

Meeting Minutes

Tuesday, November 17, 2020 | 10:00 - 12:00 am

Virtual Zoom Only Meeting

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

Non-Member Presenters: Rep. Mia Gregerson (D-33), Sabrina Roach (National Digital Inclusion Alliance), Shirley Prasad (WSHA), Yuliya Pruzhanskaya (UWM)

Public attendees (alphabetical by first name):

Rachel Abramson (UWM), Lauren Baba (UWM), Brynn Brady (Ceiba Consulting), Christopher Chen (HCA), Tracie Drake (WA DoH), Leslie Emerick (Independent Lobbyist), Hugh Ewart (Seattle Children's Hospital), Chad Gabelien (Multicare), Joanna Grist (Grist Public Affairs), Jodi Kunkel (HCA), Nicole LaGrone (WSTC & UW Medicine), Kai Neander (Providence), Patrick O'Brien (UWM), Lisa Roche (Providence), Molly Shumway (UWM), Bob Smithing (ARNPs United WA), Sara Stewart (UWM), Maia Thomas (DCYF), Shannon Thomson (WMHCA)

Meeting began at 10:01 am

Welcome and Attendance

John Scott

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Review of Meeting Minutes September 15 2020

All

Dr. Scott (Chair) reviews minutes. Ms. Fathi (UWM) motions to approve minutes. Seconded by Dr. Mark Lo (Seattle Children's). Unanimously approved.

Action Items

- Ms. LaGrone (Collaborative Program Manager) to post approved September notes on Website

Policy Updates

Telemedicine Training Update for Washington State Telemedicine Training Mandate (Joelle Fathi & Nicole LaGrone, UWM)

- Working with NRTRC, will be using their Canvas platform to host the training.
 - Features include certificate of completion and collection of demographic data
- Anticipate launch of training week of December 7th 2020.
- Challenges of training: making it useful for broad health care professional population, not being physician centric.

Tele Behavioral Health Training Update for Washington State Telemedicine Training Mandate (Cara Towle, UWM & BHI)

Behavioral Health Institute (BHI) launched Telehealth 201, a monthly webinar series and Telehealth 101, a six part webinar series and online training on NRTRC website.

Nurse Licensure Compact (Shirley Prasad Policy Director, WSHA)

- Adoption of Nurse Licensure Compact will be one of the top legislative priorities of WSHA
- Nursing Commission is taking weeks/months to endorse temporary licenses for out of state nurses. Current system does not address increased need during pandemic, and states that are part of the compact were better able to respond to Covid-19 pandemic.
- WSHA is building coalition to support the NLC for 2021 session

Questions & Discussion

- Concern with who will take disciplinary action when needed - who enforces it and how? Information exchange within compact, unclear on specifics. However, 34 states have adopted the compact and addressed similar questions.
- What other western states are part of the compact? Idaho. California and Oregon are not, however 59% of nurses who applied for endorsement licenses in WA came from a compact state. Flow of nurses does not necessarily follow state borders.
- Providence supports the NLC

Telehealth Training Bill

All

Collaborative reviews language of SB 6061 to identify weaknesses.

- Agreement the definition of who is impacted is the biggest challenge. Many health care systems represented struggled with scope and definition of who needs to take bill. Current language includes any health care professionals who are rooming patients or simply facilitating the visits.
 - Currently includes: Medical assistants, Pharmacists, social workers, physical therapists etc.
- Until language is clarified anyone can access the public training and meet the needs of the bill.
- Outstanding questions include who is impacted, how often does it need to be repeated?

Questions & Discussion

- Do providers need to complete this training in addition to training offered by employer? NO, as long as it meets the requirements.
- Suicide training bill is similar and it is not on the health systems to make sure health care professionals are trained, this is on the licensed providers to maintain and report.
- If they took the old training developed by the collaborative, do they need to take the new one? Yes, too many policies have changed.
- Are Non-billing case managers included? Could be a gray area, but to be safe, yes. As they are making decisions for patient care.

Action Items

Have group review bill and make suggested edits.

eConsults: UW Program Highlight

Yuliya Pruzhanskaya, UWM and John Scott

- Econsults program at UW is an asynchronous program allowing PCPs to gain input from specialty providers. Program has existed since 2005 and has improved access issues for specialists.
 - Program crosses 14 specialties – including dermatology, allergy, cardiology, neurology, urology etc.
 - Allows for secure written exchange between providers
 - Includes relevant labs and open notes via patient portal
- Launched in 2015, and have over 17,000 completed eConsult visits to date, approximately 500/month

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- Benefits of the program: patients have more timely access, lower out of pocket costs, PCP are learning and gaining knowledge from the specialists, and specialists have more time in their schedules for more complicated patients.
 - Has been shown to reduce need for in-person visits. Only 5-10% of patients need to be referred for in person appointment with specialists.
- Medicare added two CPT codes for eConsults
 - 99452 for physicians requesting the referral - 30 minutes
 - 99451 for the consultative physician, including a written report to the requesting physician – 5+ minutes
 - 99451 can only be billed if patient is not seen in the same specialty within 14 days
- Barriers to Expansion: Specialist participation and capacity, PCP/referring provider uptake, community healthcare orgs with no staffed specialists, high Medicaid and uninsured populations are excluded from adoption

Questions & Discussion

- Providence uses eConsults for cardiology clinics. The program opens up slots in the clinic for more complex patients and reduced costs for patients.
- How are specialists able to schedule time to do this work? Are you hiring more support staff? The busier specialties have 5-10% of their time set aside during the week. Otherwise, is done in between patients or during administrative time.
- Medicaid covers eConsults during public health emergency – if you are finding there are MCOs not covering this. As a state, Dr Chen let attendees know that they opened up this program as part of the pandemic response. If there are MCOs then let HCA know. We will be having a telemedicine listening session December 2. If anything comes out of that then I will share that. Uncertainty about when the public health emergency will expire. HCA recognizes the value of eConsults and RPM.
- Seattle Children's – want to, but no live program yet.

Remote Patient Monitoring

John Scott & Nicole LaGrone, UWM

- Telemedicine definitions vary across state agencies and code

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	Medicare (CMS)	WA RCW	HCA WAC	HCA Physician Billing Guide
Synchronous Audio/Visual	✓	✓	✓	✓
Audio Only/Telephone	✓	✗	✗	✗
Email	✗	✗	✗	✗
Store and Forward	✓	✗	✓	✓
Remote Patient Monitoring	✓ (Separate definition: Remote Communications Technology)	✗	✗	✗
Source	Source	RCW 70.4 1.020	WAC 182-531-1730	Source

- Medicare and RPM – not considered telehealth and not subject to geographic restrictions. However there are Chronic Care Management codes which include codes for remote communication technology (CPT codes 99453, 99454, and 99457)
- RPM not included in state telemedicine definitions.
- Cost Savings of RPM – studies have found RPM programs can result in shorter hospital stays especially for patients over the age of 50
- Cost of the programs – can range from 4275 - \$7963 per year. Costs have decreased due to cheaper technology, single vital signs are cheaper to monitor, hypertension and heart failure are generally more successful and not as costly as respiratory illnesses
- Challenges – cost of technology, infrastructure to monitor, patient education, digital inequities, and adherence

Questions & Discussion

- Providence created Covid RPM program – have almost 400 being monitored today. It is also a basis of hospital at home programs, which free up beds and have been helpful during Covid-19 pandemic. It is not a covered benefit of HCA at this time.
- Are there any current examples of Medicaid paying for RPM? Not currently, HCA is working on a remote patient monitoring policy.
- Another challenge is the need for creators and manufacturers of these RPM products to align development with compatibility and integration in electronic health records.

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Digital Equity

Sabrina Roach (National Digital Inclusion Alliance)

- Difference between Broadband policy and Digital Equity. Broadband policy is primarily concerned with wires. And Digital Equity more about equalizing access to internet. Digital equity is also rampant in urban areas because of affordability.
- Digital equity work is currently focused on subsidizing internet subscriptions and devices, and digital literacy programs.
 - Digital Navigator program offers digital guidance. Case workers were cross trained on where clients could get low cost internet. Knowledge needed is 90% based in social services, and 10% in tech.
 - In King County – there are initial programs with the library system and AmeriCorps. Has been used by volunteer support and also as a starting position in a tech career.
- For healthcare systems, concept of a Digital Navigator could help with telehealth access gaps. Little more complex in healthcare, but exploring roles that already exist could be cross trained.
 - Health Navigators could be an option for this role.
 - Community centers could also use physical spaces in library or community spaces for telehealth visits.

Questions & Discussion

- Maia Thomas (Dept of Children, Youth and Families) has a program for Individuals with Disability Education Act; digital equity and access is a huge access issue. Sabrina Roach (NDIA) invites her to weekly I-ACT meeting.
 - I-ACT (Internet Access crisis Team) meets weekly – Agencies from across the state and range of fields. Many opportunities for groups to break out of silos and work together.
- Patchwork of programs across the country in an emerging field
- [Map of broadband access in WA](#)
- NDIA – need thought partnership,
- Molina - As part of Molina's COVID relief fund, we have provided grants to rural BH providers to apply toward purchase of cell phones, lap tops and broadband access. Broadband access has been a challenge in N. Central and Eastern WA particularly.
- Marissa Ingalls - Our foster care team did proactive outreach to our members to support connectivity. My understanding is many of the state agencies had to limit their decision packages this year due to budget constraints

Action Items

- Attendees invited to participate in weekly I-ACT meetings on Thursdays at 3:30. Email Sami Bailey (Rep. Mia Gregerson's Legislative Assistant)
- Chair offers to connect Sabrina Roach to academic group at UW looking at digital equity impacts

Public Comment Period

All

- Cathleen MacCaul, AARP– Social isolation and health consequences during covid-19 pandemic. Is this part of the discussion with telehealth and telemedicine issue? Not in a direct way. Some resources include: [Stay Connected Program](#) and UW's [Care Program](#) for depression care for older adults
- Marissa Ingalls, Coordinated Care – Applauded efforts of BHI working with MCOs. Broadband subcommittee has formed in the BHI group as well.

Meeting adjourned at 11:57 am

Next meeting: Jan 5, 2021

Via Zoom.