Washington State Collaborative Meeting Minutes
December 9, 2016
Cambia Grove

   I.   Review of 11.10.16 Minutes
  II.   Integrated Care Training using TelePsychiatry with Anna Ratzlif, MD PhD
 III.   WA State Collaborative Logo
 IV.   Review of Report to Legislature
  V.   Insurance Companies Clarification of Policies and Procedures of Billing
 VI.   Public Comment Period

Attendees (In Person): Cara Towle (UW), Julie Stroud (Multicare), Joelle Fathi (Swedish/Providence), Chris Cable (Group Health), Frances Gough (Molina), Brodie Dychinco (Cambia), Adam Romney (Davis Wright Tremaine LLC), Ian Goodhew (UW), John Scott (UW).

Attendees (Via Phone): Lori Wakashige (Legacy), Sen. Randi Becker, Scott Kennedy (Olympic Medical Center), Sheila Green-Shook (Evergreen), Sheryl Huchala (Premera), Denny Lordan (Premera).

Dr. Scott has called to order session at 2:01pm

   I.   Review of 11.10.16 Minutes
        a.   Any questions or comments from the November Mins.
        b.   Mins Approved
  II.   Integrated Care Training using TelePsychiatry with Anna Ratzlif, MD PhD
        a.   Example of innovative programs that are not reimbursable.
        b.   Anna Ratzliff (PowerPoint Available on website)
              i.   How to train the next generation of workforce to be prepared for telehealth care?
             ii.   Which patients get access to mental health care? What opportunities do we have to enhance the workforce?
            iii.   Why such the challenge around care? Limited workforce and Psychiatrist to help with mental health
            iv.   How we can close the gap:
                  1.   Train mental health specialists
                       a.   Partnerships
                             i.   Collaborative Care
                            ii.   Technology (TelePsychiatry)
                                  1.   Based off chronic illness model
                                  2.   Allows a practice to take a part time psychiatrist and involve them into the practice
                                  3.   Less Depression is the goal

4. Less Physical Pain
5. Better Functioning
6. Higher Quality of Life
7. Better patient satisfaction
8. More cost effective

iii. Most do not train like this, UW does
iv. Attempting to make a more robust program
1. Get psychiatrist thinking about how they can partner with a team
2. Training PCP's to become experts and how to deliver care
3. Access to TeleVideo for community hospitals from UW.
v. All funded by the integrated care training program from Washington State
vi. Wants to target residents and fellows as well as the community providers
vii. Taking a lot of faculty development in order to make this happen
viii. Started July 2015, initially in King and Spokane now have branched to 18 counties in WA State
ix. http://ictp.uw.edu/
x. Things that this program can help with
1. How to train other providers
a. Psychiatry ARNP
2. How to train other care managers and other members of the team
xi. Child Psychiatry is a huge need
1. Two of psychiatrists in program are boarded in child psychiatry
2. Making sure the general adult psychiatrist can train child psychiatrist
3. Robert Hilt is a child psychiatrist at SCH who has expansion funding to help with collaborative care with PALS program. Every provider can get a consult for their psychiatry patients
xii. How does someone access this care?
1. The primary provider will introduce the concept of collaborative care.
2. Then introduced to the care manager and then the psych care coordinator.
3. A lot of interest of how you get the patient engaged

    4. Having someone (care manager role) to spend more time with the patient

    5. Ideally there is a warm handoff

    6. Can be archived by TeleVideo? Like an IPad

    7. Mental health patients are less likely to travel far. Important to get that initial contact to the patient

xiii. There is no payment available for the service

    1. Biggest challenge is the indirect consult, the psychiatrist cannot get paid for it.

    2. Usually was contracted

    3. For Medicare, it is changing in 2017. Three new CMS codes

    4. AIM center has a cheat sheet.

    5. **ACTION:** Anna will send to Priscilla presentation and additional contact info

    6. Codes will define how services should be paid

xiv. Legislature has been a big support of this program

xv. Patients like the fact they can get the care via TeleVideo

III. WA State Collaborative Logo

  a. Brodie Dychinco

    i. Cambia designers came up with several ideas

    ii. All designs are Black and White on purpose and then will add color later

    iii. Number 1

      1. Modern/fresh look

      2. Touching of letters to indicated connection/collaboration

    iv. Number 2

      1. Like a seal

      2. More official concept

    v. Number 3

      1. Clean and Minimalistic

      2. Can have it like an Arcanum

      3. Logo is fairly large and can get smaller if on a page

    vi. Number 4

      1. Innovation/future focus

      2. All lowercase

    vii. Website

      1. Any concerns about it?

      2. **ACTION:** Send out link again along with the logo's and vote 1-4

      3. **WEBSITE:** http://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/

        4. Link to other guidelines
IV.   Review of Report to Legislature
- a. Make sure we are getting the major categories/topics
- b. **ACTION:** Send your inventory of services to Dr. Scott and Priscilla, if not on the current list.
- c. **ACTION:** Collaborative Members submit your edits
- d. **Specifics:** How much detail do you want?
  - i. You can be as general or specific as you want to be
  - ii. General sense of what are we all trying to do now. So we can know what spaces we are not operating in.
  - iii. The concept is talked about a lot but two different people can be talking about two different things.
- e. Strictly from the user/provider perspective
  - i. Virtual urgent care service for Medicaid population
  - ii. It doesn't fall into one of these categories currently
- f. Are we sharing the available carrier policies?
  - i. Coding and billing issues
  - ii. Brodie and Sheryl are you comfortable sharing your polices
  - iii. The link can be put into the document.
- g. Maybe put a different section that features major provider policies
- h. Provider Polices can be an appendix
- i. Dr. Mika Sinnan
  - i. How about maps with the legislative districts to show which inventory to map to legislative districts
- j. Definition of Home
  - i. Summarizing our discussion
- k. Summary of non-reimbursable programs
  - i. ECHO
  - ii. Dr. Ratzliff's presentation
- l. Fraud prevention (small section)
- m. Consent forms
  - i. Do you need to have a consent form
  - ii. MQAC guidance
    1. Needs to have some sort of consent signed
    2. Adam Romney advice
       - a. If service being delivered over phone or internet, our state does not deem it necessary to sign a *specific* form for telehealth
       - b. Could have specific risks that need to be notified to the patients
       - c. Gen consent to care document
         - i. May require a specific to the practice
           1. Service by service evaluation
         - ii. Its detailed in a couple states

           iii. Up to the provider and patient to decided what is the safest way to do

    d. Denny Lordan sent over his consent form that Providence uses (please see in appendix)

        i. Providence does not have a state requirement for consent, but other states that they are trying to provide care in do.

        ii. It might be pretty onerous to try and make one for specific services

        iii. Carena (virtual urgent care) is less specific than Providence

        iv. If you look at MQAC guidelines, there is specific behaviors that are appropriate/not appropriate

        v. Swedish sends out an FAQ to all patients. Not a specific consent but the general consent to care. But when starting the visit/reminding the pt verbally that everything is private

        vi. **ACTION:** Frances Gough will send over the consent that Carena uses

        vii. Think about the service and what you put in the document and supplement for more specialized services. Some psych services want specific language in the consent form.

        viii. **ACTION:** Adam Romney will look at the consent section and advise John Scott

        ix. Risk and benefits are described verbally

        x. Do we want to put this on the website for a guidelines

            1. Yes

        xi. On the website we should discuss in more depth about the consent forms

            1. Reference forms

        xii. Examples of common elements for consent forms

        xiii. UW has no special consent form. It is a part of the consent to care document.

        xiv. Next meeting, have the collaborative look at the consents and see which we should post on the website.

        xv. Should have a consent to care, that TeleMed is the one to provide the care

n. Do we need to have a technical center? Not in document.

    i. From the health system POV, we have invested a bunch of money we know are not going to be getting back

ii. Resources not available for doctors (rural areas) maybe not enough for a multi-million dollar center for resources

iii. In Oregon, they offered to help pay for the implementation fees. OAHHS was able to get the funds for the rural areas

iv. Technical center was Sen Becker's Idea. She changed the concept to form the collaborative, to talk about the need for the center or lack of need. To be determined by what is needed. Not a multi-million dollar program, but there is an affordable way we can make this happen. She is trying to get at how can we help small providers/rural clinics.

v. Technical center can talk to someone who is engaging in the practice already.

vi. Someone who is versed in the area to answer questions

vii. The NRTRC is a regional technical assistance center, but funding from feds is in question, in last year of contract

viii. **ACTION:** this should be a topic for next meeting
   1. Feedback from rural areas

ix. ATA Guidelines

V. Insurance Companies Clarification of Policies and Procedures of Billing
   a. Specialist who is providing a service/talking to a provider without a patient
   b. Whitney Howard (HCA billing expert)
      i. For the service where we have two physicians and a member present, the service is covered.
      ii. E and M code is billed and a Q3014 is a facility code
      iii. Patient has to be present for this to be billed
      iv. Can PCP bill as well? Or just the specialist
         1. Just the specialist
      v. Views as one bill. But is actually two separate bills
      vi. Direct billing (direct visit with patient)
      vii. Brodie
         1. What did the doctors actually do?
         2. Just because two people are in the room having a convo doesn't automatically qualify for a billable charge
         3. Did the doctor actually treat the pt? and then the second provider still in the room also treated the patient
         4. Who is consulting who?
         5. Based off of time, are we talking about one issue or one issue and something else?
         6. Helpful if there are 10-20 different types of examples that would be examples
      viii. Referral to a specialist
      ix. Changes the level of the code
      x. Concept of having to see the patient, opportunity to store and forward.
      xi. Store and forward was included in SB 6519
         1. A lot of confusion about this

        2. Gen topic area for future meetings
- xii. At the time that the SB 5175 passed in 2015, the store and forward option was not in the bill
- xiii. Group health is always using Store and Forward
- xiv. What is the scope of store and forward?. What's the intent?
- xv. What dose distance mean? Across the hall?

c. Care coordination
- i. 99367 is the CPT code for this clinical service
- ii. Is that reimbursable?

d. Emily at Multicare
- i. Medicare has created a new telehealth service code. If all commercial payers will be accepting this code
- ii. Place of service area, there are different codes for doctors office or home. Now has telehealth as 02. In addition to the GT modifier
- iii. Does that meet the expectations to the other payers?

e. Robin DeForest at UMP
- i. Specialists on call, do they physically need to be in the hospital in order to do the consult?
- ii. What to put on the claim form?
- iii. What should we put as place of service?

f. Telehealth place of service will clear up most of this

g. Kathy at GH
- i. Thought it was where the patient was located

h. Multicare perspective
- i. Provider workflow is key
- ii. Advocating for use of normal codes as well at GT modifier
- iii. One code isn't going to be sufficient for all the types of telemedicine they want to do

i. In next meeting:
- i. Best practices
- ii. Guidelines
- iii. Requirements for billing
- iv. Establishing new patient
- v. Face to face encounter via tele face encounter

j. Robin Deforest
- i. Level of documentation to confirm the patients location (rural)
- ii. No exact address
- iii. How specific you have to be and how you back that up in the documentation
- iv. Applying to just Medicare

k. Place of service code questions
- i. If you're going to accept place of service code 2

l. Website
- i. How you identify with telehealth

    ii. So someone can use it as a guideline for requirements

  m. This needs to get figured out, then the rural areas will be more attracted to the Telehealth service

  n. How do people really promote areas to get the technology they need.

  o. Website can be a promotion for telehealth services

  p. Resources tab would be a good landing area for these types of questions and answers

  q. Multicare

    i. Currently Regence has a separate policy for Telehealth and telemedicine

    ii. Is it just provider to patient or provider to provider with the patient there

VI. Public Comment Period

  a. Team based care coordination

  b. Hal Stockbridge will provide a link to the website.

  c. Emily at L&I can provide a lot of info about it

  d. Doctor to doctor, TelePsych side, psych drugs, doc to doc is not covered. Can that be added? As it ties into telehealth, but the medication part doesn't necessarily warrant another visit.

    i. **ACTION:** Cara Towle will get more info for next meeting

  e. Coding section

    i. To call out the doc to doc piece

    ii. It keeps coming up

VII. Next meeting on Wed Jan 4th @ 11am-3pm Tacoma General Multicare

VIII. Hosting in Feb

  a. Virginia Mason would like to host for Feb First Hill Campus or Fed Way facility

Meeting adjourned 3:57pm.