

Meeting Minutes

May 12, 2025 | 10:00 am - 12:00 pm

Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	N	Dr. Kathy Li	Y	Scott Kennedy	N
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	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	N	Preet Kaur	Y
Kim Silverman (standing in for Stephanie Cowan)	Y	Dr. Philip Reilly	N	Clark Hansen	Y
Kai Neander	Y	Dr. Geoff Jones	Y		

Non-Member Presenters: Hanna Dinh Hsieh (UWM), Nicki Perisho (NRTRC), Jennifer Erickson (UWM), Jacob Gross (UWM), Pam Pentin (UWM), Randi Becker (unknown).

Public attendees (alphabetical by first name):

Rachel Abramson (UWM), Christina Bockman (unknown), Erica Bryant (VMC), Elia Cole (unknown), Leslie Emerick (unknown), Chad Gabelein (MultiCare), Ian Goodhew (UWM), Chris Field (University of Pittsburgh), Sadie Forester (unknown), Sean Graham (WSMA), Lindsey Greene (unknown), Al Hansell (CHPW), Marissa Ingalls (CHPW), Deanette J (EMHS), Jaleen Johnson (NRTRC), Blaine Kifle (UWM), Sarah Koca (CHPW), Jodi Kunkel (HCA), Cameron Long (SRC), MJ Luby (UWM), Heather Mullene (VMC), Gail McGaffick (VMFH), Brian Patrick O'Brien (UWM), Tammie Perreault (DoD), Molly Shumway (UWM), Jennifer Stokes (NWRC), Carrie Tellefson (Teladoc), Malorie Toman (WSMA), Crystal Wong (UWM)

Meeting began at 10:00 am

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Welcome and Attendance

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

Review of Meeting Minutes - March 24, 2025

Dr. John Scott [[4:18](#)]

Dr. Scott (Chair) reviews minutes. Representative Schmick (R-9) motioned to approve minutes. Kathy Li (WACEP) 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) [[7:06](#)]

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](#).
- Medicare waivers mostly pertain to the geographic restrictions
 - Before the pandemic, patients needed to either be in a medically underserved area or in a rural area, which is defined by the rural urban commuting area codes. Patients also could not be in their homes and had to be in an approved facility.

Resources

- Northwest Regional Telehealth Resource Center (NRTRC): <https://nrtrc.org/>
 - This is available at no charge
- The American Telemedicine Association (ATA): <https://www.americantelemed.org/>
 - This requires membership
- The Center for Telehealth and eHealth Law (CTeL): <https://www.ctel.org/>
 - This requires membership

Northwest Regional Telehealth Resource Center (NRTRC)

Nicki Perisho (NRTRC) [[10:10](#)]

The National Consortium of Telehealth Resource Centers

- The NRTRC is a part of the National Consortium of Telehealth Resource Centers ([NCTRC](#))

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The Northwest Regional Telehealth Resource Center

- Training courses: <https://nrtrc.catalog.instructure.com/>
- Tools and resources: <https://nrtrc.org/resources/resources.shtml#cah>
- Annual regional survey results: <https://nrtrc.org/resources/research.shtml>

Telehealth Access Point (TAP) Mapping

- Public space with connection, device and privacy considerations
- May also have support staff
- Scalable at many levels
- Find Telehealth Tool: <https://findtelehealth.nrtrc.org/map>
- Center for Connected Health Policy focuses on policy and reimbursement in all 50 states: <https://www.cchpca.org/>
 - They have state-specific information
 - Have up-to-date information on regulations
 - Telehealth Technology Assessment Center (TTAC) will provide unbiased information and agnostic advice on telehealth technology: <https://telehealthtechnology.org/>

Digital Health Navigation Resources

- “The ([Navigating the Telehealth Neighborhood](#)) training program seems like one of the most comprehensive training resources for this purpose that I have seen.:
 - Success Story from the Course
- Patient Portal Training for Digital Navigators to be available by the end of May

Contact Us Information

- Questions can be sent to info@nrtrc.org
- <https://nrtrc.org/contact-us.php>

Questions/Discussion:

- What was the percentage of people not having internet and the device?
 - These percentages vary by state
- What is the breakdown of telehealth use in urban vs. rural communities?
 - Majority is urban
- For the Patient Portal Training for Digital Navigators, how is this information being disseminated?
 - NRTRC attends state telehealth alliance meetings, shares professional development opportunities through their monthly newsletter, and shares with other telehealth resource centers
 - Folks can sign up for NRTRC’s mailing list: https://nrtrc.org/mailling_list.shtml
 - Is this information also being disseminated to providers so that they can spread it to their patients?
 - Providers can hear about training opportunities like this via NRTRC’s mailing list
 - NRTRC has been working hard in connecting with health care systems and clinics, especially in rural areas. This includes meetings with the state office of rural

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health, hospital associations, primary care associations. They also share flyers with the systems and clinics to help pass out or place at the front office desks.

- NRTRC also educates providers directly so that they in turn can disseminate to their patients.
- Are NRTRC's webinars recorded for those who are not able to attend the webinars?
 - Yes, they are recorded. The recordings can be found on here: <https://nrtrc.org/education/webinars.php>
 - NRTRC also has a YouTube channel: <https://www.youtube.com/@northwestregionaltelehealt4860/playlists>
 - NRTRC has an events page to host any type of telehealth offering (e.g. webinar, in-person event, etc.): <https://nrtrc.org/events/calendar.php>
- Are all of NRTRC's resources at no charge?
 - Yes, they are all available at no charge at this time

Action Item:

- If the Collaborative members have any further questions or have additional comments, reach out to info@nrtrc.org.

Trauma Brain Injury Behavioral Health (TBI-BH) ECHO Program

Dr. Jennifer Erickson (UWM) [[27:59](#)]

Why a TBI-BH ECHO?

- The numbers
 - Nationally: TBI accounts for 2.8 million emergency department visits per year
 - WA State: ~130,000 TBI-related ED visits (2016-18)
 - Nationally: TBI contributes to 1/3 of all injury related deaths
 - WA State: ~145,000 currently live with a long-term disability resulting from TBI
- The patients/survivors
 - 1 in 3 patients continue to have impaired functioning 10 years post-TBI
 - Chronic TBI-related disabilities are largely attributable to behavioral factors (PTSD, depression, anxiety, irritability, impulsivity, anger/aggression, substance misuse, and cognitive impairment)
 - Persisting TBI symptoms → increased risk of unemployment & functional impairment/decline, AND caretaker burnout
- The treatment
 - Successful TBI recovery can depend on access & adherence to behavioral health treatment
 - Early identification/intervention improves outcomes
 - COMPLEX! Often falls to community providers with little support or training to manage this care
 - Disproportionally affects rural providers

- Community resources are scarce and fragmented

What is Project ECHO?

- Project ECHO (Extension for Community Healthcare Outcomes)
- Developed at the University of New Mexico
- It started in 2003 by Dr. Sanjeev Arora
- In their own words: <https://www.youtube.com/watch?v=okPPgbjA5to&t=72s>

About Project ECHO

- Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model™ is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.
- Project ECHO is a movement to improve the lives of people all over the world
 - Moving Knowledge Not People
 - Project ECHO transforms the way education and knowledge are delivered to reach more people in rural and underserved communities
 - This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinicians through teleECHO programs
 - Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities
 - People get the high-quality care they need, when they need it, close to home
 - ECHO Model
 - Use Technology to leverage scarce resources
 - Share “best practices” to reduce disparities
 - Apply case-based learning to master complexity
 - Evaluate and monitor outcomes
 - For more information on Project ECHO, visit echo.unm.edu
- Principles
 - **A – Amplification** – Use **Technology** to leverage scarce resources
 - **B – Share Best Practices** to reduce disparity
 - **C – Case Based Learning** to master complexity
 - **D – Web-based Database** to **Monitor Outcomes**

Literature on ECHO

- 600+ references
- https://digitalrepository.unm.edu/hsc_echo_bibliography/index.2.html

ECHO Model Considerations

- Educational series — CME considerations

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- Case consultation — Not assuming care, requesting provider is responsible for implementation of plan.
 - Local hospital legal teams for group running ECHO, should be contacted
 - Our initial said no consults from outside the state
 - Now consult are ok but prohibited for 1 to 2 location

Why Apply This Model to TBI

- “All teach, all learn”
- Much of TBI management has a limited evidence base but best practices are evolving.
- Community strategies can be just as effective as academically based for some issues.
- TBI is a common cause of disability in the US
- TBI can touch every facet of healthcare

Needs Assessment

- ECHO has an educational component to it.
- Therefore, a curriculum development model is needed.
- IE a needs assessment is helpful to establish learning gaps in communities, identify additional needs, and assess educational impact.
- We use contacts for grant application projects to disseminate our short needs assessment survey.
- Through our contacts and needs assessment, we discovered additional potential key trainee groups. (In our case Department of Corrections).

Needs Assessment – Example

- Assessing each topic with the following questions:
 - How important is this topic? 1-10 (1 – not important, 10 – extremely important)
 - How often is management of this a concern in your practice? (1 – not important, 10 – extremely important)

Outreach Identified Additional Curriculum Topics

- Planned Sessions
 - TBI Identification
 - Persistent symptoms after concussion
 - Post-TBI Depression
 - Post-TBI Anxiety
 - TBI & PTSD
 - Post-TBI AUD
 - TBI & Bipolar/Psychosis
 - TBI & Sleep disturbance
 - TBI & Cognitive impairment
 - TBI & CTE/Neurodegenerative d/os
 - TBI & Anger/irritability

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- TBI & Headache/Pain management
- New Discovered Needs
 - Apathy, Fatigue & TBI
 - Movement disorder after TBI
 - Treating seizures & psychiatric symptoms
 - TBI & Stimulants
 - TBI & Cannabis
 - Chronic post-TBI pain
 - Sexuality after TBI
 - Grief/Sitting
 - Cognitive Rehab
 - TBI as a chronic condition
 - TBI & Tele & Apps
 - TBI & Suicide
 - Return to work
 - Return to driving
- Graph
 - This is a breakdown of the breadth of folks who come to the TBI-ECHOs, including MDs, DOs, MSWs, BA/BSs, Students, PharmDs, etc.
- ECHO Structure
 - 1st & 3rd Friday of the month for 1.5 hrs
 - Multi-disciplinary panelists
 - Case Consultation Available
 - CME-accredited
 - Goal to support providers treating and managing post-TBI-related Behavioral Health Issues
 - Standard ECHO HUB
 - Content experts
 - Facilitator
 - Support Staff
- References
 - <https://hsc.unm.edu/echo/>
 - <https://tbi-bh-echo.psychiatry.uw.edu>

Questions/Discussion:

- Is this TBI-ECHO program available at no charge?
 - Yes, attending the ECHO sessions is free and is not limited to Washington State. Attendees from other states have attended these sessions given that TBI is not unique to Washington State.

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- University of Washington does charge a nominal fee for CME-related items.
- Are the sessions to discuss TBI in adults or also for children?
 - Currently, the program is meant for patients over 18 years of age.
 - There's an idea to have a session focused on children and adolescents. However, most of the panelists are experienced handling adult-only issues. There are other speakers who can speak better to children's issues than this program.

Action Item

- If the Collaborative members have any further questions or have additional comments, reach out to Dr. Jennifer Erickson at jmericks@uw.edu

UW Medicine TelePain Program

Drs. Jacob Gross and Pam Pentin (UWM) [[39:35](#)]

The Challenge(s)

- Pain is Complex
- Symptoms often overlap with other conditions
- Pain is a biopsychosocial phenomenon
- Pain is challenging to treat with limited resources

The Rest of the Story

- Reality of caring for chronic pain falls on primary care providers – FPs, PAs, NPs
- Primary care clinical training in pain mgt often scant
- 15-20 min appts (+ other medical concerns also on the table) don't allow adequate time
- Opioids used to be our go-to for pain, but concerns surrounding the addiction epidemic has made providers fearful
- Pain and other specialty care often unavailable – travel distances can be long
- Uninsured and underinsured
- WA State requires ALL patients on high dose opioid therapy (>120 MED) to have a pain consult per Washington Administrative Code (WAC) 246-919-930
- If you weren't already depressed and anxious, you will be if you have chronic pain
- BH provider accessibility is slim in rural and under-resourced areas
- PT/OT provider accessibility also diminished, and they may be swamped with active injury rehab
- Patients are often un- or under-insured for pain treatments that can work
- Not just the pt! When a family member has chronic pain, the family and community are also impacted

What is UW TelePain Video

- <https://youtu.be/yPoBDxme4MQ>

How TelePain Can Help

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- Pain and Opioid Consult Hotline
- TelePain video conference series

UW TelePain

- Complementary virtual services
 - High-yield didactics
 - Educational consultations with our expert panel
 - TelePain is free and open to all clinicians, clinical staff and trainees in the Pacific Northwest and beyond. Email telepain@uw.edu for more information
 - CME credit available

How to Join

- Wednesdays from 12-1:30 PM PST via Zoom
- Didactic Sessions 12-12:30 PM PST
- Followed by Q&A and educational case presentations

Pain + Opioid Hotline

- 1-844-520-PAIN (7246)
- Clinical advice for healthcare providers caring for patients with complex pain medication regimens, particularly high dose opioids
- By UW Medicine pain management pharmacists and physicians
- Monday through Fridays 8:30 am-4:30 pm, excluding holidays
- Email: painhotline@uw.edu

Who Can Call?

- Any healthcare provider!
 - MD/DO
 - APPs
 - Pharmacists
 - Behavioral health providers
 - Students
 - Physical therapists
- Types of Provider Calling Pain & Opioid Hotline
 - 65% MD/DO
 - 29% ARNP/PA
 - 6% PharmD

What Do Providers Ask?

- Character of Hotline Calls
 - 24% Bup Cross-Titration
 - 20% Opioid Taper
 - 11% Opioid Use Disorder

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- 11% Opioid Rotation
- 11% Opioid Escalation
- 11% Bup Pain Management
- 10% Adjunct Medication Management
- 2% Opioid Conversion

How to Reach Us

- Email: TelePain@uw.edu
- Website: <https://anesthesiology.uw.edu/what-we-do/pain-medicine/telepain>
- Recorded lecture vimeo: <https://vimeo.com/telepain>
- Contact me: jbgross@uw.edu

Action Item

- If the Collaborative members have any further questions or have additional comments, reach out to Dr. Jacob Gross at jbgross@uw.edu

Premera Telehealth Updates

Preet Kaur (Premera) [[1:00:05](#)]

Telehealth Policy Priorities

- Telehealth provides patients with convenient access to affordable, high-quality care
- Consumer protection and trust are paramount for expanded telehealth

Telehealth provides patients with convenient access to affordable, high-quality care

- Allows greater access to care and improved utilization of health services for many individuals.
- Between 2019-2021, telehealth use increased from nearly 15%-86.5% (during COVID-19)
- Support the removal of federal restrictions that impose how, where, when a provider can treat patients, including geographic and originating site requirements under Medicare and in-person evaluation requirements for tele-mental services.
- Increased investments in the expansion of affordable broadband and telehealth infrastructure to support people in rural and underserved communities.

Consumer protection and trust are paramount for expanded telehealth

- Whether telehealth is provided through video or audio-only for certain areas, including BH, telehealth portals must provide privacy and security safeguards for patients' protected health information.
- The regulatory framework for telehealth must assure HIPPA-aligned privacy protections and provide guardrails against fraud and abuse. This is necessary to have open communication and trust between patients and providers.

Premera Health Hub

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- Virtual one stop-shop program for wellness and condition management that's designed to help members meet their health care goals and help lower total cost of care
- Digital platform that connects members to multiple condition-based point solutions through a single, virtual front door.
- Members get access to the largest virtual care network and is designed to match members to the programs that best meet their needs so they can meet their health goals.

Questions/Discussion:

- How will the effectiveness and the utilization of the Premera Health Hub be measured?
 - Premera plans to look at total medical costs, which they anticipate will be reduced by about 2.3-3.1%. This will also be viewed by clinical condition, which the anticipated reduction is about 2-3.5%.
 - How much of the care was utilized in a year through submitted claims will also be looked at
- What does this Health Hub look like from a member perspective?
 - This is a digital platform that would connect a member to multiple condition-based point solutions
 - From low to high acuity levels, the platform would match the member to their appropriate level of care and help them engage
 - The goal is to try to align the member with their health goals and match them to that type of care
 - The resources in this Health Hub are starting off as non-medical, lifestyle interventions and then, will expand from there
- Concerns were brought up in the presentation on HIPPA compliance and security. How would you be different in making sure Premera is covering all of these privacy and security protections?
 - These concerns mainly center around expanding telehealth. Their regulatory team would be brought in to ensure there aren't any potential breach activities or any consumer protections at risk.
- During COVID-19, telehealth use increased from nearly 15%-86.5%. What has happened since then?
 - Telehealth use is not as low as where it used to be, but it's not in the 80% since this was mostly driven by COVID-19.

Action Item

- If the Collaborative members have any further questions or have additional comments, reach out to Preet Kaur at Preet.Kaur@premera.com

Collaborative Meeting History and Accomplishments

Dr. John Scott (UWM) [[1:17:36](#)]

WA State Telehealth Collaborative Snapshot

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- 10 annual reports and detailed bill analyses
- 7 legislative bills reviewed
 - [SB 6519: Establish Collaborative](#)
 - [SB 5387: Telehealth Credentialing](#)
 - [SB 6061: Telehealth Training Standards](#)
 - [SB 5385: Telehealth Payment Parity](#)
 - [SB 5499: Multistate Nurse Licensure Compact](#)
 - [HB 1196: Audio Only Payment Parity](#)
 - [SB 5481: WA State Telehealth Registration Process](#)
- 6 testimonies to legislature
- 59 Collaborative meetings

WA State Telehealth Collaborative Map of Locations

- Before COVID-19, the Collaborative meetings were held in person and in a hybrid format
- The meetings were hosted at 11 locations across Washington state

In-Person Meeting Pictures

- Pictures were shown from the Capitol, Newport Hospital & Health Services, and Legacy Health when they hosted the in-person Collaborative meetings

WA State Telehealth Collaborative Fun Facts

- “I’m just trying to keep doctors out of trouble” – Senator Becker
- **Joelle Fathi & Sarah Orth** were key contributors in developing the Telehealth Training
- John Scott’s longest commute was **7 hours** to Confluence Health
- **Representative Schmick** asked the most questions
- Best attendance: **Care Towle, Mark Lo, Representative Schmick, Representative Riccelli**

Thank You’s

- Senator Becker for having the idea to develop a Telehealth Collaborative for Washington State and supporting this through financial resources
- Representatives Schmick and Riccelli for being big advocates of this Telehealth Collaborative
- All of the attendees for sharing their experiences and knowledge
- UW Medicine Government Relations team, including Ian Goodhew who helped to organize much of this Telehealth Collaborative
- UW Medicine Digital Health Office, including Molly Shumway for leading alongside Dr. John Scott as well as Hanna Dinh Hsieh and Adrian Rodriguez for helping to run the sessions smoothly

Collaborative Final Words

Senator Randi Becker [[1:24:47](#)]

- The Telehealth Collaborative is likely one of the most amazing groups she’s ever worked with

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- When Dr. John Scott would testify, Senator Becker mentioned he would say, “You’re not just paying us for half a brain” (reimbursement at the time was 50% for telemedicine consultations vs. in-person)
- She is amazed at all the accomplishments and the progress that the Collaborative has made in advancing telehealth
- Seeing physicians and groups of physicians come together to use more than half a brain to determine the way of the future of telehealth is incredible. In this way, they are determining how medicine will progress to meet provider and patient needs.
- Regarding communications, there are other ways for information to get to clinics that otherwise wouldn’t hear them. Senator Becker recommends getting connected with the [Washington Medical Group Management Association](#) with managers and administrators at all different levels. They go back and tell their physicians of the latest updates that would impact them and their patients.
- She is proud of how the Collaborative has helped during COVID-19, including saving a lot of lives
- She still has concerns that there is not enough telehealth out there, including for children who are in mental distress in schools
- She congratulates the Collaborative on all the work that was done in telehealth

Wrap Up/Public Comment Period

[1:30:41]

- Ian Goodhew (UWM) shares a thank you to all the folks who have attended the Collaborative since its inception and those who have since joined representing their different organizations. There have been a lot of great conversations from all parts of the health care system in trying to provide health care effectively through telemedicine. Ian also thanks the team in working the behind the scenes of the Collaborative and to Dr. John Scott for leading this Collaborative from the beginning.
- Cara Towle (UWM) expresses that she always got a lot of knowledge and insights out of the Telehealth Collaborative meetings. She gave kudos to Hanna Dinh Hsieh for checking up on all of the policy changes and reporting them out regularly at the meetings, Adrian for his technical support, and Dr. John Scott for leading the group. She also thanks the leadership of Senator Becker and Representatives Schmick and Riccelli who made Washington into a progressive leader of telehealth.
- Mark Lo (Seattle Children’s) adds that after meeting others at the national conferences and other meetings, he notes that many folks are envious what Washington state has been able to pull together. Many were also impressed that we can have providers, payers, legislators, and hospitals together in one meeting, which gives folks hope on what they can pull off in their own states.
- Kai Neander (EvergreenHealth) shares a thank you to Hanna Dinh Hsieh and Dr. John Scott for all the time and energy poured into the Telehealth Collaborative over the past few years. He was

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aware of the Collaborative's track record of forward-thinking policies and cooperative advocacy for years before he attended his first meeting in early 2020. Since starting to attend, and subsequently joining the Collaborative, he has been continually impressed by the professionalism and state-wide health system view with how this work has been approached. It is sad to see this chapter of telehealth policy work come to an end, but he's hopeful that folks can continue to foster the spirit of the Collaborative across the WA Telehealth community in the years to come.

- The Collaborative email address will continue to work until June 30th. Anyone can send any questions until then.
- An email will be sent to the Collaborative members to approve May's meeting minutes
- Meeting materials, including presentation slides and recording, will be posted on the [Collaborative's website](#) and sent out via the newsletter. Resources will be available on this website for at least a year.

Action Item

- Dr. Scott / Mrs. Dinh Hsieh to email the Collaborative members with the draft May meeting minutes for approval

Meeting adjourned at 11:35 am