

Meeting Minutes

March 24, 2025 | 9:00 am - 11:00 am

Virtual Zoom Only Meeting

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

Non-Member Presenters: Hanna Dinh Hsieh (UWM)

Public attendees (alphabetical by first name):

Al Hansell (CHPW), Blaine Kifle (UWM), Brian Patrick O'Brien (UWM), Chris Field (University of Pittsburgh), Eileen Sullivan (Hims & Hers), Hallie Roth (unknown), Jaleen Johnson (NRTRC), Jennifer Stokes (NWRC), Jodi Kunkel (HCA), Lena Giang (Stanford Hospital), Lindsey Greene (unknown), Michelle Lin (UWM), Molly Shumway (UWM), Rachel Abramson (UWM), Sarah Koca (CHPW/CHNW), Vicki Sakata (Northwest Healthcare Response Network).

Meeting began at 9:00 am

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Welcome and Attendance

Dr. John Scott [[0:00](#)]

Review of Meeting Minutes - January 6, 2025

Dr. John Scott [[4:05](#)]

Dr. Scott (Chair) reviews minutes. Kathy Li (WACEP) motioned to approve minutes. Geoff Jones (Newport Community Hospital) and Stephanie Cowan (MultiCare) seconded. Unanimously approved as submitted.

Action Item:

- Mrs. Dinh Hsieh (Collaborative Program Manager) to post approved January 2025 notes on WSTC website

State/Federal Updates

Hanna Dinh Hsieh and Dr. John Scott (UWM) [[6:08](#)]

Federal Updates

- On March 14, 2025, Congress passed a continuing resolution funding the federal government through September 30, 2025, including a critical extension of telehealth flexibilities originally introduced in 2020 as part of the COVID-19 waivers.
 - Bill text [here](#).
- The Drug Enforcement Administration (DEA) released three new telemedicine rules that continue to open access to telehealth treatment while protecting patients.
 - Expansion of Buprenorphine Treatment via Telemedicine Encounter
 - Special Registrations for Telemedicine and Limited State Telemedicine Registrations
 - Continuity of Care via Telemedicine for Veterans Affairs Patients
 - DEA announcement [here](#).
- Expansion of Buprenorphine Treatment via Telemedicine Encounter
 - This rule provides patients with remote access to buprenorphine, the medicine used to treat opioid use disorder, which will take effect on December 31, 2025
 - Federal final rule [here](#).
- Special Registrations for Telemedicine and Limited State Telemedicine Registrations
 - This proposed rule would establish special registrations that will permit a patient to receive prescribed medications through telemedicine visits without ever having an in-person medical evaluation from a medical provider.
 - Federal proposed rule [here](#).
- Continuity of Care via Telemedicine for Veterans Affairs Patients
 - This rule exempts VA practitioners from Special Registrations requirements. Once a patient has received an in-person medical examination from a VA medical practitioner, the

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provider-patient relationship is extended to all VA practitioners engaging in telemedicine with the patient.

- Federal final rule [here](#).

Questions/Discussion

- Are the last two DEA rules specific to any class of prescribed medications?
 - The DEA only regulates controlled substances, including schedule II-V agents, where providers have not seen the patients before.

Telehealth in Rural Areas

Dr. Geoff Jones (Newport Community Hospital) [[11:06](#)]

Definitions

- Types of telehealth
 - Synchronous
 - Live, In person visits
 - Asynchronous
 - “Store and forward”
 - Remote Patient Monitoring
 - “Apple watch”, CGM
 - Mobile Health
 - Health apps, Headspace
 - E-Consults
 - Telementoring

History

- 1920’s – Radio
- 1960’s – NASA
- 1967 – two way video link in Nebraska between med school and psych hospital
- 1970 – 1990 – development, limited by lack of broadband
- 2000’s – initial development
- 2020 - COVID

Rural telehealth

- Rural Broadband
- 2002 – Farm Bill
- 2008, 2014 – Expansion
- 2018 – continued rural expansion
- 2022 – Infrastructure investment and jobs act
- Currently – mostly commercially provided

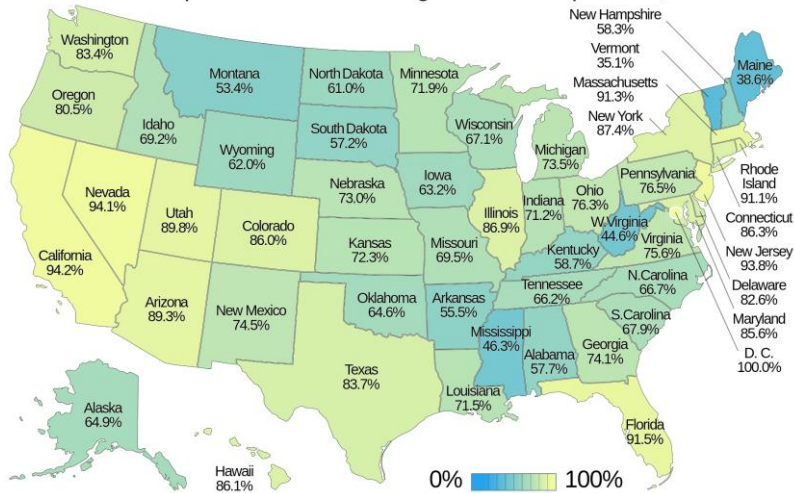
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What is rural, anyway?

- Lots of different definitions!
- My personal favorite: [Am I rural?](#)
- For CMS reimbursement pre-pandemic, they used Rural Urban Commuting Area (RUCA) codes

Urban Population Percentage by State

Urban Population as Percentage of Total Population, 2020



Rural Trends

- For most of human history, the population has been primarily rural and now, this has changed since around 2010

US Rural Trends

- Currently, about 20% of US population is rural – but only 10% of physicians
- Rural Income lags urban
- Rural populations tend to be older and sicker

Left Behind: Health Care in Rural America

- There's a lot of data and information on the differences amongst rural, urban, and suburban
- Rural residents are less likely to use mobile health technology – this was around 2020, but now, it is likely better, just less so

Less Health Care Providers

- There are less healthcare providers in the rural areas, including dentists and mid-level providers

And PA's too!

- Most APPs and PAs are in urban and non-rural areas

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Infrastructure

- https://broadbandmap.fcc.gov/area-summary/combined?version=jun2024&zoom=4.00&vlon=-106.501672&vlat=42.010727&fixed_br=r&fixed_speed=100_20&fixed_tech=1_2_3_4_5_6_7_8&fixed_pct_cvg=0&mobile_tech=tech_all&mobile_env=0&mobile_pct_cvg=0
- It's actually pretty good! Only a sliver of North Central WA, for example, doesn't have broadband even by the new, higher standards

Panacea

- Initially thought this would solve a lot of rural health issues and inequities
 - Access to health care
 - Access to specialists
 - Reduce travel time

Reality

- Not so much
- CBHA: 1 – 2 % of visits telehealth; 10% behavioral health
- CVCH: 1 – 2% visits
- Confluence Health: 1- 2% visits
- Newport: < 1% of visits, 10% Behavioral Health

Provider Quotes

- “I think I remember how to log in to Doxy.me”
- “My patients hate it”
- “It never works”
- “Watching my patients struggle with tech is hilarious but time consuming”

But it's not all bad

- Telementoring has a huge uptake
 - ECHO
 - SPARK
 - TASP
- Teleconsults are also increasingly used
 - Telestroke
- Telehealth elective at UWSOM is very popular

Summary

- Telehealth is not the panacea we thought it would be in Rural Areas, for a variety of factors
- Telementoring and e-Consults are really valuable and underutilized
- Broadband investment in rural areas has been very successful – but maybe not for telehealth

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Questions/Discussion:

- At UW Medicine, 15-20% of the ambulatory visits are telemedicine, which is higher than what is being observed at Newport Community Hospital and other rural areas. Why do you think there's this significant difference?
 - The difference may be due to cultural factors, including a lack of trust among the rural residents to do telehealth. They prefer to come in person to see their provider.
 - Providers and clinical staff are also busy at the rural hospitals where they lack the time to assist their patients in any technical issues with their telehealth visits.
- For TeleStroke, does the neurologist ever see patients to examine them or is this all via phone?
 - Vast majority of the time, neurologists will connect with their patients on the phone and look at the patient scans – they like the simple and quick technology.
- Is the rural telehealth uptake nationally lower than urban?
 - Currently, there is no good data available to respond to this question.
- Do you think there is appetite for expanding the role of teleconsults beyond stroke?
 - For emergent/urgent conditions, there is likely a huge desire/drive to make the experience better for the patient and to make the transfers easier. For example, this has been successful on cardiac conditions, infectious diseases.
- How can we get more information about the SPARK program?
 - Corrie McDaniel leads the SPARK sessions. Her email address is: Corrie.McDaniel@seattlechildrens.org. The goal of these sessions is to help children be cared for in the community appropriately.
- Have you found any noticeable differences in receptiveness to telemedicine in behavioral health vs. medicine?
 - Based on Dr. Jones' observations, he believes the receptiveness to telemedicine is higher in behavioral health. However, he's seen with the Gen Z generation in the rural areas that they are a little bit more reluctant to using telemedicine, even though they're presumed to be a digital generation. The reasons are likely around privacy and access concerns.

Action Item:

- If the Collaborative members have any further questions or have additional comments, reach out to Dr. Geoff Jones at jonesgs@uw.edu

Providence's Virtual Care Initiatives

Stacia Fisher (Providence Health Care) [[33:10](#)]

Virtual Care & Digital Health (VCDH)

- Purpose
 - Leverage the power of deep clinical expertise with emerging technology to create the ultimate healthcare experience
- Goal
 - Restore the joy in delivering and receiving care

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- Portfolio of Solutions
 - Building and prioritizing programs that address the most pressing problems challenging our health system today
 - Workforce shortage, Caregiver burnout
 - Hospital capacity and throughput
 - Care fragmentation

Virtual Care & Digital Health Portfolio

Portfolio of Transformation and Collaboration

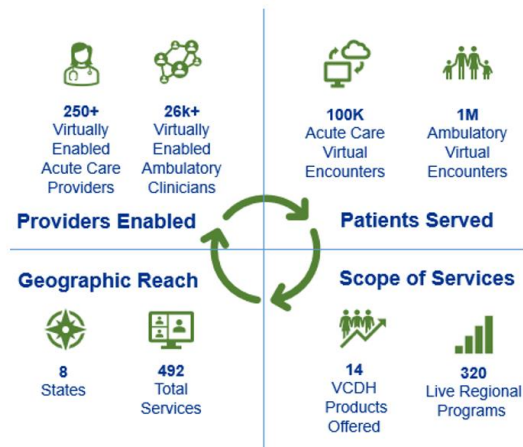
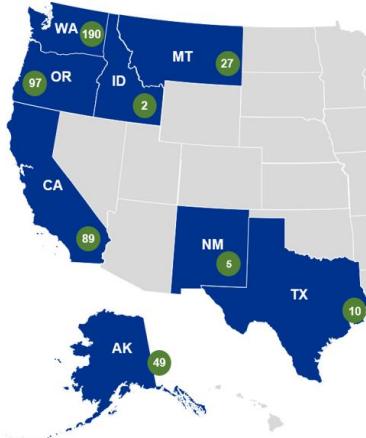
- **Technology and Shared Services:** provide shared services to system clinical care and operations to support programmatic needs
 - Regulatory/compliance expertise and job aids
 - Billing expertise and job aids
 - Hardware/software contracting and management
 - Digital access center
 - Technology evaluation and assessment
 - Workflow development, redesign and optimization
 - Business case development
 - Analytics
- **Program Collaboration & Incubation:** co-own, co-manage programs with clinical care, incubate and accelerate program development
 - Hospital at Home: sponsored by Operations
 - Co-Caring: sponsored by CNO
 - Cadence RPM: sponsored by PCN
 - Virtual Visit Optimization: sponsored by PCN and IS
 - TheraNow TelePT and RTM: sponsored by operations and PCN (pilot)
- **Clinical and Product Services:** leadership and accountability of clinical operations and clinical product in full collaboration with clinical care
 - TeleStroke
 - TeleNeuro Emergent
 - TeleNeuroHospitalist
 - TeleEEG
 - TelePsychiatry
 - TeleICU
 - TeleHospitalist
 - TeleInfectious Disease
 - TeleCardiology (2025)

Providence Virtual Care and Digital Health Portfolio

- Total Virtual Visits in 2024: 1.1 million
- Live Enterprise Clinical Service Partnerships in 2024: 103
- Enterprise Services Lines: 8

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- Provider Retention YoY: 95%



VCDH Enterprise Services

- TeleStroke
 - Launched 2015
 - 51 providers
 - 81 hospitals
- Emergent TeleNeurology
 - Launched 2022
 - 51 providers
 - 26 hospitals
- TeleNeuroHospitalist
 - Launched 2023
 - 18 providers
 - 6 hospitals
- TeleEEG
 - Launched 2018
 - 11 providers
 - 12 sites (10 hospitals, 2 clinics)
- TelePsychiatry
 - Launched 2017
 - 14 MD, 13 MSW
 - 40 hospitals
- TeleInfectious Disease
 - NEW SERVICE!
 - Launched June 2024
 - 11 providers
- TeleCritical Care
 - Launched 2004 → VCDH 2019
 - 13 providers, 15 hospitals
- TeleHospitalist

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- Launched 2014
- 29 providers, 12 hospitals

TelePsychiatry

- Virtually cares for vulnerable patients and supports in person providers
- 24/7 Board Certified Psychiatrists and Social Workers
- 41 Live Sites
- 10K+ Consults in 2024
- <3 min Average Response Time
- 1/3 of patients are rapidly triaged and sent to a lower acuity
- Challenge
 - Staffing full time in person or hybrid Psychiatric providers is costly and patient volumes are unpredictable
- Solution
 - TelePsychiatry delivers effective, integrated, specialized care to support in-person providers.
 - We virtually embed our Psychiatrists and Licensed Social Workers into your care teams within the medical surgical floors and the ED to rapidly commence treatment for this vulnerable population. Fractional FTE allows hospitals to pay only for what they use
- Common Consultations
 - medication recommendations
 - suicide risk assessment
 - detainment
 - depression or anxiety treatment
 - substance abuse
 - safety planning
 - capacity assessment
 - confusion/delirium/altered mental status

Virtual Care & Digital Health: Virtual Operations Campus

- Technology & DAC
 - Distribution center
 - Fleet management
 - Procurement
 - Tier 2 Tech Support
 - Research & Development
 - Telehealth Lab
 - 24x7 Digital Access Center
- Product Development & Delivery
 - New Service Development
 - Collaboration Services
 - Enterprise Services

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- Strategic Initiatives
- Project Management
 - Strategic initiatives
 - Enterprise services
 - Implementations
- Analytics
 - Business Intelligence
 - Clinical Outcomes
- Clinical Operations
 - Professional Fee Billing
 - Medical Staff Offices (Licensing, hospital credentialing, payor enrollment)
 - Provider Network Management (recruitment, contracting, payroll, scheduling)
 - Accounts Receivables and Invoicing
 - Quality
- Clinical Quality (CPMs)
 - Clinical protocol development
 - Clinical Account Management
 - Quality
 - Training
- Partnerships and Account Management
 - Sales
 - Contract Invoicing
 - Account Management

Licensing, Credentialing & Payor Enrollment

- **Multi-state licensure**
 - Interstate Medical Licensure Compact
- **Hospital Privileging**
 - Credentialing by Proxy
 - Assigned “Provider Liaison”
 - Account Management
- **Payor Enrollment**
 - Payors: Medicare, Medicaid, Commercial
- **Quality Reporting**
 - Provide chart reviews for our physicians to sites
 - Audit & communicate “good standing”

Clinical Portal

- Customized portal connects the right doctor to the right patient
- DAC, provider, and site facing views; improving communication across care teams
- Integrated with L&C information, paging logic, and timestamping each step of the way
- Robust data repository for quality metrics and data analytics

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- This is what the telehealth program development cycle looks like for their regional programs

VCDH Collaborations

Virtual Hospital 2024 Growth

- Care in the Home Portfolio
 - Cadence RPM
 - Launched 2022
 - Sponsored by PCN
 - TheraNow PT & RTM
 - Launched 2023
 - Sponsored by Operations & PCN
 - Virtual Visits Optimization
 - Launched 2020
 - Sponsored by PCN & IS
 - Hospital at Home
 - Launched 2021
- Hospital-Based Collaborations
 - Co-Caring
 - Launched 2022
 - Sponsored by CNO
 - 11 departments, 400 beds
 - 100+ virtual RNs
 - TeleWound
 - In Process - 2025
 - Sepsis Surveillance
 - In Process – 2025

What is the hospital room of the future?

- Functional groups across the organization are optimizing current technology and identifying opportunities to modernize and enhance inpatient care using technology. This strategic group aims to create a cohesive strategy for the inpatient hospital room, acting as a clearing house for initiatives across the organization. Aligning our efforts will ensure:
 - Patient & caregiver experience are top priorities
 - Quality of care is not compromised
 - Technologies are scalable, reliable, and modern
 - We identify opportunities for interoperability and reduce tech redundancy

Proposed Strategic Priorities

Destination Health 2025: Providence Strategic Plan 2022-2025

- Strengthen the core
 - Ensure Caregivers are **engaged and supported**

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- **Optimize** our **Technology** tools to enhance the efficiency & effectiveness of our virtual care delivery
- Be our communities' health partner
 - **Grow and optimize** core clinical offerings
 - Prioritize and build **new services in partnership** with PCN and Divisions
- Transform our future
 - **Modernize product and technology** via implementation of Vendor Products
 - Measure clinical and financial impacts of **care transformation**

Anticipated Challenges for 2025

- Hospitals and health systems are preparing for financial headwinds
- Concerns about provider shortages and burnout
- Regulatory uncertainty: potential changes and expiration of temporary telehealth waivers implemented during the pandemic could affect the scope and reach of Telehealth services
- Concern for ongoing support of Hospital at Home programs
- Continual advancements in telehealth technology require ongoing investment
- Patient access: ensuring equitable access to telehealth services especially for rural populations will require addressing barriers such as internet access, digital literacy and affordability of devices

Proposed Policy Updates

- Making TH waivers permanent & permanent coverage of H@H
- Create TH policies with both ambulatory and acute TH care in mind
 - *It seems like many policies are designed for clinic or home based TH, but do not consider acute based TH. When you consider the WA Medicaid documentation requirements for a TH encounter, are they all necessary for an acute visit? Is TH consent necessary when a hospital patient completes hospital consent for treatment upon admission? (We are, of course, following all guidelines, but they don't always make sense in the acute settings we serve)*
- Making the provisionally covered CPT codes permanent
- CMS & CPT mirroring each other regarding guidelines and codes
 - *This would also help standardize commercial coverage and billing guidelines*
- Continued national adoption of the interstate medical licensing compact (IMLC)
- CMS to provide clear guidelines for home based and partially home-based TH providers
- Provide an alternative to requiring a provider to submit their home address when working 100% remotely

Questions/Discussion:

- What are the small green numbers per state refer to (i.e. WA 190, TX 10, etc.)?
 - Number of live virtual care and digital health programs along with contracts with organizations for these programs
- What kind of education and training are you giving to patients and staff to help them feel more comfortable to using telehealth?

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- In an implementation, Providence starts with doing a clinical discovery where they ask about the department's/hospital's current state to get an in-depth understanding of this. Then, a draft current state workflow is put together and checked with necessary leadership. Afterwards, staff training is developed, including how to utilize the Providence team, the interpreter, the available tools with basic troubleshooting, and what to do if the family is in the room, to name a few examples. Training also includes doing a mock drill with a pretend case. It's more about training the staff than patients because the patients are in an acute setting.
- After go-live of the service, there is also a retrospective that takes place, including if there are any further opportunities for education and training.
- Do you have a sense of what proportion of the hospitals you work with are rural vs. urban?
 - ~60% are likely rural.

Action Item

- If the Collaborative members have any further questions or have additional comments, reach out to Stacia Fisher at stacia.fisher@providence.org

Wrap Up/Public Comment Period

[1:01:35]

- The Washington State Telehealth Collaborative will be ending at the end of this fiscal year on June 30, 2025. The May meeting will be the last Collaborative meeting – this is for two reasons:
 - The Collaborative has been in existence for over 6 years where many topics have been covered successfully.
 - This is a recognition of the current fiscal challenges that Washington state is facing.
 - After the next meeting, there will be resources available.
- We apologize for the upsetting and unauthorized hijacking at the start of the Collaborative meeting. The team has reviewed the security settings and reported the incident to the Police Department and Zoom. For May's meeting, expect Zoom settings to be changed while still adhering to public meeting requirements.
- The Northwest Regional Telehealth Resource Center (NRTRC) Conference has changed the cadence to every 18 months to have more time for planning. There is not a conference planned for this year. However, the NRTRC is currently reapplying for their grant and planning to submit mid-April. The Washington State Telehealth Collaborative submitted a letter of support for this grant.
 - The proposal includes the potential of doing a Western Regional Conference instead of just the NRTRC region. If the proposal is accepted, the NRTRC will work collaborative with the Pacific Basin Telehealth Resource Center, which covers the Hawaii and U.S. Territories in the Pacific. The NRTRC will also work with the California and Southwest Telehealth Resource Centers.
 - The anticipated timeline for this Western Regional Conference is 2026 or early 2027.

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- The Washington State Telehealth Collaborative is funded by Washington State and is separate from the NRTRC. The NRTRC is federally-funded through HRSA. Currently, there has not been any announcements of the NRTRC ending.
- Next meeting: Monday, May 12, 2025 at 10:00 am – 12:00 pm
 - Zoom link will be changed.
- 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:

Telehealth in Inpatient Care

Meeting adjourned at 10:20 am

Next meeting: May 12, 2025: 10 am-12 pm
Via Zoom.