

**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, appointed by the chair of the Bree Collaborative, or appointed by the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative staff will 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 Sarah Levy, MD | Executive Director of Operations, Telehealth and Access Management Medical Director Solution Center and Telehealth | Kaiser Permanente Washington |
| Christopher Chen, MD Jodi Kunkell | Associate Medical Director Occupational Nurse Consultant | 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 |
| Jeb Shepard | Director of Policy | Washington State Medical Association |
| Omar Daoud, PharmD Jennifer Polello MHPA, MCHES, PCMH-CCE Stephanie Shushan, MPH | Director of Pharmacy Senior Director of Quality and Clinical Transformation Senior Analyst, Integrated Programs & Strategic Initiatives | Community Health Plan of Washington |
| 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 |
| Todd Wise, MD, MBA | Chief Clinical Officer, Ambulatory Care Network | Providence |
| Wendy Brzezny | Whole Person Care Collaborative Manager | North Central Accountable Community of Health |