

## Meeting Minutes

**Thursday, Jun 27, 2019 | 9:30-11:30 am**  
 Confluence Health – Miller St Complex  
 1000 N. Miller Street, Wenatchee, WA 98801  
 Sleep Center Conference Room

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

Public attendees: Nicole LaGrone (UW Medicine), Brant Truman (Ferry County Public Hospital District(FCPHD)), Aaron Edwards (FCPHD), Mike Sirott (Optometric Physicians of Washington (OPW)), Ken White (OPW), Vikki Noyer (Confluence Health), Tracy Drake (Dept of Health), Jodi Kunkel (Healthcare Authority), Sophie Doumit (Dental Association), Stephanie Shushan (Community Health Plan Washington), Jeff Clark (Confluence Health)

Meeting began at 9:30 am

**I. Welcome and Attendance John Scott, (Josh Frank/Jeff Clarke) [5:13]**

- a. Confluence Health - provides service for large geographic rural area. Telemedicine helps with challenges in access and coverage. Focus on specialty medicine, supporting complex cases in ED care, and hope to grow tele-psychiatry. Roadblock with reimbursement piece.
- b. Challenges for Confluence Health - Reimbursement, pharmacists cannot bill for telemedicine for Medicare, workflow – working with other care streams, and matching technology. [24:00]

# WashingtonState TelehealthCollaborative

- c. **Question:** Regarding reimbursement, doing work in rural health clinics are the payers giving you the encounter rate?
  - i. **Response:** Yes, but it is a significantly lower encounter rate than non-rural health site.

## II. Review of Meeting Minutes May 2019 (All) [[26:52](#)]

- a. A few corrections were made to the minutes – name spelling/attendance corrections and upcoming conference dates
- b. Minutes approved

## III. Highlights of Telehealth Assn of Oregon (Lori Wakashige) [[28:09](#)]

- a. Summary of Telehealth Association of Oregon: 12 member board in Oregon, have sub-committees and share resources, resources from summit available on Association of Oregon Website
- b. Highlights:
  - i. Presentation from Judy Murphy from IBM – spoke on AI, utilization of teleservices including acute care in hospitals and virtual care in patient home.
  - ii. Update on codes and services on Medicare/Medicaid – focus on home monitoring.
  - iii. Effort in OR to expand broadband, want to create a national office for broadband.
- c. **Question:** What is the Interstate Medical Licensure Compact (IMLC)?
  - i. **Response:** The goal of the IMLC is to allow well-qualified physicians who are evaluated by their home state to be eligible for immediate licensure in any other compact member state. This allows them to offer telemedicine services to patients in other compact member states.
- d. **Reference:** [Telehealth Association of Oregon 2019 Summit Presenters and presentations](#)

## IV. Results from Telehealth Patient Survey (John Scott) [[35:08](#)]

- a. Presentation related to subcommittee on advocacy, survey focused on patients in Puget sound region
- b. Technology increasing centered in people's lives. Other companies focus on using technology for consumer convenience and access. Niche medical companies using technology similarly, as well as price transparency, ease of communication, and consistent service
- c. Survey results: Puget sound patients prioritize 1) reputation of provider with strong online review, 2) access/appointment 3) travel time, 4) cost

# WashingtonState TelehealthCollaborative

- d. Demographic impact: Puget sound patients 35-44 age group with kids more likely to use telehealth, millennials more likely nationally. Likelihood increases with higher income + commercial insurance
- e. Patient use cases: track health status, follow up appointment, and reminders
- f. Also surveyed providers- 73% aware of telemedicine but not currently using. Interest matches patient use case. Want to use it for follow up visit.
- g. Issues: clinical appropriateness, reimbursement, and capacity
- h. **Questions:** ([44:10](#))
  - i. Possible to do survey outside of King County?
    1. **Response:** Not through UW but perhaps through collaborative. Confluence did a comparison of eastern/western WA. Nuances in rural areas regarding broadband penetration and language issues.
  - ii. **Question to Collaborative:** (Dr. Scott) Do we want to do a survey – maybe WSHA or WZMA? Worthwhile activity?
    1. **Response:** Most likely similar results. Confluence could share results if it's helpful.
  - iii. **Action:** Confluence team to share patient survey findings
  - iv. **(Mr. Kennedy)** Back to the patient awareness/provider awareness part of the survey, is there a racial difference in telemedicine uptake/access?
    1. **Response:** Dr. Scott – similar to income levels, there is a disparity. Caucasians are the highest use, then Asians, then Latino and African American. Could be reflection of language barrier. May also reflect lack of access to healthcare in general.
    2. Different groups expressed different need of translation services: Dr. Scott – with UW only 15-20% need translation services, Mr. Dychinco – translation service is used <.1%, Mr. Hanley – almost 10% of services need translation
    3. Ms. Noyer – for agricultural regions need to adjust hours of operations, had a clinic on site at company, and use a mobile unit to help better meet health needs of population.
  - v. **Action:** Best practices using interpreters for telemedicine – and how this may affect reimbursement. – Dr. Scott and Ms. LaGrone
- i. **Discussion (Rep. Schmick)** Consistency with reimbursement still an issue and main sticking point with uptake. Need consistency and transparency of policy across payors, LNI, HCA etc. [[47:15](#)]
  - i. **Ray Handley** – At LNI, we have reimbursement but not for home origination. Hoping to get some guidance from this group – our population has different needs than Medicaid/Medicare. We do have a

# WashingtonState TelehealthCollaborative

monopoly on WA state workers unlike most other states, but are focused on keeping workers engaged.

1. **Question:** If a worker is injured at work, it is not a clinical originating site or at home, does that get marked as a “home originating site”?
  - a. **Response:** Yes. In order to get an injured worker to the care they need, technology can help but haven’t figured out exactly how to best use it.
2. **Action:** Presentation at next meeting – Ray Hanley to present on LNI unique issues in telemedicine – policy, how it might differ, and challenges.

## V. Google Analytics Data from WSHA Website and Collaborative (John Scott) [57:51]

- a. 2000 visits to WSHA website, usually from I5 corridor. Also from Spokane/Wenatchee area

## VI. Report from subcommittees on research, payment model, advocacy/education (Chad Gabbelin/Sarah Orth, Kathleen Daman/Brodie Dychinco, Lori Wakashige/Frances Gough) [58:56]

### a. Research

- i. Update from Chad Gabbelin - offered VM’s research institute to do population level studies and statistical analysis if needed
- ii. Ms. Orth – Intent of group is to gather people to develop guidelines in what telehealth research should look like. What should the subcommittees look like?
  1. Research topics: Cost Avoidance (both internally and LNI setting, what are we able to achieve in cost-avoidance), cost effectiveness, and effect on readmission rates.
  2. Others interested in research sub-group: Lori Wakashige, Kathleen Daman, Joelle Fathi, Cara Towle
- iii. **Action:** Dr Scott to share research on cost avoidance from doctorate fellow at future meeting if paper accepted

### b. Advocacy/Education

- i. Ms. Daman – shared findings from Swedish Telehospitalist Program to provide nocturnal support for Ballard campus
  1. Specifically looking at accuracy of telemedicine. Over 500 consults, 99/1% diagnostic accuracy. Also looked at readmission, LOS, and patient satisfaction.

# WashingtonState TelehealthCollaborative

2. Also highlighted pilot program, live in 7 hospitals, and expanding.
3. **Action:** Ms. Daman to share paper “Telehospitalist program at Swedish Medical Center: Over view and Case study of a novel telemedicine application”
4. **Questions:**
  - a. Was there device integration for carts?
    - i. Yes, we had a stethoscope integrated into the carts. Served the neurologists well, however the cardiologists were not as happy.
  - ii. **Advocacy Update: (Ms. Daman)**, Mr. Lordan participated in CTel (Center for Telehealth and EHealth Law) White House Meeting on Friday, June 14<sup>th</sup>. Had conversation with specific congressional delegates – Promoted:
    1. CMS to conduct cost-impact studies of telehealth within Medicare/Medicaid.
    2. Promote legislation removing originating sites and rural area restrictions.
    3. Include telehealth in executive order to expand high-deductible coverage for chronic conditions
  - iii. Providence St. Joseph Health made recommendations to Congressional Delegates to: become co-sponsor to the [CONNECT For Health Act](#) – recommends expanding allowable originating patient sites to non-rural areas, remove all geographic site requirements with regard to mental health telehealth services, and expand provider types to include physical therapists, pharmacists, occupational therapists, and genetics counselors.
  - iv. **Action:** Ms. Daman to share policy recommendation documents
  - v. Dr. Scott – Federal Legislation Update: Rep: DelBene introduced federal bill to relax the rural/originating site requirement for behavioral health.

## VII. Artificial intelligence and telehealth (John Scott)

- a. Ran out of time, will revisit in future meeting.

## VIII. Public Comment Period

- a. In Optometry, reimbursement isn’t as big of an issue as quality of care concerns. Here to share ideas about how quality of care in telemedicine optometry may be addressed.
  - i. Dr. Scott – a lot of policing of QI (quality impact) is done internally or at a specialty level (AMQUAC for physicians) Josh Frank – in the ED, we

# WashingtonState **Telehealth** Collaborative

integrate telemedicine, is part of the case in general. Last year we discussed oversight, and AMQUAC would do it but they haven't received anything.

## **IX. Wrap Up**

- a. Shared telehealth training guidance document with Rep. Schmick. (Previous action item)
- b. Rep. Riccelli sent out email regarding interstate compact.
- c. The next meeting will be in Renton, WA. August 22, 9:30-11:30. Swedish offered to host.

Meeting adjourned at 10:56 am