#1

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, August 10, 2021 12:27:26 PM
Last Modified:	Tuesday, August 10, 2021 1:20:19 PM
Time Spent:	00:52:53
IP Address:	161.208.26.33

Page 2

Q1   **Health Plan**

What sector do you represent? (Choose the option that is the best fit.)

Q2

Do you have comments broadly on the focus areas (page 4-5)?

yes. Definition of a provider is limited to the in-network, brick and mortar provider community and not alternative provider solutions - virtual 24/7, hybrid models; digital first; chat first; etc.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Yes, assumes health systems will only use their affiliated providers and not vendor based solutions. To extend to 24/7/365 coverage at lower price points, health systems will/should partner with quality based telehealth service partners. Missing in the checklist

Q4

Do you have comments on the checklist for health plans (page 8)?

yes. The first 3 bullets are in place for health plans so not really necessary. Health plan will not limit their plans to only brick and mortar providers as employers and members are requesting lower cost and virtual/digital first primary care. Therefore, the usual PCP may be the virtual primary care entity, although if not, identifying a usual source of care is a typical practice for telehealth vendors. It is unlikely carriers would or should prioritize telehealth to local providers versus other options, especially when those options may deliver higher quality (e.g. expert medical opinion programs), equal service levels (e.g. behavioral health) and/or more timely access to care (e.g. dermatology)

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

yes. Employers will demand that telehealth services that are price competitive. Vendors are typically 1/3 the cost of local providers The employers will note that especially when those options may deliver higher quality (e.g. expert medical opinion programs), equal service levels (e.g. behavioral health) and/or more timely access to care (e.g. dermatology). Current provider systems have failed on delivering cost effective, high-quality care for their employees.

Q6

Do you have comments on the checklists for consumers (page 9)?

yes. The consumer usual source of care could easily be a telehealth provider and therefore should not have to only choose a local provider.

Q7

Are there any errors in the report or anything our report is missing?

Telehealth providers are almost always 100% Board certified. Are we going to require board certification for all local providers as well or have a lower standard for local?

Q8

How can our guideline better address health disparities?

Fairly minimal mention on health disparities, including assuming age is a factor in use of technology (much less supported currently)

Q9

Do you have any general comments?

Fairly old thinking on who is a provider. Seems to be written by providers to steer members to them versus alternative, cost-effective solutions for patients and employers.

Page 3: Contact Information (optional)

Q10

Name:

Drew Oliveira MD, MPH

Q11

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Regence

Q12

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#2

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, August 10, 2021 2:28:40 PM
Last Modified:	Tuesday, August 10, 2021 2:34:18 PM
Time Spent:	00:05:38
IP Address:	24.16.224.15

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)   **Provider (MD, DO, ARNP, PA)**

Q2

Do you have comments broadly on the focus areas (page 4-5)?

See below

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

See below

Q4

Do you have comments on the checklist for health plans (page 8)?

See below

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

See below

Q6

Do you have comments on the checklists for consumers (page 9)?

See below

Q7

Are there any errors in the report or anything our report is missing?

Respondent skipped this question

Q8

How can our guideline better address health disparities?

Respondent skipped this question

Q9

Do you have any general comments?

Recommend that you flag common legal barriers besides confidentiality. For example, prescribing controlled substances; licensing and telehealth to patients beyond state boarders; establishment of patient-provider relationship...

Also recommend being more explicit about safety issues and considering this in advance. For example, clinicians will want to known the address (not just the phone number) of the patient in the event there is an urgent need (example, mental health crisis, stroke during appointment -- both of which I have experienced over telehealth).

Page 3: Contact Information (optional)

Q10

Name:

Jennifer Piel

Q11

Organization:

UW/VA

Q12

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piel@uw.edu

#3

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, August 11, 2021 10:34:00 AM
Last Modified:	Wednesday, August 11, 2021 10:54:59 AM
Time Spent:	00:20:59
IP Address:	159.1.3.238

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Government/Public Purchaser

Q2

Do you have comments broadly on the focus areas (page 4-5)?

I think the focus area is comprehensive in nature and covers most scenarios. The one thing that it does not cover is cultural consideration meaning that although some cultures may agree to telehealth their culture may prevent them from saying no. To help with this I would recommend that before starting telehealth if a relationship has not been established that an in person visit should be recommended on the initial visit. This will establish a foundation and allow for the question if telehealth is acceptable.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Along with the criteria I would also recommend some sort of quality control after the visit e.g. was the visit successful, did you understand clearly, would you be willing to continue telehealth, etc.

Q4

Do you have comments on the checklist for health plans (page 8)?

Same as above

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

Same as above

Q6

Do you have comments on the checklists for consumers (page 9)?

As a consumer the checklist is smaller than that of the provider, I think more should be asked of the experience.

Q7

Are there any errors in the report or anything our report is missing?

Cultural awareness is missing, it sometimes makes the difference in someone receiving effective treatment and/or not willing to seek further treatment.

Q8

How can our guideline better address health disparities?

See above. Also focus on areas where a in person meeting may not be possible, for example work with employers to establish an incentive for someone to not have to leave work, for example a telehealth booth or adding a leave type of benefit for this purpose. Agricultural workers come to mind.

Q9   **Respondent skipped this question**

Do you have any general comments?

Page 3: Contact Information (optional)

Q10

Name:

James Simonowski

Q11

Organization:

Labor and Industries

Q12

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#4

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, August 11, 2021 4:12:57 PM
Last Modified:	Wednesday, August 11, 2021 4:17:31 PM
Time Spent:	00:04:33
IP Address:	198.238.140.129

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Government/Public Purchaser

Q2

Do you have comments broadly on the focus areas (page 4-5)?

X

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

X

Q4

Do you have comments on the checklist for health plans (page 8)?

X

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

X

Q6

Do you have comments on the checklists for consumers (page 9)?

X

Q7

Are there any errors in the report or anything our report is missing?

Tele-behavioral health analysis if data is available.

Q8

How can our guideline better address health disparities?

X

Q9

Do you have any general comments?

Adolescent Substance Abuse Treatment was mentioned in one area, other than that I don't see much outreach to tele-behavioral health providers. Will this be coming later, or is the data available but not specifically addressed in the report?

Page 3: Contact Information (optional)

Q10

Name:

Michael Langer

Q11

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Q12

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#5

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Thursday, August 12, 2021 12:59:56 PM
Last Modified:	Thursday, August 12, 2021 1:38:22 PM
Time Spent:	00:38:25
IP Address:	24.113.145.63

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)   **Provider (MD, DO, ARNP, PA)**

Q2

Do you have comments broadly on the focus areas (page 4-5)?

No

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Avoid undue checklists..let it remain what a reasonable and prudent provider would do unless one has evidence that cost-effective outcomes are compromised without the checklists and their components.

Q4

Do you have comments on the checklist for health plans (page 8)?

Avoid undue checklists..let it remain what a reasonable and prudent provider would do unless one has evidence that cost-effective outcomes are compromised without the checklists and their components.

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

Helpful reminders but should not be "required"

Q6

Do you have comments on the checklists for consumers (page 9)?

Helpful but should not be required.

Q7

Are there any errors in the report or anything our report is missing?

What are the potential unintended consequences of regulating Telehealth beyond what a reasonable and prudent clinician would do. Might telehealth facilitate more frequent visits and when indicated enhance outcomes? To base the value of more frequent visits on a diagnosis or diagnoses does not do justice to the complexity of factors involved, including social determinants.

How might one best monitor for unintended consequences of regulating, checklists, etc.. that could well off set any benefits?

Q8

How can our guideline better address health disparities?

Cost of travel and burden of travel especially on those who are disabled and have limited financial means is greater.

Q9

Do you have any general comments?

I am concerned that regulatory/administrate concerns impact in negative ways the cost-effectiveness of telehealth as they do in other clinical domains. A licensed provider must be capable of determining the benefits and risks of telehealth based on contextual variables. In my opinion these contextual variables do not lend themselves to global rules and regulations that could effectively have unintended consequences based on cost-effective outcomes.

In short, I think telehealth care should fall simply under what a reasonable and prudent physician/clinician would do.

Please avoid recommending any undue regulatory and administrative burdens.   If third parties want to establish their guidelines for what and when they'll pay for telehealth that could be their prerogative but also it should be their responsibility to establish the "evidence" necessary to preclude the cost-effectiveness of telehealth similar to what is done with pharmaceuticals and other clinical interventions/testing/etc.

We do not have patients sign or consent to come to an office appointment even when there are real risks in driving to and from, and coming into a healthcare facility, let alone the costs of travel direct and indirect. Indeed, what are the risks and benefits of regulating telehealth in ways beyond those for office visits that are arguably already excessive and impair cost-effective outcomes? Please remember that the lack of evidence is not the same as evidence for or against.

With technology advancing as quickly as it is, rather than "over prescribing" what is needed or indicated, perhaps best as you have done to remind providers and payers of principles and to limit regulatory and administrative burdens until there is good evidence regarding cost-effective outcomes. While safety is paramount, by definition all encounters have risks and the cost(s) of eliminating or mitigating the risk may impair cost-effective outcomes and potentially dramatically and negatively impact the benefit/risk equation.

Page 3: Contact Information (optional)

Q10

Name:

James K Rotchford, M.D., M.P.H., FACPM

Q11

Organization:

Olympas Medical Services LLC

Q12

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#6

INCOMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Thursday, August 12, 2021 10:08:19 PM
Last Modified:	Thursday, August 12, 2021 10:46:19 PM
Time Spent:	00:37:59
IP Address:	24.19.80.57

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)   **Patient or Patient Advocate**

Q2

Do you have comments broadly on the focus areas (page 4-5)?

No

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

No

Q4

Do you have comments on the checklist for health plans (page 8)?

No

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

No

Q6

Do you have comments on the checklists for consumers (page 9)?

Please see general comments

Q7

Are there any errors in the report or anything our report is missing?

No

Q8

How can our guideline better address health disparities?

I think your guidelines are sufficient

Q9

Do you have any general comments?

My only concern is that in person visits to ones provider will become less accessible. That obtaining an in person visit with a physician (by the way an MD and a DO are both simply 'physicians'!) will require a lengthy wait as patients are steered towards telahelth. Of concern may be large medical corporations who employ a significant number of physicians, to increase their patient visits and lower their costs - while generating parity based reimbursement. Telehealth is a very useful and important resource for underserved rural communities and during such instances as a pandemic, a patient currently away from home or unnecessary ER visits. And they should remain an alternative to in person visits without a doubt. But patients and providers must be the ones making the choice based on what is best for the patient. Not just for the foreseeable future, but in perpetuity.

Page 3: Contact Information (optional)

Q10   **Respondent skipped this question**
Name:

Q11   **Respondent skipped this question**
Organization:

Q12   **Respondent skipped this question**
Email Address:

#7

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, August 13, 2021 10:25:23 AM
Last Modified:	Friday, August 13, 2021 10:39:09 AM
Time Spent:	00:13:46
IP Address:	97.113.45.235

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Other Clinical Provider

Q2

Do you have comments broadly on the focus areas (page 4-5)?

The focus areas on page 6 should include the patient AND provider agreement that telehealth is the correct way to provide services, at least in mental health.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

No.

Q4

Do you have comments on the checklist for health plans (page 8)?

"How to introducing new staff who will interact with the patient" should be "introduce"

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

no

Q6

Do you have comments on the checklists for consumers (page 9)?

no

Q7

Are there any errors in the report or anything our report is missing?

There should be a section on mental health treatment as the process of using telemental health is somewhat different from telehealth in general. Additionally, the codes used for psychotherapy are not included on p.14. "95" is not the modifier used by all insurers; some require GT. The modifier should be checked by insurer.

Q8

How can our guideline better address health disparities?

A statement about the importance of offering the BIPOC community clinicians who are BIPOC should be made.

Q9

Do you have any general comments?

This is an excellent document which represents hours of work, no doubt.

Page 3: Contact Information (optional)

Q10

Name:

Laura Groshong

Q11

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Clinical Social Work Association

Q12

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#8

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Sunday, August 15, 2021 4:11:31 PM
Last Modified:	Sunday, August 15, 2021 4:31:19 PM
Time Spent:	00:19:48
IP Address:	67.171.44.178

Page 2

Q1   **Provider (MD, DO, ARNP, PA)**

What sector do you represent? (Choose the option that is
the best fit.)

Q2

Do you have comments broadly on the focus areas (page 4-5)?

Good

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Good

Q4

Do you have comments on the checklist for health plans (page 8)?

Good

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

Good

Q6

Do you have comments on the checklists for consumers (page 9)?

Good

Q7

Are there any errors in the report or anything our report is missing?

I am interested in a more detailed explanation or examples of a "benefits and risks of telehealth visit" discussion. During pandemic, most outpatient clinicians were not offering a choice of visit types to patients due to perceived risk with in-person visits. Now choice seems reasonable and the risk/benefit discussion is potentially very different from 1 year ago. Guidance/discussion of who has that discussion with patients (scheduler, ack office clinical staff or physician/APP and if/how they document that discussion seems to be missing from this document too.

Q8

How can our guideline better address health disparities?

I like how it is laid out that the decision for or against any type of visit should not be insurer driven but rather patient choice

Q9

Do you have any general comments?

No

Page 3: Contact Information (optional)

Q10   **Respondent skipped this question**

Name:

Q11   **Respondent skipped this question**

Organization:

Q12   **Respondent skipped this question**

Email Address:

#9

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, August 17, 2021 8:23:56 AM
Last Modified:	Tuesday, August 17, 2021 9:33:04 AM
Time Spent:	01:09:07
IP Address:	73.225.104.194

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Other Clinical Provider,
Other (please specify):
Physical Therapist

Q2

Do you have comments broadly on the focus areas (page 4-5)?

Page 4:
"No need for hands-on physical examination". This can be difficult to determine from a physical therapy perspective. Alternative: "The need for a hands-on physical examination may not be needed. Based on our current information, the clinician feels that a virtual appointment is the best option for the patient at this time."
"Outcome or evaluation would not be changed by physical examination or other information collected in person." I have had several patients where my evaluation did change once the patient was examined in person. The virtual visits were beneficial, helped the patients progress, and did not cause any harm. However, we modified treatment after an in-person session because we were able to perform a more detailed orthopedic physical therapy assessment. The telehealth visits were the best option for the patient at the time considering the ongoing pandemic and considering the condition was not urgent. The patient visits also likely reduced overall health care costs under the circumstances since the patient did not go to an urgent care due to acute pain.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

"No need for hands-on physical examination". This can be difficult to determine from a physical therapy perspective. Alternative: "The need for a hands-on physical examination may not be needed. Based on our current information, the clinician feels that a virtual appointment is the best option for the patient at this time."
"Outcome or evaluation would not be changed by physical examination or other information collected in person." I have had several patients where my evaluation did change once the patient was examined in person. The virtual visits were beneficial, helped the patients progress, and did not cause any harm. However, we modified treatment after an in-person session because we were able to perform a more detailed orthopedic physical therapy assessment. The telehealth visits were the best option for the patient at the time considering the ongoing pandemic and considering the condition was not urgent. The patient visits also likely reduced overall health care costs under the circumstances since the patient did not go to an urgent care due to acute pain.

Q4

Do you have comments on the checklist for health plans (page 8)?

Is it appropriate here to recommend uniform billing practices for all payers including place of service codes and modifiers required by payers?

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

No

Q6

Do you have comments on the checklists for consumers (page 9)?

No

Q7

Are there any errors in the report or anything our report is missing?

Page 2: Legislature box. SB5175, 2nd line: space between the words "pay for".

Q8

How can our guideline better address health disparities?

Not sure

Q9

Do you have any general comments?

1. I am an outpatient, orthopedic physical therapist. The following statement illustrates my perceived benefits and limitations related to a typical telehealth visit. "Telehealth was very important and necessary to progress the patient's exercise program and to instruct the patient with self-treatment and management strategies during the COVID-19 pandemic since we were not able to meet in person. I was able to generally assess the patient's range of motion, functional strength, compensatory movement patterns, posture, and ergonomics. I was able to assess the patient's home environment and how this relates to their current complaint. While teaching the patient home exercises, I was able to use verbal cuing to facilitate proper form and execution. Without this telehealth visit, it's possible that the patient would not progress appropriately and may even regress. Even though this telehealth was very necessary, I was unable to do a detailed examination and assessment or fully assess the patient's response to today's treatment. I was unable to assess muscle strength with manual muscle testing, palpate for soft tissue integrity that may be contributing to the patient's symptoms, palpate for elevated tissue temperature or swelling, perform joint mobility testing, perform special tests, and was unable to do a detailed biomechanical assessment. All of this said, today's appointment was valuable and necessary considering the circumstances."

2. There are limitations to data obtained during a pandemic. Data obtained during a pandemic may not be representative of data regarding telehealth under "normal circumstances". With that said, we may want to exercise caution in establishing guidelines regarding telehealth when we have limited data regarding usage during non-pandemic times.

Page 3: Contact Information (optional)

Q10

Name:

Anthony Yengo

Q11

Organization:

Quest Physical Therapy

Q12

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#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Thursday, August 19, 2021 7:55:38 PM
Last Modified:	Thursday, August 19, 2021 8:02:06 PM
Time Spent:	00:06:27
IP Address:	131.191.65.52

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Patient or Patient Advocate

Q2

Do you have comments broadly on the focus areas (page 4-5)?

Thorough and thoughtful description.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Beneficial

Q4

Do you have comments on the checklist for health plans (page 8)?

No

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

No

Q6

Do you have comments on the checklists for consumers (page 9)?

Important considerations.

Q7

Are there any errors in the report or anything our report is
missing?

Respondent skipped this question

Q8

How can our guideline better address health disparities?

Respondent skipped this question

Q9

Do you have any general comments?

Detailed, yet practical piece. As a provider and a patient who has recently used and greatly appreciate telehealth, I support this work to
accurately describe and study the effectiveness and value of telehealth.

Page 3: Contact Information (optional)

Q10

Name:

Stacey Sheridan

Q11

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Sound Care PT

Q12

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#11

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, August 23, 2021 4:14:17 PM
Last Modified:	Monday, August 23, 2021 4:25:25 PM
Time Spent:	00:11:08
IP Address:	73.42.206.24

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Provider (MD, DO, ARNP, PA)

Q2

Do you have comments broadly on the focus areas (page 4-5)?

I wanted to commend you on this undertaking. It is not easy to consolidate the recommendations of so many health care entities to generate a best practices list. COVID19 has moved telehealth forward dramatically & this report is needed. One area that is not commented on is the use of Project ECHO. I understand the reasons for the original AHRQ report include the lack of formal funding & the programs emphasis on CME. Your report goes to explain why other 'telehealth' interventions (econsults, remote monitoring) are not reviewed. It would be helpful to include a very short explination abut why not Project ECHO.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

Your check list emphasizes age as a potential reason that patients should NOT be excluded from tele-consults. I would argue that this is a big reason but not the only reason. SES, location, ethnicity, and diagnosis are also reasons patients are screened out. I work in behavioral health and psychosis and past suicide attempts historically are not offered tele-health appointments. While all of these things need pre-screening, they in and of themselves should not be reasons to remove tele-health as a modality for an individual patient.

Q4

Do you have comments on the checklist for health plans (page 8)?

Same comment as above.

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

Same comment as #3

Q6

Do you have comments on the checklists for consumers (page 9)?

Same comment as #3

Q7

Are there any errors in the report or anything our report is missing?

nothing overt

Q8

How can our guideline better address health disparities?

Same comment as #3

Q9

Do you have any general comments?

Wonderful job. I look forward to including this report as part of my tele-lectures in the future.

Page 3: Contact Information (optional)

Q10

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Q11

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Q12

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#12

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 23, 2021 1:46:09 PM
Last Modified: Friday, August 27, 2021 1:50:21 PM
Time Spent: Over a day
IP Address: 136.226.57.25

Page 2

Q1

What sector do you represent? (Choose the option that is the best fit.)

Health Plan

Q2

Do you have comments broadly on the focus areas (page 4-5)?

No.

Q3

Do you have comments on the checklist for health care systems and delivery site(s) (page 7)?

We would like to see inclusion of a recommendation on ensuring telehealth portals and platforms are HIPAA-compliant for patient privacy and security, as well as following general best practices for IT system security.

Q4

Do you have comments on the checklist for health plans (page 8)?

Yes.
We currently have the ability to differentiate between video-enabled and audio-only telehealth visits in line with guidance from the Health Care Authority during the PHE. The first item would be better phrased as a best practice recommendation, but it is also the responsibility of health care systems to properly code these visits and ensure data accuracy.
We would want to monitor, report, and act on any adverse outcomes related to all care, not just care provided by a telehealth vendor. It is not clear why only vendors are called out in the second item.
It is not clear what "meaningful vetting" means in the third item in relation to vendor selection. We do not enter any contractual relationship without appropriate vetting and thorough understanding of the services to be provided. It is not clear why only vendors are called out, especially since the majority must contract with WA providers in order to operate in the state.
The vendors we contract with for telehealth services are expected to provide information back to a primary care provider. However, many of our members may not know who the right contact is. The eighth item would be better phrased as ensuring API technology is in place to facilitate the exchange of medical records when a patient receives care across health care settings. This is also consistent with API guidance from CMS.
The ninth item is not necessary for inclusion as the telehealth provider must be in the same state as the patient and will have appropriate knowledge for any additional care. It is also not clear why this expectation is placed on health plans in relationship to vendors without recognizing the role of other health care providers.

Q5

Do you have comments on the checklists for employers and health care purchasers (page 9)?

No.

Q6

Do you have comments on the checklists for consumers (page 9)?

No.

Q7

Are there any errors in the report or anything our report is missing?

The majority of HB 1196 related to payment parity for audio-only took effect on July 25, 2021. Only the language related to an established relationship takes effect in January 2023.

Q8   **Respondent skipped this question**

How can our guideline better address health disparities?

Q9

Do you have any general comments?

We appreciate the Bree Collaborative bringing forward these items for consideration and improving standards of care as more telehealth modalities are utilized and technology changes.

Page 3: Contact Information (optional)

Q10

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Q11

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Q12

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