

Meeting Minutes

Friday, Nov 8, 2019 | 1:00 – 3:00 pm
 Health Science Library
 Pacific Conference Room – 1959 NE Pacific St.
 Seattle, WA 98195

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

Public attendees: Nicole LaGrone (UW Medicine), Stafford Strong (Representative Caucus), Stephanie Shushan (Community Health Plan of Washington), Amelia Davis (Coordinated Care), Elliot Vice (National Council of State Boards of Nursing (NCSBN), Rebecca Fotsch (NCSBN), Yuliya Pruzhanskaya (UWM), Nancy Lawton, Rachel Abramson (UWM), Patrick O'Brien (UWM), Ryan Sterling (UW School of Medicine), Jodi Kunkel, James Fausto, Leslie Emerick, Ian Goodhew (UW)

Meeting began at 1:01 pm

I. Welcome and Attendance (John Scott,) [0:00, 4:33]

- a. Dr. Scott takes attendance
- b. Dr. Scott shares agenda

II. Review of Meeting Minutes Aug 2019 (All) [5:49]

- a. Dr. Scott reviews minutes
- b. Minutes motioned by Rep. Schmick, seconded by Joelle Fathi and approved unanimously.

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III. Policy Update: ESSB 5389 & ESSB 5385 (Stafford Strong) [8:12]

- i. ESSB 5389 Summary - proposes two-year pilot of telehealth mental health visits for high school students. Trains all staff who are in contact with students, bus drivers, teachers etc. Allows students to get 2 visits by mental health care professional during school hours. A list of psychologists will be provided for students who need follow up care. Bill allows for those mental health care to be reimbursed from their insurance, and a state fund created for students without insurance.
- ii. Status – dropped last session, didn’t pass. Sen. Becker got it put in this year as a pilot, will be able to run it for one-year next school year at 3 high schools.
- iii. Questions:
 1. Ms. Fathi – which health care professionals are included?
Response – clarification on more inclusive language would be helpful.
 - a. ACTION – Joelle to email list of language to include all appropriate mental health professionals
 2. Rep. Schmick – Does this bill authorize students covered through Apple Care? Response: Yes.
 3. Dr. Scott – How does this fit in with other psychiatric programs?
Response from Mr. Lo– there are a few programs, but they are more limited in scope.
 4. Rep. Schmick – who is responsible for developing content and training? Seattle Children’s and Dept of Psychiatry at UW.
- iv. ACTION – Ms. LaGrone to send out bills to members today.
- v. Bill 5385 Summary Parity [16:45] – Payment Parity bill dictates telemedicine visits reimbursed for same rates as if visit happened in person. Allows for negotiation on facility fees and for facilities with 11+ providers. Facilities with 10 or fewer providers must have payment parity.
- vi. Questions:
 1. Rep. Schmick – Where did 10 limits come from? Response: (Mr. Strong) Unclear, better question for Sen. Becker, presumably from other meetings she had related to this bill.
 2. Mr. Lordan – Has this been edited to include language from the California bill recently passed which protects against “narrow networks?”
 - a. ACTION –Ms. LaGrone will send version of CA law for members to review.

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3. Dr. Scott - When will bill be heard? One committee meeting before session starts. Up to Sen. Cleveland when it will be proposed at committee meeting.

IV. Interstate Licensure Overview and Update (Elliot Vice, Director, Government Affairs Rebecca Fotsch, Director of State Advocacy and Legislative Affairs National Council of State Boards of Nursing (NCSBN)) [20:26]

- a. Nursing Compact Review – have spoken of compact at previous meetings. Would allow WA to join 35 state compact allowing nurses to practice across state lines. Biggest concerns around the fact the language of the compact cannot be changed and how disciplinary action could be taken against nurses who are unaware but subject to the regulatory laws where the patient is located.
- b. Rebecca Fotsch in response to issues – works with WA state legislatures to get compact passed. Most concerns raised by new states to the compact can look
 - i. Scope of practice - RN licensure is uniform across country. Same test, education is similar, scope of practice for RN or LPN same. Never had issue traveling to new state and doing procedure that they weren't able/capable to do.
- c. Questions:
 - i. Ms. Fathi – Nurses scope of practice can vary state by state even if the education is the same. Is it on the nurse to know the different states' scope of practice and who is responsible for disciplinary action? Response: Yes, Initial investigation would all take place in state where the patient is located. Under compact, once they open the investigation and they must alert home state. In state where action took place much do investigation and alert the home state so any discipline against their license can be taken. License would be suspended across all compact states until issued discipline is completed, addiction treatment for example.
 - ii. Ms. Fathi – How does the compact apply to the Advanced Practice Nurses? Response: Separate compact, and separate license. NLC only applies to RN and APNs. There is too much variation across scope for ARNPs.
- d. Rep. Riccelli – NLC was first proposed because of military community. Should have bill ready to share in the next couple of weeks.

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- i. Dr. Scott -How does collaborative feel about education deployed to nurses for state scope of practice? Response: Ms. Fathi – Nurses receive booklets and it's on them to know the scope. May be able to direct nurses to variation of practice across state lines. Ms. Towle – Is it possible for compact to have a newsletter or something for members?
- ii. Dr. Frank – To clarify, have there ever been an issue relating to scope of practice? Response: No, in the 20 years of the compact we haven't had any issue with scope of practice across state lines. Ms. Fathi – there are some leaders in other states that have some issues.
- iii. Rep. Riccelli – Heard case of state leaving compact, why? Response: Rhode Island left partially because neighboring state were not part of it and the union was against it.
- iv. Mr. Lenny -
- e. Dr. Scott calls a vote to support, abstain, or against Nurse Licensure Compact
 - i. 7 ayes
 - ii. 2 abstain
- f. **ACTION** – Ms. LaGrone to send out Elliot Vice and Rachel Fotsch contact to group.

V. Health Care Spending on Virtual Urgent Care (Ryan Sterling) [52:08]

- a. Ryan Sterling, PhD Department of Health Services, UW presents on *Healthcare Spending and Service Utilization Associated with Use of Virtual Urgent Care: Review of Findings Among Self-Insured Early Adopter Health Systems*
- b. **Background:**
 - i. Hospital currently primary setting for telemedicine, 2018 half of all hospitals in US offered some form of telemedicine.
 - ii. Home based telemedicine services, or “on-demand” services are estimated to be more popular in the future however there is a lack of data. Presentation leveraged data collected from Virtual Urgent Care. Initiated by patient, on demand, and usually focus on minor illnesses and injuries.
 - iii. VUC – initiated by patient, one-time service encounter. Lower acuity, I.e. sore throat.
 - iv. Patient perspective – patient could learn about availability of VUC, complete online intake form and then provider will treat patient or triage patient. Can provide medications.
 - v. VUC – can provide medication except for opioid.
- c. **Purpose of project** is to build data inventory to examine patterns of healthcare spending and service utilization associated with VUC. Project

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consisted of two studies: First study looked at diagnoses specific different in cost and utilization between VUC and in-person services. Second study looked at patterns of follow-up care and associated cost among VUC users.

- d. **Methodology** of both studies – retrospective cohort study targeted populations with VUC as fully covered insurance benefit. Data collected from hospital claims, beneficiary enrollment files, virtual encounters files, and population level data.
- e. **Results:**
 - i. Population - Most VUC patients were 32, female, urban and had a low disease burden. Compared to in-person users which were older, male,
 - ii. Most visits were delivered by phone (half, and 30% org specific platform), 20% facetime/skype. Diagnosis was related to – acute upper respiratory infection, urinary tract infection and other respiratory system diagnoses. 55% were clinically managed (not in person follow up care)
 - iii. For most common low acuity diagnoses, VUC episodes of care cost less and result in a lower rate of follow up visits. UTI were \$370 lower in total cost and 54% less likely to result in follow up visit. Respiratory - \$516 lower in total costs and 66% less likely to result in follow up visit.
 - iv. Patterns of follow up care in second study – Many VUC patients do not receive recommended follow up, but those that do have lower health care spending (average \$128) for that condition. Out of episodes where in person follow up care was recommended only 15% of VUC episodes resulted in follow up visit. Many VUC users may not be receiving the follow up care needed to address their issues.
 - v. Also found that only 10% of episodes resulted in a follow up even when follow up in person is not recommended. Indicates VUC does not increase in person use.
- f. **Key lessons:**
 - i. VUC may be able to serve as low cost alternative for low acuity diagnoses. VUC can resolve patient symptoms without potentially duplicative follow up visits. There is a disconnect between VUC visit and in-person follow up care.
 - ii. To better capture value – need to improve continuity of care with VUC services and other health system structures. May be due in part to lack of standardized post encounter process, between VUC vendor clinician and health system. Also, could improve patient’s awareness of VUC services through marketing and health organization branding.
- g. Questions: [[1:08:54](#)]

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- i. Dr. Scott - Urgent care, only \$100 Urgent Care cost savings compared to \$1207 for the Emergency Department? Why such little savings?
Response: only received data from the insurer, so they could have gotten diagnostic testing from out of network providers.
- ii. Mr. Lordan – Did you ask patients what they would have done if VUC was not available? Response – Didn't do any survey work of patients.
- iii. Rep. Riccelli – Did you come across VUC with large employers?
Response – some published research in CA, from a state employer, novel study the first of its kind. It's a self-insured health system, may not be comparable to other employers.
- iv. Mr. Dychinco – Disease burden of the in-person cohort? Response: Also low. Very young healthy patient population, in person user cohort also had low disease burden.
- v. Dr. Gough – were there documents or business summaries to the PCPs?
Response – for the orgs participating in this research, there was a document for PCPs and there was very low clinical integration, but a visit summary was sent to the health system which was uploaded into the EMR. Looked nationwide at early adopters in these services, there's a lot of variation across systems to get patients back into in person.
- vi. Ms. Shusan - How long was follow up? Response: Only included VUC visits in our study after 3-week window.
- h. **ACTION** – Dr. Sterling to send out current manuscript to group.

VI. NRTRC 2019 Updates (Cara Towle) [1:18:54]

- a. 2019 NRTRC Conference was in Anchorage, AK. Had over 150 attendees.
- b. Schedule included telehealth workshops, feedback opportunities on rural health care program, and technology showcases.
 - i. **ACTION**: Ms. LaGrone to follow up with Ms. Towle on who presented and if collaborative can use/share their resources
- c. Takeaways – telehealth conferences have evolved from a show and tell platform to learn and share processes, best practices, and new technologies. Billing issues, cyber security, and technologies continue to be issues across the region.
- d. Next conference: April 14-18 in Portland OR. Calls for presentation. Smaller and cost effective conference.
- e. If you have questions they have 10 hours free on consultation.
- f. **ACTION** – Nicole to send out link to talks from conference in next newsletter.

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VII. Survey Results and Voting: Goals of Collaborative 2020, NLC (Nicole LaGrone & John Scott) [1:27:08]

- a. Ms. LaGrone presents results from survey sent to collaborative, reviewing potential goals and subcommittee focus areas for 2020.
- b. Focus for 2020 – payment models and identifying barriers and gaps in services.
- c. Ms. LaGrone presents action items collected from collaborative survey for each goal outlines in charter. Dr. Scott calls on Collaborative members present to vote on which items they prefer.
- d. Ms. LaGrone presents survey results related to subcommittee focus
 - i. Research subcommittee – tasked to better understand telehealth state of telehealth in WA. Collaborative votes on product.
 - ii. Question from Dr. Jimenez – How can we develop telehealth modules of care that can help close the gap with completion quality clinical care metrics and what are the main drivers in most organizations? Response: Elaboration requested, tabled.
- e. Attendee suggestion to look at Healthier Washington Collaboration Portal – online location for transformation efforts. Managed by Ian Bennett.
- f. **ACTION:** Mr. Lordan to send link to ATA state gap analysis report for Ms. LaGrone to distribute.
- g. Rep. Schmick – important to think about patient needs in all the subcommittees. Mr. Dychinco – couldn't make conclusions about patient telehealth survey. Need to keep gaps in internet access in mind when developing this.
- h. Mr. Hanley – L&I concerned about when home is appropriate as the origination site. **ACTION:** Ms. LaGrone to investigate this.

VIII. Public Comments [1:55:37]

- a. Next meeting: Jan 23, Olympia
- b. Next meeting agenda item: Optometry association
- c. Ms. Shushan – Interested in consumer research and important for collaborative to consider consumer needs and access limitations moving forward.

IX. Meeting adjourned at 3:03 pm