Rural Health Innovation Accelerator Committee:
Combined Meeting Minutes for
May 3, 2016

Roster of Attendance:

Focus Group #1 *People*	Focus Group #2 *Systems & Processes*	Focus Group #3 *Technology*
In attendance: ▪ **Andre Fresco**, Yakima Health District ▪ **Carlos Olivares,** Yakima Valley Farm Workers Clinic ▪ **Cindy Synder**, Delta Dental ▪ **Jacqueline Barton True**, WSHA ▪ **Marc Provence,** HCA	**In attendance:** ▪ **Eric Moll**, Mason General ▪ **Mark Stensager**, WA Health Benefit Exchange ▪ **Nicole Bell**, Cambia Health ▪ **Phil Skiba**, Hewlett Packard	**In attendance:** ▪ **Brian Myers,** Empire Health ▪ **Dawn Bross**, RHCAW ▪ **Ken Roberts**, WSU College of Medicine ▪ **Ralph Derrickson**, Carena
Not in attendance: ▪ **Candace Goerhing**, DSHS/ALTSA/HCS ▪ **Keith Watson**, Pacific NW University	**Not in attendance:** ▪ **Daryl Edmonds**, Amerigroup ▪ **Karina Uldall**, Virginia Mason	**Not in attendance:** ▪ **Linda Gipson**, Whidbey General ▪ **Mark Johnston**, Amazon ▪ **Sue Dietz**, National Rural ACO

People Sub-Group

Welcome, Introductions and Announcements (Andre)

- The next in-person meeting is scheduled for June 6 at Cambia Grove
- Jacqueline will not be able to attend but will send a representative from WSHA
- We are looking for 3-4 additional meetings

Theme discussion: Telehealth

- Agreement that this is a key area of focus
- Remember culture as a value when introducing telehealth (TH) to care teams
    - How can TH be incorporated into daily work?
    - Consider training needs
    - Need to build a culture of trust: For providers, trust that TH can work, will be available/accessible, and can respect relationships among providers and with patients.
    - Example: If radiology is done remotely, how does that affect trust (by providers and by patients)?
        - Question: Is there any research available on this?
    - Will we ever reach a point where “telemedicine” is just “medicine”?
- Examples (Carlos):
    - Telepsychiatry with children: Response has been positive
    - Also favorable response with dermatology (good resolution with high-quality cameras)
    - Anticipate starting cardiology consultation (for follow-up visits)
    - Staffing: Important to have provider present with the patient

    - Especially to have a behavioral health specialist with psychiatry
    - Having PCP present helps establish credibility of TH provider, provides greater comfort for patient and helps to "close" the visit.
    - Also allows patient to participate as PCP and specialist are discussing the case; reinforces the role of patient as partner in care
- Andre: In addition to three considerations for TH implementation (care team; incentive structures; recruitment/retention), consider a fourth: motivation (i.e., can TH actually provide better care support for the patient?).
- Carlos: A note of caution that we don't allow TH to become just the model of care for low-income patients (while others receive an in-person consult).
- Also need to consider how to deal with potential legal (e.g., privacy; professional liability) and insurance company requirements.
    - This could be a consideration for the systems sub-group.
- Will current payment and financial incentive models drive more TH overall (as a less costly alternative to in-person care)?
- Jacqueline: TH may help alleviate recruitment/retention problems for rural hospitals (e.g., by relieving some anxiety for solo ED providers when dealing with a wide array of problems).
- Andre: Will the use of more TH change the way in which we train primary care providers for rural settings? And how will it change rural staffing models (in terms of which specialties are needed on-site)?
- Carlos: Need also to consider aligning with payment reform—e.g., toward total cost of care.

Summary (Andre)

- In considering the use of TH in rural settings, staffing levels and competencies are important considerations.
- We need to consider how the (current and future) reimbursement system will support the use of TH.
- We also need to consider equity—i.e., assuring that we don't create new disparities by introducing TH.

Systems & Processes Sub-Group

Welcome, Introductions and Announcements (Nicole)

- Agreement on a June 6th, mid-morning, meeting at Cambia Grove in Seattle, WA.
    - HCA to follow-up with scheduling

Theme discussion

- Review of the outputs from the previous in-person session
    - Agreement that these concepts are too complex to address to address in this venue
- Mark Stensager and Eric Moll will frame up the visionary new framework for rural healthcare prior to June 6th.
- The first part of the June 6th meeting will be to review that work, and then once consensus is reached, the group can move into a dialogue about:
    1. What technological tools and services make sense to pursue (based on the most vital issues and the biggest impact potential); and
    2. What could be deployed and scaled (based on an 8 month timeline and the 3-5 year time horizon)?

Technology Sub-Group

Welcome, Introductions and Announcements (Ken)

- Review of the previous in-person session and forwarded comments by Mark Johnston
    - Topical discussion areas:
        - The role of health information exchanges to facilitate data sharing with the rural community
        - Telehealth to increase specialty access and patient triage (need to address technological competency and access of the population)
        - The use of big data analytics to identify and isolate patient cohorts that are in need of engagement
        - The enablement of mobile care manager/case managers that will have access to patient medical information, that can serve as "clinical extenders" who can access high risk and costly patients via mobile technologies (should be driven by the preceding big data point)

Theme discussion

- Brian: Empire Health is reviewing and testing remote patient monitoring technologies
    - Reference to Avera –
        - Has created technology hub and acts as the epicenter for providers and nurses delivering care in remote locations
        - Serves to support continuity of care
        - Helps to provide confidence to providers
- Though these elements help collaboration and coordination, they require the integration of the EMR
    - The notion of rural health information exchanges gets at this issue
- Ralph: Through current engagements, they have had to work through the issue of linking different EMRs
    - The main issue was interfacing each stream of workflow data and delivering a consistent output, i.e. porting this data into one's native EMR
    - HIPAA can be an issue, but this is something we can overcome

- Ken: Needs to be a tele-medicine room that is modular and that can be used in different ways
- Collaboration is key
    - The ability to deliver cross coverage of 3-4 clinics instead of just one through the use of tele-medicine
    - The ability to gain access to specialty providers in these regions

- Central to implementation is the ability to receive payment for use of these technologies
    - We are working toward methodologies that would improve payment via the transition to value-based payment arrangements

- The focus should be fleshing out the need – how we might be able to get tele-medicine set up?
    - The primary deliverable would be a platform to establish coordination
    - Need to get to place where sharing becomes more robust and should utilize those best practices that are in place now
    - How we manage and establish coordination
        - Who is going to control this?

        - There is a need to engage with large urban facilities as they have the capacity to support these technologies and possess specialty supports

- There is also a need to gain understanding of the diversity among EMRs
    - It used to be that very few people had common ones, however there may be greater consolidation in recent years

- To move forward with type of piloting, there needs to be an alignment of resources
    - Are there dollars for this upfront investment?
    - Can we crowdsource this?

Summary

- There needs to be an approach that builds upon coordination and collaboration among rural providers and that draws links to larger urban support networks
    - We need to identify if there are any others operating in this space, and if there are opportunities to leverage work currently being conducted
        - Example: OneHealthPort HIE support (link)
- Should conduct an assessment of the present technologies
    - Exploring a matrix approach and/or a potential SurveyMonkey for data gathering and reaction