

Meeting Minutes

Thursday, Aug. 22, 2019 | 9:30-11:30 am
 Providence Health Services – Gamelin Building
 1801 Lind Ave. SW Renton, WA 98057
 WA Gamelin VC Fairbanks Room, 1st Floor

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

Public attendees: Nicole LaGrone (UW Medicine), Kim Swafford (Providence St. Joseph Health) Stafford Strong (Senate Republicans) Johnathan Seib, Alexa Silver (NCSE), Patty Seib, Mary Kaempfe (L&I), Emily Stinson (L&I), Tammie Perreault (Dept. of Defense), Melissa Johnson (WSNA), Kenneth White (OPW), Lauren McDonald (WSHA), Hugh Ewart (Seattle Children’s), Leah Rosengaus (UWM), Chris Bandoli (WSHA), Lana Figuri (CHI Franciscan), Lt. Joshua Paul (Armed Forces), Major Megan Matters (Army Nurse Corps), Micah Matthews (Medical Quality Commission), Coronel McCoy, (Medical Squad – JBLM), Jodie Kunkle (HealthCare Authority),

Meeting began at 9:30 am

- I. **Welcome and Attendance (John Scott, Kathleen Daman, Kim Swafford) [0:00, 10:01]**
 - a. Host Providence St. Joseph Hospital Telehealth Brief: Healthcare serves 7 state region, 120 facilities. Core programs and expanding into 50 different regional programs.
- II. **Review of Meeting Minutes June 2019 (All) [11:03]**

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- a. Dr. Scott motioned to approve minutes, Ms. Fathi seconds motions. Vote to approve minutes was unanimous. Action: Minutes reviewed and approved

III. Payment Parity State Update and Comparison (Nicole LaGrone) [15:06]

- a. States generally have language encouraging equivalent or exactly equal reimbursement for telemedicine services as in-person services. For example, [Hawaii state bill 431:10A-116.3](#) states “Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.” While Delaware states “Insurers must pay for telemedicine services at the same rate as in-person.” [Title 18, Sec 3370]
- b. A few states have language that allows for higher or lower reimbursement. Arkansas for example states, “The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in-person. [AR Code 23-79-1602(d)(2)] which places a minimum reimbursement amount, but does not set a maximum, allowing for reimbursement greater than in-person services. While Kentucky legislation allows for lower reimbursement rates if “the telehealth provider and the health benefit plan **contractually agree to a lower reimbursement rate for telehealth services.**” [KY Revised Statutes § 304.17A-138.]
- c. Almost all states specifically tie reimbursement of telemedicine services to an in person equivalent, which may involuntarily exclude expanded telehealth services which have no in-person equivalent in the future such as store and forward, and remote monitoring services.
- d. **Reaction/Questions**
 - i. Ms. Orth – concerned that parity language doesn’t allow for ways telehealth can increase access without an in-person equivalent
 - ii. **Question:** Dr. Scott - What does “on the basis” mean?
 1. Mr. Dychincho – same methodology, not necessary the same rates. No need to create a new methodology, rates can be different.
 - iii. **Question:** Mr. Lordan – Language is important but unclear whether language caused previous bill to fail.
 1. Sen. Becker – Premera went neutral, Regence ok, made some concessions. Current status of bill is it’s in rules committee

IV. Payment Parity Bill Discussion “Proposed 2020 Striking Amendment to: Substitute Senate Bill 5385” (Sen. Becker/Stafford Strong) [27:18]

- a. Purpose is to review language and make changes if needed to get it passed
- b. Highlights and Changes:

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- i. Codifies Medicaid Managed care plans paying at the same rate – Already doing this, just having it written into law.
- ii. Last year bill’s language permitted hospital systems of 11 clinics or more to negotiate and create reimbursement rate that differs than in person rate. May want to explore changing this as it’s good for larger groups, but smaller groups may have a “take it or leave it” approach
- iii. Ability to negotiate facility fee
- iv. Removed requirement for store and forward to have an associated office visit, directed collaborative to study store/forward technology.
- c. Response – Mr. Dychinco – Store and Forward (S&F) covered but there is no in-person equivalent, confusing how to implement policy. May explain why other states have written “same basis.”
 - i. Clarification – Mr. Strong – S&F not included in parity language
- d. Question – Mr. Dychinco – Does the language also affect providers’ ability to set prices for telehealth visits? Cites: UW Virtual Clinic charges \$35 but would be more for Urgent Care. Response: this is an outsourced service with different overhead costs.

V. Telehealth Training Policy Discussion “Proposed 2020 Striking Amendment to: Engrossed Substitue Senate Bill 5389” (Sen. Becker/Stafford Strong)

[40:32]

- a. Bill made it through senate last year, referred it to Education committee
- b. Bill outlines 2 year pilot program. First year, UW develops training program, and 2nd year implementation. Project would provide training for middle and high school staff to identify mental health issues and provide a space for telepsych visits. Students would have 2 free visits and then if support is still needed, then referred out.
- c. Sen Becker shares concerns about students being able to continue mental health services after the 2 visits allowed by the program. Providers do not exist in area and also need consistency across region.
 - i. Response: Rep. Riccelli – Working with the Washington state health alliance and community based health centers may be a natural ally.
 - ii. Ms. Ingles – Children’s Mental Health Work Group may also be a good ally, they are interested in getting more resources into schools.
 - iii. **Action:** Rep. Riccelli to talk with Sen. Becker offline about WSHA and the Community based health centers.
 - iv. **Action:** Mr. Ewart and Ms. Ingles to connect Collaborative with Children’s Mental Health Workgroup invite them to speak to the collaborative or let them know about the bill and put it on their agenda
 - v. **Action:** Collaborative members to send language suggestions to Mr. Strong before next meeting

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- d. **Question:** Mr. Lordan – have the schools been identified?
 - i. Response: Mr. Strong – Bethel school district has been confirmed, the other school has yet to be determined. Consensus is we should target areas with high risk for suicide.
 - ii. Mr. Ewart – Children’s supports UW Smartcenter to identify which school districts will participate.
- e. **Discussion Tangents:**
 - i. New ECHO on Autism being launched on Dec 11th. If interested, please contact Dr. Gary Stobbe at UW (gastobbe@uw.edu).
 - ii. Members of the collaborative shared similar programs: Swedish provides social work services to 2 high schools in Issaquah school district, Kaiser looking to offer mental health and wellness to Washington State.
 - iii. **Action:** Kaiser to share 1 page flyer on mental health program when it becomes available.

VI. Interstate Nurse Licensing Compact (NLC) (Jonathan Seib/Patricia Seib/Ashley Silver), [59:17]

- a. Sen. Riccelli provided background and update: nursing compact has implications for military families and emergency preparedness as well as telehealth. Clarification that nothing will affect the requirements established within WA, the compact is optional, it’s not a mandatory requirement. Sen. Riccelli will be sponsoring this bill.
- b. Mr. Seib presentation: Mr. Seib, Ms. Seib, and Ms. Silver representing National Council of State Boards of Nursing (NCSBN) Organization made up of state nurse licensing boards. The Nurse Licensure Compact first introduced in 1997, enhanced in 2015. 34 states passed NLC, not the first compact for WA state. NLC supporters include range of telehealth organizations including National Consortium of Telehealth Resource Centers.
- c. NLC impact summary – Nurses in WA may obtain multistate licensure, nurses outside of WA that are part of compact may practice in WA. Mutistate license is optional.
- d. Ms. Silver – Licensing standards that apply are the nurses home state qualifications. Practice standards that apply are where the patients are located.
- e. **Questions:**
 - i. Dr. Scott – Other licensing requires background checks and finger printing, does the NLC require that?
 - 1. Response: Mr. Seib - Yes, but other licensing requires that as well. Also it is a point in time background check. Mr. Matthews – Update on background check protocol. Dept of Health is

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exclusive processor of FBI background checks for health professions, state patrol then conducts background check. Recent improvements reduced processing time to 5 days. Also implemented live scan vendor for fingerprints, which should improve processing time as well. Mr. Silver – regarding privacy issues, when nursing commission receives background check results cannot be shared outside of the commission.

- ii. Ms. Orth – One of the barriers is the additional fees associated, what is the cost to the nurse?
 1. Response: Mr. Seib – There is a single state application license and an additional fee for the multi-state license. Ms. Perreault – Nurses will not have to pay an additional fee for every state that is part of the compact. Other states have kept the fee for in-state and compact licensing the same. Rep. Riccelli – If people are concerned about privacy the license is optional.
- f. Response from Washington State Nurses Association – Ms. Johnson
 - i. Raised concerns last session many of which have been addressed by amendments. Remaining concerns:
 1. Nurse may not know what scope of practice is in distant state so need to make sure there are tools so nurse understands that. May not know where patient is which is an added liability.
 2. In other professional compacts, the clinician has to alert the state board where the patient is located. As the bill is currently written, the out of state nurses do not need to alert the WA Nursing Commission, therefore the state does not know who is practicing in WA unless there is an issue.
 3. Discipline data shows a compact is helpful across borders; however, Oregon and California are not part of the compact and there are a few states that have tried to amend the compact and been rejected.
 - ii. **Action:** Collaborative members to review drafted bill and revisit next time to see if there is something the collaborative would support.

VII. L&I and Telehealth Policy (Mary Kaempfe, Provider Outreach and Support, Emily Stinson, Healthcare Policy L&I) [1:26]

- a. Ms. Stinson presentation summary – L&I is interested in telehealth to improve access to care and access to mental health care in particular. L&I provides workers compensation and OSHA coverage. Employers and employees pay premiums, covers treatment of work injury, not whole person. Also provides wage replacement and vocational assistance. Doubles as a legal system as

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well as health care system. Provides support for telehealth but in person referral is required.

- b. Questions for collaborative
 - i. L&I doesn't currently permit home visits – evidence supporting it and how physical exams fit? Response – Dr. Scott – best use case is usually a follow up visit after a patient has been seen and examined in person.
 - ii. How to ensure access of care to areas where high speed internet is not available? Response – Dr. Scott – access is a big issue for L&I patients, tricky because of dependence on physical exam.
 - iii. Clarification on proxy vs. telehealth presenter - Telehealth presenter is proper terminology for staff receiving guidance from provider connected remotely
 - iv. Possible to work with critical access hospitals as origination site for patients, suggest having a list of origination sites so patients can be sent there.
 - v. **Action:** Mr. Lordan offers to talk with Ms. Kaempfe and Ms. Stinson offline to help with industry standard and give overview of federal landscape, how CMS covers critical access hospital for originating sites.
 - vi. **Resource:** American Telemedicine Association has specialty guidelines and robust bibliographies, as well as NWRTC.
 - vii. Ran out of time, will revisit in future meeting.

VIII. Subcommittee Updates (tabled for next meeting)

IX. Collaborative Announcements [1:51]

- a. Ms. LaGrone proposed collaborative newsletter for updates
 - i. Response: suggested 2 newsletters – 1xmonth for collaborative members, 1 per quarter for public
- b. Website Revamped - mock up presentation tabled for next meeting
 - i. Response – market research on what terms people use when searching for Telehealth information,

Meeting adjourned at 11:33 am