

Washington State Telehealth Collaborative Meeting

Wednesday, September 28, 2016

Attendees (in person): Brodie Dychinco (Regence/Cambia), Sheryl Huchala (Premera), Frances Gough, MD (Molina), Sheila Green-Shook (Evergreen), Chris Cable, MD (Group Health), Lori Wakashige (Legacy), Julie Stroud, MD (Multicare), Scott Kennedy, MD (Olympic Medical Center), John Scott, MD (UW)

Attendees (by phone or video): Ricardo Jimenez, MD (SeaMar Community Health Centers), Geoff Jones, MD, Mark Del Beccaro, MD, Sen. Randi Becker

The meeting was called to order by Dr. John Scott (Chair) at 12:32 and the following agenda agreed upon.

- I. Review of 8.18.16 Minutes
- II. Approval of Washington State Collaborative Charter
- III. Discussion about definition of "home" in SB 6519
- IV. Reimbursement issues starting January 2017 as part of SB 5175
- V. Public Comment Period

- **Review of 8.18.16 Minutes**

- The minutes were approved with no changes

- **Approval of Washington State Collaborative charter**

- Review of Charter, John read out loud. No one else had any comments
- Moved to mission statement. No one else had any other comments
- Moved on to goals where some suggested changes were made.
 - Questions about what reimbursement in the wording of the goals
 - Wording in the goals are lifted straight from legislation
 - Developing recommendations on improving reimbursement
 - So doctors were paid for their services, but we should keep it broad.
 - Everyone agrees.
 - Optimizing IT security and confidentiality needs to be added to the goals
 - Is that more towards insurance or if people are representing themselves as legitimate providers.
 - Encryption of audio video. Do we set standards for that?
 - ATA has developed plans for these guidelines
 - Most practices have this protection in motion already
 - Clinical documentation and billing requirements added
 - Privacy and technical assistance added
 - Addressing malpractice and liabilities
 - Liability and fraud prevention added
 - Do we want anything on inter usability for one of the goals
 - Phrase in the second point addresses that
 - Reliable technology with interoperability added

- The necessity of a technical assistance center will be discussed in future meetings.
 - State wide audit would be necessary for an inventory of broadband connectivity across the state and that's beyond the scope of this collaborative currently.
 - Rural areas were brought up last meeting. But they would need to figure out what assistance programs are even available.
 - **ACTION: Dr. Scott will send out the goals to the collaborative and take a final vote**
- **Brief Update of the Emergency Preparedness System**
 - There used to be an ATA sub committee
 - Dr. Scott will speak with David Balch, who headed that sub-committee later this week
 - Dr. Scott will be talking with a statewide emergency preparedness group in next month to brief them on telemedicine
 - Currently there is no integration between telemedicine and emergency preparedness
 - Emergency preparedness is usually by county and not by individual states.
- **Website Update**
 - We will be hosting on WSHA servers, who will be providing IT expertise.
 - Our link will be embedded into the WSHA website
 - One advantage is that it might enhance the awareness
 - One disadvantage it might not be the most commonly thought of place to find our website.
 - It would be best if it was its own website/destination
 - If it was hosted under UW, it has to be under the UW website.
 - WSHA is our third option
 - **ACTION: Brodie would like to take the idea back to his people to see if we can find a solution to make it its own website**
 - Wherever the website lives, It needs to be appropriate for patients/providers to access
 - We can design it that way so it's a clear distinction
 - With the New Mexico website, how is it financed?
 - Funded by dues. A membership model but that could be a down side
 - What percentage of providers are participating?
 - Very few providers, mostly organizations and insurance companies
- **Northwest Regional Telehealth Resource Center (NRTRC) conference – Cara Towle**
 - This is like a regional ATA conference across 7 Northwest states
 - April 10-12 2017 in Seattle at Olive 8 Hyatt
 - Looking for people who want to present their work
 - Great educational opportunity for anyone interested in telehealth; affordable
 - **ACTION: Cara will send out the abstract submission form**
 - Speakers are still TBD but in past have been nationally and internationally recognized speakers
- **Discussion about definition of “home” in SB 6519**

- In the original Telehealth bill there were 7 original sites, but what was left off was “home”. Subsequently, home was added to SB6519 and goes into effect in 2018. What does “home” mean? Recommendations of a good definition.
 - Premera has specific definitions, including home, homeless shelter, prison, assisted living, group home, hospice, residence substance abuse treatment facilities.
 - Are we defining home as to where the patient is? Yes. Additionally, patient needs to be physically in the state of Washington at the time of the appointment.
 - There was consensus that telehealth visits occur in a setting that is as private, secure and quiet as possible.
 - One definition that has been used by Molina is “home or natural settings” which could include a patient’s car, work place environment, or anywhere conducive to where the patient can receive care or wherever the patient feels safe in order to conduct care in.
 - There was consensus that the definition of “home” be as expansive as possible, recognizing that some patients do not have traditional homes or do not have a home most conducive to a telemedicine consultation.
 - We can make recommendations as to where a private place is for a patient
 - Ultimately home is where ever the patient feels is a safe place
 - Clinically supervised vs unsupervised settings, which can cause confusion. Should put in clinically unsupervised settings. You have tons of places you could feel “safe” but need to take steps as to a clinically safe space.
 - One collaborative member voiced opinion that it should be left to the discretion of the patient and the provider.
 - Don’t want to back ourselves into a definition where people are not going to be a part of Telehealth
 - CMS uses this definition for home care services: “a setting where the client's normal life activities take place.”
 - How will the patient know that the same privacy is being protected by the provider? How do we make it implicit that those need to be upheld?
 - What should the providers area look like and how do you make sure the patient has that privacy
 - There are ATA guidelines which should be followed by providers on the two above questions/issues.
 - Worry about liability for the provider.
 - What if someone is around the patient, and that person goes out and talks about it.
 - But that usually happens in a regular practice, patients bring in friends and family
 - Functionally definition of “home”. Can’t set the bar to where it’s completely private, it will fail.
 - Identify who is appropriate to do a telehealth appointment. **Lori Wakashige’s team is still working on that.**

- Part of the concern by the collaborative is the possibility for fraud, on both the patient and provider sides. For example, sometimes patients will misrepresent who they are, or doctors will bill for “ghost” patients. The home definition touches this area of fraud.
 - Consent and registration forms can help prevent fraud in both areas (fraud will be discussed more deeply in future).
 - How does this pertain to opioids and other medication
 - There is a federal law (Ryan Haight Act) that states you cannot prescribe benzodiazepines or opioids through telemedicine. Only in person.
 - However, patients that go through major surgeries, and having to come back 6 hours or more away for a 15 min post op visit may benefit from telemedicine and pain control might be a part of that visit. The difference in this case is that there is continuity of care and such prescribing of opioids is permitted.
 - We should not be using telemedicine to prescribe opioids for patients who have never been seen before in person by any of the providers involved in a teleconsultation.
 - Are we going to look at what can be prerecorded? A visual along with a story. Prerecording and sending along as a packet to another provider. Can a patient take a prerecorded convo and send it to the provider?
 - **We will come back to this since this is “store and forward” technology.**
 - Summary:
 - The collaborative recommends that a doctor to patient visit be as secure and private as possible and that this should be determined by the doctor and patient.
 - The collaborative recommends as expansive and non-exclusionary definition of “home” as possible
 - We propose the following definition of “home” for purposes of telemedicine visits: “home or any location determined appropriate by the individual receiving the service or providing the service.”
 - We will send out to everyone to get the opinion on it.
 - **ACTION: Dr. Scott will type that up and send out.**
- **Reimbursement issues starting in January 2017 as a part of SB 5175**
 - Are providers going to get paid? Are there policies, how do providers submit claims? What CPT codes we should be using?
 - **Regence has a public facing website that has a list of codes to bill.** They intend to cover Telehealth visits. There are policies for doctor to doctor, but there is a tip sheet for what to bill and how.
 - **Action: Brodie will send the Regence policy to the group.**
 - Any do’s and don’ts?
 - Policy is the same across the board, but different codes
 - **Premiera has a policy with regards to telemedicine on its website as well.** It breaks it down between phone/time biased vs video biased.
 - All of this information is in the CPT books. Not ICD 10, only ICD 9

- Swedish uses a GT modifier that denotes the visit was a telemedicine visit.
- At UW, there are 3 requirements to drop a bill: the clinician's note needs to be specified as a telemedicine visit, the associated visit has the proper coding (with GT or GX modifier), and somewhere in the note it should say: "this visit was conducted via a live face to face video teleconference over encrypted video."
- Molina uses standard codes and they come across as a modifier. As for urgent care, things are time biased for video and phone.
- There was a question as to whether a telephone is considered telemedicine. In SB5175, it is not defined as such, but apparently some insurers do pay for telephone visits. It is based on time.
- **ACTION: Frances, Brodie, Sheryl will get a definitive answer on whether phone visits are paid for.**
- The RVU's are not set by the insurance companies, but the way the payment is made, the RVU set for telemedicine is different than an in person visit. Office visits should count more than being on the phone.
- The provider piece of the RVU is lower when it's through the phone.
- **ACTION: Chris Cable will share what they do at Group Health as well**
- CMS has changed its policy for patients receiving total joint replacements, removing the rurality and location requirements for Medicare patients in the global period. In other words, Medicare patients who've had a recent joint replacement can have a telemedicine follow-up visit, even if they are located at home and in an urban area.
- **Next meeting**
 - Denny Lordan will host the next meeting Providence Sacred Heart Hospital on Nov 10th. This will be mid-day to allow cross-state travel. This will avoid any conflicts with legislators' campaign season and committee hearings.
 - The December meeting is tentatively scheduled for Cambia Grove (Regence) in downtown Seattle on Dec 9th at 1:30 pm.
 - Hosting: we are trying to get the hosting to move around. If you'd like to host, we just need a room that can accommodate 50 people. We can use a phone conference line, so video is NOT required to host.
 - Jackson Hall at Tacoma General (location of first meeting) was also offered by Julie Stroud
- **Public Comment Period**
 - Emily Yu, Multicare. Ongoing questions about reimbursement, all care that is mandated to be reimbursed in person will also be reimbursed over telemedicine. How are you able to reimburse the wide variety of care needed by the people
 - Dave Larson, DSHS, working with department of health they would like to improve the legislation.
 - Dan Stone, device manufacturer. Assured independence if you have questions technology specific questions, they would be happy to answer those questions

Meeting adjourned 1:54