
Bree Collaborative | Telehealth Workgroup

January 8th, 2021 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Shawn West, MD, FAAFP (Chair), Chief Medical Officer, Embright

Omar Daoud, PharmD, Director of Pharmacy, Community Health Plan of Washington

Mandy Weeks-Green, Senior Health Policy Analyst, Washington State Office of the Insurance Commissioner

Stephanie Shushan, MHA, Senior Analyst, Integrated Programs & Strategic Initiatives,

Community Health Plan of Washington
Laura Groshong, LICSW, Director, Policy and Practice, Clinical Social Work Association

David Tauben, MD, Chief of Pain Medicine, University of Washington

Sarah Levy, MD, Medical Director, Solution Center and Telehealth, Kaiser Permanente

Lindsay Mas, Senior Program Manager, Behavioral Health, SEIU 775 Benefits Group

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Nicholas Locke, MPH, Bree Collaborative

Amy Etzel, Bree Collaborative

Jolene Kron, Salish Behavioral Health
Administrative Services Organization

Jodi Kunkel, Nurse, Washington State Health Care Authority

Jeb Shepard, Director of Policy, Washington State Medical Association

Cara Towle, Associate Director, Telepsychiatry, University of Washington

Melanie Kinsfather, Nurse Provider Clinical Consultant, Premera Blue Cross

Darcie Johnson, Director of Quality, Premera Blue Cross

Morgan Young, Associate Medical Director, Chiropractic, Labor & Industries

Josh Morse, Manager, Clinical Quality Care Division, Washington State Health Care Authority

Melody McKee, Program Director, Behavioral Health Training, Workforce and Policy Innovation Center, Behavioral Health Institute

Christopher Chen, MD, MBA, Medical Director, Medicaid at Washington State Health Care Authority

Janna Wilson, Employee Benefits Sourcing Manager, King County Human Resources Department

BREE COLLABORATIVE OVERVIEW

Shawn West, MD, FAAFP (Chair), Chief Medical Officer, Embright and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics
- How recommendations are developed
- The Open Public Meetings Act and conflict of interest forms (**Ms. Weir will send these out to the group**)
- The proposed plan and timeline for this workgroup
- The Bree's role in the implementation and adoption of its guidelines.

OPEN DISCUSSION: WHO TO ADD AND SCOPE OF WORK

Ms. Weir opened the conversation and began by asking the group who else needed to be added as members.

- It would be helpful to add a patient with lived experience. It would also help to have a patient advocate with experience in Medicaid.

Dr. West transitioned the group to a discussion of scope.

- Dr. West noted that, due to the prevalence of telehealth right now and the importance of this topic, there will be many potential directions for this work to go in. He said that the group should probably not discuss payment as that is being addressed at the national level and elsewhere.
 - The group discussed how providers are being hamstrung by not being able to make money on telehealth—it is important to send a message that there needs to be increased funding provided for telehealth.
- The group may need to define telehealth and address the differences between modalities (e.g., audio, video, etc.)
- Confidentiality is important and the group should address systems for maintaining confidentiality in telehealth.
- Discussed the need to look for evidence of quality.
- Appropriateness: which situations are suitable for telehealth? Some things need a physical exam, but some do not.
 - Would also be helpful to have a sense of the trade-offs of using telehealth. For example, access vs. HIPAA compliance.
- The group discussed developing a hybrid model of telehealth and in-person care (the group would need to address how to operationalize this).
- Telehealth can also provide peer-to-peer support and the means for a group of providers treating the same patient to remotely conference about care coordination.
 - Telehealth is also a time-saving mechanism for patients.
 - Remote monitoring is another advantage of telehealth that should be discussed.
- Ms. Weir summed up that a good framework would be: right service, right person, right time.
- Other ideas were offered by group members:
 - Directing funding outside of claims would be a way to support equity in telehealth—for example, providing devices or internet to improve access.
 - Originating site of service is another consideration. Could communities create local public rooms dedicated to telehealth appointments to increase access?
 - For those who have barriers to health literacy, how does telehealth affect their experience?
 - Providers and patients both need education about telehealth.
- Dr. West asked for others in attendance to fill the group in on other telehealth work that they were aware of.
 - Jeb Shepard, Director of Policy, Washington State Medical Association said that telehealth is a focus of Washington legislation this year. There is a payment parity bill that is already being implemented.
 - Discussion is now around audio-only; the current legislation excludes audio-only from parity. Licensure and standards of care discussions have been put on hold until later in the year. There is also interest in legislation around mandated training.

- Josh Morse, Manager, Clinical Quality Care Division, Washington State Health Care Authority mentioned X report [missing paper's title] summarizing evidence around telehealth. **Mr. Morse will send this to Ms. Weir.**
- The group will need to discuss which areas under the umbrella of behavioral health are going to be in scope—for example, is Substance Use Disorder going to be within the scope of discussion.
- Dr. West asked the group where they felt they would have the most benefit to the people of Washington.
 - Recommending that the state include audio only appointments in funding for telehealth: this could greatly impact access for seniors and others.
 - Capitation and value-based reimbursement could also be important for improving telehealth.
- Ms. Weir asked the group if they were aware of telehealth developments in other states.
 - The issue of jurisdiction is important: what are states' policies on whether patients can be seen from providers outside of the state?
- It could be useful to look at international evidence from countries that have more socialized medicine and are ahead of the US in terms of telehealth.
- The group will also need to decide whether to provide recommendations and standards relating to which telehealth platforms are appropriate.

GOOD OF THE ORDER

Dr. West and Ms. Weir thanked all for attending and adjourned the meeting.