WashingtonState
TelehealthCollaborative

Meeting Minutes

March 18, 2024 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	Y	Dr. Josh Frank	Y	Scott Kennedy	N
Sen. Annette Cleveland	N	Joelle Fathi	N	Mark Lo	Y
Rep. Marcus Riccelli	Y	Stacia Fisher	Y	Heidi Brown	N
Rep. Joe Schmick	Y	Dr. Frances Gough	N	Adam Romney	Y
Dr. John Scott	Y	Lisa Woodley	N	Cara Towle	Y
Dr. Chris Cable	Y	Emily Stinson	Y	Lori Wakashige	Y
Jae Coleman	N	Amy Pearson	Y	Preet Kaur	Y
Stephanie Cowan	Y	Dr. Philip Reilly	N	Clark Hansen	Y
Kai Neander	Y	Dr. Geoff Jones	Y		

Non-Member Presenters: Dan Logsdon (National Center for Interstate Compacts), Tammie Perreault (U.S. Department of Defense), Nicki Perisho (NRTRC), Hanna Dinh Hsieh (UWM)

Public attendees *(alphabetical by first name)*:
Al Hansell (CHPW/CHNW), Alpana Banerjee (Mental Health/Public Health Advocate), Anna Sherles (ISP), Caitlin Safford (WSHA), Cameron Long (WA Gov), Cara Carlton (MultiCare), Chad Gabelein (MultiCare), Charlotte Shannon (UWM), Frank Koomson (Moses Lake CHC), Gail McGaffick (WSPMA), Heather Mullene (Valley Medical Center), Ian Goodhew (UWM), Jaleen Johnson (NRTRC), Jinn Schladweiler (Association of Advanced Practice Psychiatric Nurses), Jodi Kunkel (HCA), Koji Sonoda (UWM), Leah Rosengaus (Stanford Health Care), Lisa Roche (Providence), Lynda Dougan (Unity Care NW), Marissa Ingalls (Coordinated Care), Marjorie Parkison (UWM), Marshall Bishop (Bird's Eye Medical), Melissa Rieger (Craig Hospital), Micah Matthews (WMC), Michelle Lin (UWM), Mike Zwick (Cambia Health Solutions, Molly Shumway (UWM), Nancy Lawton (ARNP, FNP), Nomie Gankhuyag (FHCC), Rachel Abramson (UWM), Rashi Gupta (UWM), Sarah Huling (Public Observer), Sarah Koca (CHPW/CHNW), Scott Sigmon (ZoomCare), Sheridan Turner (Mindful Therapy Group), Tammara Gibbons (Virginia Mason Franciscan Health), Taylor Bacharach-Nixon (WMC), Vicki Sakata (Northwest Healthcare Response Network).

Meeting began at 10:00 am

Welcome and Attendance

Dr. John Scott [0:00]

Review of Meeting Minutes - January 29, 2024

Dr. John Scott [4:15]

Dr. Scott (Chair) reviews minutes. Representative Schmick (R-9) motioned to approve minutes. Geoff Jones (Newport Community Hospital) seconded. Unanimously approved as submitted.

Action Item:

- Mrs. Dinh Hsieh (Collaborative Program Manager) to post approved January 2024 notes on WSTC website

New Collaborative Member: Sea Mar Community Health Centers

Dr. John Scott [6:37]

Dr. Philip Reilly will be replacing Dr. Ricardo Jimenez to represent Sea Mar Community Health Centers on the Washington State Telehealth Collaborative.

Dr. Reilly is a family doctor practicing full-spectrum family medicine at Sea Mar Community Health Centers since 1997. He is a Regional Medical Director and Lead for Clinical Informatics.

More on his biography: https://www.seamar.org/medical-providers/philip-reilly.html

State/Federal Updates

Hanna Dinh Hsieh and Dr. John Scott (UWM) [7:37]

Alaska Update

- Alaska S.B. 91 would allow out-of-state physicians and members of their multidisciplinary care team to provide telehealth services to Alaska patients without obtaining an Alaska license. The privilege to practice extends only to either of the following circumstances:
    - Ongoing treatment or follow-up care is related to health care services previously provided by the physician to the patient and applies only if:
        - There is an established physician-patient relationship and the physician has previously conducted an in-person visit with the patient
    - A visit with a physician licensed in another state or a member of the physician's multidisciplinary care team regarding a suspected or diagnosed life threatening condition for which both of the following must be met:

        - The patient has been referred to the out-of-state physician or their multidisciplinary care team by a physician licensed in Alaska or licensed in another state – there must be a documented referral
        - The visit involves patient communication regarding diagnostic or treatment plan options or analysis of test results for the life-threatening condition
    - Follow the progress of the bill here.
    - See bill text here.
- Alaska passed a bill last session, H.B. 265, that allows physicians to consult with out of state providers if a patient's situation is life-threatening and is documented in chart. Alaska S.B. 91 is adding physician's multidisciplinary care team members to provide telehealth services.

State Updates

- New Jersey court case, *MacDonald et al. v. Sabando,* was filed in December 2023 where it involves a pediatric oncologist at Boston Massachusetts General Hospital who was treating a pediatric patient in New Jersey for brain cancer.
    - Dr. MacDonald was overseeing his care without a license in New Jersey and the New Jersey Medical Commission barred her from continuing this telehealth care due to state telehealth licensure restrictions.
    - The patient and the patient's father have sued the New Jersey Medical Commission on grounds that this violates the interstate commerce clause.
    - See more details here.
    - This court case was included because there could be implications for all of United States and telemedicine across state lines.
- Washington S.B. 6101 would continue the Hospital at Home program for patients past its current sunset date of May 1, 2024. This program model allows hospitals to provide acute care services in patients' homes as an alternative to hospital admission.
    - Returned to Senate Rules Committee for third reading
    - Follow the progress of the bill here.
    - See bill text here.
    - A correction was made to the Washington S.B. 6101 regarding Hospital at Home services. The House version of this bill was passed, H.B. 2295. This was passed on Monday, March 4th.
    - The Washington State Department of Health must adopt rules by December 31, 2025 to add hospital-at-home services to the services that a licensed acute care hospital may provide
    - See bill text here.

S.B. 5821 – Audio-Only Telemedicine

- S.B. 5821 establishes a uniform standard for creating an established relationship for the purposes of coverage of audio-only telemedicine services
    - Passed on Wednesday, 2/28
    - This bill is on the list to be signed by the Governor on Tuesday, March 19th

  - See final bill report here.
  - See bill text here.
- "Established relationship" means the provider providing audio-only telemedicine has access to sufficient health records to ensure safe, effective, and appropriate care services and:
  i. ~~For health care services included in the essential health benefits category of mental health and substance use disorder services, including behavioral health treatment:~~ The covered person has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the provider providing audio-only telemedicine or with a provider employed at the same medical group, at the same clinic, or by the same integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW as the provider providing audio-only telemedicine; or
  ii. The covered person was referred to the provider providing audio-only telemedicine by another provider who has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the covered person and has provided relevant medical information to the provider providing audio-only telemedicine
      i. The three years verbiage aligns with the billing guidelines for a new patient
  - ~~For any other health care services:~~
    ~~(A) The covered person has had, within the past two years, at least one in-person appointment, or, until July 1, 2024, at least one real-time interactive appointment using both audio and video technology, with the provider providing audio-only telemedicine or with a provider employed at the same medical group, at the same clinic, or by the same integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW as the provider providing audio-only telemedicine; or~~
    ~~(B) The covered person was referred to the provider providing audio-only telemedicine by another provider who has had, within the past two years, at least one in-person appointment, or, until July 1, 2024, at least one real-time interactive appointment using both audio and video technology, with the covered person and has provided relevant medical information to the provider providing audio-only telemedicine~~

S.B. 5481 – Uniform Telehealth Act

- Passed on Tuesday, 3/05
- This Act will be signed by the Governor on Tuesday, 3/19
- Law is effective 90 days from 3/07
- See final bill report here.
- See bill text here.
- Washington is the first state to adopt the Uniform Telehealth Act
- Adopts the following changes:
  - Removes the definitions for "telemedicine," "store and forward technology," and "telemedicine services." Adds definitions for "telehealth" and "telehealth services," and replaces reference to "telemedicine" with "telehealth"

- Allows a provider to establish a patient relationship through telehealth
- The practice of a telehealth service occurs at the patient's location at the time the service is provided
- Clarifies that an out-of-state practitioner may use telehealth services to consult with an in-state practitioner regarding a patient, but the in-state practitioner remains responsible for providing the care
- Prohibits a disciplining authority from adopting practice standards for telehealth that are different from in-person standards
- Adds that this act does not require reimbursement for telehealth services if they do not meet the reimbursement requirements for telemedicine in statute
- Updates the due date for the WA State Telehealth Collaborative to review the idea of a registration system for out-of-state practitioners regulating their profession in Washington to allow them to provide telehealth services to patients in Washington. A report is due by 12/01/2024 back to the Legislature.

- "An out-of-state health care practitioner may provide telehealth services to a patient located in this state if the out-of-state health care practitioner:
  1. Holds a current license or certification required to provide health care in this state or is otherwise authorized to provide health care in this state, including through a multistate compact of which this state is a member; or
  2. Holds a license or certification in good standing in another state and provides the telehealth services:
     - In the form of a consultation with a health care practitioner who has a practitioner-patient relationship with the patient and who remains responsible for diagnosing and treating the patient in the state
     - In the form of a specialty assessment, diagnosis, or recommendation for treatment. This does not include the provision of treatment; or
     - In the form of follow up by a primary care practitioner, mental health practitioner, or recognized clinical specialist to maintain continuity of care with an established patient who is temporarily located in this state and received treatment in the state where the practitioner is located and licensed."

S.B. 5481 – Collaborative Task

- "The Collaborative must review the proposal authored by the Uniform Law Commission for the state to implement a process for out-of-state health care providers to register with the disciplinary authority regulating their profession in this state allowing that provider to provide services through telehealth or store and forward technology to persons located in this state. By December 1, 2024, the Collaborative must submit a report to the legislature on its recommendations regarding the proposal."

Questions/Discussion:

- A correction was made to the Washington S.B. 6101 regarding Hospital at Home services. The House version of this bill was passed, H.B. 2295. This was passed on Monday, March 4th.

- The Washington State Department of Health must adopt rules by December 31, 2025 to add hospital-at-home services to the services that a licensed acute care hospital may provide
  - See bill text here.
  - Ian Goodhew (UWM) adds that there's been discussion in Washington D.C. to extend the federal Hospital at Home program.
- There was much discussion on network adequacy related to S.B. 5481
  - Representative Riccelli shares that the House Healthcare Committee will be adding this topic into their interim plans for further discussion because there is a lot of interest in this topic.
  - Representative Schmick comments that there was an adder, which is a temporary pass that allows a carrier to provide primary care services.
- Dr. Scott spoke with Micah Matthews from the Washington State Medical Commission regarding the Uniform Telehealth Act – Micah is very positive about the potential for increasing access in the state.
- Regarding the Uniform Telehealth Act, Representative Riccelli shares that there were concerns about highlighting specific telehealth modalities in how they are to be delivered in this bill. There was discussion on including language that would allow for evolving technology – however, folks did not feel comfortable with this because of potential revisions on what modes would be acceptable.
- Is there a sense of if other states are thinking about passing similar legislation?
  - The Uniform Law Commission is formed with Arizona, Florida, and other states – currently unknown if the Uniform Telehealth Act has passed in those states.
  - Ian Goodhew (UWM) adds that UW Medicine will look into this as well.
- Will the out-of-state providers be required to take the Washington state telehealth training?
  - This is not specified in the Uniform Telehealth Act.
- The Collaborative was extended through 2025. However, Ian Goodhew (UWM) comments that a discussion for an additional extension will need to occur in the next session, if there's interest in this.

Action Item

- Dr. Scott / Mrs. Dinh Hsieh (Collaborative Program Manager) to add the Uniform Telehealth Act as a standing agenda topic for future Collaborative meetings
- Dr. Scott / Mrs. Dinh Hsieh (Collaborative Program Manager) to add the relationship between telemedicine and network adequacy as a future Collaborative meeting agenda topic
- Dr. Scott to work with the legislators on how to interface best with the House Healthcare Committee regarding the network adequacy topic
- Dr. Scott / Mrs. Dinh Hsieh to look into the Arizona and Florida registry systems

Interstate Licensure Updates

Dan Logsdon (National Center for Interstate Compacts) and Tammie Perreault (U.S. Department of Defense) [26:10]

The Council of State Governments

- Is a nonpartisan membership organization
- Is composed of all 50 states, Washington D.C. and all five U.S. territories
- Serves the three branches of state governments

National Center for Interstate Compacts

- Serves as a technical assistance center in The Council of State Governments
- Provides compact education, development and administration services
- Works with:
  - Professional membership organizations
  - Department of Defense
  - Legislators
  - Regulators
  - Administrators

What is an Interstate Compact?

- Legislatively enacted agreement among states
- Cooperatively addresses shared problems
- Versatile and proven policy tool
- Applicable across policy areas, including occupational license

Operating Licensure Compacts

- Emergency Medical Services Personnel
- Nurses
- Psychologists
- Physical Therapists
- Physicians

Compacts Beginning Operations

- Audiology and Speech-Language Pathology
- Counseling
- Occupational Therapy

Joint Data System Project

- Interstate Compact Data Systems
  - Most important component of the interstate compact

- Makes possible the public protection aspects of the compact
  - Data system costs delay the benefits of the compact
- Commissions for OT, Audiology & SLP, Counseling
  - Joint agreement to build data system
  - Leveraging DoD Cooperative Agreement funds
  - DoD Compacts get "free" access
  - Significantly reduce time for compacts to begin operating

Compacts Available to States*

- Cosmetology
- Dentistry and Dental Hygiene
- Dietitians
- Massage Therapy
- Physician Assistants/Associates
- Social Work
- Teaching
- School Psychologists
- APRN
- Respiratory Therapists*

Compacts and Licensure

- Respond to states desire in recent years to:
  - Reduce the social costs of licensure.
  - Safeguard health and safety.
- Improve licensure portability.
- Preserve state authority and negate the need for federal intervention.

Key Features

- Developed through a collaborative and transparent process.
- Establish uniform standards for participating states and licensees.
- Create a licensure data system.
- Administered by a compact commission.

Compact Benefits for Licensing Boards and Agencies

- States retain control of scope of practice
- States retain control of initial licensure process
- Compacts facilitate the exchange of licensure and disciplinary information
- Compacts improve cooperation in regulating the profession

Benefits for Practitioners

- Authorizes practice in other member states

- Improves licensure portability
- Reduces effort needed to maintain individual state licenses
- Takes advantage of new telehealth opportunities

Benefits for Consumers

- Increases access to health care services, including through telehealth
- Improves continuity of care
- Promotes practitioner diversity
- Increases access to specialists

State Participation in Licensure Compacts

- Since January 2016, states have enacted 300+ separate pieces of licensure compact legislation
- Forty-Seven states, two territories and Washington D.C. have enacted at least one licensure compact
- Forty-One states and Washington D.C. have enacted at least three licensure compacts
- Thirty-Three have enacted at least six licensure compacts

Current Licensure Compacts

- Interstate Medical Licensure Compact: 41 states
- Nurse Licensure Compact: 41 states
- Physical Therapy Compact: 37 states
- Psychologists Compact: 41 states
- Audiology and Speech-Language Pathology Compact: 30 states
- Emergency Medical Services Compact: 24 states
- Occupational Therapy Compact: 28 states
- Counseling Compact: 34 states
- Advanced Practice Registered Nurse Compact: 4 states
- Dentists/Dental Hygienists Compact: 5 states
- Social Work Compact: 2 states
- PA Compact: 4 states
- Teacher Compact: 12 states
- School Psychology: 1 state
- Dietitians
- Massage Therapy: 1 state
- Cosmetology: 3 states

Interstate Compact Models

- Nurse Licensure Compact
  - Mutual recognition (multistate license)
- PT Compact

    - Mutual recognition (privilege to practice)
- Interstate Medical Licensure Compact
    - Expedited licensure
- Psychologists Compact
    - Telepsychology

Telehealth and Compacts: Providers

- Health care professionals often need licenses to practice in other states via telehealth, making it difficult to:[1]
    - Consult on special cases
    - Educate other health care workers
    - Help resolve regional shortages
    - Emergency situations
- Because of the licensure issues that compacts help resolve, they can be used in combination with telehealth very effectively.

1. https://www.ajmc.com/view/eliminating-barriers-to-virtual-care-implementing-portable-medical-licensure

Telehealth and Compacts: Consumers

- Patient desire for telehealth is increasing[1]—75% of patients indicate they want access to telehealth in order to:
    - Reduce travel burden.
    - Reduce concerns about stigma.
    - Wider variety of practitioners
- Telehealth achieves positive results.
- Improved mobility for practitioners improves accessibility for consumers

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577694/

Resources

- National Center for Interstate Compacts
  https://compacts.csg.org/
- Licensure Compact Websites:
  https://www.aprncompact.com/
  https://counselingcompact.org/
  https://ddhcompact.org/
  https://psypact.org/
  https://www.imlcc.org/
  https://dietitianscompact.org/
- Compact Websites:
  https://ptcompact.org/
  https://www.nursecompact.com/

https://aslpcompact.com/
https://otcompact.org/
https://swcompact.org/
https://www.pacompact.org/
https://www.emscompact.gov/

Washington State

- **#7 Military Connected State in the Nation**
- Health Related Occupational Licensure Compacts:
    - Audiology/Speech-Language Pathology
    - Dental and Dental Hygienist
    - Licensed Professional Counseling
    - Nurse Licensure
    - Occupational Therapy Licensure
    - Physical Therapy Licensure
    - Physician Associates (new!)
    - Psychology Interjurisdictional
    - Interstate Medical Licensure
    - Social Work Licensure Compact*

Why Licensure Matters

- 36% of military spouses require an occupational license for employment
- >20% unemployment rate
- Licensure is primarily in two areas for military spouses healthcare and education.

DoD-CSG Cooperative Agreement

- The Fiscal Year 2020 National Defense Authorization Act (Public Law 116–92, Section 575) authorized the Department of Defense to enter into a cooperative agreement with the Council of State Governments.
- Provides grants to occupations to develop occupational licensure compacts

For Additional Information

- Visit statepolicy.militaryonesource.mil
- https://compacts.csg.org

Questions/Discussion:

- Is there an understanding for why Oregon did not join the Medical Licensure Compact?
    - Micah Matthews (WMC) responds that Oregon has a number of data privacy laws that make their participation in the compact difficult. There is also a concern about abdicating state authority to issue a license, that in our experience is less of a valid concern. Micah provides the white paper that the Oregon Medical Board released on this topic:

https://www.oregon.gov/omb/topics-of-interest/pages/interstate-medical-licensure-compact-and-oregon.aspx
    - Dan Logsdon (NCIC) adds that Oregon is also challenging because of their state constitution where there has to be changes to the compact language. Compacts supersede conflicting state law, but they don't supersede a state's constitution.
- Regarding the Uniform Telehealth Act, do you have any comments about how this registry might interface with the compacts, if at all?
    - Dan Logsdon (NCIC) shares that he doesn't think there would be any interface with the compacts.
    - Dan believes that Florida has the first telehealth registry and then, Arizona passed their telehealth registry a couple years ago. The states that pass their Uniform Telehealth Bills are all slightly different. However, states are doing whatever is possible to support portability and allow expedited practice into a state via telehealth, but they want some comfort in capturing who is practicing there.

Action Item:
- If the Collaborative members have any further questions or have additional comments, reach out to Dan Logsdon at dlogsdon@csg.org and Tammie Perreault at (571) 424-8264 or Tammie.L.Perreault.civ@mail.mil.

Virginia Mason's Telehealth Efforts

Amy Pearson (Virginia Mason) [49:47]

Improve the health and well being of the patients we serve
- Compassion
- Inclusion
- Integrity
- Excellence
- Collaboration
- Innovation and Process
- Improvement

Virginia Mason Production System (VMPS)
- 7 wastes of Lean
    - Inventory
    - Waiting
    - Defects
    - Overproduction
    - Motion
    - Transportation

  - Over-processing

Kaizen

- Empower the People
- Increase value to the patient
- Improve quality, safety, team work, staff and patient experience

Telemedicine @ Virginia Mason in 2018

- Virginia Mason's Telehealth Focus
  - Patient Centered
  - High Quality
  - Personalized Customer Service
  - Grass-Roots
  - Utilization of the Virginia Mason Production System
- Telestroke and Teleneurology
  - Virginia Mason Hospital and External Partners in Central Washington
- Tele Pulmonology and EEG
  - Juneau Alaska
- Teleradiology
  - Forks Washington

Vision for Direct to Consumer: 2019

- Focused attention on developing innovative direct to consumer
  - GI
  - Neurology
  - Transgender Health
  - Obstetrics
  - Behavioral Health

COVID Pandemic 2020 and the Growth of Virtual Care

- March 2020: COVID Pandemic
- April 2020: Direct to consumer visits ~14,000 virtual visits
- July 2020: Virtual Care innovation and training
- December 2020: Process improvement event – standard work for virtual visits

Virtual Care Video Visits Became Reality!

- By 2021 all ambulatory departments offered Virtual Visits to patients from their own home
- Ambulatory visits in 2021 averaged 2500 per week

Improving the Virtual Visit

- Building knowledge with PDSA tests

Standard work developed for virtual visits

- Medical Assistant – Virtual Check-In
  - Troubleshoot Audio and join in Video Platform
  - Arrive in ADT System
  - Complete MA Rooming and offer Health Maintenance Appointments (Mammo, AWV, COT follow ups)
  - Virtual Hand off to Provider
  - Schedule follow up appointments

Virtual Support Team

- Virtual Medical Assistant
  - Hired MA-C's to a Virtual support team
  - Focus on Virtual Visits, Scheduling, and Clinical Message Management
  - Work from home remote position (incentive and improved recruiting efforts)
  - Monitor Productivity and Quality of Virtual Rooming

Virtual Visits Sustain

- Average 2700 ambulatory video visits/week
- ~15% of our ambulatory visits are done virtually

Telemedicine @ Virginia Mason Continues

- Telestroke and Teleneurology
  - We are a Comprehensive Stroke Center certified by DNV. We offer the highest quality of care to the most complex stroke cases using evidence-based care. We are a multidisciplinary team of specialized healthcare personnel
- Teleradiology, Tele EEG, Pulmonology services

Telemedicine for Specialty Services – Juneau Alaska

- Vision
  - Expand specialist's services via virtual care in the Juneau community to help achieve better health outcomes. Patients, in their own homes or onsite within the local medical clinics, will be able to connect with Virginia Mason physicians in a range of specialties virtually.
- Telemedicine to Alaska
  - Peer to Peer Guidance
  - Telemedicine specialty services
    - Infectious Disease
    - GI
    - Cardio
    - Neuro
    - Hem Onc

    - Endo
    - Rheumatology
    - Nephrology
    - Vascular Surgery

Peer to Peer Guidance Program
- Interprofessional Provider to Provider Care Review and Guidance
- Secure Digital Platform to share patient information, including images.
- Does not require the provider have AK licensure

Telemedicine Services for Alaska Patients
- Currently in the process of getting >20 specialty providers Alaska Licenses
- Next Steps: Implement virtual care for outpatients in Alaska for specialty services

Virginia Mason Franciscan Health
- Remote Cardiac Monitoring
- Virtual Companion Services
- Virtual ICU
- Virtual Hospitalist
- Virtual Nurse (In-patient)

Questions/Discussion:
- After four years of the pandemic, what are some of the challenges that patients are having with telemedicine, if any?
    - The biggest challenge continues to be connecting via audio visual on the patients' ends. Amy Pearson (Virginia Mason) shares that they have discussed possible solutions on how to help patients get access to their Internet or get connection assistance. Their virtual support team has been instrumental in this because they have this time to help patients troubleshoot their audio visual issues.
- Cybersecurity has been a big issue recently. How did telemedicine help with shifting of resources, if any? Was there the ability to flex and help folks on the peninsula?
    - There was definitely a strong focus to get these services connected to being able to figure out how to resolve patients' technical issues. There are many security measures in place to ensure they are being followed organizationally. There is also a lot of IT support when it comes to supporting their organizational systems.
    - Amy Pearson (Virginia Mason) shares that Virginia Mason is part of a bigger system now with two different electronic health record systems, which should be resolved fairly soon to see across both systems.
        - Dr. John Scott adds that these cyber security events show how important the electronic health record is and this can get compromised, including for telemedicine visits.

- For the peer guidance program, could you speak to how these collaborations originate? Is it the "home" provider, the patient, or the Virginia Mason provider who initiates reaching out?
    - Virginia Mason's vision is that the spoke facility providers reach out to their specialists for specific questions about their patients. The spoke facility uploads documents and images into a secure platform where Virginia Mason's specialty providers can view them and provide their documentation/recommendation in response to their specific questions.
    - Amy Pearson (Virginia Mason) clarifies that this is not direct patient care; this is provider to provider guidance in allowing interprofessional consults or advice across state lines without having to be concerned with licensure.
    - The second stage to this is finishing the applications of Alaska licenses for their specialists so that they can provide audio-visual telehealth visits, which takes time as Alaska is not part of the interstate compact.
    - Is there a billing element to the peer guidance program?
        - Amy Pearson (Virginia Mason) responds that Virginia Mason is trying to make these "curbside consults" more formal with a contract in place where there is a subscription-based payment program for these services to allow for multiple consults a year. This service would not be billed towards the patient.
- How do you steer your patients towards a telemedicine visit vs. an in-person visit?
    - When the pandemic started, Virginia Mason was pushing many visits to video. Then, they got more granular and pushed on offering a video visit first to specific patients who have respiratory conditions or COVID-19 symptoms. Over time, they learned that there are many types of visits that can be offered. Patients often prefer video visits because then they don't have to travel to the clinics in person.
        - Transitional care appointments are also good for video visits so that patients can be in their own homes as long as they do not need an in-person assessment. Annual wellness visits are also offered via telehealth at Virginia Mason.
        - Virginia Mason continues to do a "video-first" strategy to patients with any kind of infectious-related symptoms. They also offer video visits for almost any type of appointment if there is no requirement of a procedure or in-person check.
- Virginia Mason seems to manage the technical issues well while treating the patients, especially for neurology, cardiology, mental health, and behavioral health patients to ensure their tests are completed in a certain amount of days due to its time-sensitivity. But at times, this is not possible to do virtually. How do you manage this and how safe is this?
    - There are often times where patients would need to come into the office for follow-up labs or x-rays. For example with COVID-19 testing, Virginia Mason would send someone to their local area with an available testing site to get tested.
    - Most of their regional medical centers offer a lab draw within their clinic to get these tests done.
    - In Virginia Mason's virtual support team, the Medical Assistants are trained to schedule follow-up x-rays or screenings (e.g. mammograms), if needed.

Action Items

- If the Collaborative members have any further questions or have additional comments, reach out to Amy Pearson at amy.pearson@vmfh.org.

Wrap Up/Public Comment Period

[1:11:48]

- Nicki Perisho shared about the Northwest Regional Telehealth Resource Center Conference that will take place on April 29 – May 1, 2024 in Seattle, Washington. The agenda includes:
  - Pre-Conference Quality Improvement Workshop: https://nrtrc.org/conference/qi-workshop.shtml
    - Practical, hands-on skills to build and strengthen your quality improvement (QI) program
    - Optimize telehealth service delivery in ways that are efficient, data-driven and person-centered
    - Grasp the four elements of the Model for Telehealth Improvement
    - Build skills in planning and executing plan-do-study-act (PDSA) cycles
    - Engage in telehealth process improvement mapping
  - Shared featured speakers, including Dr. John Scott, and highlighted sessions with great panels
  - There will also be a networking reception on Tuesday, April 30 at 4:30-6:30 pm at the University of Washington Husky Union Ballroom in the Vendor Hall
  - The conference is accepting sponsors and exhibitors – this is an opportunity to highlight your telehealth products and services.
    - View and complete the vendor prospectus here: https://nrtrc.org/conference/sponsorships.shtml
  - There is also a promo code to receive $15 off your registration fee
    - Registration is $375 and the pre-conference workshop is $125
    - There is also a student rate, which is $150

Register Now for
$15 off!
Use Promo Code:
NRTRC24
for more information visit:
www.nrtrc.org/conference
Scan to register:

  - More conference information can be viewed here: https://nrtrc.org/conference/
  - Full agenda can be viewed here: https://nrtrc.org/conference/schedule.shtml
  - Register for the conference here: https://na.eventscloud.com/ereg/index.php?eventid=757219&
- Nicki Perisho (NRTRC) shares that the NRTRC just concluded their 2023 telehealth survey results, which you can also review the results through 2020: https://nrtrc.org/resources/research.shtml
  - 2023 Telehealth Survey results is here: https://nrtrc.org/about/region/downloads/2023Survey.pdf
- Next meeting: Monday, May 13, 2024 at 10:00 am – 12:00 pm
- Meeting materials, including presentation slides and recording, will be posted on the Collaborative's website and sent out via the newsletter

Action Items

- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh Hsieh
- If any Collaborative members have any questions have the NRTRC 2024 Conference, reach out to Nicki Perisho at nicki@nrtrc.org.

Tentative Next Meeting Items:

Tele-Evaluation: Central Assessment of Psychosis Service (CAPS)
Leveraging Community Spaces to Expand Virtual Care Access
Legislative Telehealth Bills, including Uniform Telehealth Act and S.B. 5821: Audio-only telemedicine bill
Northwest Regional Telehealth Resource Center (NRTRC) 2024 Conference Update

Meeting adjourned at 11:23 am

Next meeting: May 13, 2024: 10 am-12 pm
Via Zoom.