

WashingtonState
Telehealth Collaborative

February 10, 2017

Washington State Capital, Olympia, WA

- I. Review of January 4, 2017 Minutes
- II. Review and Voting on Telehealth Collaborative Logo
- III. Review and Comments on FAQ Documents
- IV. Update on Website
- V. Presentation and Discussion about eConsult with Mia Shim MD, Virginia Mason, Sallie Nellie, Project ACCESS and Chris Cable MD, GHC

Attendees (In Person): Sen. Randi Becker, Sen. Annette Cleveland, Chris Cable (Group Health), Brodie Dychinco (Cambria Health Solutions), Sheila Green-Shook (WSHIMA/Evergreen Health), Ricardo Jimenez (SeaMar), Denny Lordan (Providence), Julie Stroud (Multicare), Cara Towle (UW), John Scott (UW)

Attendees (Via Phone): Frances Gough (Molina), Sheryl Huchala (Premera), Geoff Jones (Newport Community Hospital), Scott Kennedy (Olympic Medical Center), Adam Romney, Lori Wakashige (Legacy)

Dr. Scott has called the meeting to order at 1:09 PM

- I. **Review of 01.04.17 Minutes**
 - a. Quite a bit of back and forth on the last minutes.
 - b. Everyone was fine with what was submitted to Dr. Scott
 - c. Minutes will be released to the Public!
- II. **Review and Voting on Telehealth Collaborative Logo**
 - a. Brodie Dychinco has headed up the Logo project
 - b. The color scheme is more of an emerald color. That differentiates us from the rest of the Telehealth pages. Most people use a blue color.
 - c. Two logo options were presented. For the second logo, people seemed to like the official seal, but a more modern font. It does however take up more real-estate on the page.
 - d. Will there be a difference in prices, if you put it on the letterhead?
 - a. No, free Logos
 - e. Voting:
 - a. Logo 1: 15
 - b. Logo 2: 0
 - f. Logo 1 has won

III. WA State Telehealth Website

- a. Please check out the updated website (<http://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative>). We added quite a bit of content, especially related to tools, funding agencies and telehealth organizations.
- b. We want this to be like a one stop shop for resources.
- c. Cara and Denny helped so much in gathering that information, thank you!

IV. Review and Comments on FAQ Documents

- a. We wanted to make a Telehealth FAQ document, one for clinicians and one for physicians
- b. Started out very basic, what is Telehealth/Telemedicine
 - a. Telehealth can include store and forward
 - b. Goal was to keep it very short, ~2 pages
 - c. Need to make sure that the responses for clinicians and patients are the same
 - d. Issue of telemedicine vs. telehealth. Changed phrase to “in practical uses, they are other used interchangeably”
 - e. Added words about Medicare and how it defines Telehealth
- c. Can clinicians get paid for telemedicine?
 - a. Relevant section of the SB 5475 is lifted directly
 - b. Medicare has different criteria
- d. Who is our audience?
 - a. A provider in a small practice trying to learn more about telemedicine
 - b. Maybe a link should be provided for more detail
 - 1. Yes, there are a couple of ways to do that. It is something we can do
 - c. Physicians want the information, just get in and get out
 - 1. Yes, the quick and dirty kind of questions.
 - d. We can include the links to NRTRC and ATA websites
- e. What technology do I need?
 - a. We don't endorse any particular equipment, but we do give specifications on what people do need.
 - b. Reference to some sort of permanent record of the Teleconferencing visit? Should they be recorded?
 - 1. Recording of the visit is not necessary
 - 2. Dr. Scott: We do not record, just like we don't record in person visits. It's difficult from an IT and privacy standpoint also.
 - 3. Visits are documented the same it would be as if it was in person with addition of key phrase: “This visit was conducted via live face to face video-teleconferencing.”
 - 4. For billing purposes, we have to note where the patient was located vs the doctor is located.

- a. Originating site of the patient, is a need to know in the documentation.
- b. Need a physical address to prove it is a rural area
- c. For Store and forward
 - 1. Less about technology and more about the content
 - 2. Separate Section?
- d. Safety protocols added. In case patient is in danger, heart attack, suicide, etc.
- f. Consent form
 - a. Copied from the collaborative
 - b. A general consent form is necessary (Consent to care), just like any other visit
 - c. Key difference: the patient should know about the technology and its limitations and the credentials of the provider
 - d. With Store and forward, which is asynchronous and no direct patient contact with specialist, there isn't a way to do a consent form. However, the patient needs to be seen first by PCP and consent to care should be done then.
- g. How to Bill (TBD)
 - a. Will reference the CMS Fact sheet and the individual reimbursement policies (web links)
- h. Services are medically necessary and covered by your insurance
- i. Some of the wording is a bit confusing, make it more focused for Providers
- j. Insurance is the most complicated part, but if this is going to providers and patients, the answer for "Do I get paid" should be more descriptive. Some doctors don't even work through insurance.
- k. Can I bill for it, reimbursement rate, and can I bill cash pay? Three questions have stemmed from this.
- l. Should be careful of cash payment; cannot be done by Medicare
- m. The question should be can the clinician bill insurance companies
- n. The FAQ sheet is like a hook for people.
- o. Can the physicians ask questions and it be added to this FAQ document?
 - a. Sometimes there are ongoing chat boxes
 - b. Could it be part of a listserv?
 - c. Center for Telehealth and eHealth Law (CTeL, <http://ctel.org/>) have a pretty good resource to get people started
- p. We have a good start, it will be sent around for people to comment on.
- q. Moving to the patient facing one.
 - a. Sheila came up with this and basically used the version from the American Telemedicine Association.
 - b. Changed a bit of the wording so it easier to understand
 - c. If this is copied, do we need to get permission or acknowledge?
 - d. It is very easy to understand.
 - e. Physician and patient FAQs should be in similar format

- f. Is there anything in this that should be specific to Washington?
1. One the second page, there is a link to each state
 2. Maybe more specificity under Medicaid and private insurance about the bill.
 3. Medicaid part, focus on just Washington and a link for the rest of the states
 4. Patients should know that the providers are licensed
 5. Sen. Randi Becker's Question: Is it necessary to have certification for providers proving they went through some sort of training?
 6. Do we envision clinicians who want to do telemedicine, need to be certified? If so, this argues for having a technical training center.
 7. UW has a process where they clinicians sign off that they know what the guidelines and regulations are
 8. There are training programs and competence programs out there, but no existing certification for telemedicine.
 9. In general, physician and health system representatives were concerned that such a certification would serve as an unnecessary barrier
 10. Geoff Jones, would having a certification would that be a burden?
 - a. Be based on the community need for telemedicine
 - b. It would be a bit of a barrier, but you would do it depending on how motivated you are in doing the work
 11. Ricardo Jimenez: Staying away from the licensing. The qualification should be handled as a process. Providers are already trained on how to provide care, it's just a new format of how to provide care.
 - a. When you get down into home healthcare workers, or we don't know what their creds are to do mental health, if they bill will they be paired (parity) if they treat what are their trainings. It's not about the MD and DO's, it's the next level down. There is a different level of concern
 - b. ACTION: Should be something to talk about next time
 - c. You don't want to create a barrier to someone who already has the training. It's the same just a deferent delivery. Direct consumer delivery and peer to peer should be separated.
 - d. Denny expressed concern for certification b/c Providence is a health system in different states.

Frequently moving providers around and such a certification process would be overly onerous.

- g. **Action:** John will add in items with Shelia for the provider piece
- h. **Action:** Should be sent out for comments

V. Presentation and Discussion about eConsult with Mia Shim MD (for details, please see separate PowerPoint slides)

- a. Mia Shim
 - a. Store and Forward Telemedicine
 - b. First started studying telemedicine about 10 years ago, when she was in Africa. Working with the NIH in the US, through their funding she started studying benefits of Telemedicine. Apart of the launching group in LA County.
 - c. Stressing the urgency of improving the health care system as well as telehealth solutions and give an example of a large scare eConsult implementation in LA County
 - d. Presents a case of a 32 year old male with Ulcerative colitis, ends up in ER and sent to PCP for FU. Needs Gastroenterology. Referral is sent. 6 months later, he has another flair and visits ER, but still no specialist.
 - 1. This is a common problem throughout safety net populations
 - 2. In LA country, before eConsult was launched. The wait time was about 3-7 months depending on specialty
 - e. How do we combat that
 - 1. We don't have enough workforce (physician, RN etc)
 - 2. With the limitation we can leverage Telehealth to offset the capacity issues
 - 3. See's telehealth as a broad term
 - 4. Comparing Live interactive Video vs Store and Forward
 - a. Telehealth is broader than Telemedicine
 - b. You are not always using a physician so you are reaching a broader audience
 - c. Live interactive video can be more costly unlike the Store and Forward
 - 5. Describes the Store and Forward process
 - a. Picture taken, submitted via a technology platform, doctor reviews picture, and submits back to PCP, PCP will be hands on the patients
 - b. Specialist doesn't need to see the patient, he has provided all the information for the PCP to treat the patient.
 - 6. eConsult
 - a. HIPPA secure, web based
 - b. LA County Launched in 2012
 - c. Gave numbers of how the health services is doing
 - d. How big are the patient population

- i. 10 million people in LA, Safety net pop is big too.
 - ii. A couple mil of people
 - e. Why we wanted to launch
 - i. Because of the challenges presented in the beginning
 - ii. Created collaboration among physicians
 - iii. The equity
 - iv. Patient care satisfaction
 - f. Implementation is more intricate
 - i. Use of workgroups to bring together
 - ii. The uses of eConsult tech
 - iii. And scheduled by Central referral Unit
 - g. Specialty primary care workgroup
 - i. Selected specialists
 - ii. Charged with coming up with expected practices
 - iii. Guidelines for regional resources
 - iv. Allowed for collaboration between disciplines and facilities
 - h. Central referral unit
 - i. Pt being identified as needing a face to face visit
 - ii. Staff calls patient and makes the appointment. Quick turnaround time
 - i. eConsult response time
 - i. once it was launched the first touch is about 2.7 days on average
 - ii. Closed by 9.5 days on average
 - iii. If they need to see a specialist it will take about a litter over 2 months
 - iv. The 61% that still had to go see the provider, was the eConsult an added value or just an extra step?
 - 1. Previously you needed to go through the eConsult in order to get a consult from the specialist.
 - 2. Not an added step just a replacement of an older step.
 - v. Before that step existed did it take more visits before they saw the specialist?
 - 1. No way to measure that
 - 2. But since this has launched, providers are learning from each other's

methods and can predict what the specialist would want in certain cases.

- vi. Timely response it critical
- vii. Your improving the effectiveness of face to face
- viii. eConsult is cost effective (Ontario data)
- f. Telehealth cost savings and improved outcomes
 - 1. For mental patients, this is easier on the patients. They saw decreased no show rate.
 - 2. Mental health improvement is real in the real world
- g. Could telehealth expansion cost more
 - 1. In reality telehealth is better cost effective.
- h. Back to Patient
 - 1. He received treatment within days
 - 2. He doesn't need to travel
 - 3. No missed work
 - 4. Also getting treatment with a facility Patient Center medical Home
- i. Looking ahead
 - 1. Aligns with value based payment model
 - 2. Reimbursement to add store and forward modality
- j. Mia does work on the front line and tried to give the best care possible regardless if the patient can't pay, but patient volume is increasing every day. Telehealth will be a solution to help with patient capacity. There will be some push back as it might be more work on the physicians. They need time and incentive in order to carry out telemedicine work
- k. They align with Triple Aim
- l. Wise use of technology can deliver cost effective health care to patients
- m. Payment model for telehealth and eConsult needs to be modernized
- n. We need people to help drive this forward
- o. **ACTION:** Priscilla to send out slides
- b. Project Access Northwest and Sallie Nellie
 - 1. Supports low income patients and specialist
 - a. Medicaid and uninsured
 - 2. Specialists want to help
 - a. So this needs to work for them
 - b. Demand is too high
 - c. Want patient challenges mitigated
 - 3. Advantage to every part of the system eConsult
 - a. Provider
 - b. Insurer
 - c. Patient



4. Patient in a rural community
 - a. Pt takes time off work
 - b. Primary care provider is not clear on what's happening
 - c. Pt needs to travel
5. It will improve satisfaction on the clinician level and decrease stress on the patient
6. We will pick up this conversation on the next session

Meeting adjourned 3:05pm.

Upcoming Meetings:

**March 9th at Molina from 10am-12pm
21540 30th Drive SE, Ste. 140, Bothell, WA 98021**

**May 5th at University of Washington from 1pm-3pm
1959 NE Pacific St, Seattle, WA 98195**

We will not be having a meeting in April