

Meeting Minutes

May 5, 2017

1:00pm-3:00pm

University of Washington, Pacific Room, T229
1959 NE Pacific St, Seattle Wa 98195

Attendees (In Person): John Scott (UW), Rep. Joe Schmick, Brodie Dychinco (Cambria Health Solutions/Regence), Joelle Fathi (Swedish Cancer Institute), Frances Gough (Molina), Sheryl Huchala (Premera), Denny Lordan (Providence), Cara Towle (UW)

Attendees (By Phone): Mark Lo (Seattle Children's), Susan Stern (WA State College of ED Physicians), Lori Wakashige (Legacy Health)

Meeting called to by Dr. John Scott at 1:05pm

I. Review of 03.09.17 Minutes

- a. Dr. Scott highlighted what we talked about last meeting:
- b. eConsult and presentations by Dr. Scott and Chris Cable.
- c. Dr. Scott and Chris Cable were to talk in between meetings about guidelines and the next course of action. Talked about having the Health Care Association help with the guidelines.
- d. FAQ feedback was requested, Sheila Green-Shook helped with the feedback
- e. There were no edits to the 03.09.17 minutes
- f. Mins are submitted to public for review

II. Finalization of FAQs

- a. Formatting is now unified between both the patient and the physician FAQ documents.
- b. Went over the definition of Telemedicine for patients. Made sure wording was on the 6th to 8th grade reading level to make it easier for every person to read and understand.
 - i. Edits: Would like to change the title to add A Patients Guide
- c. Distinction of Telemedicine (clinical) and Telehealth (broader term). We tend to use them interchangeably but there are some subtle differences.
 - i. Edits: None
- d. How typical is Telemedicine
 - i. Is this a helpful question for the average patient? Or is it too much detail. Some of the collaborative like this question as it seems like an accepted term. We will shorten the answer of this question. This

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document is very similar to the ATA's FAQ but we are gearing more towards Washington State (i.e. benefit structure, more employers are giving the benefits of telemedicine to their employees)

1. Edit: Effort to help consumers receive care
 2. Edit: Over half of all Washington hospitals are using telemedicine. Adding in "And many clinics".
 3. Edit: Purpose of telemedicine should be under the first paragraph. So right off the bat people know what telemedicine is all about. Giving practical **examples**: "Such as". Mobile, smart phone. Is it more of a convenience factor? A convenience option to get access to your provider. Purpose of Telemedicine is that rural areas are getting access to wider varieties of specialists. Need some in patient examples like TeleStroke or time sensitive issues. Needs some sort of partial understanding of what Telemedicine can do for me. We should use the term "Video conferencing" instead of Skype. Keep the examples simple and something that the patients can relate to. Also that Telemedicine is a growing and ever evolving field. **Add**: Web link to ATA to learn more. ATA has a video link that shows what the program is. Video is better as its broad and people can conceptualized. Joelle Fathi had a good conceptual definition.
 - a. **ACTION**: Denny will send Dr. Scott the link to the ATA Video
- e. Safety of Telemedicine
- i. This answer can get lengthy and wordy.
 - ii. Edits: HIPPA compliance. Confidentiality is the same between in person and via Telemedicine. Same quality standards between in person and video conference. Video conferencing is usually encrypted to ensure confidentiality. Telemedicine is not for all medical uses. Not indicated to specific conditions but when it's clinically appropriate. Depending on most cases, Telemedicine is safe. If it's unsafe the provider will give you further instructions? Provided medically sound and safe? Will the 6th grader understand the wording "decades of research and demonstrations" part? Encryption? Don't think we need that
- f. Taking out the Relationship of Telemedicine from the FAQs
- g. Where can patients get access to telemedicine
- i. How are the patents supposed to get this information? Employers? Carriers? Health Plan?
- h. Medicare/Medicaid specifics
- i. Medicare: Not a lot of specifics here, don't want to give out too much specific information as it can be overwhelming
 - ii. Medicaid: Kept to what was in the bill

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- iii. Do people understand the different between Medicare and Medicaid? Is that confusing the issue? Patient may ask, if I have these type of coverages, who do I go to for this information? Needs more clarification on the coverage portion. How do we do that cleanly without making it more confusing?
- iv. Making a footnote of definitions of Medicare and Medicaid.
- v. Do we then talk about health exchange? Because there are so many different plans and variations, we should direct the patient to contact their payers for clarification.
- vi. Anyone who wants to know if they are covered, should be contacting their payers. It is continually evolving. Encouraging people to warm up telemedicine.
- vii. We need to make this a living document with no need to update it all the time. We don't need to define Medicare and Medicaid, but at least let them know that Medicare and Medicaid covers Telemedicine. Also making sure that we are directing people to contact their health plan to get more information.
- viii. **ACTION:** Dr. Scott will send out the FAQ to the collaborative, after above edits

III. Update on 2017 Legislation

- a. Ian Goodhew (UW government affairs) gave an overview of the interstate compact and what effect it will have. Micah Matthews, head of MQAC, will host the collaborative next month to go over the details of implementation.
 - i. Legislature passed the Interstate Compact for physicians and Psychical Therapists. Needed safer guards in place to have the state monitor. What is the state giving up or not giving up in joining this compact? This would give our physicians the ability to practice across state lines. It can create care into our state and from our state to other states that border Washington. But what are we as a state giving up. The provider can be disciplined by whatever state the physician is from. Streamlined process to seek the licenses to practice across state lines (telemedicine). There are now 20 total states apart of the compact. The provider does have to get a license from the state they want to practice in, but getting the license is a fast track process. Provider still has to pay the full fees. MQAC will take control of this process.
 - ii. Parity bill, reimbursement. It got complicated and the bill didn't pass but it did start a good conversation. Maybe revisited next year. Our collaborative should have further discussion on the good and bad of the parity bill. Is it the same between an in person visit and the teleconferencing visit? When it is ready to roll, the medical commission will roll out all of the information.

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- iii. Sen. Becker's bill was signed that adopted our definition of HOME. The governor mentioned us (WSC) in his narrative.

IV. Provider Training for Telehealth (Overview of Resources)

- a. Will talk about next meeting, ran out of time.

V. Update from Northwest Regional Telehealth Resources Center and American Telemedicine Association Meetings

- a. NRTRC and the ATA Meetings
- b. Dr. Scott shared his experience at ATA.
 - i. Learned about telehealth etiquette. There are good etiquette trainings available. University of Arkansas has a video about it.
 - ii. Nina Antonetti is the maven of billing and coding. Her slides were shared with the collaborative
- c. Everyone agrees to have Nina Antonetti come visit the collaborative and share her billing and coding knowledge.
- d. Denny Lordan shared his experience
 - i. ATA is trying to figure out their next step as telehealth is becoming more accepted in the field. 4600 participants and vendors were present at the 2017 ATA conference.
- e. Frances Gough shared her experience
 - i. Quality was a big part of ATA meeting. The virtual urgent care model is mainstream. It's becoming more sophisticated. Payment was also a big issue, but no one has really committed to how are people are getting paid.
- f. Cara Towle shared her experience.
 - i. Telehealth should be used to provide better healthcare **access**. Used to optimize the efficiencies of care. How can we use it to support team based care and to improve workflows? Optimize each level of care for each provider.
 - ii. Technology, the right technology is needed.
 - iii. Outcome research, how is this cost effective
- g. NRTRC
 - i. Was good and had memorable speakers.
 - ii. Most talks were shared with participants.

VI. Transitions of Members on Collaborative

- a. Membership to the collaborative is institutional. So we can have different areas and fields represented on the collaborative.

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- b. Mark Del Beccaro has asked that Mark Lo (Telehealth Director of Seattle Children's) take his place. Motion to have Dr. Lo replace Dr. Del Beccaro. Passed unanimously.
- c. Julie Stroud would like to recommend Dr. Wayne Zebelman to replace her.
- d. **Action:** Priscilla will ask for his CV and invite him to the next collaborative meeting so the collaborative can vote.

VII. Public Comment Period

- a. Lisa Roche from Providence
 - i. Question about the first Bill. House Bill 1337. She will send Dr. Scott a letter.

Next Washington State Collaborative Meeting

June 22, 2017 1:00pm-3:00pm

101 Israel RD SE, Room 163

Tumwater, WA 98501