WashingtonState TelehealthCollaborative

Meeting Minutes

November 17th, 2017 1pm-3pm

SeaMar Community Health Clinics | 1040 S Henderson St. Seattle, WA 98108

Attendees (In Person): John Scott (UW), Rep. Joe Schmick, Ricardo Jimenez (SeaMar), Joelle Fathi (WA State RN Association), Kathleen Daman (Swedish)

Attendees (By Phone): Frances Gough (Molina), Chris Cable (Group Health), Brodie Dychinco (Cambria/Regence), Adam Romney (David Wright Tremaine, LLP), Sen. Randi Beker, Cara Towle (UW), Susan Stern (Josh), Lori Wakashige (Legacy Health), Sheryl Huchala (Premera), Mark Lo (Seattle Children's)

Dr. Scott has started the meeting at 1:05pm

- I. Review of 09.25.17 Meeting Minutes
 - **a.** Change the next meeting place
 - **b.** Motion passed unanimously to approve meeting mins
- II. Northwest Regional Telehealth Resource Center (NRTRC)
 - a. Utah Telehealth Network houses the NRTRC
 - i. Deb LaMarche is the Principal Investigator at NRTRC
 - **ii.** Northwest regional telehealth resource center, started 10 years ago. She was a board member
 - **iii.** A federally-funded technical and policy center, it exists to advance telehealth with partners around the region. Consists of Alaska, Washington, Oregon, Idaho, Wyoming, Montana and Utah.
 - iv. Originally the NRTRC was in Montana with St. Vincent's, then the university of Utah was awarded to be the home of the NRTRC.
 - **v.** Made up of a board of two members from each state. Tammy Arndt from Providence and Cara Towle at UW are also board members.
 - vi. Deb and her team want to make it to each state and meet with as many telemedicine teams as possible. She would like to come

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here to be a part of the WA State Telehealth Collaborative meetings.

- vii. They know where the experts are.
- viii. They are starting monthly webinars, are looking for presenters and looking for innovative programs in Telehealth. They host an annual conference. Last few years have been in Seattle, but this year will be in Salt Lake. They want to move it around the region. Tentative conference date is early May. Also looking for presenters and panelist for the conference. Looking for a policy workgroup.
- ix. Www.NRTRC.org
- x. Providing technical assistance
 - 1. Can provide up to 10 hours of assistance at no charge. Only the beginning for tech assistance. Can be things like "How to get a telehealth program started"
 - 2. Program neutral, vendor neutral
- xi. There is a HRSA funded telehealth resource center dedicated to technology in Alaska as well as a policy center (see https://www.telehealthresourcecenter.org/ for more details)
- **xii.** When a request comes in and NRTRC wants to share it, there is an opportunity to tap into other states' expertise.
- xiii. Questions for Deb
 - 1. Have other states tackled the payment parity issues
 - a. Yes, but it's all over the map. NRTRC needs to learn more about each of the states. Parity is challenging. There are 31 states that have a parity but it's different in all areas.
 - **b.** Www.ncsl.org national policy center
 - c. She would like to work to assist the smaller practices and work with materials for resources for the smaller practices. A challenge is that the materials that they have are more intimidating with the complexity. But it is more accessible.
- **xiv.** Conference 2-3 day. In Salt Lake City. https://www.nrtrc.org/annual-conference

III. Report to Legislature

- a. Expectation to report to legislature, due this December 31, 2017.
- **b.** Sen Becker and Rep Schmick were asked, what is useful in the report

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- ACTION: Sen. Becker will have Alisha contact Priscilla to go over formatting
- **c.** Rep. Schmick: would like to see how the collaborative has progressed, and challenges and questions that have to be answered. Proper payment has to be addressed. Define certain practices and procedures to get started. We need to define what we are going to do, have to justify the savings to them in a remote care setting.
- **d.** Sen. Becker: our achievements since the collaborative started and the bills passed. What are the barriers and what types of things should we do that might make a difference in the future? She has been talking to folks in committees when it comes to doctors, if there isn't a payment resolution, doctors are not willing to do this.
- **e.** Does it help to have clinical examples. Where telehealth has made a difference?
 - i. Yes, stories paint a better picture
- **f. ACTION:** Collaborative members send in a paragraph their examples of telemedicine success
- **g.** Any success that we have accomplished, it needs to be stated that we are stretching the resources we already have. It's a limiting factor to moving forward. We can combine a story with the barriers and challenge.
- **h.** Telehealth doesn't last forever and you have to materialize it in some way.
- i. Cost and start up model.
- **j.** Telehealth networks savings in general. A part of the barriers.

IV. Update on Telemedicine Policy Draft and Interstate Medical Compact

- **a.** Deputy Executive and Legislative Director, Medical Quality & Assurance Commission for WA State
- **b.** Policy draft was reviewed during meeting today. Not formalized until we have feedback from stake holders and this collaborative.
- **c.** Update on commission license
 - i. Over 3300 physicians licensed right now.
 - ii. Total credentials
 - **iii.** Through the Interstate Compact infrastructure, the state has issued 360+ licenses
 - iv. Reciprocal license phase. Done through compact website.
 - **v.** Went live with licenses this week. MD's only. Maximum of two days for issuing the licenses.
- **d.** Compact Implementation

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- e. Continuity of care
 - i. They want the collaborative's feedback
 - ii. Does not cover outgoing care.
 - **iii.** Established patients, border care, university students, interventional care follow up.
- f. Discipline, commission retains authority if standard of care is not met
 - i. Every states discipline is different.
 - ii. FTC consumer protection system.
- **g.** Needs
 - i. Stakeholder feedback open till Dec 31st
 - ii. Incorporate the feedback
 - iii. Secretary of Health review process
 - iv. Draft this back to the commission with proposed changes
 - v. Then sent out to out of state regulators (ID, MT) to ask them to adopt this policy.
 - vi. Work has already started with the Washington regulators.
- h. TelePathology or TeleRadiology. Don't need to be in the same state.
 - i. Debate, they need to have a license. National associate requested them to have the licenses
- i. Episodic care
 - **i.** Defer to pain rules. If there is a weekly skype session it is not episodic.
- **j.** There is a surge in out of state licensing since we started.
- **k.** Question are the TeleDoc and national urgent care telemedicine types
 - i. Can't say for TeleDoc but for TelePsych, family medicine and internal medicine.

V. New Collaborative Member: Emily Yu, MultiCare Tacoma

- a. Went over Emily's Resume
- **b.** Motion passed Emily is now on the collaborative replacing Wayne Z.

VI. Public Comment Period

- a. Phil Hirsch
 - i. Ryan Haight act, any time you raise the issue of controlled substance prescriptions. Prescribing them electronically is not banned. Needs to be a general physical exam prior to subscription. Doesn't have to be performed by the telemedicine provider, EPCS certification the provider and the pharmacy.
 - ii. Joe Earnest, StrongBridge Consulting
 - 1. Send him the letter
 - 2. He has connection at United health care

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3. For consulting companies, is it okay for them to know who to talk to about these types of things are the payer companies. Need to know the questions up front so we have the correct people to direct them to.

Next meeting January 5th @ 1pm-3pm at Kaiser Permanente in Renton