WashingtonState
TelehealthCollaborative

Meeting Minutes

January 6, 2025 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

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

Non-Member Presenters: Hanna Dinh Hsieh (UWM)

Public attendees *(alphabetical by first name)*:
Alpana Banerjee (Mental Health/Public Health Advocate), Blaine Kifle (UWM), Brian Patrick O'Brien (UWM), Cameron Long (SRC), Carrie Tellefson (Teladoc), Charlotte Shannon (unknown), Deanette James (Elamax Mental Health Services), Gail McGaffick (VMFH), Heather Mullene (Valley Medical Center), Jaleen Johnson (NRTRC), Jeb Shepard (WSMA), Jeff Reitan (FHCC), Jennifer Stokes (NWRC), Julie Hanson (Bluestone Psychological Services), Kalaiselvi Kannigan (UWM), Katherine Mahoney (VMFH), Kim Silverman (MultiCare), Leslie Emerick (unknown), Malorie Toman (WSMA), Marissa Ingalls (Coordinated Care), Mercer May (Teladoc), Michelle Lin (UWM), Nancy Lawton (unknown), Nicki Perisho (NRTRC), Olivia Shangrow (WA Council for Behavioral Health), Rachel Abramson (UWM), Remy Kerr (WSHA), Sam Miller (Teladoc), Sarah Koca (CHPW/CHNW), Sean Graham (WSMA), Shannon Thompson (unknown), Vicki Sakata (Northwest Healthcare Response Network), Wendy Brzezny (Thriving Together).

Meeting began at 10:00 am

WashingtonState
TelehealthCollaborative

Welcome and Attendance

Dr. John Scott [0:00]

Review of Meeting Minutes - November 4, 2024

Dr. John Scott [3:43]

Dr. Scott (Chair) reviews minutes. Representative Schmick (R-9) motioned to approve minutes. Mark Lo (Seattle Children's) seconded. Unanimously approved as submitted.

Action Item:

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

State/Federal Updates

Hanna Dinh Hsieh and Dr. John Scott (UWM) [6:06]

Federal Updates

- Congress passed the American Relief Act, 2025 that ensures the continuation of essential healthcare programs and includes critical provisions to sustain telehealth access for a 90-day period through March 31, 2025
- The Drug Enforcement Administration (DEA) announced a third temporary extension until December 31, 2025 or until DEA makes a final rule regarding flexibilities for telemedicine prescribing of controlled substances
    - This pertains to the prescribing of controlled substances (Ryan Haight Act) when first visit is by telemedicine
    - DEA announcement here.
    - Federal rule here.
- The Centers for Medicare & Medicaid Services (CMS) released the 2025 Physician Fee Schedule. The following list summarizes telehealth services under the physician fee schedule as shared from the CMS Fact Sheet:
    - Expansion of Telehealth Services
    - Flexibility in Audio-Only Communication
    - Direct Supervision via Telehealth
    - Virtual Presence of Teaching Physicians
    - Reinstatement of Pre-Pandemic Limitations
    - Dr. Scott adds that the telemedicine modifier is changed from 95 to 93, and that the items around audio-only will fall under telehealth.

Questions/Discussion

- Is the 90-day period for sustaining telehealth access only for Medicare?

  - Yes, only for fee-for-service Medicare. This extension does not apply for Medicare Advantage or participants in Making Care Primary.
  - There were exceptions put in place before the pandemic regarding telemedicine delivery models with the originating site – this was for TeleStroke, Behavioral Health, and Substance Use Disorder. These 3 conditions apply in perpetuity for fee-for-service Medicare.
  - Heidi comments that audio-only codes also changed.
- What can we do in the next 90 days to ensure continuation of telehealth services?
  - After the November 4th Collaborative meeting, Dr. Scott sent a letter to our Senators advocating for this.
  - UW Medicine worked with a couple of national organizations, including the Association of American Medical Colleges (AAMC) and the Center for Telehealth and eHealth law (CTeL), as well as contacts in Washington D.C. to sign onto their advocacy letters.
  - Everyone can write to their representatives or Senator to share the importance of this issue.
  - Dr. Kathy Li (UWM|WA ACEP) shares that her understanding was that the original proposal was to extend telehealth services for two years, which it sounds like there's broad bipartisan support to eventually pass a legislation with a longer time period.
  - Dr. Scott adds that from UWM's Government Relations connecting with the Northwest delegation, there's at least bipartisan support in that region. There's also continuous concern on how much the telehealth services will cost, which the new administration will have a particular interest in controlling costs – this may be the major consideration.
  - Clark Hanson (ALS Association) shares that from his Federal team, this particular provision was likely a victim of timing, which potentially could be a huge issue financially.
  - Dr. Scott comments that most likely patients did not know about this issue. Some health systems preemptively informed their patients for those who had telemedicine visits in March and rescheduled those just in case. But other health systems wanted to wait to learn more from the legislation announcement first to prevent any initial patient concerns.
  - Alpana Banerjee (Mental Health/Public Health Advocate) adds that she had a discussion with the legislation staffers on this topic. When the Federal bill numbers are released, Alpana offers that she can share this at their next meeting.

Network Adequacy and Telemedicine

Hanna Dinh Hsieh and Dr. John Scott (UWM) [14:57]

Dr. Scott introduces that this was a topic that Representative Schmick wanted the Collaborative to discuss. This topic has ben weaved into other policy issues brought up at previous Collaborative meetings.

Network Adequacy Definition

- Refers to a health plan's ability to provide access to in-network providers, health care services, and hospitals to meet enrollee's health care needs
- Impacts
  - **Patients**
    - Access to physicians, hospitals, and other health care providers depend on a range of factors, including the breadth, size, and distribution of a health plan's provider network
    - Inadequate networks create obstacles for patients seeking new or continued care, and limit their choice of providers and facilities
  - **Providers**
    - Inadequate networks can negatively impact a practice's negotiating power, lead to excessive appointment wait times, and contribute to increased physician burnout
- Source: https://www.ama-assn.org/system/files/issue-brief-health-plan-network-adequacy.pdf

Incorporating Telehealth into Network Adequacy: Risks & Benefits

- Benefits
  - Can directly incentivize investments in telehealth
  - May indirectly facilitate greater investments in in-person provider networks
- Risks
  - Potential for de-investment in in-person care – may reduce access to necessary in-person providers
  - Exacerbated inequities in access and outcomes
- Sources
  - https://www.ama-assn.org/system/files/issue-brief-health-plan-network-adequacy.pdf
  - https://www.healthaffairs.org/content/forefront/telehealth-and-network-adequacy-recipe-advance-access

Regulations/Policies

- The Centers for Medicare & Medicaid Services (CMS) 2025 Notice of Benefit and Payment Parameters final rule establishes standards for travel distance to see different types of healthcare providers within state marketplaces for plan years beginning on or after January 1, 2026.
  - This clarifies certification requirements for qualified health plans and mandates information submission regarding telehealth services by 2026
  - Network adequacy reviews also must be conducted to evaluate a plan's compliance with network adequacy standards
  - Final rule is found here.
  - S.B. 5821 establishes a uniform standard for creating an established relationship for the purposes of coverage of audio-only telemedicine services
  - Network adequacy concerns were brought up at the 2024 legislative session, including that an insurance carrier may be able to substitute a telemedicine-only provider for the purpose of constituting network adequacy

    - See final bill report here.
    - See bill text here.
- **Others?**

Questions/Discussion:

- Is there any network adequacy standard for wait time in the state law or the Washington Administration Code (WAC)? Wait time is referring to the time it takes from the point of calling to the actual service being delivered.
- Representative Schmick shares that he's the only District in Washington State that have current alternative access delivery requests (AADRs). When AADRs are granted, is there a time limit for the number of years an AADR is allowed to be in place?
    - AADRs are a temporary substitution given by the Office of the Insurance Commissioner (OIC) for network adequacy. In Sultan County for example, due to not having enough primary care providers, telemedicine can be used to fulfill primary care for network adequacy. Sultan County includes Clarkston and Anatone, Washington, which is South Eastern Washington.
    - Carrie Tellefson (Teladoc) responds that they are in place for one year.
    - Sean Graham (WSMA) adds that AADRs can be renewed to be continued beyond one year.
    - Preet Kaur (Premera Blue Cross) shares that when there is not a provider in a networked area, an AADR has to be filed. They expire annually and are reviewed annually by the Office of the Insurance Commissioner. In other words, insurance carriers have to make their case every year to provide evidence that they have tried to contract with providers if they do exist. If they don't exist, insurance carriers have to provide all of the information of how the contract negotiations went. In most cases, what happens is that these providers do not exist.
    - Sean Graham (WSMA) adds that AADRs have been in place in state law where it's not an uncommon tool. However, what was novel last year was the learning that there was an AADR in place, which allowed the substitution of an in-person provider for a telemedicine-only provider. This was a concern for WSMA and other state organizations.
        - Much of patient's care can be provided over telemedicine, but there are times when patients need to be able to access in-person providers. Limitations on a patient's ability to access in-person care are concerning. This subsequently has downstream impacts on the providers in the community when care is being focused on telemedicine only, particularly to the extent that it would be taking care out of the community. For example, the care would not go to a provider in the rural area that's providing the care over telemedicine.
        - Also, there are some telemedicine organizations that don't accept Medicaid patients. So, for the remaining in-person providers in a community, their payer mix is going to be further skewed. Impacts for patient access also impacts the viability of provider organizations that are in a community. Telemedicine should complement in-person care and not substitute it.

        - Dr. Scott adds that there are a number of rural hospitals struggling financially who are worried that they may go out of business or that certain services would have to be terminated. Continuity of care and what's going to happen to patients is one of the concerns.
- Have there been any concerns from constituents or patients in the community?
    - Representative Schmick responds that he has not heard any concerns directly, but he has heard that this is an issue where we would have to think through what is best for the patient regarding getting adequate and proper care.
- From the AADR perspective, is this only for primary care only?
    - Heidi Brown (Providence) shares that even in Spokane's urban areas, Providence is facing some network inadequacy for specialty care, especially rheumatology and endocrinology. To address this issue, Providence is looking into national companies to help them provide these services because access is so far out and it is a burden on the primary care provider to help these patients.
    - Carrie Tellefson (Teladoc) believes that it is not divided by primary or specialty care – this is an OIC regulation that applies to network adequacy.
- Does the Collaborative need to study this issue further or is this more for the Office of the Insurance Commissioner to study?
    - Representative Schmick responds that this is more for the Office of the Insurance Commissioner to study. He would like to get clarification and see a standard for wait time.

Action Item:

- Dr. Scott/Dr. Dinh Hsieh to follow up with Representative Schmick on any policies that include a network adequacy standard for wait time.

HLTH Conference Learnings

Dr. John Scott (UWM) [31:59]

HLTH Learnings

- AI/ML
    - Past peak hype, talking more about ROI
    - Lots of shift into back-office operations, care coordination, referral management, pharmacy
    - Microsoft has bias detection tool called FairLearn; can reduce bias but accuracy suffers
    - Concerns about rapid change in workforce
    - Ambient scribe companies are taking transcripts and giving feedback to providers about how to communicate better, show compassion
    - "The pace of progress towards the future will be limited by how effectively we can institutionalize AI infrastructure and governance"
- Food as Medicine is gaining traction
    - Foodsmart garnered $200M in venture funding

- GLP-1 agonists (i.e liraglutide, semaglutide) and specialty telehealth
- Digital twins as a concept is moving forward
    - Clinical trials and population health measures

Telemedicine through the Patient's Lens

Clark Hansen (ALS Association Northwest Territory) [39:59]

About the ALS Association

- The ALS Association is the nation's largest comprehensive patient organization serving the needs of the ALS community.
- The largest private funder of ALS research.
- Provides extensive care support to the ALS community.
- We accredit and support the nation's network of ALS specialty clinics.
- The only ALS organization that works on advocacy at the local, state and federal level.

The Rise of Telehealth

- According to a recent McKinsey and Company survey, telemedicine utilization by patients peaked in September 2020 with virtual visits 78 times higher than prior two months
- However, by summer of 2021 patient's utilization of telehealth began to decline
- During the pandemic and immediately following patients preferred telemedicine
- Recent studies based on surveys in 2023 seem to indicate patients returning to their preference for in person visits
- However, a majority of patients still approve of telemedicine

Why Patients Like Telehealth

- Lack of travel
- Convenience
- Time saved
- Scheduling ease
- Avoid others who may be sick
- Access to a greater variety of services
- Patients like remote symptom monitoring

Why Patients Prefer In-Person Visits

- More accurate diagnosis of the disease
- More accurate and better examination of the patient by the provider - for example, pain assessment
- Better treatment of the disease
- Better connected to the provider – there is more confidence in the patient provider encounter vs. a telehealth visit

Why Behavioral Health Patients Like Telehealth

- Greater access to providers throughout the day and week
- Greater access to different types of providers and specialists
- Telehealth can create a community for isolated patients
- Patients like the therapy apps – BetterHelp, Talkspace, I am Sober etc.
- Helps with concerns about stigma

Ways To Improve Telehealth – Clinical View

- Wider device compatibility and internet access
- More technical support
- Clear expectations with providers
- Expand services available by telehealth
- Adapt telehealth to accommodate language barriers

Ways To Improve Telehealth – Policy View

- Better coverage alignment across commercial payers, Medicare and Medicaid
- More consistent coverage policies within the commercial market
- Greater transparency for coverage policies within the commercial market
- Expand services available by telehealth
- Make telehealth policy more predictable – make permanent, policies that are working

Methods and Sources

- Survey of recent studies on telemedicine and from and interviews:
- The National Institutes of Health – The Patient Perspective of Telemedicine in the Context of Covid-19 Pandemic
- BMC Medical Informatics and Decision Making – Patients' perspectives and preferences toward telemedicine vs. in-person visits a study of 1226 patients
- Exploring patient perspectives on telemedicine monitoring – International Journal of Medical Informatics
- Health Recovery Solutions – Remote Patient Monitoring
- Patient organization interviews: NAMI - Washington, ALS Association - Alaska

Questions/Discussion:

- Some ALS patients have difficulty with speech – is there a special feature in obtaining successful telemedicine care when there's a speech impediment developing?
    - Clark Hansen (ALS Association) responds that he's aware of a Tobii Dynavox device that allows for users to control a computer with their eyes, enabling typing by selecting letters on a virtual keyboard on the screen. Clark has only seen this device be used in a conversational way, but sees that at some point, this could be connected in a telemedicine visit.

- Dr. Scott adds that ALS stands for Amyotrophic lateral sclerosis, also known as Lou Gehrig's disease. It is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord.
  - Alpana Banerjee (Mental Health/Public Health Advocate) asks if this disease affects mental health. Clark Hansen (ALS Association) responds yes, like many other diseases where mental health can be impacted due to the struggles of dealing with the disease. Members of the multidisciplinary care team like social workers and mental health specialists can help address these mental health concerns.
  - Clark Hansen (ALS Association) clarifies that folks' brains forget how to communicate with their muscles. They do not lose any cognitive function and therefore, are aware of what's occurring with their bodies, but are not able to address it. This is not a curable disease – it is 100% fatal.
  - Dr. Scott adds that typically folks are not able to breathe. There is a muscle in your body that helps you to breathe, which is your diaphragm. The communication between the brain and diaphragm ultimately fails, which can cause death or folks to be on a breathing device.
  - Clark Hansen (ALS Association) shares that when he spoke with the National Alliance on Mental Illness (NAMI) Washington, they shared that telemedicine has improved for folks in their care community and it's been a game changer in behavioral health.
- Wendy Brzezny (Thriving Together) shares that they've been working with clinical providers to improve their telehealth maturity where one of the major issues that prevents rural health clinics from offering telehealth is reimbursement. Their already slim margins make them more hesitant to take on this risk.
  - Do the facility fees only apply to hospital-owned clinics? How does this impact rural health clinic reimbursement? Are there facility fees allowed for federally qualified health clinics (FQHCs)?
    - Yes, this only applies to hospital-owned clinics. Rural health clinics/FQHCs are believed to be separate and would not be able to collect the facility fee. There are some rural health clinics that are connected to a rural hospital, which would be counted as a facility fee – there would have to be a connection to a hospital.
  - Clark Hansen (ALS Association) asks if school-based health clinics would be eligible for a facility fee?
    - No, they are not eligible.
  - Sean Graham (WSMA) adds that are for state-regulated commercial health plans, limitations associated with facility fees are outlined in (4) here: https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.735
- Cara Towle (UWM) shares that she's aware of CMS not paying for the facility fee unless the provider and patient are in clinic – is this different or the same for WA Medicaid or commercial payers?
  - Marissa Ingalls (Coordinate Care) responds that the facility fee can be negotiated and is subject to contract negotiations.

- Jennifer Stokes (NWRC) shares that the parity in reimbursement rate exists with behavioral health whether the patient is seen in home or via telehealth. This was experienced by their BHA clinicians.

Action Item

- If the Collaborative members have any further questions or have additional comments, reach out to Clark Hansen at Clark.Hansen@als.org.
- Dr. Scott / Mrs. Dinh Hsieh to check if facility fees are allowed for FQHCs.

Wrap Up/Public Comment Period

[1:10:21]

- Nancy Lawton (unknown) asks if there have been any renewals on the telemedicine flexibilities for prescribing controlled substances.
  - This was announced during the Federal/State updates earlier in this meeting.
- Carrie Tellefson (Teladoc) shares that her understanding is that the Collaborative is funded based on the two-year budget. Has there been any discussion on another budget proviso to extend the Collaborative or make this permanent?
  - Dr. Scott responds that if folks find this Collaborative useful, he's happy to continue as the facilitator. This would need to be renewed for this legislative session.
- Who is going to be Representative Schmick's partner on the House side on the Health Committee for the Collaborative, once Representative Riccelli becomes Senator?
  - Rep. Dan Bronoske (D-28) will serve as Health Chair. https://leg.wa.gov/legislators/member/dan-bronoske
- Next meeting: Monday, March 24, 2025 at 9:00 am – 10:00 am
- The 2025 Collaborative meeting schedule will alternate between Monday and Wednesday meetings to accommodate Collaborative members who have clinical schedules.
- Meeting materials, including presentation slides and recording, will be posted on the Collaborative's website and sent out via the newsletter.

Action Item

- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh Hsieh

Tentative Next Meeting Items:

CTeL Conference Learnings

Meeting adjourned at 11:15 am

Next meeting: March 24, 2025: 9 am-10 am

Via Zoom.