
Bree Collaborative | Telehealth Workgroup

June 4, 2021 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Shawn West, MD, FAAFP (Chair), Embright
Omar Daoud, PharmD, Community Health Plan
of Washington
Darcie Johnson, Premera Blue Cross
Mark Haugen, MD, Family Medicine, Walla
Walla
Jeb Shepard, Washington State Medical
Association
Cara Towle, Telepsychiatry, University of
Washington
Jodi Kunkel, (for Chris Chen, MD), Health Care
Authority

Crystal Wong, MD, University of Washington
Medical Center
Morgan Young, Labor & Industries
Lindsay Mas, PhD, SEIU 775
Mandy Weeks-Green, Office of the Insurance
Commissioner
Stephanie Shushan, MHA, Community Health
Plan of Washington
Sarah Levy, Kaiser Permanente Washington
Tricia Daniels, Regence Blue Cross

STAFF AND MEMBERS OF THE PUBLIC

Jackie Barry, PTWA
Howard Barryman Edwards
Amy Etzel, Bree Collaborative
Nicholas Locke, MPH, Bree Collaborative
Marissa Ingalls, Coordinated Care
Ginny Weir, MPH, Bree Collaborative
Mark Stephens, Oregon Pain Guidance
Ben Boyle, APTA WA
Carrie Tellefston, Teledoc Health

Claudia Duck Tucker, Teladoc Health
Crystal Chindav, Teledoc Health
Katie McCarthy, SEIU 775
Subharati Ghosh, SEIU 775
Beth Minkler, SEIU 775
Claudia Tucker
Robert Baratta
Katie Kolan, JD

WELCOME AND APPROVAL OF MINUTES

Shawn West, MD, FAAFP (Chair), Chief Medical Officer, Embright welcomed members to the workgroup and those present introduced themselves in the chat. Dr. West discussed articles about advice for patients and for providers as to preparing for a visit. Jeb Shepard discussed the Medical Commission cancelled their telehealth workgroup as there is a lot going on with other collaboratives and with the office of the insurance commissioner.

Motion: Adopt May minutes

Outcome: Minutes adopted unanimously

SEIU 775 QUALITATIVE SURVEY

Lindsay Mas introduced the SEIU 775 benefits group team that conducted the survey on virtual care. The population is typically lower income, women, people of color, nearly 1/5 speak a language other than English, have a history of low health service use, and have chronic conditions. Katie McCarthy and Subharati Ghosh presented the study including:

- Purpose was to look at barriers to virtual care to understand pain points for those who are low income.
- Used a patient journey framework to understand the sequence of events that a person experiences within a health care system.

- Virtual care users have:
 - Higher confidence in technology
 - Confidence is associated with being English speaking
 - Having a prior relationship with a provider
- Phases include: awareness, consideration of virtual care, if I have decided to have virtual care what modality should I use, scheduling virtual care visit, pre-appointment (mainly applicable to video users), appointment.
- Some pain points are unique to video or to phone
 - Knowledge/information
 - Perceived/psychological
- Case studies of people to characterize the users.
- People can benefit from virtual care even if they are experiencing barriers but virtual care also is not for all people.
- Members discussed:
 - Health care in general is confusing and complex.
 - Whether these issues are related to first time users or this continues. For some, one bad experience stops all future virtual use.
 - Good to include these in the recommendations – they need to understand what the options are and to ask for help with the technology.
 - Sending out a troubleshooting guide prior to the appointment.
 - People feel vulnerable when they have a clinical encounter
 - If non-English speakers expressed preferences about interpretation during virtual visits - audio only? audio and video? Or, do they see the need for interpretation as an insurmountable barrier?
 - In UW's experience, the video interpreter was actually preferred over what we use for face to face visits (phone interpreters). The zoom integrated interface is very easy to use and you get an interpreter "face to face" on video.
 - Most people from SEIU 775 were non-virtual care users.
 - Lot of general mistrust of the system.
 - Different health seeking behaviors for Spanish-speaking caregivers. Many only seek help when they need it, not a continuous interaction with the system.
 - Concern about implicit bias and the clinician not offering the virtual visit to someone who they think would not do well even if they might.
 - Many providers not comfortable with conducting visits over video.

CONSENT STANDARDS

Crystal Wong, MD, University of Washington Medical Center, talked about the University of Washington's process for telehealth engagement with clinicians. Concern if there was additional consent about reimbursement which makes providers uncomfortable. Need to get a person's agreement and understanding that there are limitations to this modality, e.g., "I may not be able to meet all your needs over video and you might need to come in, ok?" Decrease provider burden and increase quality. More expectation setting. Members discussed:

- Clinicians have been doing phone visits for years without doing consent.
- Need to make sure the person knows they have the right to a face-to-face visit.
- Kaiser doesn't have specific language for providers. They need to ensure the person knows there are limitation o virtual visits. Many patients have a financial incentive to do a virtual visit as no co-pay.
- For a small group good to see commonality and examples.

- Whether to be prescriptive about consent language.
 - What elements should be included in consent.

TELEHEALTH GUIDELINE FRAMEWORK

Dr. West reviewed the edited document. Members discussed:

- Whether we want to incent audio-visual over phone.
 - Many circumstances where people do not want to show themselves.
 - Privacy issues.
 - KP Colorado hasn't seen difference in offering phone as a choice.
 - Modality shouldn't be a barrier.
- Flowchart – that this should be a pre-visit step.
 - Clients can be afraid to push back when it seems that a telehealth visit is the only option.
 - Unintended coercion that leads people to chose care that may not be best or that they may not want.
- Telemedicine is a great mystery for people.
- Need to ensure that people want to have a telehealth visit.
- Whether to include the joint overarching principles for telehealth. What the future is for this group and if they have any authority. Keeping issues in the line of sight. They do meet frequently mainly to share resources. What has worked in one state vs another or opportunities.
- Whether this is ready for public comment or will be after July.
- What statement do we want to make about what is not known. Legal, medical, ethical issues. "limitation of our study and opportunities for future research." Transitioning from panic and chaos to chronic management.

Action Item: All members to review the document and to draft a statement about what is not known.

GOOD OF THE ORDER

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