



AGENDA

Video in:

<https://us02web.zoom.us/j/992827168?pwd=dWZUZjVvR3RCUFlqN2F3MjZ5SXIWZz09>

Password 98104

Phone in: 346-248-7799 Meeting ID: 992 827 168

Issues: Call Steve Levy 954-540-3860

11:00 Updates
a.m.

Randy Moseley

- Patient experience with telehealth – Linda Radach
- UW MHA program fall project – **Steve Levy**

Issue: Telehealth and Patient Safety. As state spending on health care continues to increase, policymakers look for ways to ensure access to care in a cost-effective manner that improves health for their constituents. Enhancing and increasing access to health care services through telehealth is widely viewed as one strategy to help address workforce shortages and reach patients in rural and underserved areas. The COVID-19 pandemic has dramatically increased telehealth's use. Telehealth goes by many synonyms: telemedicine, connected health, eHealth, mHealth, etc. Telehealth tools include diagnosis, health monitoring, and patient communication; the traditional model of episodic and hospital-based care is being replaced by a patient-centric approach, with patients constantly connected to their health care providers. "Televisits" inherently raise questions about quality and safety. Telemedicine has evolved from simple telephone communications to more complex algorithmic-driven smartphone-based applications. Many developers lack medical training, and some fail to involve clinicians in the development or implementation of mobile applications. Many applications are also marketed directly to consumers without any formal safety or efficacy testing.

Project: What are the main quality and safety concerns raised by increased use of telehealth? What are the current rules dealing with quality and safety issues in telehealth, in state or federal regulations or accreditation standards and how effective are they? Identify best practices for assuring the quality and safety of telehealth services and make recommendations regarding policy initiatives to do so.

- KP webinar meeting update

11:20 Workplan update and annual review
a.m.

Randy Moseley

Each year the workgroups do an annual review of their progress. It is not an evaluation, rather it is a "are we on course?" What have we accomplished and what not? What tactics and activities should we sunset or continue? We will present our review at the November 20 steering committee meeting for discussion and feedback.

11:55 Next steps
a.m.

Randy Moseley

PURPOSE: Develop a toolkit of tools and resources around best practices. Promote collaborative diagnosis (including patient/family) Work to promote Shared Decision Making. Work to promote collaborative diagnosis and beyond that, help patients understand how best to prepare for visits and collaborate and engage with their providers.

GOALS:

We will work with SIDM and RLDatex to determine how we can implement existing tools into our member organizations by December 2020.

We will partner with Kaiser Permanente to education our members on their SURENet program and the benefits of use; resulting in a webinar series in 2020.

This group will work to accomplish their goals through the following Tactics:

Tactics	Activities & Actions	Measure of Success	Actions we took	Updates
1. Create a standard diagnostic error taxonomy for reporting	<ol style="list-style-type: none"> Engage software vendors to adopt taxonomy Collaborate with AHRQ to test taxonomy in WA state Discuss with SIDM 	<ul style="list-style-type: none"> Creation of standard taxonomy by December 2021 # vendors incorporating taxonomy # WA facilities adopting taxonomy 	<ol style="list-style-type: none"> Held meeting with RLDatix, most popular adverse event reporting system to discuss integrating diagnostic error categories into their risk management software. RLDatix agreed in principal. AHRQ common format draft distributed to 	<ul style="list-style-type: none"> RLDatix is in process of purchasing competitors. Their goal is to merge systems and include diagnostic taxonomy when updating new system. NOF developed Reducing Diagnostic Error:

			workgroup members for comment. 3. Held conversations with SIDM and are ongoing	Measurement Considerations weblink <ul style="list-style-type: none"> • Randy to Send AHRO Link • Conversation with SIDM on this topic is ongoing
2. Implement diagnostic tool in member organizations This Tactic is on hold	<ul style="list-style-type: none"> • Determine the 5 tools from SIDM that our organizations would use • Create Implementation Plan • Determine the correct person from each organization to implement the tool 	<ul style="list-style-type: none"> • # of member organizations have implemented one new diagnostic tool 	<ul style="list-style-type: none"> • This activity on hold 	
3. Collaborate with WSHA to reach the largest audience on diagnostic educational programs	<ul style="list-style-type: none"> • Webinar Series with KP • Panelist Webinar on telehealth 	<ul style="list-style-type: none"> • # attendees • Post Webinar Survey 	<ul style="list-style-type: none"> • WPSC to set follow up call, including Karen Birmingham with KP, WPSA & WSHA • WPSC & WSHA to co-brand & promote webinar series • WSHA to make sure they are not duplicating work through their organization 	<ul style="list-style-type: none"> • Meeting held Sept 28
4. Research and promote patient visit prep tools	<ul style="list-style-type: none"> • Review and determine existing prep tools for patients 		<ul style="list-style-type: none"> • Inquire on status with KP during call 	