

Washington State Telehealth Collaborative Meeting
Thursday, July 7, 2016
Multicare Tacoma General

Attendees (in person): Sen. Randi Becker, Rep. Joe Schmick, Cara Towle (UW), Denny Lordan (Providence), Dr. Ricardo Jimenez (SeaMar Community Health Centers), Dr. Julie Stroud (Multicare), Julie Sylvester (Virginia Mason), Dr. Chris Cable (Group Health), Brodie Dychnico, Sheryl Huchala (Premera), Joelle Fathi (Swedish/Providence), Sheila Green-Shook (Evergreen), Dr. John Scott (UW)

Attendees (by phone or video): Rep. Steve Bergquist, Sen. Annette Cleveland, Dr. Scott Kennedy (Olympic Medical Center), Dr. Mark Del Beccaro (Seattle Childrens), Dr. Geoff Jones (Newport Family Medicine), Dr. Susan Stern (WA State American College of Emergency Medicine), Dr. Frances Gough (Molina), Adam Romney (Davis Wright Tremaine LLC), Lori Wakashige (Legacy)

The meeting was called to order by Dr. Scott (chair) at 8:35 AM and the following agenda agreed upon.

- 1) Discussion of what the Collaborative hopes to achieve
- 2) Summarize the purpose of the Collaborative in a Statement of Purpose
 - a. Review statutory language of SB 6519
 - b. Discuss implementation of the requirements
- 3) Discuss logistics of the Collaborative
 - a. Need for a written charter
 - b. Membership requirements
 - c. Meeting dates for the following year
 - d. Process for producing written material
 - e. Statutory website requirement
 - f. Meeting structure and public comment period
- 4) Public comment period

1. Big Picture Thoughts & Comments from the Collaborative

- We should create a Center of excellence to include educational resources, peer-to-peer assistance, and provider access to technology. The collaborative needs to listen to the doctors. This work should be driven by the providers.
- Consider remote areas and try to keep patients local if possible. The collaborative should look at compact agreements - how do we make this transportable?
- Since telehealth is still a developing field, we need to build patient trust. Concerns with delivery of care in rural areas.
- What does the current landscape look like? What is already being reimbursed?

- Concerns with low utilization rates of telehealth and how to get the word out more.
- Concerns with drops in utilization when patients are told telehealth is not covered by their insurance.
- Also consider opportunities to expand telehealth in urban areas (e.g., avoiding Seattle traffic). Expand access across Washington State.
- Ensure the care provided through telehealth is safe and appropriate care.
- Empower provider communities. Rural hospitals struggle to recruit and to retain providers. Telehealth provides an opportunity to reduce barriers to care. How can we support rural providers and keep patients in their homes?
- Programs supporting PCPs are more effective than patients sitting in front of a robot or computer. Better to foster and utilize the relationship of the patient with the local provider.
- We should steer providers towards established guidelines for urgent care using telehealth.
- Struggle where there are shortages of PCPs - looking for the right care at the right time, and need to build infrastructure for telehealth.
- Direct access to consumers, and set standards/vetting process for new providers entering the telehealth space.
- Many patients are not comfortable using telehealth. How do we increase comfort levels?
- Focus on the patient experience - telehealth should be efficient, safe, and useful.
- Proactive implementation of telehealth in Washington State and proud of this great group of people to help guide the process.
- So many different types of telehealth services - we need to be thoughtful when creating guidelines as they will impact different modalities in different ways. Keep in mind the underlying goals.
- Clear and basic definitions to help educate the public.
- This technology is already moving ahead without us. We need to not encumber the evolving technologies.
- Oregon Telehealth Alliance went through process with definitions - can we share some of this understanding?

- Interest in focusing telehealth as technology to provide high quality emergency care, as well as specialty care to more remote locations.
- Telehealth is an opportunity for cost savings - keep patients in their community without transferring them. Ensure people are only transferred when necessary.
- There need to be quality measures.
- Free clinics - is there a way for providers to donate their time via telehealth?
- When working with provider extenders, ensure they are properly trained to provider quality care and build the trust of the patients.
- Create a tool-kit for providers - include checklist for getting started and telehealth etiquette (e.g., show badge, close door).
- Emphasis on high-quality and evidenced-based care. Expand access. Perhaps establish regional standards of care (rural communities often have an older population, and ways to control disease infection exposures).
- Can telehealth assist in the opioid epidemic?
- What about virtual dental care?
- Can we utilize telehealth in disaster scenarios?
- Opportunity to make a concerted effort to identify barriers to telehealth - even if we cannot solve them. What can be addressed in legislation? Licensure portability?
- Telehealth is not a treatment - it is a method of providing treatment. Think of telehealth as using a new piece of equipment.
- Concerns with direct to consumer telehealth, and worry the companies are chasing the money and not concerned with patient safety.
- Do not want to add new layers of bureaucracy to accessing care.
- Keep the process transparent and open - people who are stakeholders not on the collaborative want the opportunity to provide input.
- DOH State Office of Rural Health - can help provide data. There is a small group at DOH currently examining regulatory barriers to telehealth.
- From the patient perspective:

- Convenience and transportation,
 - Follow up visits,
 - Don't want providers to lose hands-on access,
 - Child with sore throat - only option was going to ER on Sunday night - could use telehealth instead.
- Remember to consider poorer patients who may not have access to smart phones and computers.

2. **Discussion of Mission Statement & Online Website**

- Use New Mexico Telehealth Alliance (www.nmtelehealth.org) as template for mission - fairly broad, and appreciate the integration component. Please see attached document for comment.
- Consider including best practices and definitions.
- Resources, webinars, legislative updates.
- Is there a way to include patient feedback?
- Want to avoid the NM "membership" requirement.
- Implementation plan and timeline would be helpful to work from.

3. **Logistics**

Next meeting - request for folks to host across the state. Maybe hold next meeting in early August, mid-September, and November. Doodle poll will be sent by Dr. Scott.

- The further we can map out future meetings, the better.

Members - attend as many meetings as possible, and can send a representative. Only members can vote.

Meeting minutes will be public and sent to the collaborative first, and then published.

Want to start each meeting with a patient story. What about also including a provider story?

Homework will be assigned before next meeting:

- Inventory of what everyone is doing, providers and carriers - public information.
- Public could also submit what is being done.
- Have someone from the VA come and discuss what they are doing.
- Dr. Scott will tap people to present on their specific skill sets.
- Do you know of anything being offered in telehealth as emergency preparedness? Sue Stern & Denny Lordan will report back on models in this state and around the state.
- Review the charter and send comments back.

- Dr. Scott will be working to develop a website for the collaborative. He spoke with Micah Matthews at MQAC about having this hosted off MQAC servers and using their personnel.

Public Comments

Amanda and Casey from the HCA in attendance - contact them for data from PEBB and Medicaid. Request the collaborative includes the patient voice in the conversation.

Leslie Emerick - Home Care Association, hospice, palliative, and others - home health have been early adopters. Cost of investing in the equipment is high and often becomes obsolete. How can we make this care more accessible to folks in this setting?

Sen. Becker - we need to define what home is for a "home visit". What is the definition of home, and how do you ensure there is some level of privacy. Should we look at what other states have done, or are there specific definitions used by the agencies?

Hal Stockbridge, MD from L&I has been promoting telehealth for many years - focusing on follow-up care and catastrophic care program.

Unexpected consequences of telemedicine - need to consider these types of issues - labs are currently looking at telegenetics, which is exciting, but may cost a lot for the lab.