

WashingtonState TelehealthCollaborative

Meeting Minutes

Thursday, Aug. 22, 2019 | 9:30-11:30 am

Friday, Sept 27, 2019 | 10 am – 12 pm

Newport Health Center

221 N Cass Ave, Building C – Classroom

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

Public attendees: Nicole LaGrone (UW Medicine), Ian Goodhew (UW), David Neilson (NEW Alliance Counseling), Leah Rosengaus (UWM), Jodi Kunkel (Health Care Authority), Marissa Ingalls(Coordinated Care), Tracie Drake (Dept of Health)

a.

Meeting began at 10:01 am

II. Welcome and Attendance (John Scott, Geoff Jones) [0:00, 5:00]

- a. Dr. Scott takes attendance
- b. Dr. Jones (Host) shares insight into Newport Public Hospital and telehealth
 - i. Evaluated over 200 people for Hep-C, treatment would not have been possible without guidance from ECHO Hep-C. Also, participate in TASP and TeleStroke.
 - ii. Challenges to Telemedicine – struggle to get into clinic, starting to do more outreach to patient outreach. Cultural and technological barriers remain in rural areas. Phone coverage is spotty even in town, wired broadband is available for homes but not mobile.

WashingtonState TelehealthCollaborative

- iii. Question from Dr. Scott – What training is happening for clinical students?
 - 1. Response from Dr. Jones – Communication skills are emphasized and telemedicine may be used during regular and ‘Rural Longitudinal’ rotations.
- iv. Question from Mr. Lordan – Are there behavioral health and opioid issues in the area?
 - 1. Response from Dr. Jones – Yes, as is common with most rural and impoverished areas.
- v. Question from Ms. Gough – Are you using telemedicine to address the opioid and psychiatry issues?
 - 1. Response – Yes, but cultural barriers and lack of telepsychiatrists who accept Medicaid are a barrier to uptake. We’ve used telementoring but not telemedicine for treatment.
 - 2. Ms. Gough – the telepsychiatry visits that Molina is covering has exploded, perhaps an opportunity to collaborate. We have members in the area that would benefit from that service.
 - 3. ACTION: Ms. Gough and Dr. Jones to connect.

III. Review of Meeting Minutes Aug 2019 (All) [[13:49](#)]

- a. Dr. Scott reviews minutes
- b. Rep Schmick motions to approve minutes. Seconded by Dr. Jones .
Unanimously approved.

IV. Policy Update: NLC and WAC 246-241-0610 (David Neilson, North Washington Alliance Counseling Services, All) [[16:25](#)]

- a. Dr. Neilson, Psychologist, Administrator for Community and Behavioral Health in Ferry, Stevens, and Lincoln County based in Colville, WA
 - i. Background: Have been involved in telehealth 8-10 years but have encountered obstacles to providing care in several WACs. Offer outpatient drug and alcohol program and 16 bed inpatient evaluation and treatment facility in Mount Carmel Hospital in Colville. Primarily use telehealth for psychiatric medication management services, 60% of patients receive medication services via telehealth.
 - ii. Issue to bring to collaborative: [WAC 246-341-610](#), under which behavioral health facilities are licensed, section 1.a language restrict intake assessment to “in person” care. Patients must receive intake assessment before they can receive behavioral health treatment. The statewide shortage of behavioral health professionals result in long wait times for drug and alcohol and mental health assessments before

WashingtonState **Telehealth**Collaborative

patients can receive treatment. Change requires two steps: Dept of Health to change language of WAC and update the Health Care Authority's State Service Encounter Reporting Instructions which also states assessments cannot be completed via telemedicine in order to make claims.

1. Details: WAC 246-341-610 1.a. states: "Each agency licensed by the department to provide any behavioral health service is responsible for an individual's assessment. (1) The assessment must be: (a) Conducted in person". The Health Care Authority's State Service Encounter Reporting Instructions provides guidance on billing for behavioral health services when submitting claims.

iii. Questions

1. Mr. Lordan – Is there any reason why the the assessment may need to be hands on?
 - a. Response from Dr. Neilson – No. The one exception being if diagnosis requires urine analysis at time of assessment. But if they are in Colville office, sample can be collected while behavioral health providers in Republic conduct psychosocial assessment via telemedicine.
2. Mr. Lordan – why are there so many no shows to assessments?
 - a. Response from Dr. Neilson – Patients are being told they must wait 10 weeks for an assessment for drug and alcohol. By the time of the assessment they may have relapsed.
3. Dr. Frank – Is there a reason why this language was included in the WAC in the first place?
 - a. Response from Dr. Neilson – As a psychologist there is no logical reason why the assessment cannot occur via telehealth. Ms. Towle – Don't know the history, but no concerns from psychiatrist perspective.

iv. Comments

1. Ms. Drake – WAC language changes can take up to a year with formal amendment request. The process includes "stakeholdering", hearings, and workshops.
 - a. Question from Dr. Scott – Would a formal rule request from the collaborative start the process?
 - i. Response from Ms. Drake – Yes.

WashingtonState TelehealthCollaborative

- b. Question from Dr. Scott – Is there is a way to make it faster?
 - i. Response from Rep. Schmick – you could run a bill directing them to do it and specify the date where this change would be implemented? Ms. Drake – even if a bill is run, the requests give HCA a year to implement it. You can't change it faster than a year.
 - c. Question from Ms. Ingalls – Difference in fiscal impact with a letter vs. Legislative cost?
 - i. Response from Ms. Drake – there is a legislative cost and the HCA has to do a fiscal note as well.
- 2. Mr. Goodhew – Suggests asking for original rationale for current language in collaborative request to DOH. Ms. Drake – Rule was written in 2018, should have notes from stakeholdering and why that was put into place. Dr. Neilson – WAC 246 is based on predecessors that may have borrowed older language, may need to look into other WACs.
- 3. Ms. Kunkle – WAC 246-341-610 was inherited from DBHR when it moved to HCA. As for the SSERI guide, our programs can't tell providers to bill something that goes against the WAC.
- 4. Mr. Lordan – LCSWs require a special certification required for Medication Assisted Treatment. Other states don't require a special certification. Asks for Dr. Neilson's opinion as to whether the certification process is so rigorous as to be an obstacle. Dr. Neilson agrees that the special certification reduces access to drug and alcohol counselors. Mr. Lordan – what kind of recommendation do you suggest? Mr. Neilson – Need medication management services prior to assessment. May also have cost saving implications as it would reduce reliance on in-patient care, however there will be pushback from master's level clinicians. Rep. Schmick – Yes, the credentialing bodies want the hours logged. Ms. Ingalls – Suggests joining a meeting for the Workforce training and education board meeting to talk about behavioral health workforce issues as an update from 2016/17
- v. **ACTION:** Dr. Jones moves to propose letter to DOH stating the following: WAC 246-341-610 1.a be changed from "in person" to "via a

WashingtonState TelehealthCollaborative

face to face visit either in person or via telemedicine.” Dr. Frank and Mr. Lordan second. Motion passes unanimously.

- b. Revisiting Nursing Licensure Compact of 2020 H-3255.1/19 [42:35]
 - i. Issues brought up by the Washington State Nursing Association:
 1. Nurses are subject to practice laws in state where patient is located. Variations in practice regulations across states, leaves nurses vulnerable if they are not educated on differences.
 2. Nurses do not need to notify the nursing commission in the state the patient is in
 3. Sharing of discipline data
 - ii. Discussion:
 1. Question from Dr. Scott – Can we change the language of the bill to address these three concerns?
 - a. Response from Rep. Schmick – Compacts are often designed in a agree/disagree. Mr. Goodhew – Rep. Riccelli and some of these questions are pending with the state nursing commission.
 2. Question from Mr. Lordan – is the biggest pushback from the union?
 - a. Response from Rep. Schmick – Biggest concern from the board was regarding the national background check and the creation of another database. Also pushback regarding the different discipline levels across states. For example, a physician gets a DUI in Idaho, it may be disciplined differently in Washington. That is a general critique of compacts.
 3. Input from Ms. Towle and Ms. Fathi, both nurses - Mr. Towle has no concerns. Ms. Fathi – biggest concerns regarding practice and disciplinary action and who is responsible for disciplinary action across states lines. Variability across states is daunting for many nurses. However, there is a lot of support from the nursing commission to move forward with this.
 4. Mr. Lordan offers to contact Elliot Vice, heads advanced nurse licensure compact, who has some experience with compacts and how these issues have been handled in other states, to come and speak at the next meeting.
 5. **ACTION:** Mr. Lordan to contact Mr. Vice and invite him to speak at Nov 8th meeting.

WashingtonState TelehealthCollaborative

V. Collaborative Strategic Planning (John Scott, Denny Lordan & Collaborative Members) [54:01]

- a. Review charter goals, what we've accomplished, and if there is more we need to be doing.
 - i. Question from Rep. Schmick – To what extent is a lack of uptake a cultural issues?
 - 1. Response from Mr. Lordan – Continued struggle with patients and providers knowing what telehealth is. Dr. Jones – A lot of people in rural areas are either unable or unwilling to use communications technology, some choose to disconnect and others do not have a choice. There's a lot of people that do want to use it and are telecommuting from cities, but they continue to get care in Seattle.
 - ii. Concern from Mr. Hanley on lack of telehealth infrastructure and relying on demand from patients to guide telehealth in WA moving forward
 - iii. Dr. Scott calls on Patient Education subcommittee survey results to help fill in gaps on patient needs

VI. Subcommittee Updates (Brodie Dychinco, Nicole LaGrone & Subcommittee Members) [1:03:55]

- a. Patient Education Subcommittee - Mr. Dychinco shares results from rapid survey on telehealth assumptions from patients. Small data set but more directional results, to identify areas where we can help clarify and also opportunities to experience better care.
- b. Digital survey responses from WA state, including insured and uninsured, not all Cambia insurance holders, selected in. Free form text responses still being assessed.
- c. Result highlights:
 - i. Positive thoughts. More than half said telehealth is more convenient and gives more access to specialists. 50% of respondents thought they had the tech skills and equipment. More comfortable using telehealth for smaller or less serious health issues. Doctors office seems more private than at their own home.
 - ii. Negative statements: 44% of population think video visits aren't as effective as in person visits. 30% of respondents knew whether or not telehealth was covered by insurance, 70% didn't know or thought it wasn't covered. 21% of respondents thought video visits were a waste

WashingtonState TelehealthCollaborative

- of time. 54% of people don't know if their own doctor offers telehealth. 64% didn't know how much telehealth would cost.
- iii. No conclusion: regarding security
- iv. Most comfortable with telehealth with primary care and mental health. Not likely to use was for maternal care and urgent care.
- v. If it costs more, people less likely to use it. Even with reimbursement parity, may solve problems but create new ones.
- d. Discussion of results:
 - i. Mr. Lordan – Online video visits are what most patients are thinking about. But specialty services providers aren't set up to do it yet. There's an access issue, need to encourage providers to talk about telehealth options.
 - ii. Dr. Scott – also an opportunity for insurance companies to educate their members. Mr. Dychinco – registration drive for telehealth services, newsletters, but the most engaged groups are those where employer is involved. Strategies for employer groups but not for general public. Ms. Gough – Molina has campaigns, but members are difficult to contact because they are homeless. Have multipronged marketing strategies but the most successful have been on the ground efforts and email. Dr. Scott – as a health system, if providers suggest it, then the patients suggest it. Mr. Lordan – offer free service to providence employees which has increased awareness.
 - iii. Question from Dr. Scott - how can collaborative guide research subcommittee work? Mr. Dychinco- Need guidance on which areas to focus, but product of patient education subcommittee would give more general guidance rather than focused plan. Ms. Towle – Struggling with what the subcommittee is trying to accomplish, and whether we are targeting patients or providers. In TelePsych we are struggling to keep up with the demand. Mr. Hanley – May be helpful to know more demographic information about this survey. Harder to look at things more broadly and make broad generalizations.
- e. **ACTION:** Members to send in SMART goals for collaborative and subcommittees
- f. **ACTION:** Research and Payment Model Subcommittee to present Nov 8th

VII. Conference Updates & Member Announcements (All)

- a. Postponed for Nov 8th meeting

VIII. Website Presentation (Nicole LaGrone) [1:37:06]

WashingtonState **Telehealth**Collaborative

- a. Ms. LaGrone presents new collaborative website mockup.
- b. Feedback: Need to make edits to make it more user friendly for patients and for providers looking to set up telehealth in their office.
- c. Inventory of telehealth programs in WA state floated but seen as ineffective use of collaborative's time and efforts.
- d. **ACTION:** Ms. LaGrone to share mock website link with members for feedback.

IX. Public Comments [1:47:54]

- a. WSHA will have call on Payment Parity soon, want to know collaborative stance on it.

X. Meeting adjourned at 12:03 pm