Meeting Minutes

**Mon Mar 25, 2019**

**10 am – 12 pm**

**Hilton Seattle Airport & Conference Center**

**18740 International Blvd**

**Seattle, WA 98188**

**206-901-5909 (for directions)**

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

Public attendees: Marissa Ingalls (Coordinated Care), Leslie Emerick, Stafford Strong (SRC), Dave Arbaugh (OCHIN), Gregg Swanson (MultiCare), Mark Mariani MD (MutiCare, Nancy Lawton (ARNP United of WA State) ,

Meeting began at 10:03

1. **Review of Meeting Minutes January 2019**
	1. Minutes Reviewed
	2. Dr. Scott motioned to approve meeting minutes
	3. Motion passed unanimously to approve meeting minutes
	4. **Action**: January 2019 minutes to be posted to WSHA website
2. **Update on Telehealth Training LMS conversion (Joelle Fathi, Sarah Orth)**
	1. Ms. Orth gives recap of progress:Made all recommended changes to slide deck outlines in January minutes. Recorded 19 min lecture on Telehealth training with assistance from Ms. Fathi.
	2. Ms. Fathi – WSNA has content and should be up within the month.
	3. **Question**: (Dr. Scott) Will this be hosted on the WSNA website?
		1. **Response**: Yes, and this will be part of a formal learning platform with pre/posttest. If legislation is approved then we could direct to the DOH website to download certificate. Can also track how duration and pass rate of test.
	4. Ms. Fathi – Sarah had idea to post this on WSHA website free of charge. Not a formal education module, but could make it available to others.
	5. **Question:** (Dr.Scott) Is it free or $25?
		1. **Response: (**Ms. Fathi) There is a $25 version using an information manager system with a 3rd party manager for licensing and a free version which is simply a video upload without the pre/posttest. If it doesn’t become a legislative mandate, then people could just do the free version.
	6. **Question:** (Mr. Lordan) Do you anticipate any problems with sharing this more broadly? – Including Telehealth Resource Centers, Medical Commission etc. And if so, why not share the paid version?
		1. **Response** (Ms. Orth/Ms. Fathi) Want it to be as broadly available as possible, even considering creating a YouTube account, want anyone to be able to host the video. We donated our time so Nursing Association is coming out even, and the product is WA state focused, so may not be as useful to a wider audience. Ms. Orth’s proposal to update on Collaborative work was accepted at ATA, will make plug there.
	7. Committee explores making generic version for expanded audience outside of WA state as this video may be the first of its kind. Ms. Orth says the PowerPoint could be shortened to only include generic information, estimated 15 minute video rather than 19 min. Knows of colleagues in Maryland who are interested in doing something similar.
	8. **Action:** Mr. Lordan to make list of interested groups (i.e., AAP, WSHA, ATA, NRTRC) to help spread work to other states that might be interested. He has offered to contact them as well.
	9. **Question:** Once a provider completes the training would they be expected to keep the license on file to keep a record?
		1. **Response:** Yes, similar to CNE if audited need to produce a record of that training. Similar to HIV, Opioid, and Suicide training.
	10. **Question:** Mr. Gabelein - We don’t foresee DOH coming on site and looking at this information?
		1. **Response:** No, just at the time of certification. Biggest risk is of a staff member who has Medical Malpractice case during a telehealth visit.
	11. **Question:** Mr. Gabelein - If we have doctors that are doing storm forward would this presentation help them?
		1. **Response:** There are a couple of slides on that in the presentation, but it will depend on the exact language that comes out of the legislative process. For the larger health system, if you have an internal training, you don’t need to do both – the bill will specify what the minimal requirements are. Desire to have technical training work alongside this more generic non-technical training. This training is more global and generic – “what is telehealth”.
	12. **Question:** When is the video going live?
		1. **Response:** Next 30 days.
	13. **Action:** Ms. Fathi to let Dr. Scott know when video is up.
	14. **Question:** Where to post free version?
		1. **Response:** WSHA Website.
	15. **Question:** Ms. Fathi – The benefit of the LMS to meet the compliance of what the law would potentially say. WNSA is not out anything if no one takes it, just preparing for the mandate to fulfill the legislative obligation. How do we want to market it?
		1. **Response:** Professional societies – WSMA, WSNA, PT/OT, DOH. Dr. Lordan to make a one pager to share with societies and give them offer of free version or certified version. Ms. Fathi, people may also be motivated to do it to gain a certified medical hour. Nursing commission has a list of authorized suicide prevention providers, could reach out to EMQUAC if mandated and they will want to vet the content.
		2. **Action:** Mr. Lordan to make list of professional societies to send it around see if we are missing anything.
		3. **Action:** Dr. Scott to write letter to WSNA thanking them, and get letter signed by legislators to acknowledge. Dr. Fathi to get him contact information.
3. **Proposal to add Dialysis Centers as originating site (John Scott)**
	1. Dr. Scott –Update: May 21st at 10 am Healthcare Authority time for public comment in Olympia. Add Renal Dialysis Centers as a valid originating site.
4. **Presentation on Telehealth & the Physical Exam (John Scott) (Postponed to next meeting)**
5. **Palliative Care and Telemedicine (Denny Lordan)**
	1. Mr. Lordan shares highlights from report on Washington Rural Palliative Care Initiative. Multistate project, goal to assist rural health systems to integrate palliative care, move upstream to help patients upstream earlier in illness, while keeping costs low. Put together coalition in 6-7 rural hospitals – focused on symptom control, improve quality of life and reduce ER visits. Had Bi-monthly group meeting of multiple stakeholders to address complex cases in one room. Looking to turn some of the lessons learned into extended education opportunities and webinars. Future of the project, want to incorporate telehealth visits. Currently looking for funding. Project had 68% reduction in ER visits.
	2. Next steps – continue to look for funding, especially funding for care coordination with telehealth visits.
	3. **Question:** Mr. Dychinco - Is it a one-time investment? Cambia has a palliative care foundation, perhaps we could get two groups together. They have funding and care about this topic.
	4. **Action:** Mr. Lordan will get Mr. Dychinco in touch with Pat, the lead of the project.
	5. **Question:** What were some of the challenges you faced?
		1. Response: Complex case coordination prepping – case discussion etc. Backend logistics and case management is difficult.
	6. **Question** to Leslie Emerick: Were you involved?
		1. Response: Yes, we’re very excited about this and the opportunities for telehealth in palliative care. Upcoming bill in senate 5828 has telemedicine component.
	7. **Question**: Dr Scott – When does funding wind down?
		1. **Response/Action**: Mr. Lordan – Unknown but I will find out. Dr. Scott – may be worth communicating this work to senators.
6. **Review Charter/Goals and discuss what the Collaborative would like to accomplish this year (John Scott)**
	1. Dr. Scott reviews vision statement and mission statement and 6 goals
	2. **Question:** Dr. Scott – What gaps are there? What should we focus on in the next couple of meetings?
		1. **Response:** Mr. Dychinco- consumer conceptions and consumer adoption – We have been focusing on payment, quality but for utilization to increase, consumers need to demand it. Still seems to be perception that in person touch/feel visits are superior to virtual. We need to think about how we get patients to consider these types of services and request it? Dr. Scott – That ties into our first goal, but perhaps a focus group or something could help clarify.
	3. **Question:** Mr. Dychinco – What is the goal of the focus group? Getting a better understanding isn’t the ultimate goal.
		1. Response: Mr. Lordan – perhaps we could make a subgroup exploring ways to educate the public. Mr. Gabelein – Virginia Mason is trying to do that and educate patients, knowledge gap is significant with users.
	4. **Question:** Mr. Gabelein – Have we taken on any research projects to support safety and efficacy of telehealth as research model?
		1. Response: Dr. Scott – There is a lot of evidence and there is so much out there, but maybe not specific to WA state. Mr. Landon – perhaps we could take this palliative care report and figure out how to pull it into telemedicine to educate people. Dr. Scott – UW is enthusiastic about research but it’s hard to get patient level data. All payer claims database is one good source of information. As we see more people using telemedicine, perhaps there is a way to capture that data. Ms. Ingles – The database owner will be shifted in the near future.
	5. **Question:** Dr. Scott – who would be interested in forming a subcommittee to focus on patient education and experience?
		1. **Response:** Lori Wakashige, and Frances Gough
	6. **Question:** Dr. Scott - What do you think about having patients come into group?
		1. **Response:** Mr. Gabelein - yes, very supportive.
		2. **Action:** Dr. Scott – Ask attendees on provider side (Danny, Kathleen, Sarah, Stephanie) to think about 1-2 patients to bring to group to share honest feedback on telemedicine experiences.
		3. **Action:** First Task of Patient Engagement and Perspective Subcommittee – Mr. Dychinco from Cambria can do survey of patients who have had telehealth visits.
	7. **Question:** Ms. Orth – How do we prove outcomes of telehealth care are as good as in-person care? How do we guide providers to set up data collection to make these cases?
		1. **Response:** Mr. Lordan –Agree that data collection is important. DC legislators need data to expand reimbursement funding. Need to think about what “meaningful data is” Discussion on how difficult it can be to prove savings and impact, but importance of data collection.
		2. **Action:** Subcommittee on Research. Mr. Gabelein and Ms. Orth interested. Mr. Gabelein offered to contact colleagues at Federal Research Institute.
	8. **Question:**  Mr. Dychinco – Missing information and guidelines on devices to augment telehealth visit. Virtual stethoscope, digital thermometers, accuracy concerns. Remote monitoring is here but is that a space this group wants to get into?
		1. **Response:** Dr. Scott – Yes, I think it is because we talk about new technologies and models of care that are not being reimbursed. Remote monitoring is not being reimbursed by Medicare. Maybe we can come back to how we can monitor it? Mr. Lordan – national Resource Center: Telehealth Technical Assistant Center in Anchorage, Alaska. Also have Center for Connected Health Policy for reimbursement policy.
		2. **Action:** Mr. Landon could invite TTAC to come and do a demo of different modalities and challenges
	9. **Question:** Ms. Fathi – Do we do google analytics on our site? Who is our target audience? First 18 months of collaborative were about laying foundation, but how can we turn out a couple of products a year without duplicating national efforts, to best help WA state and share our impact with other groups/initiatives? Ideas to do this: subcommittees to tackle specific issues, more concrete SMART goals, and measurable outcomes.
		1. Response/Discussion: Ms. Fathi – gap analysis might be valuable, specific to WA state resource needs. So far have only produced slide deck and legislative bills, need to let people know that’s happening. Untapped relationships with potential partners and within our own organizations.
	10. **Questions:** Ms. Fathi – How do we break out of our silo? Is there anything we could do to help providers and leaders buy in to telehealth? How can we make more of a community?
	11. **Action:** Formation of Advocacy Group – to do gap analysis and hold CME with Swedish or other partners
	12. **Question**: Dr. Scott - How this could be useful to your organization or Washington state?
	13. **Response:** Ms. Gough - Speaking to earlier point about different use case scenarios, to take something that is well defined and build use case. Need to have data to show value. Dr. Scott asks which conditions we could focus on – mental health? Diabetes? Ms. Gough – Yes, perhaps another subcommittee, and a deep dive use case scenario and relevant to rural providers. Maybe talk to DOH or Medicaid on which conditions would benefit most? Ms. Gough – Yes, or even population health tactics such as immunizations. Dr. Scott – Institute for Health Metrics and Evaluation (IHME) has county level statistics so after an intervention can see how it’s changing population health.
	14. **Action:**  Mr. Cable – Edit to goals: Maybe also include value add of telehealth? Balance drive for adoption with the value-add of telehealth.
	15. **Action:** Mr. Cable – Suggested edit to goals “improving reimbursement”. Now that we have some reimbursement, perhaps focus more on “equitable reimbursement” for the long term. Ms. Orth – edit language to include payment models as we shift to value based payment models.
	16. **Question:** Ms. Wakashige – Where do patient organizations come together with payers to clarify models of reimbursement that will be understood by everyone? How can we unify payment models? Organizations will define billing codes and if payers don’t’ understand they won’t reimburse. Especially new services like home monitoring.
		1. **Action:** If bill gets passed, Ms. Orth proposed having a payment model sub group as well.
	17. **Comment:** Ms. Emerick – This summer will have workgroup to see how telehealth can support home health services, in response to Bill 5828. Inviting Mr. Landon to participate.
	18. **Question**: Dr. Scott – Do we think that it’s appropriate to redo our goals? Have more measurable outcomes?
		1. **Action:** Everyone can send in potential goals and we can collate for next meeting. Goals should be measurable and paired with metrics.
7. **Public Comment Period**
	1. Update: Marissa Ingles, Coordinated care – Want to see group focus on payment models. Medicaid groups are struggling on legislators focusing on Fee for Service. MCOs are encouraged to other value-based payment models from HCAs. Think this group could align with efforts on payment models and how we can do that for telemedicine.
	2. Legislative Update: Training bill expected to pass, not a controversial bill.
8. **Wrap Up**

The next meeting will be in Vancouver, WA at Legacy Salmon Creek Medical Center: 2211 N.E. 139th St. Vancouver, WA 98686

Conference Rooms 3C & 3D (located on the 3rd FL of the main hospital) at May 6th at 1 pm. Lori Wakashige hosts, Dr. Scott will bring his own AV equipment.

Meeting adjourned at 11:29