WashingtonState TelehealthCollaborative

Meeting Minutes

Wednesday, April 1, 2020 | 9:30-11:30 am

Virtual Zoom Only Meeting

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

Public attendees: Nicole LaGrone (UW Medicine), Brian Marcus (Seattle Children's) Mary King (Seattle Children's), Jodi Kunkel (HCA), Marissa Ingalls(Coordinated Care), Kate Kaye (Freelance Journalist), Molly Shumway (UWM), Samir Junejo (WA State), Stafford Strong (WA State), Sophie Doumit (WSDA), Yuki Yang (Ideal Option), Christopher Chen (HCA), Jim Vollendroff (UWM), Hugh Ewart (Seattle Children's Hospital), Stephanie Shusan (Community Health Plan of Washington), Rachel Abramson (UWM), Brian Sawson (Unknown), Nick Schilligo (Independent Lobbyist), Penny Bell (Ideal Option), Jeb Shepard (WSMA), Erica Koscher (WA State), Sara Multanen-Karr (HCA), Michelli Simpson (Independent Mental Health Counselor), Lia Carpeneti (Community Health Plan of Washington), Tiffany Chhuom (EthTech), Mike Zwick (Cambia), Leslie Emerick (Independent Lobbyist)

Meeting began at 9:30 am

WashingtonState
TelehealthCollaborative

Welcome and Attendance

John Scott [0:00, 4:26]

The Collaborative Chair, Dr. Scott takes attendance and reviews the agenda

Review of Meeting Minutes Jan 2020

All [6:45]

Dr. Scott (Chair) reviews minutes. Dr. Jones (Newport Health System) motions to approve minutes. Seconded by Dr. Frank (Confluence Health). Unanimously approved.

Action Items:

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

Policy Update

Sen. Randi Becker, Stafford Strong, Samir Junejo - WA Legislature [8:18]

Summary of past legislative session:

- **SB 5385 Telemedicine Payment Parity – passed, effective immediately as of March 25th.**
  - Due to Covid-19 outbreak, Governor's order 20-29 immediately implemented payment parity for telemedicine. Bill originally planned to go into effect Jan 2021, proclamation by governor waives 2021 language until April 24th 2020. After 30 days, caucus leaders can agree to extend it.
  - Narrow network language was not included.

Questions & Discussion:

- For rural health clinics (RHC) Medicaid may be reimbursed at a higher rate due to RHC standing. Does 5385 affect these reimbursement rates?
  - HCA Response: It should not affect or lower their reimbursement amount as HCA already offered payment parity for Medicaid. See FAQ Provider Billing Guide for those programs.

Action Items: None

- SB 5386 Telemedicine training standards– **Passed, training is now required for non-physician health care providers. Effective Jan 2021.**
    - Excluded MDs and DOs. Training can be done online if it meets criteria.

  Questions & Discussion:
  - How will the bill be enforced?
    - Sen. Becker - Clinics and health care systems will need to create an attestation statement to keep on file that telemedicine training was completed. No additional licensing is needed.
  - Excludes physicians? Yes, it isn't mandatory but encouraged through WSMA.
  - Concerns were raised about keeping the training up to date given the rapidly changing telemedicine landscape. Sen. Becker – providers' attestation need only occur at the date of their training. Any follow up training is up to the entity.

  Action Items:
  - Collaborative to create an FAQ on the telemedicine Training covering who is required, what the training needs to include and how to comply with the law
  - Need to include resource and bill update to social workers, master's level behavioral health professionals, and telehealth trainers that may not be aware of requirements of the bill.

- SB 5389 Mental Health Telemedicine in Schools - **did not pass appropriations.**
    - Bill is live in form of 2 year pilot program from bill last year. 2021, 2 pilot high schools will have access to mental health telemedicine for 1 year.
    - Estimated cost of statewide rolls out: $70 million, but cheaper than other treatment options. Sen. Becker retiring in Jan 2021, so if bill is to continue will have to be sponsored by another legislator.

  Questions & Discussion: None

  Action Items: None

Updates on Covid-19 Response from WA Health Care Authority

Christopher Chen, Associate Medical Director [29:54]

As part of the Covid-19 response the HCA has:

- Supportive of Medicaid Parity for Telemedicine – WA more progressive of a telehealth environment that allows for reimbursement of homebased telemedicine and different types of service. I.e. video visits into a room at a hospital to reduce PPE usage.
- Store and Forward: Coding changes that recently came about for e-consults so they are reimbursable.
- Launched Zoom licensing program to help providers and smaller clinics offer telemedicine services helping vulnerable populations. Accounts are HIPPA compliant and platform is payer agnostic, just ask that providers not use it for personal purposes. Sign up for a HCA granted HIPPA Zoom license here.
- Opened phone codes as well for low income/vulnerable may not have access to tech. Reimbursement rates are matched to in person rates.
- Published a series of FAQs and Factsheets on Telehealth including reimbursement policies for occupational therapy, speech therapy, and behavioral health providers. Published FAQs to help address questions.

Washington State Telehealth Response to Covid-19 Task Force

Mary King, MD, Seattle Children's, UWM, and WRAP-EM Lead & Brian Marcus, MD Seattle Children's [36:32]

Project Summary:

- Dr. King and Dr. Marcus started project as part of preexisting pediatric disaster preparedness grant.
- Rapidly recognized smaller clinics did not have education or resources on how to implement and conduct telehealth. Surveyed 15 clinics in western Washington region to identify shared obstacles. Began collecting and disseminating information to clinics including free platform resources.
- Demand for free resources quickly shifted landscape and project shifted to advocacy by working with state health agencies. Approached HCA about expanding zoom license program to include rural clinics for family medicine and pediatrics and worked with state agencies to help get parity bill into immediate effect re: governor proclamation.
- Created resources to be shared to rural clinics, and shared resources to be implemented in other states as well.

Questions & Discussion:

- Telemedicine programs limited to pediatric clinics? Started off in pediatrics, but quickly expanded to family medicine and other areas of general medicine.
- Chat Question raised about recent security issues raised with Zoom? Lawsuit is for non-healthcare zoom. HCA zoom licenses are HIPPA compliance, we are using the waiting rooms and have disabled the record function.
- Dr. King regarding unconnected community providers, does the HCA need support in reaching unconnected providers? HCA Response: sent Zoom license on a number of channels, across various listservs, and it's on our website. We are asking for tech issues, people connect directly to zoom. As for telemedicine in general, trying to direct people to NRTRC and Collaborative resources.
- Dr. King to Collaborative – need messaging to stay home especially when you are sick, which contradicts parent's reactions. Could use chatbots or having that flexibility from providers directly would be more impactful.

Action Items:

- Collaborative member organizations to consider using chatbots and other direct Provider-Patient communications to enforce recommendation to stay home even when ill.

WA Behavioral Telehealth Rapid Response Team

Jim Vollendroff, Behavioral Health Service Line Administrator, UW Medicine [52:51]

Proposal Summary:

- Proposal for Behavioral health Telehealth Rapid Response Team to increase access to behavioral health care including Medicaid patients and help address gaps in continuity of care. Ask that WA State Telehealth Collaborative would support this proposal.
- First priority of project is ensuring continuity of care for Medicaid patients, with the goal to create an online portal for behavioral health providers that is payor agnostic.
- Collaborative asked to support this work by approving of the proposal and agree to be part of task force to coordinate shared support to provider network. Other organizations that have already signed on MCOs, UW Digital Health, WSHA, Association of Alcohol and Addictive Programs etc.

Question and Discussion:

- Ms. Huchala (Premera) Is this proposal specific for Medicaid or also commercial payors? Platform will be payor blind, but we are focusing on the public health behavior provider network, which has a diverse payer mix.

- Where do we direct providers if they are interested? Currently working on a website and single portal of information. Trying to accommodate how to incorporate all the initiatives that are happening in one place.

Action Items:

- Collaborative Members unanimously endorse proposal
- Mr. Vollendroff to connect with Sean Graham from WSMA.
- Mr. Vollendroff to loop back with collaborative members when technical assistance will be needed moving forward.

Member Organizations Covid-19 Updates, Priorities, and Challenges

(All) [1:03:20]

UW Medicine (Dr. Scott, Chair)

a. Leveraged preexisting training, technology, and vendor relationships to scale up. Didn't want to introduce new tech and processes.
b. Scaled up:
    i. Teleprimary care, had 7500 visits in past two weeks at neighborhood clinics.
    ii. eConsults
    iii. Telemedicine for rural populations – focusing on oncology, transplant, organ disease.
c. Optimized Virtual Clinic. Initially removed $35 fee and made it free for all. Now have two separate platforms, one for Covid-19 which is free and the other for non-Covid-19 which is $35.
d. Launched:
    i. Chatbot with AWS for Covid-19 triage
    ii. Remote patient monitoring for patients being discharged
    iii. TeleICU
e. Challenges – rapid scaling led to difficulty training and privileging providers. Released training and made it available to all providers. Equipment shortage and distribution such as webcams. Keeping up with rapid policy changing from DC I.e. barriers on reimbursement.

Confluence (Dr. Frank)

a. Developed Covid-19 Hotline
b. Scaled the telemedicine programs already in place, educated medical staff and standardized virtual care workflow across different platforms including audio only phone.

c. Working toward an organized platform with EPIC integration to smooth communications with patients and internal workflow. Using Caregility platform.

Virginia Mason (Mr. Gabelein)

a. Focus on virtualizing primary care and ambulatory services, now up to 700 visits/day
b. Used train the trainer models to achieve scale
c. Created Covid-19 Hotline
d. Highlights: Using our telehealth carts in ER as well as critical care units. Using nurse facilitated exam models or virtual check-ins. First phase included intensivists, infectious disease, and ED. Now working with hospitalists, therapists, and social workers.
e. Challenges - Shortage of webcams: grateful to community partners. Have 3 different telehealth vendors in our ecosystem, ambulatory patient experiences not positive.
f. Question from Dr. Scott. Have you encountered any reluctance from patients because of concerns they don't have the technology to conduct the visit? Anecdotally, 90% of the time a bad telehealth experience is due to the patient's bandwidth. We've built out our communications with patients to check bandwidth before they do visit. Discouraging people from doing this in public areas. A lot of internet providers have low cost internet or broadband.

Labor & Industries (Mr. Hanley)

a. Policy changes for Covid-19:
    i. Quarantined 1st responders and health workers are covered by worker's comp.
    ii. Testing is paid for if work related exposure is documented.
b. Telemedicine and Telehealth Policy changes:
    i. Allows home as originating site
    ii. Group psychotherapy, physical, occupational and speech therapy can be provided via telehealth
    iii. TeleSIMP allows some services to be provided via telehealth.
c. Challenge: we provide 700 visits/day that need interpreters. Currently have 2 contracts for interpreters, one for in person services and one for phone. Working through ways to honor both contracts and continuity of care for injured workers. Need to make sure interpreters are integrated into telehealth

School of Nursing UW (Ms. Fathi)

a. Challenge of developing nurse practitioners without benefit of in person care. Using telehealth to fill in the gaps. Approaching clinical training through virtual reality and AI, such as Oxford medical simulation *iHuman*.
b. Developed end-to-end curriculum in telehealth environment – takes 6-8 hour educates regulatory practice and ethical standards in telehealth – includes standards of practice in

behavioral health, addiction clinical care concepts, and care delivery of telehealth. Curriculum includes hiring drama students to be standardized patients in space, over Zoom and will be recording visit to review and analyze how it went.

c. Questions: Will these training resources be widely available? Yes, will roll it out on a broader scale and grant funded so it will be available.
d. Action Items: Ms. LaGrone (Program Manager) to follow up with Ms. Fathi for resources she has developed as well as similar resources across the country.

Providence St. Joseph's Health (Mr. Lordan)

a. Partnered with Microsoft to build a chatbot for triage. Working on online virtual visits with express care program, increased from 50-100 visits a day to over 1300 a day.
b. Large health system operating in 8 states. Focusing on ambulatory space, acute, home monitoring, and hospital at home.
    i. Ambulatory – setting up all primary care and ambulatory care physicians with Zoom and EPIC. Now moving to outpatient departments. Over 5000 visits a day.
    ii. Acute – using inTouch platform, setting up telehealth licenses and training in hospitalist, ICU, and ED space.
    iii. ED Triage – using zoom platforms on mobile devices.
    iv. Home monitoring program – monitored at home with thermometer, 700 people enrolled in that. Have bank of RNs to process data as patients submit their data 3x a day. Working on not just submitting the info but we are working on staying on top of the data that comes in.
c. Focusing on offering mental health consults for our own care givers via telehealth
d. Trying to rapidly expand TeleICU, which has been going on since2022, expanding that for our caregivers. Exposed or tested positive can still support from home. Provided them to access from home.
    i. In the process of distributing over 300 carts.
    ii. Telepalliative care – developed and quickly fast tracked.
e. Challenge: Being inundated with one off requests for providers wanting to beam into hospital and do behavioral health assessments for example. Platforms are often not compatible with our systems.

Seattle Children's (Mark Lo)

a. Smaller shop but had tremendous change and growth over the past few weeks.
b. Relaxation of training modalities and privileging process to speed scale up.
c. Inpatient – goals of minimizing provider exposure, conserve dwindling PPE supply. Used inTouch platform as well.

d. Used it for ICU and remote teleconsults and ancillary staff. Changed the way we do business.
e. Outpatient
    i. Have a platform that was nice integrated with our platform, didn't rise to the challenge and had to change our platform.
    ii. Home telemedicine was a highly regulated affair, now allowing individuals to have provider visits, working towards multidisciplinary visits

Newport Community Hospital (Dr. Jones)

a. Rural healthcare system includes hospital, assisted living, advanced care and clinic
b. Have all providers offering telehealth
c. Rolled out with the Doxy.me platform
d. Challenges – have discovered the barriers to telehealth are cultural. Many have limited cellular data plans or don't have Wi-Fi in their homes. But a lot of people do.

Public Comment Period

All [1:50:40]

- Leslie Emerick (Public policy director for Home Care association of WA) Barrier RCW 48.43 735 (f, g) prohibits using audio only telephone for telehealth. This is a barrier to care and discriminates against to low income communities, especially in rural areas; phone calls allow us to collect vital health information. Could include boundaries such as vital signs or medical necessity.
    - Action: Connect Ms. Emerick with contacts at WA Legislature

- Question from chat about how to join the collaborative. Response: Collaborative not currently accepting new members by statute of the bill that created the collaborative.

- Clarification on proper documentation if provider conducts telemedicine at home. POS2 still applies, POS12 not necessary.

Meeting adjourned at 11:33 am

Next meeting: May 12, 2020. 10 am – 12 pm.
In person or virtual to be decided.