

Meeting Minutes

Monday, May 6, 2019
 12 – 2 pm
 Legacy Salmon Creek Medical Center
 2211 N.E. 139th St. Vancouver, WA 98686

Member attendance:					
Sen. Randi Becker	N	Chad Gabelein	N	Denny Lordan	Zoom
Ray Hanley	N	Dr. Frances Gough	N	Sarah Orth	N
Dr. Chris Cable	N	Sheila Green-Shook	Y	Adam Romney	N
Sen. Annette Cleveland	N	Sheryl Huchala	Zoom	Rep. Joe Schmick	Y
Stephanie Cowen	Zoom	Dr. Ricardo Jimenez	N	Dr. John Scott	Y
Kathleen Daman	Zoom	Dr. Geoff Jones	N	Cara Towle	Y
Brodie Dychinco	Y	Dr. Catherine (Ryan) Keay	N	Lori Wakashige	Y
Joelle Fathi	N	Scott Kennedy	N	Rep. Marcus Riccelli	N

Public attendees: Lynette Faye (UWM), Stafford Strong, Dr. Josh Frank (American College of Emergency Physicians), Ian Goodhew, Lisa Roche (Providence), Laurie Lippold (Partner for Our Children), Marissa Ingalls (Coordinated Care), Leah Rosengaus (UWM)

Meeting began at 12:54

I. Introductions and Update from Host – Legacy Health System (Lori Wakashige, John Scott)

- a. Ms. Wakashige updated collaborative on Legacy Health System and Telehealth – expertise in hospitals, developing ambulatory connections
- b. **Question** from Dr. Scott – What is one example of what you’ve learned from your telehealth work?
 - i. **Response:** Challenge is to keep services going and evaluate quality in the long term. Resources are limited in healthcare and people want to expand services. There is also a gap defining codes between payers and providers. Will be attending Telehealth Alliance of Oregon Panel on May 13th, to identify gaps.
- c. **Action:** Ms. Wakashige will update collaborative on learnings from TAO Panel next collaborative meeting

II. Highlights of ATA 2019 Meeting (John Scott, Denny Lordan, Cara Towle)

WashingtonState TelehealthCollaborative

- a. Highlights from Dr. Scott
 - i. Artificial intelligence (AI) was a big theme at conference – example from Boston Children’s and how they’re using a reprogrammed version of Alexa device to do pre-op checklist.
 - ii. CMS session on updated codes for Telehealth – Virtual Check in (G2012), eConsult (99451, 99452), Remote patient monitoring (99451, 99453-7), Remote evaluation of recorded video or images (G2010). Many of these codes are restricted to established patients and consent is often required, so read them carefully.
 - iii. Plenary Session – CEO of Best Buy, talked about how “the home is the new medical home.” Best Buy recently purchased GreatCall (think Jitterbug cell phones and devices that call emergency when an elderly patient has fallen) and has Geek Squad to leverage in home care efforts. Is selling TytoCare devices in its stores.
 - iv. Plenary Session - Cleveland Clinic, Toby Cosgrove working with Google, sees Telehealth as integral to value based care
 - b. Highlights from Ms. Towle
 - i. ATA conference has changed, a few providers offering show and tell, but most of it now is companies and startups trying to get into telehealth space.
 - c. Highlights from Mr. Lordan
 - i. Growing interest in telehealth interoperability
 - d. Recognition of Sarah Orth who presented 15 min session on Collaborative’s work
 - e. **Upcoming Meeting:** Regional Telehealth Meeting hosted by NRTRC, Anchorage, AK Aug 28-30
- III. Google Analytics Data from WSHA Website and Collaborative (John Scott)**
- a. Average 100-200 visitors/month on WSHA hosted site
 - b. Page views by city: 292 Seattle, 285 Olympia, 104 Renton, 42 Tumwater, 15 Redmond, 9 Shelton, Shoreline/Clayton/Puyallup – single digits
 - c. **Question:** Do we know what people are looking at specifically?
 - i. **Response:** Not yet, could take a deeper dive. Right now just numbers and where everyone is.
 - d. **Question:** (Mr. Lordan) Could we get a visual focus on the initial page about telehealth or the collaborative? You have to hunt for telehealth to find it, specifically because we have a valuable tool we are sharing.
 - e. **ACTION:** Dr. Scott will share Google analytics with members
- IV. Review of 2019 Legislative Session wrt Telehealth (Sen Becker, Sen Cleveland, Rep Riccelli, Rep. Schmick, Stafford Strong)**
- a. 5385 – Payment Parity – Did not pass

WashingtonState TelehealthCollaborative

- i. Allowed for facility with 11 or more providers to negotiate rate and facility fee to be negotiated as well
- b. 5386 – Telemedicine Training – passed
 - i. Details: training may be completed, if completed than you must attest and sign that it was completed. Language on collaborative training could be incorporated into existing training as long as it means minimum requirements.
 - ii. **Question:** Any commentary on why training was not mandatory?
 - 1. **Response:** Senators got different recommendations,. From a physician’s perspective, there’s a lot of required training, feeling of being overwhelmed with all the trainings. A lot of pushback from rural providers that have already been doing telemedicine from a long time.
 - iii. **Action:** Collaborative to provide training guidelines to help legislators better understand what need to be included in telehealth trainings (for groups not wanting to use WSHA training).
- c. 5387 – Physician Telemedicine Credentials – Passed
- d. 5389 – Telehealth in Schools – Did not pass
 - i. Passed Senate, but did not get vote in house
 - ii. Sen Becker worked it into the budget, next 2 years \$500k for 2020 and 2021 for UW Psychiatry and Behavioral Sciences and do pilot training with 2 school districts (junior high/high school)
- e. **Questions:** Any recommendations on how we can revise 5385 to get house approval?
- f. **Response:** Rep. Schmick - There are carriers who are still pushing back and have not embraced telemedicine. Need to keep working at it, carriers need to see benefit for them. Legislators as a whole want to see it happen faster, it’s an issue in both eastern and western Washington
- g. **Question:** When are teleconsultations occurring? At home? While students are at school?
 - i. **Response:** Stafford – Bill dictated that school has to provide a space/technology, and also need to liaison through school counselors. Dictate that the health insurance carrier for student pay for the visit, i
- h. **Question:** Which two school districts selected for pilot?
 - i. **Response:** Not yet. Final language chose a district on the east side and west side of mountains.
- i. **Update:** Reimbursement Workgroup being put together for pilot – legislators concerned around reimbursement for consultative models in a fair way and not overly reliant on state funding. Part of Behavioral Health reforms include Tele Behavioral Health call center, workgroup to help address long term reimbursement plan. Dr. Scott floats idea for Collaborative to meet with Reimbursement workgroup.

WashingtonState TelehealthCollaborative

V. Review Charter/Goals and action items from March re: what the Collaborative would like to accomplish this year (all)

a. Minutes from March Approved – will be posted on WSHA website

b. Patient Satisfaction

- i. Offer stands from Mr. Dychinco and Premera to run patient survey and analysis, however need guidance on what questions to ask
 - ii. Discussion question raised by Mr. Dychinco – How we can better understand value and limitations of basic platform of telehealth? How devices add or subtract incremental value to a telehealth visit?
 - iii. **Response:** Ms. Wakashige- Need to have more insight into what patients prioritize with video visits. Outcomes could be considered if it is scoped, could focus on clinical and financial. Example question could be: “What would you have done if this service wasn’t available?” Could use this question to identify financial outcomes. Mr. Lordan – All of that feeds into questions about payment parity.
 - iv. Mr. Dychinco – Confident about resolution. From convenience perspective could be patient satisfaction numbers, 2017’s data looked at after every telehealth visit if there were any follow up visits in person. Less than 7% of visits follow up in-person visit with same diagnosis.
 - v. **Question:** My. Dychinco – if we have payment parity for the evisit, but what happens when a doctor uses specific devices and these devices could add up to reduce cost savings.
 1. **Response:** Rep. Schmick – yes but do we try to define that? We need to define some of these things. Carriers need to see a value for them to embrace it.
 - vi. Ms. Daman – Swedish did a study looking at the admit diagnosis/discharge diagnosis vs. Telehealth admits. Clear indicator of resolution there from all angles – questions used in study may be useful.
 - vii. **Question:** Denny – which is more important, patient satisfaction or outcomes?
 1. **Response:** Both.
 - viii. **Question:** From Premera Perspective, what is the collective looking for in analyzing telehealth visit data?
 1. **Response:** Sheryl Huchala – haven’t analyzed data in the same way as Regence. We want both satisfaction and outcomes, but satisfaction can be a difficult thing to measure.
- c. **Action:** Collaborative to send questions to be answered through Premera patient survey.

WashingtonState TelehealthCollaborative

- d. **Action:** Ms. Daman to present Swedish paper to future Collaborative meeting
- e. **Research Subcommittee**
 - i. Led by Chad Gabelein or Sarah Orth but neither are at meeting
 - ii. HRSA Sponsored Center for Excellence on Research in Telehealth at University of Iowa – potential resource
- f. **Advocacy Committee:**
 - i. Clarification – not so much advocacy of payment parity but more spreading word to patients that telehealth is an option
- g. **Payment Model Subcommittee**
 - i. Marissa Ingalls updates: emphasizing shift from FFS to value based payments
 - ii. A lot of innovation in telehealth happening at Kaiser and Mercy (St. Louis), doing more remote monitoring because they can
 - iii. **Question** – Rep. Schmick – Do managed care organizations that have the contracts to deliver, are they embracing telehealth? And whether or not this is included in the contracts with the Health Care Authority?
 - 1. **Response:** Ms. Ingalls - Coordinated Care has an ECHO contract and are looking into platforms like Teledoc, but I can't speak to the other MCOs. (Ms. Cowen from CHPW) HCA is tracking telehealth implementation, just sent out survey to MCOs. CHPW funds Maven project, Mental Health Integration Program (MHIP), different ways we're implementing telehealth.
 - iv. **Question:** How proprietary are those things? Can you share some of those policies?
 - 1. **Response:** Ms. Cowen – yes I think so.
 - v. **Question:** To Ms. Cowen and Ms. Ingalls, are you able and willing to share specifics around payment policies?
 - 1. **Response:** Ms. Cowen, CHPW follows guidelines, we pay for all encounters. Ms. Ingalls - We are neutral on payment parity bill.
- h. **New Ways Telehealth is Being Deployed**
 - i. **Question:** Is AI something the collaborative be interested in learning more about at the next meeting?
 - 1. **Response:** Yes
 - ii. **Action:** Dr. Scott will prepare presentation on AI in telehealth for next meeting

VI. Public Comment Period

- a. Ms. Cowen from CHPW, where are providers on implementing Telehealth? Gap exists as a lot of vendors don't connect back to primary health provider.
 - i. Dr. Scott – perhaps we could call on providers on collaborative and share their input from their perspective.

WashingtonState **Telehealth** Collaborative

- b. **Action:** For future meeting agenda item – have providers share perspective on using telehealth

VII.Wrap Up

- a. The next meeting will be in Wenatchee, WA at Confluence Hospital on Jun 27 Thursday at 9:30 AM. Full details of meeting room forthcoming.

Meeting adjourned at 2:03 pm