

Meeting Minutes

Tuesday, May 12, 2020 | 10:00 am -12:00 pm
 Virtual Zoom Only Meeting

Member attendance					
Sen. Randi Becker	N	Cody Gillenwater	N	Dr. Ricardo Jimenez	Y
Sen. Annette Cleveland	N	Dr. Josh Frank	Y	Dr. Geoff Jones	N
Rep. Marcus Riccelli	Y	Joelle Fathi	N	Dr. Catherine (Ryan) Keay	N
Rep. Joe Schmick	Y	Chad Gabelein	N	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	Y	Ray Hanley	Y	Adam Romney	Y
Kathleen Daman	Y	Sheryl Huchala	Y	Cara Towle	Y
				Lori Wakashige	Y

Non-Member Presenters: Christopher Chen (HCA), Jim Vollendroff (UWM), Nicole LaGrone (UW Medicine), Marissa Ingalls (Coordinated Care), Nick Schillago (1-800 Contacts)

Public attendees: Rachel Abramson (UWM), Jodi Kunkel (HCA), Hugh Ewart (Seattle Children's Hospital), Erica Koscher (WA State), Leslie Emerick (Independent Lobbyist), Emily Stinson (L&I), Sean Graham (WSMA), Lia Carpeneti (Community Health Plan of Washington), Carol Foss (Providence), Jennie Harvell (HCA), Gayle Rundstrom (NMSS), Yuki Yang (Ideal Option), Mary Kaempfe (L&I), Billie Dickinson (WSMA), Phil Hirsch (Synergia Integrated), Lisa Roche (Providence), Seth Greiner (NMSS), Dave Arbaugh (OCHIN), Kevin Gordan (49th District Legislative Assistant), Bradford Felker (Integrated Care), Jennifer Crown (Optometrist), Kai Neander (Providence), Louise Kaplan (WSNA), Mary Kaempfe (L&I), Nancy Lawton (ARNPs United), Tammi Parreault (DoD)

Meeting began at 10:00 am

WashingtonState Telehealth Collaborative

Welcome and Attendance

John Scott [[0:00](#)]

The Collaborative Chair, Dr. Scott changes agenda items to accommodate schedule of Legislative members in attendance.

Policy Update

Rep. Marcus Riccelli, Rep. Joe Schmick - WA Legislature, Nick Schillago – 1-800 Contacts [[8:18](#)]

Representatives Riccelli and Schmick give updates on telemedicine parity bill and issue of broadband access in rural areas. Nick Schillago, from 1-800 contacts who presented on remote eye exam bill in January, gives update on version that passed in March.

- **[SB 5385 Telemedicine Payment Parity](#)** – in effect as of March 25th 2020 due to Gov. Inslee’s proclamation 20-29 until May 31st. Bill to be extended contingent on legislative approval.
 - Uncertain at this time whether extension will have “four corner” support. (Four Corner Support = unanimous support from Senate and House majority and minority leaders.)
 - Issues with bill could be around birth control.

Action Items:

- Collaborative to work with Sen. Becker and develop sign on letter to support
- **Broadband Access and “Digital Divide”**– Senate and House workgroups leading effort on broadband to improve health and education equity.
 - 750,000 Washingtonians do not have access to broadband high speed internet.
 - Progress and programs helping families connect for education, hoping to see similar gains for access to healthcare.

Questions & Discussion:

- Hospitals in rural areas often have access high speed internet but not the case for individuals.
- Uneven uptake of telemedicine within UW medical system reflects commons barriers for patients 1) access to the technology, 2) reliable internet, 3) not as comfortable with technology and modality of care.
- Additional barriers presented with cultural and language barriers. How are represented health systems navigating these challenges?

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- **Providence** (Mr. Lordan, Ms. Daman) - Connectivity is still a challenge in rural areas. Interpretation issues – before visit is scheduled ask patient if interpreter services are needed. In-patient units are a little challenging as interpreters need their own station to connect to virtual visit with patient and provider. Still ironing out best practices and workflows.
- **UW Medicine** (Dr. Scott) - Have video interpreters as part of zoom and also interpreters in clinic. Sharing information with
- **SeaMar** (Dr. Jimenez) – Similar challenges, acceptance by our population remarkably positive also offering phone visits. Using radio as a way to reach key populations. Interpreter issues remain, but have larger issues around realigning ancillary staff such as care coordinators.

Action Items:

- Dr. Scott (Chair) to share resources of reduced cost or free devices or internet services for patients. Such as [City of Seattle program](#), which lists 3 Internet service providers who are giving 25 mbps speed service for \$10 month. Eligibility includes participation in Medicaid, SNAP, WIC, or national school lunch program. Also, Comcast has a program: <https://corporate.comcast.com/covid-19>.
- Ms. Ingalls (Coordinated Care) to share resources on [cell phone program](#).
- **[SB 5759 Remote Technology in Eye Exams](#)- passed**
 - In January, 1-800 contacts presented to the Collaborative concerns with bill 5759 as it was written at the time. Following the collaborative meeting, representatives of organizations both supporting and calling for edits to the bill's language were able to work out a mutually beneficial agreement.
 - Final version of bill included language on: tying all services to a high standard of care, establishing clear timeline of appropriate remote exam, ensuring providers were licensed in state of Washington, and maintaining continuity of care.

Questions & Discussion: None

Action Items: None

Review of Meeting Minutes April 2020

All [[22:51](#)]

Dr. Scott (Chair) reviews minutes. Mr. Lo (Seattle Children's Hospital) motions to approve minutes. Seconded by Dr. Jimenez (SeaMar). Unanimously approved.

Action Items:

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

Updates on Covid-19 Response from WA Health Care Authority

Christopher Chen, Associate Medical Director [[26:34](#)]

Update on HCA Covid-19 telehealth response since previous meeting. Seen significant adoption of telehealth in Medicaid covered patients for both medical and behavioral health - as much as 20x level of utilization in some cases. HCA Response has been focused in the following three areas:

- **Policies**

- a. Payment - parity was offered before pandemic, expiration of governor proclamation will not affect payment for Medicaid. Includes coverage of phone code visits matched to in-person rates, inter-professional consults, synchronous and asynchronous services.
- b. [Well Child Visit policy](#) – HCCA worked with Washington chapter of the American Association of Pediatrics allowing for flexibility in instances where providers may not be able to conduct full physical exam via telehealth.
- c. [Dental Telehealth policies](#)

- **Provider Engagement and Support**

- a. Developed [Telehealth FAQ](#) to respond to common questions, along with [other resources](#).
- b. Webinar series with updates for telehealth billing and coding protocols for Medicaid
 - i. [Dental Billing Instruction \(Teledentistry\)](#)
 - ii. [Apple Health Medicaid Telehealth Policy](#)
 - iii. [Weekly behavioral health webinars and resources](#)
- c. Behavioral Health – Working with BHI to develop behavioral health policies and programs.
- d. [Direct support](#) – given the digital divide in Washington, HCA has provided cell phones to 5000+ clients. Zoom license program has provided over 15,000 licenses to safety net providers.
 - i. Managed care plans – have demonstrated innovation, with similar programs and dedicated platforms for telehealth.

- **Planning for the Future of Telehealth**

- a. Exploring other use cases, specialties or services offered via telehealth.
- b. Addressing digital divide. HCA currently working on this and actively searching for grants to help support this work.

Questions and Discussion

- Is Remote Patient Monitoring Covered by Medicaid? Not currently covered but we are exploring how providers are using this. Providence to connect with Dr. Chen (HCA) about their RPM programs.

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- Why is HCA paying for phone only visits? Due to the digital divide, lack of technology for video visits, wanted to cover rural providers during pandemic.
- Molina (Dr. Gough) - Huge increase in monthly telehealth visit claims, however behavioral health claims remain low. What more could we do to help behavioral health providers get online more quickly? HCA has not seen this gap, may be seeing different data results in different areas. Will connect offline to explore further.
- For Molina and Coordinated Care, how has telehealth and Medicaid's policies impacted your organizations? **Molina** (Dr. Gough) – Overall benefiting from implementation of telehealth, very positive response from providers and patients anticipate continued use of telehealth post-Covid-19. Examples: no show rates decreased, able to see more patients during the day, proactive reaching out to provide direct educations to members, members enjoying service etc. **Coordinated Care** (Ms. Ingalls) - Participating in UW BHI work to expand reach, also seen increased engagement in foster program. Working with accountable communities of health to provide complementary activities in telehealth. Coordinating the government relations to anticipate what to consider for next year's legislative session. Example: issue around BH intakes via telehealth, temporarily allowed but hoping for permanent change.
- Are there are problems with documentation or coding? Coordinated Care – yes, but only anecdotally. UWM - Biggest issue in UWM is phone visits being coded with GT Modifier. HCA - trying to address billing issues and questions via the [FAQ](#) and [Webinar](#).
- Premera (Ms. Huchala) – From provider perspective, do providers expect to continue to use telehealth after pandemic? UWM - Somewhere between 20-40%, still identifying when telehealth is appropriate. Providence – will do a survey for providers on how they see providers fitting in. Biggest drivers will be reimbursement and policy. Children's – from a patient perspective, could see wait times and facility fees resulting in pushback if providers want to go back to in-person. Confluence – patients are responding well. Multicare – will watch the landscape of payment, don't anticipate patients will want to have it go back to the way it was.

Action Items

- Share links and post slides from Telehealth webinar with listserv
- Providence representatives (Ms. Daman, Mr. Lordan) to connect with HCA (Dr. Chen) regarding Remote Patient Monitoring.
- Molina (Dr. Gough) and HCA (Dr. Chen) to connect offline and compare data of behavioral health telehealth claims compared to physical telehealth claims. Potential gap in uptake.

WA Behavioral Telehealth Rapid Response Team

Jim Vollendroff, Behavioral Health Service Line Administrator, UW Medicine [54:44]

Developments UW Behavioral Health Institute's BH Training Workforce and Policy Innovation Center.

- [Launched website](#) – resources for training, regulatory requirements, and guidance
- Training – developed training specific for Washington state behavioral health providers. Developed 8 session 4 week trainings with have companion documents for each session.
 - Interested in partnering with collaborative to develop training guidelines for SB 6061.
- Provider Surveys – worked with HCH's across state and developed target survey for behavioral health providers what they are hearing and experiencing related to tele-behavioral health. Mr. Vollendroff will share results of survey when it is available. Survey will be by provider to identify address specific needs of regions.
- Regulatory change document – produced 16 page matrix of all regulatory relaxations related to behavioral health.
- Looking ahead – anticipating wave of behavioral health needs, looking toward other digital health solutions to proactively prevent people from needing behavioral health services.

Challenges:

- Patient barriers – access to broadband and cell phones, availability of a private space, language and interpretation, other disabilities such as hearing impairment.
 - Broadband issue – Russ Elliot, Washington State Office of Broadband, will join oversight committee. Subset of executive directors who really want to dive into this issue, becoming a member of this small subset committee.
- People living with serious mental illness – tele-behavioral health provides some support, but need for in-person services remains.
- Uptake - 400 of HCA provided Zoom licenses have not been used. Following up with those individuals to identify why.

Question and Discussion:

- Given the increase in isolation, domestic violence etc. what is your assessment of what patients with mental health issues are doing? Are they struggling or is telemedicine rising to the challenge? It is working for a subset of the population, but not for everyone. Big increase in telehealth being offered by public behavioral health, but all over the board but don't see it going backward after the pandemic.
- Ms. Towle (UWM) Behavioral health seems like it would be perfect for telemedicine but challenges in uptake and in appropriateness remain for providers and patients alike.

Action Items:

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- Mr. Vollendroff to share tele-behavioral health provider survey results when it becomes available
- Call for members interested in diving deeper into broadband issue to join subcommittee.
- Mr. Vollendroff to share behavioral health regulatory relaxation matrix with group.

Review of SB 6061: Telehealth Training Bill

(Ms. LaGrone (UWM), All Members) [[1:11:30](#)]

Summary:

Bill states health care professionals (excluding physicians) must complete training before offering telemedicine services. Organizations must keep record or attestation of training. Bill goes into effect Jan 1, 2021.

- Training must include information on current state and federal law, liability, informed consent, a questions and answer format, and can be completed online.
- Training can be supplied by the collaborative or organizations can develop their own as long as it includes similar information.
- Moving forward: Collaborative will need to clarify which providers need to complete training.

Question and Discussion:

- Who is included in the bill's definition "health care professional licensed, registered, or certified to provide healthcare services"? UWM – assigned training to everyone that drops bills however the Department of Health was not consulted for this decision questions remain around Medical Assistants and other.
- Given the changing landscape, revisiting and updating the training may not be advisable before the next collaborative session.
- How do you handle the situation when a patient is suicidal? Did not include this in the last training but would be worth adding, how to get emergency services to patients who are not located in the same city as the provider.
- Kaiser Permanente working on training protocols, need to have this definition in place soon.

Action Items:

- Collaborative to reach out to DOH for clarification on who is impacted by this bill
- BHI (Mr. Vollendroff) to partner with hosting, developing, or supporting training for behavioral health providers.
- Mr. Felker to share safety protocols for contacting 911 during a telemedicine visit.

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Member Organizations Covid-19 Updates, Priorities, and Challenges

(All) [[1:26:24](#)]

Kaiser Permanente (Mr. Chris Cable)

- a. Scaled up virtual visits. As of March 18th closed medical facilities in several locations and converted 83-93% visits to virtual visits.
- b. Launched Self-Triage/E-Visit for patients to help with long wait times
- c. Implemented virtual care options for all specialties – had originally planned to only launch with 10 specialties by the end of the year.
- d. Care Chat – existed before Covid-19 but volumes have increased 2-3x compared to pre-Covid-19 volumes.

Challenges – backlog of demand of surgical and procedural looking at how to reenter this .
Issues with patient skill set or technology.

Questions and Discussion:

- Can you elaborate more on the chat bot? Did KP have it built by a third party company or build it in house? It's actually an e-visit with static branching logic and we built it in house.
- Any tips or suggestions for how to help patients overcome technological challenges? Making things as easy as possible, even 2 or 3 clicks deep into an app or website is too many. Patient onboarding helping prepare for telehealth i.e. offering walkthrough of technology and visit test prior to appointment. Issues of equity remain, working with equity and diversity teams to make sure all patients have the same access to care.

Action Items: None

Public Comment Period

All [[1:36:14](#)]

Resources

- Providence offering Grand Rounds for Telehealth. Last Wednesday of every month.
 - Action Item: Ms. Daman (Providence) to send Ms. LaGrone (Program Manager) links to share with members and mailing list.
- NRTRC Conference - all sessions recorded and available online.
 - Action Items: Ms. Towle (UWM) to reach out to NRTRC to speak at next meeting about resources.

Meeting adjourned at 11:55 am

Next meeting: July , 2020. 10 am – 12 pm.

In person or virtual to be decided.