Washington State Telehealth Collaborative Meeting

Thursday, August 18, 2016

Attendees (in person): Rep. Joe Schmick, Rep. Steve Burgquist, Cara Towle (UW)), Denny Lordan (Providence), Dr. Ricardo Jimenez (SeaMar Community Health Centers), Dr. Chris Cable (Group Health), Brodie Dychinco (Regence/Cambia), Sheryl Huchala (Premera), Sheila Green-Shook (Evergreen), Dr. Frances Gough (Molina), Adam Romney (David Wright Tremain LLC), Dr. John Scott (UW)

Attendees (by phone or video): Dr. Julie Stroud (Multicare), Dr. Scott Kennedy (Olympic Medical Center), Dr. Susan Stern (WA State American College of Emergency Medicine), Julie Sylvester (Virginia Mason),Lori Waskashige (Legacy)

The meeting was called to order by Dr. Scott (Chair) at 11:03am and the following agenda agreed upon.

1. Review of 7/7/16 meeting minutes
2. Review proposed charter language and discuss scope of collaborative work
3. Discuss collaborative homework assignment: inventory of services
    a. Submitted inventories
    b. Additional inventories
4. Collaborative logistics
    a. Pick meeting dates for the rest of 2016
    b. Discuss whether and how the Collaborative will meet during Session
    c. Process for producing written material (first report due December 1)
    d. Statutory website requirement (UW & DOH discussing how to proceed
5. Public Comment Period

1. **Review of 07.07.16 meeting minutes**
- The minutes were approved with no changes
2. **Review proposed charter language and discuss scope of collaborative work**
- Went over Charter language. Dr. Scott read out loud.

Ideas to improve the Mission Statement:

- Compared to the Mission Statement of the Telehealth Alliance of Oregon (TAO)
- Include idea of promoting awareness to the public and providers
- Anything included in the mission statement needs to be measurable and trackable
- If the work is about reimbursement, we should include economic feasibility and sustainability; "Financial Sustainability" includes more ways to bring telehealth to more communities
- Populations vs. Population Health
- Include Washington State

- Change reliable to safe

Dr. Scott: Because not all members of collaborative were present to give comment on the vision and mission charter, it was decided to circulate the version worked on during the meeting by email to solicit additional feedback. Final approval will be made at the next meeting. However, please find below the vision statement that was provisionally agreed to.

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.

- o Dr. Scott moves to Mission Statement.
  - No consumer groups represented here (Joe) how would a patient learn more about telehealth? Would the public go through the website to find the information?
  - Dr. Scott asked Dr. Jimenez, how would SeaMar patients find the info. He was also thinking as well.
  - The Mission Statement is as follows:
    The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.

- o Goals
  - Copy the goals of TAO to ours
  - We should keep healthcare and education separate, makes it more concise.
  - We are educating the public on how to find resources for medicine. Are we educating the workforce too?
  - Adding in the technology part
  - What is the role of the committee?
  - A toolkit that people not a part of the meetings can take advantage of. "Keep doctors out of trouble."
  - Should toolkit be added to the goals part?
  - When we think of workforce, education should be separate, the goals should be specific.
  - We need to include something about Training and what's available. There are rural hospitals that don't even had broadband, and those people need to be taught person to person.
  - How are we going to reach them?

- Some hospitals are looking for grants for broadband. Some have applied and received, some haven't done anything. Training of the doctors and the hospitals on how to use, and the consumers who would use it.
- We want to have education and resources for patients and providers.
- Credentials for providers. Assessing or recommending on how to broaden that network.
- Determining what the list is for the minimum and seeing who across the state who has a technical gap.
- Looking at the wording about the collaborative. Are we jumping the gun a bit? We should be developing a telehealth resource center that will be accomplishing that.
- In order to remind us of the deliverables associated with the collaborative, it was advised that the goals contain the language in SB 6519.
- We will wrap this up at the next meeting. Please email John Scott with suggestions.

3. **Discuss collaborative homework assignment: inventory of services**

1. Geoff Jones - Newport Family Medicine
   a. Having a large device in the hospital might not be good, can be obtrusive for a small ED
   b. Aware of virtual care products out there.
   c. Child was seen through a version of telemedicine and was given oral antibiotics but not linked to follow up care. Developed sepsis.
   d. Word of caution: Pt needs to be plugged in to the larger health community.
2. Lori Wakashige - Legacy
   a. Legacy program detailed in handout.
3. Brodie Dychnico - Regence
   a. There are different coverages available for patients, but they should all have telehealth benefit. Hoping to get all telehealth benefits. But if we don't have providers that do teleheath, what good is that. One positive example cited was Carena. He's interested in enabling providers to get their own telehealth network. Regence is invested in research, especially consumer research. For example, why people do and do not use telehealth. Investing a lot to eliminate experience errors. People not sure if they are covered and are hesitant.
   b. Is Telemedicine saving money? Is there a way to look at that?
   c. The assertion is that telehealth visits are less expensive that in person visits. However, there are some caveats:
      1. Intro a new convenience into the market place, does this increase overall health care utilization?
      2. Resolution rate; has telehealth resolved the patient's issue or just created another step; patient still needs to go to ED or Urgent Care.
      3. Replacement rate; this would truly be cost savings since patient is being seen by telemedicine instead of a more expensive and time-intensive in-person visit at ED or UC.

d. Ricardo: SeaMar has worked with UW through Project ECHO for HIV and Hep C. This is a weekly case conference between PCPs and UW specialists during which there is a didactic and then discussion of actual patient cases. The challenges have to do with compensation of doctors' time, both on specialists and PCPs ends. Working with UW to help with psychiatry patients in Oak Harbor. Challenges in reimbursement and promoting the innovation in rural areas. For a pilot project involving patients with bipolar disorder, SeaMar receives a stipend per patient. Well received by MDs. Yelm loves it. Well accepted by patients. His experiences have been very positive. Looking forward for all of his providers to be using telehealth. One other challenge is patient privacy and HIPAA compliance. Of note, non-English speaking patients and availability of translators has NOT been an issue.

e. John Scott (UW): UW Medicine has conducted Provider to Provider and provider to patient consultations in the areas of Burns, maternal fetal medicine and psychiatry. Valley Medical Center had first presentation at the ED Burns earlier this summer and there are plans to expand this program. For TeleDermatology, providers can take a picture and then securely upload and then there is a response; this is operational with SeaMar and Dept of Corrections. TelePsychiatry is available as both out and inpatient. Latter is relevant especially in light of recent court rulings about how long psych patients can be boarded without a psychiatry evaluation.

1. Cara: There are not enough psychiatrists in the state, especially in rural areas. Through the mental health integration program (MHIP), psychiatrists are working with psychologists placed in FQHCS in a consultative model. There are also doctor to doctor consultation models (using Project ECHO paradigm) for Addictions and Psychiatry, free to any WA provider. For child Psychiatry, Seattle Children's has the partnership access line (PALs). A similar program is available for perinatal depression.

4. Chris: Group Health has had virtual health for a while, starting with telephone visits and eConsult. They use secure messaging extensively with patients and the issue is more about the workload than the coverage. GH has a centralized message team, a 24/7 service. There is also an online convenience care (Care Now) Behavioral health offered as a benefit. Kaiser Permanente has acquired GH and merger planned for next year; KP is a leader in telemedicine and would expect to see their experience play out with GH merger. Televisits will be the norm once that happens.

5. Denny: Providence in eastern Washington has a TeleStroke program partnering with rural hospitals. The program has helped to improve the outcome of stroke patients in the region. Everyone is on a different EMR, so most records don't come through. Psychiatry is the biggest need, where there is a critical shortage of providers. Doctors are wanting to see more patients via telehealth.

6. Ross: Virginia Mason has a TeleStroke program, as well as virtual urgent care in partnership with Carena. VM is actively looking at TelePsychiatry, since access is very limited.

7. Shelia – Evergreen: working with ED in stroke patients. Two patients are currently being seen still doing tweaking and some technology issues.
8. Matt Levi – Franciscan is offering telemedicine for Neurology and Psych. It has a diabetes care program involving social workers and care management. FHS was first in state to offer virtual urgent care since 2010, in partnership with Carena. Just started to have a telehospitalist service.

4. **Disaster Awareness**
   a. Several articles were sent out during the meeting and Dr. Scott briefly reviewed the take home lessons. First, prepare a head of time and included telemedicine in disaster preparedness planning. Make sure that your technology has redundancy, especially if dependent on servers (newer technology is in the cloud). As with telemedicine in general, questions of licensure, credentialing and payment for services are issues.
   b. Sue Stern added there isn't a lot published in disaster telemedicine. There is a state wide online incident healthcare management system that is used in emergencies; for example in the Ride the Ducks disaster last year. It is updated constantly and used in many EDs around the state, works with phone calls. However, not enough of the state's EDs are connected. Sue is concerned about the reliability of technology in general in a large catastrophe, such as an earthquake or flood. However, there is a lot we can do with telehealth and she will introduce the idea of telemedicine to the Disaster Preparedness community. Denny said that there was a subgroup within ATA that has been working hard by disbanded but he still has access of those resources, can share those with the group.

5. **State licensure with regards to telemedicine.** Cindy Jacobs has prepared a grid of each of the Northwest state's requirements related to telemedicine (please see attached). Adam Romeny will double check for accuracy.

6. **Logistics**

   1. **Meeting dates and locations**

      a. Denny will host in Spokane in October
      b. No go times, Nov 8th, Nov 14th,15th , Dec 1st , 2nd
      c. September in Puget Sound area, either Evergreen, VM or Swedish.

* Action Item: Priscilla will send out times for people to respond to.

7. **Agenda**

   a. Writing of the documents. Chris, Denny, to send an APX of overall report.

   b. Need to define what we are talking about when it comes to telemedicine what exactly is reimbursable. What the legislation says. Keep it simple, needs to be understandable.

8. **Public Comments**

   9. Sandy Kookler @ GCI: Expressed interest in discussing school based telemedicine. George has a huge base for telemed. Student will be with the RN. In AK, its been done with Psych.

10. Patty: Large grant in Eastern WA for this implementation
11. Joe S.: In Pullman, they are using Telemed. This has decreased the number of needed doctors appointments, it's working.
12. Merina Furtato (Eastside Physicians): How are you going to serve as a bridge and explain the reimbursement? Telemed is scary without reimbursement.

Meeting adjourned at 1:14pm.