

**The Bree Collaborative
Telehealth Workgroup Charter and Roster**

Problem Statement

Telehealth utilization has increased significantly since the onset of the COVID-19 pandemic. Approximately 34.5 million telehealth services were delivered to Medicaid and CHIP beneficiaries from March through June 2020, representing an increase of 2,632% compared to March through June 2019¹. Rapid acceleration of telehealth has identified a knowledge gap among physical and behavioral health providers in appropriateness of telehealth care delivery, and highlights issues related to confidentiality and access.

Aim

To increase the appropriateness and quality of the delivery of clinical care via telehealth.

Purpose

To propose evidence-informed recommendations to the full Bree Collaborative on:

- Appropriateness of telehealth as a modality of care delivery for both physical and behavioral health
- How telehealth can increase equitable access to health care including individual patient characteristics that optimize outcomes or serve as barriers to
- Positive patient experience in telehealth services including efficiency
- Measuring success in how telehealth meets patient and provider need
- Addressing barriers to integrating telehealth as a modality of care into current systems
- Identifying other areas of focus or modifying areas, as needed

Duties & Functions

The workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

¹Centers for Medicare and Medicaid Services. Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries During COVID-19. Accessed: January 2021. Available: www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-covid-19-snapshot-data-through-20200630.pdf

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Shawn West, MD (Chair)	Chief Medical Officer	Embright
Christopher Cable, MD	Executive Director of Operations, Telehealth and Access Management	Kaiser Permanente Washington
Christopher Chen, MD	Associate Medical Director	Health Care Authority
Crystal Wong, MD	Telehealth Services Director	University of Washington Medicine
Cara Towle, RN, MSN	Associate Director, Integrated Care Training Program	University of Washington Psychiatry & Behavioral Sciences
Darcie Johnson, MSW, CPHQ	Director of Quality	Premera Blue Cross
David Tauben, MD, FACP	Chief, Division of Pain Medicine	University of Washington Medicine
Janna Wilson	Employee Benefits Sourcing Manager	King County Public Health
Jeb Shepard	Director of Policy	Washington State Medical Association
Jennifer Polello MHPA, MCHES, PCMH-CCE	Senior Director of Quality and Clinical Transformation	Community Health Plan of Washington
Jodi Kunkell	Occupational Nurse Consultant	Health Care Authority
Laura Groshong, LICSW	Private Practice	Psychotherapist
Lindsay Mas	Senior Program Manager, Behavioral health	SEIU 775 Benefits Group
Lydia Bartholomew, MD	Chief Medical Officer, Clinical Health Services, West and Southcentral	Aetna
Mandy Weeks-Green	Senior Health Policy Analyst	Washington Office of the Insurance Commissioner
Omar Daoud, PharmD Stephanie Shushan, MPH	Director of Pharmacy Senior Analyst, Integrated Programs & Strategic Initiatives	Community Health Plan of Washington
Sarah Levy, MD	Medical Director Solution Center and Telehealth	Kaiser Permanente Washington
Todd Wise, MD, MBA	Chief Clinical Officer, Ambulatory Care Network	Providence
Wendy Brzezny	Whole Person Care Collaborative Manager	North Central Accountable Community of Health