Bree Collaborative | Telehealth Workgroup
February 5, 2021 | 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Shawn West, MD, FAAFP (Chair), Chief Medical Officer, Embright
Lydia Bartholomew, MD, Aetna
Wendy Brezny, North Central Accountable Community of Health
Christopher Chen, MD, MBA, Washington State Health Care Authority
Susie Dade, MS, Patient Advocate
Omar Daoud, PharmD, Director of Pharmacy, Community Health Plan of Washington
Darcie Johnson, Director of Quality, Premera Blue Cross
Mark Haugen, MD, Family Medicine, Walla Walla
Sarah Levy, MD, Medical Director, Solution Center and Telehealth, Kaiser Permanente
Greg Marchand, The Boeing Company
Lindsay Mas, SEIU 775 Benefits Group
Stephanie Shushan, MHA, Community Health Plan of Washington
Cara Towle, Telepsychiatry, University of Washington
Janna Wilson, King County Human Resources Department
Crystal Wong, MD, University of Washington Medical Center
Morgan Young, Associate Medical Director, Chiropractic, Labor & Industries

STAFF AND MEMBERS OF THE PUBLIC

Amy Etzel, Bree Collaborative
Howard Berryman Edwards, MD
Nicholas Locke, MPH, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

BREE COLLABORATIVE OVERVIEW

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

Motion: Adopt January minutes
Outcome: Minutes adopted unanimously

SCOPE AND FOCUS

Dr. West led a discussion on how to develop a reasonable scope for the workgroup. Members discussed:

- Harder to implement a long list of changes.
- Starting with the end in mind.
- Should focus on what we feel to be durable principles as this is a rapidly changing field.
- Telehealth was rapidly rolled out due to COVID-19 and so may be in an imperfect space – such as those who believe this is under or over-utilized.
    - May drive up cost.
    - Telehealth does increase convenience.
- Walking through the telehealth definition map
    - Synchronous vs asynchronous
    - Audio vs audiovisual
    - Inpatient vs outpatient
    - Important to have the technical definition map – we are often missing how the patient or consumer is viewing it which is different than the words we use. Need to have the

lens or the view of the consumer – i.e., how to I connect with my clinician. All can be helpful if applied within the right construct.
    - Center for Connected Health Policy definitions are good www.cchpca.org/about/about-telehealth
    - Do not like the implication of flow or hierarchy in this specific image.
- Telemedicine is defined in state statute.
- Advocate for using definitions that already exist and review of the definitions document.
    - Definitions may sound similar but are not the same.
    - Start by working within the state statute and look within that framework at issues related to quality, access, and equity. Phase II may be moving beyond statute.
    - Real-time audio-visual is the modality.
- Like the term telehealth as an umbrella term as it is a moving target.
- Need to think about place of service.
- Audio-only is sufficient for some lines of clinical care such as psychiatry and a way to give services to those who may be unable to use newer modalities.
- Clear definitions are important as we think about generating deliverables and for billing and coding.
- Need to link our work to legitimate frameworks in the state and ideally some tie to the National Quality Forum – purchasers who cross state lines are especially in need of this.
- Interaction with clinician in real-time to get care is the most resonant.
- https://patientsafety.uw.edu/sites/patientsafety.uw.edu/files/VSSL_outreach_TelehealthinCovidEra_2020_0817_AC.pdf
- Broadband access is a huge barrier.
- Constituent groups to consider: rural v. urban, those living in dense housing have locational issues, cultural and language barriers, those with limited vision and hearing, engaging with telehealth for those who have paranoia.
    - Some patients may not be able to engage
- Should focus on the positives of telehealth, from a consumer perspective not positive from every single individual but is an overall positive.
- Should focus on the right patient, right care, right time. Should include some guidelines about how to determine what type of person would have needs met over the phone.
- Outline barriers or areas of consternation.
- Need to develop a feedback loop to avoid duplication of services.
- 98.6 is a local company that has is focused on delivery of telehealth.
- Telehealth from different vendors might add to the fragmentation of the system- they might over prescribe unneeded medication.
    - HCA decided to stick with giving providers zoom licenses rather than add another vendor that would not communicate.
- Musculoskeletal care is another area for which variability and quality are an issue.
- Telehealth also is an opportunity to increase delivery of evidence-based care.
- Continuity of care intersecting with telemedicine.
- We could focus on what is clearly appropriate and what is clearly not appropriate and work toward the middle.
    - Conditions where telehealth is clearly appropriate.
    - Conditions where telehealth is clearly inappropriate.
    - Not come up with definitions that describe every single clinical scenario – what does the evidence say and what are the things to clearly consider.

- We should focus on both physical and behavioral health. We do not want to take a step back from whole-person care.
- Should also focus on both specialty and primary care.
- E-consults – have been around for a long time in certain systems – primary care docs can prepare information for a specialist who has access to a chart and can provide recommendations to the PCP and transmit information back and manage the relationship and the care of the person.
    - Is good fit for many conditions – teledermatology, telerheumatology.
    - Used to be known as curbside consult
    - Asynchronous information sharing.
    - Not reimbursed by many payors.
    - Worth making reference to this.
    - This is a provider tool that is behind the scenes and not necessarily a direct link to a person.
    - Not considered telehealth by medicare.
    - Could be a future topic
    - This is good for a patient and almost guarantees there is continuity of care. Employers love this as it allows not the loss of productivity. Multiple reasons to promote this.
- AHRQ six domains of health care quality www.ahrq.gov/talkingquality/measures/six-domains.html = safe, effective, patient-centered, timely, efficient, equitable.

- Parking lot
    - E-consults.
    - Substance use disorder services.

Action items:

- Sarah Levy and Crystal Wong to outline the barriers/issues inherent to telehealth.
- One-two pager to react against for the next March discussion.

GOOD OF THE ORDER

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