WashingtonState
TelehealthCollaborative

Meeting Minutes

January 5, 2018
3pm-5pm
Kaiser Permanente | 1300 SW 27th St, Renton, WA 98057

Attendees (In Person): John Scott (UW), Senator Randi Becker, Representative Joe Schmick, Chris Cable (Kaiser Permanente), Brodie Dychinco (Cambia Health Solutions/Regence), Frances Gough (Molina Healthcare), Sheila Green-Shook (WA State Health Information Management), Denny Lordan (Providence), Cara Towle (UW)

Attendees (By Phone): Sheryl Huchala (Premera), Ricardo Jimenez (SeaMar), Scott Kennedy (Olympic Medical Center), Mark Lo (Seattle Children's), Josh Frank for Susan Stern (WA State American College of Emergency Physicians)

The meeting was convened at 3:00pm

I.   **Review of 11.17.17 Meeting Minutes**
   a. Minutes reviewed
   b. Motion passed unanimously to approve meeting mins
      Action: Post minutes on Telehealth Collaborative Website

II. **Cost/Outcomes with Cindy LeRouge**
   a. Cindy LeRouge, PhD is a Professor of Health Services Research at UW; she presented on the cost effectiveness on Telemedicine (see PowerPoint Presentation for details)
   b. How can we start this so that the providers are getting paid the same as in person visits? The payers do not want to pay unless we can prove that we are saving them money. We have to do a perspective analysis. Do the best with the information that we have. We need something measurable. Need to track through using a pilot. We can gain insight from the pilot.
   c. Data collection is challenging. Payment Parity is a stopping point for many providers that do want to get paid. Can we get the pilot to a larger concept, where do we start and what is the end goal?

d. All Payers claims database has broader data then what we are using now. Can we extrapolate data on diabetes, etc.? Not a lot of the research is on the business side. Not enough people looking at these types of issues.

e. Sen. Becker suggested a pilot that was limited to 4 clinical areas, to gather data. Then we can show that to the Payers to see if there is cost-savings/effectiveness.

f. There are very large health systems in the East that have proven models. Assumption is that they have data on their efficiency and effectiveness and financial feasibility of their outcomes.
Perhaps we should reach out to partners to push this data to CMS.

g. Marketing Awareness

h. The Center for Telehealth and eHealth Law (CTeL) is a national group that provides legal and regulatory support and guidance. UW is working with them; Providence will be eventually working with them. As a collaborative, we should reach out to them.

i. Picking areas and what are we trying to achieve in those areas.

j. Parity, there are a lot of in between, but where is it? KP has done TeleDerm, about 30% of TeleDerm end up seeing a dermatologist anyway. They are paid the same.

k. Avera in Sioux Falls, South Dakota, has a TeleICU program to rural areas of upper Midwest. Need to focus on process and that will allow us to get to cost.

III. **Report to Legislature**

a. Rough Draft has been sent in

b. More documentation requirements. Reimbursements require documentation. Pg 8. Billing for Telehealth. Training requirements for providers prior to providing care in Telemedicine. At UW, there is a separate privilege training that providers have to sit through. ATA guidelines are out there for rural providers. But all of the different levels (PA, PT etc) should we regulate who should be doing telehealth in the first place. There are 31 professions. CMS guideline link is on that page. Documentation, coding, billing.

c. Pg 5 reference eConsults not being reimbursed by any payers. Changed to all payers. Remote monitoring pg 6 &7. Paragraph about FDA approval and documentation. If they do have to pay for remote monitoring separately, is the patient aware of that? Patents consent on remote monitoring. Payment Parity piece. In order to get consumers to

use the product, how to do marketing. How to get people to try it in the first place? Offer a lower price?

d. Billing: gaps in Medicaid and Medicare eligible locations and providers. **ACTION**: Denny Lordan will send to the collaborative

e. Pg 6. Data that was pulled from University of California, San Francisco is confusing and should be deleted (table).

f. We are missing a mark if we don't include language around how to create a healthier population. The data is there; we just need to look at it. A lot of other state are ahead of where we are at.

g. We have a coverage Parity, but we need a payment Parity. Part of the value of Telehealth is the lower cost. But we need to know how much of a lower cost it is.

h. The report is our marketing piece. How do we market to the legislative body so they are all on board? Evidence of preventative care.

i. Depth of Telemedicine going on in the state of Washington already. It is in last year's report, but it might be a good reminder to talk about the 200+ programs

IV. **Parity**

a. We are all looking for value, the quality of care vs cost.

b. Telemedicine visit is not the same as an in person visit. We have good data from patients themselves saying the value of telemedicine is high. Equipment is a high cost. But we can get beyond it. Currently there is no incentive.

c. 3 states have passed payment parity: Hawaii, Minnesota and Delaware.

d. Hawaii bill has some good things in there. Malpractice is addressed and is critical. Originating site language is good.

e. What if we recorded a certain number of telehealth visits for a time period?

f. Clinicians are being told that there will be payment parity, while patients are being told that telemedicine will be cheaper. There's clearly a difference in messaging.

g. For Molina Medicaid patients who are high utilizers (like frequent ER visits), they want to encourage telemedicine instead of in-person care. For this reason, they'd support payment parity.

h. Looking at other states should be our next steps

i. Senator Becker and her team are writing a bill and would like to get it out to the collaborative in draft form. Need feedback from the providers. Have the carrier representatives reach out to their colleagues in the other states that have Parity and see how that process went.

Major challenges: Premera's contact lobbyist stated that it will cost more money, it's another mandate.

j. We need to remember that we are providing care to humans.

k. **ACTION:** Reach out to our counter parts in Hawaii, Delaware, Minnesota

V. **Net Neutrality**

a. **ACTION:** Please read documents Denny Lordan has sent out. It appears that the new regulations are not a good idea for Telemedicine. Denny will share his own comments.

VI. **Public Comment Period**

a. Micah Matthews (MQAC): First, we have issued 10 MD and 2 DO reciprocal licenses since going live in 2017. All were issued in under 24 hours of receiving the request. Second, I received notification today that the FBI approved our ability to conduct background checks for licensure purposes. They recognized this ability under existing law (18.130) and not the new compact law (18.71B), but the result is still the same. We are able to move forward towards fully participating in the Medical Licensure Compact by being designated as a State of Principle License. Launch date of this feature is anticipated to be February 14, 2018.

Collaborative ended at 5:00pm

Date and location of next meeting TBD, most likely early March after legislative session ends.