Bree Collaborative | Telehealth Workgroup
July 2, 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, MD, Telepsychiatry, University of Washington
Chris Chen, MD, Health Care Authority
Crystal Wong, MD, University of Washington Medical Center
Morgan Young, DC, Labor & Industries
Lindsay Mas, PhD, SEIU 775
Mandy Weeks-Green, MPH, Office of the Insurance Commissioner
Stephanie Shushan, MHA, Community Health Plan of Washington
Sarah Levy, MD, Kaiser Permanente Washington
Tricia Daniels, Regence Blue Cross
Lydia Barthalamew, MD, Aetna

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
Ben Boyle, APTA WA
Carrie Tellefston, Teledoc Health
Claudia Duck Tucker, Teladoc Health
Crystal Chindav, Teledoc Health
Jodi Kunkel, Health Care Authority
Judy Zerzan, MD, MPH, Health Care Authority
Matt Cataldo, MD, Health Care Authority
Jordan See
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.

Motion: Adopt June minutes
Outcome: Minutes adopted unanimously

AUDIO-ONLY TELEHEALTH BILL AND STUDY

Jane Byer discussed the audio-only coverage telehealth bill that had bipartisan report. Due to concerns, the office of the insurance commissioner, the health care authority, and the telehealth collaborative were asked to do a study. The study is due September 2023. The study will allow policy makers to look back and make any changes to the bill and regulations. The study will include: utilization trends; qualitative data from carriers including Medicaid MCOs on the burden of compliance of audio-only telemed; change in the incidence of fraud; access to services for historically underserved populations and regions; and relative cost to both providers and facilities. Chris Chen talked about the limits of claims data. The study is outlined in section 8 of the bill here: http://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1196-S.SL.pdf?q=20210702075606. Members discussed:

- Qualitative data from consumers.
- Wanting to ask people why they had a telehealth visit. Don't have a good understanding about why people prefer a phone visit.

- Best way to send questions and people to get data from is to email Jane.
- Focus groups of those with less access are important.
- Having virtual focus groups is inequitable.
- Issues with limited English proficiency.
- Issue of new patients vs established patients.
- Longitudinal relationships being very important.
- Reality of society is that a lot of populations don't have equal access and we don't want to leave patients behind.
- Providers already have issues in collecting demographic information.
- Engaging ACHs and other community groups.
- Virtual-only providers have information on audio-only vs audio-visual platforms.

TELEHEALTH GUIDELINE FRAMEWORK

Dr. West reviewed the edited document. Members discussed:

- NCQA is developing guidelines around appropriateness of telehealth.
- ADD: Communication can happen over telehealth especially for those with limited English proficiency.
    - For many people telehealth is too difficult with translation services. Different workflows are required.
- Feels odd to have vague terms in the table (e.g., acute complication). What to do with someone with ongoing chest pain even if they want to do telehealth.
    - ADD: Planned interventions can be conducted in the scope of the visit. What about if you order an ultrasound in the visit the telehealth can still be safe.
    - People want black and white but so much is not black and white.
- Goal is to make sure we are not saying anything too off base, that we are being helpful, and that we are not leaving anything out.
- Where to park language around individuals with limited English proficiency.
- ADD: Evaluate access to care, monitor for disparities.
- Diagram:
    - NEED: Additional decision between audio-only and audio-video based on visit objectives.
    - In the first step, are we already assuming that there won't be in-person, or is that part of the assessment?
- How do we advise consumers about what they might need. Education around what modality might be useful for their problem.
- For consumers:
    - maybe something around were they offered options to meet their needs or have a discussion with provider around that decision?
    - Feel free to ask the person to confirm their identity
    - Feel free to say your internet/broadband/connection isn't good and what to do.
    - Transparency on what will/won't hit a copay.
    - Whose responsibility it should be to ensure financial transparency and broadband connection.
    - What if someone does not have a usual PCP or source of care.
    - People taking a telehealth call at the grocery store – make sure you have the time and are taking this call in a private location.
    - High-level recommendations would be helpful but there also needs to be flexibility.

    - How to prep to talk about sensitive issues and not to do so in a public space.
    - Other helpful resources for consumers: from OHSU (see video transcripts at the bottom) https://www.ohsu.edu/university-center-excellence-development-disability/telehealth-and-you
    - AARP https://www.aarp.org/health/conditions-treatments/info-2020/how-telemedicine-works.html
- Coding and the issues and limitations of content.
- Wanting to use an equity lens.
    - People with hearing issues.
- General consensus that this is good to go.

GOOD OF THE ORDER

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