desire to have 2022 in person in the Fall in Seattle
- 2022 Theme: Innovations in Telehealth

Attendee/Organization Information

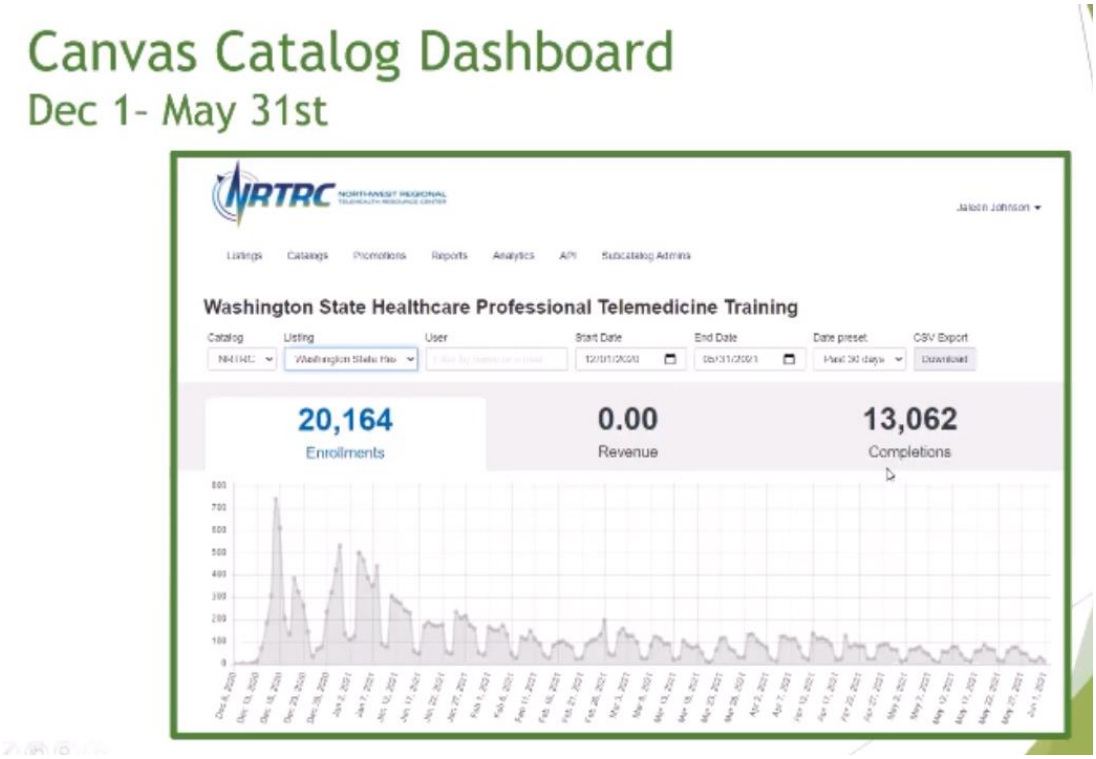
- Shared data based off of the following questions:
    - Does your organization work with any special populations?
    - Is your organization HRSA-funded?
    - Is your organization located in a designated rural area?

Overall Satisfaction

- Shared data based off of the following:
    - Overall satisfaction with the NRTRC Conference
    - Overall satisfaction with the conference format
    - Satisfaction with the platform (Whova)

Canvas Catalog Dashboard

- Provided an update on enrollment and completion of the Washington State Telemedicine Training



Questions/Discussion

- NRTRC is supported by HRSA and offers 10 hours of free technical counseling to get started
- One panel discussion highlighted the cost-effectiveness of telehealth
    - Wyoming is one of the first states to offer telehealth coverage for Medicaid recipients in early 2010's. Dr. Bush (former CMO on WY Medicaid) shared that fraud was exceedingly rare and usually a coding error. Likewise, the total costs for telemedicine visits increased but it didn't appear that per capita spending increased. Rather, it stayed stable or declined.
    - Opens up to more timely care, diagnosis, and treatment
- 2021 NRTRC Conference sessions here: https://nrtrc.org/conference/index.shtml#agenda

Wrap Up/Public Comment Period

[57:47]

- Next meeting September 9, 2021 10AM-noon
- Marissa Ingalls (Coordinated Care) circled back to the established relationship language in HB 1196
    - What was not mentioned in the Collaborative discussion was how this requirement could result in the possibility of delaying care if the in-person visit is required or because of connectivity issues

  - With a 3-year time period definition vs. a 1 year, there was an assumption about access in care that might not reflect reality if the time period is expanded to 3 years
    - Many patients have a different relationship with the healthcare system and will only go for visits when they need them
    - Patients are being reassigned PCPs regularly
  - It's not clear because the bill is related to payment parity, how does the established relationship play into a capitated contract or if it's not relevant to it at all?
    - In her experience at Coordinated Care, providers have been asking for capitated contracts
- Jeb Shepard (WSMA) expressed a shared experience in being reassigned PCPs regularly, but more so within the same practice
  - Agrees to have the provision that allows for the established relationship with a provider to be within the same clinic
- Waivers for interstate licensure concerns
  - Many of the neighboring states like Alaska and Montana have pulled back their temporary waivers due to COVID
    - Idaho currently still has their waiver until the next month (July)

Action Items

- Rep. Schmick (R-9) to check for a 4th legislative member to join as a Collaborative member to replace Senator Becker
- Collaborative to present at a future meeting on the federal rules around telehealth, especially potential changes to Medicare reimbursement for telemedicine services

Tentative Next Meeting Items:

HB 1196 Discussion – Established Patient Relationship Proposed Recommendations
Federal/State Updates
Telehealth Waivers
Review Washington State Telehealth Training for any needed updates
Lessons Learned from the COVID-19 Pandemic – hear from other Collaborative members
Center for Telehealth and E-Health Law (CTeL) Conference Highlights
Quality Improvement/Assurance
Digital Divide
Interstate Licensure

Meeting adjourned at 11:06 am

Next meeting: September 9, 2021 10 am - Noon
Via Zoom.