

Wyoming Telehealth Consortium
2018 Meeting Minutes

January 30, 2018

April 24, 2018

July 31, 2018

October 30, 2018

Wyoming Telehealth Consortium

January 30, 2018

3:00pm – 4:15pm

Attendees:

- * Dr. John Bush, MD, Medicaid Director, Telehealth Consortium Chair
- * Dr. Christopher Roark, CU School of Medicine
- * Brenda Burnett – Clinical Quality Director , Wyoming Primary Care Association (WYPCA)
- * Shannon Christiansen – Northwest Regional Telehealth Resource Center (NRTRC)
- * Christina Taylor, Program Manager, Maternal & Child Health Unit, WDH
- * Morris McGaugh, Provider Services Director, Optum Health (WYhealth)
- * Brandi Wahlen, Mountain-Pacific Quality Health (MPQH)
- * Patricia Bacon, Certification Program Manager, Behavioral Health Division (BHD)
- * Ruth Jo Friess, HIT Manager, WDH
- * Andrea Bailey, HIT Outreach Coordinator, WDH
- * Sharla Allen, Manager, Office of Rural Health, Wyoming Department of Health (WDH)
- * Kevin Smith, Telehealth Coordinator, Cheyenne Regional Medical Center (CRMC)
- * Ray Brand
- * Kevin Bohnenblust, Executive Director, Wyoming Board of Medicine
- * Tim Caswell, EHR Program Specialist, Healthcare Financing, WDH
- * Dr. Behringer – Medical Director, WyHealth
- * Emily Genoff, Business Development Director, Wyoming Behavioral Institute (WBI)
- * Michelle Chulik – CEO, Wyoming Medical Center
- * Deb LaMarche – Program Director, Northwest Regional Telehealth Resource Center
- * Debbie Voyles (**Leaving in February; Interim is David Koffman**, Debbie will send his contact information)
- * Corey Jenkins, Project Coordinator Senior, Wyoming Institute for Disabilities (WIND)
- * Morgan Melton, Project Coordinator Assistant, Wyoming Institute for Disabilities (WIND)

AGENDA ITEMS

Webinars – Corey Jenkins

- * Every last Wednesday of the month.
- * Next is Wed. Jan 31. Dr. Friedman will be talking about Sleep Apnea, Home sleep testing, and Compliance Monitoring.
- * Feb. 28, NRTRC will present on the telehealth resource centers.

Teleneurosurgery Consultations at CU – Dr. Roark

- * Came to the University of Colorado 2 years ago.
- * Saw many patients in Detroit who were driving 6 to 8 hours just to hear that they did not need treatment. He saw the same sorts of issues in Colorado. There were many referrals from Wyoming, Montana, etc.
- * Televisits are starting to be implemented for 'incidental' referrals, where clients drive to Associates in Family Medicine and then attend a telehealth visit from the AFM office.
 - o This allows patients to stay closer to home for almost everything besides physical surgery.
 - o Decreases financial hardship on patients – Reduces expenses for food, hotels, driving, parking.
- * There is an affiliated clinic in Cheyenne, WY. They are interested in expanding this telehealth practice in Wyoming.
- * Dr. Bush has been very interested in promoting telehealth consultations with the University of Colorado.
 - o Medicaid will pay for home-based visits the same as if the patient was seen in person.
 - o For the "super-specialist," Medicaid allows a small number of consultations and visits.
- * There is much interest in getting more providers licensed in Wyoming.
- * The University of Utah just completed an agreement for Tele-ICU with Evanston.
- * Might be beneficial for providers to do episodic consults (as opposed to being fully licensed in a different state), or work through an expedited provisional license.
 - o Might want to put these procedures in writing for potential providers
 - o To clarify, providers do not need a separate license to practice over telehealth. More information is available on the Telehealth webpage
- * The HEI can make the process easier for clients to enter their medical records, communicate with their practitioner, etc.

Medicaid Coverage for Family Counseling – Dr. Bush

- * As long as the provider is enrolled as a Wyoming Medicaid provider, and the individual wishes to bring in a family member or two to their individual counseling, Medicaid will cover it.
 - o Group counseling will not be covered.
 - o The office of provider services is still wary of providing coverage for Telehealth group counseling. There have been providers who have been trying to take advantage of group therapy, so tightening of rules and regulations is currently taking place.

Genetics Clinic Update – Christina Taylor

- * The genetics clinic traditionally offered about 20 in-person genetics clinics throughout the year
 - o They are looking to trim down this model in the interest of refining referral criteria
 - o And reducing the cost burden of the genetics program.
- * They just executed a contract with the University of Utah to hold 6 in-person clinics and 8 follow-up clinic via Telehealth – these follow-ups will be mostly discussion based.
- * There are no genetic counselors within the state of Wyoming.
- * Genetics clinic is working with WIND to develop a training program for Wyoming's public health nurses, to health the nurses facilitate the follow-up visit.
 - o Still working with Utah provider to determine clinical schedule.
 - o Cost per client will decrease by approximately 75%.
 - o Piloting this in two communities for the first two years.

WIC Update - Sharla Allen

- * Clients who have access to a lactation specialists breast feed much more and for longer than those who do not.
 - o Want to expand access to lactation specialists for Wyoming patients.

Child Development Centers Update - Sharla Allen

- * The current clinics have a few specialists (such a physical therapists and speech-language pathologists), but these specialists have to frequently travel between clinics.
- * Spoken with the Wyoming Child Development Association to expand telehealth resources
- * Wyoming Child and Family Development has centers in 7 counties; several staff have requested and received Zoom licenses.

USAC Update - Sharla Allen

- * Universal Services Administration Company – a tariff that each person pays on their phone bill funds this program.
- * 400 million dollars earmarked for rural healthcare facilities to receive subsidies on qualifying costs, such as broadband and hardware.
 - o Public Health Nursing sites qualify for these subsidies.
 - o By getting subsidies, these sites should be seeing a 50% decrease in costs.
- * The FCC is looking to increase this Healthcare Fund in the future.

Telehealth Survey – Corey Jenkins

- * Created a needs assessment survey to see the perceptions of telehealth in the state of Wyoming.

- Went to providers and administrators in Wyoming.
- * Sara Zlatkovic is currently out on maternity leave, so we currently cannot compile the data.

Telehealth Stats – Corey Jenkins

- * There were 20 new users who registered in the last week, which have to be added to ZOOM, which makes around 35 new users for the month of January.
- * 325 meetings, with over 1,400 participants were held in January, which is an increase from December.
- * Telehealth services are growing quite a bit in Wyoming.
- * The Department of Health has a contract with WIND.
 - The Department of Health is interested in how this money is being used – primary focus is on clinical information.
 - WIND should be able to provide data on what percentage of use is clinical use.

Northwest Regional Telehealth Resource Center – Deb LaMarche

- * This fall, NRTRC is moving to a new location based in the University of Utah.
- * New team – Marla Cissorini (?), Anna Maria Lopez, Marla Peterson
- * Has an advisory board with representatives from Alaska, Wyoming, Washington, Oregon, Idaho, Montana, and Utah.
- * Purpose of NRTRC is to help facilitate telehealth systems for rural communities. Part of 12 regional and 2 national groups of TRCs.
 - One goal is to develop relationships with the various Telehealth Consortia to see how the NRTRC can help advance the Consortia Agendas.
- * NRTRC will host a webinar at the end of the month.
 - In-depth overview of TRCs.
- * Will try to schedule a site visit in Wyoming to spend time getting to know the telehealth community in the region.
- * NRTRC holds an annual conference. Next is in September, specific dates to be announced soon. They will be soliciting ideas and proposals for presentations.

Broadband / Internet Challenges – Ray Brand

- * Please reach out to Ray with any internet issues / broadband issues that you encounter.
- * Typical issues include: Lack of bandwidth, unreliable bandwidth; cost;
- * There are some concerns about the lines between internet providers providing services vs. when the government needs to provide services.

HIE – Health Information Exchange – Ruth Jo Friess

- * State funding was provided to create a federal and state-funded Health Information Exchange (HIE). The HIE project is named the Wyoming Frontier Information (WYFI).

- * 13 vendors submitted proposals, Medicaid contract was awarded to Medicity incorporated. Contract began in December 2017.
 - o Infrastructure is now being built.
 - o Have provider outreach committee, technical and sustainability committee, and others that meet monthly.
- * Are currently in beginning phases of implementation.
- * Reach out to Andrea Bailey or Ruth Jo Friess to become a member of a subcommittee.
Andrea.bailey@wyo.gov
Ruth.jo.friess@wyo.gov
- * WYFI Website Link:
https://health.wyo.gov/healthcarefin/wyoming_frontier_information_wyfi/

Other Discussion

- * Patricia is working on a project that tracks community mental health and substance use treatment centers usage of telehealth services.
 - o Gathering baseline information.
 - o Also gathering information from Medicaid about funded community mental health and substance use treatment centers about use of telehealth, billing for telehealth.

Wyoming Telehealth Consortium

April 24, 2018

3:00pm – 4:15pm

Attendees:

- * Dr. James Bush, MD, Medicaid Director, Telehealth Consortium Chair
- * Deb Anderson – Mountain Pacific Quality Health
- * Patricia Bacon, Certification Program Manager, Behavioral Health Division (BHD)
- * Ray Brand
- * Tim Caswell, EHR Program Specialist, Healthcare Financing, WDH
- * Sabrina Foreman
- * Emily Genoff, Business Development Director, Wyoming Behavioral Institute (WBI)
- * Morris McGaugh, Provider Services Director, Optum Health (WYhealth)
- * Melissa Miller – University of Colorado
- * Kevin Smith, Telehealth Coordinator, Cheyenne Regional Medical Center (CRMC)
- * John “Fred” Thomas (University of Colorado Denver)
- * Corey Jenkins, Project Coordinator Senior, Wyoming Institute for Disabilities (WIND)

AGENDA ITEMS

Tele-stroke Programs in Wyoming

- * NRTRC Meeting – Dr. Wheeler is helping to promote telestroke programs around the rest of Wyoming, as well as more direct patient access to early primary care.
- * Wyoming Medicaid does pay for origination sites coming from the patient's home.
- * The University of Colorado is planning to start a telestroke program at Ivinson Memorial Hospital in June 2018.

Upcoming Webinars – Corey Jenkins

- * Wyoming Telehealth Network does Webinars the last Wednesday of every month.
- * Billing and reimbursement Webinar is Wednesday, April 25.
- * On May 30, 2018, Telehealth Champions (Dr. Bartholemew and Dr. Wheeler) are going to share their best practices for telehealth in Wyoming.
- * Reminder – If a provider can make a case to Wyoming Medicaid that a Telehealth code should be opened, Wyoming Medicaid will review the case and try to open that billing code.
- * Wyoming Medicaid pays for the re-programming cochlear implants over telehealth.

Genetics Clinics Update – Corey Jenkins

- * Wyoming Telehealth Network has been working with the Wyoming Department of Health to get Cheyenne and Casper Public Health nursing offices set up to provide telehealth.
- * The public health nursing offices will be working with the University of Utah to provide pediatric genetics counseling via telehealth. They have not yet begun seeing patients, but they will soon.
- * These offices will allow Wyoming to connect more families with genetics counseling much more efficiently and with less expenses.

NRTRC Board

- * Some of the Montana clinics where Dr. Wheeler was providing tele-neurology services were starting to charge Dr. Wheeler for providing that service to their clinic.

Action items:

- * Deb Anderson will contact Dr. Wheeler to get more information about these hospitals and why they are charging.

CRMC - Kevin Smith

- * CRMC is making strides in providing services for families that have previously had to travel to Denver for short visits.
- * The CHIP (Infectious Disease clinic) has also been collaborating with the CRMC so that children do not need to travel to Denver for check-ins several times a year.
- * Proxy credentialing – in order for CRMC to do this, the center has had to amend their bylaws. This can only be done twice a year, and the next opportunity is in May 2018.
- * James Bush and Kevin Smith discussed the possibility of offering telehealth services to women with high risk pregnancies in Wyoming.
 - o Kevin Smith will look into integrating these services for high-risk pregnancies into their activities with the CHIP and public health nursing clinics.
- * CRMC has faced some barriers previously, including the Wind River site having problems connecting to video, and a discrepancy in services needed by the community and resources available at CRMC (including after-hours emergency coverage).
- * Deb Anderson is providing used iPads to the Eastern Shoshone clinics and chronic care managers. These iPads are data-enabled, but Deb is interested in finding funding or grants to help cover data plans or cellular service for the iPads.
 - o Dr. James Bush - If the tribes are able to sign a care management contract with a nearby hospital, then the tribes can refer their cases to the hospitals and their services are able to become 100% federally matched.
 - o The department of agriculture often has funding and grants for projects like this.
 - o Sharla Allen is a good person to ask about this as well.

Telehealth Survey Results – Corey Jenkins

- * This will be discussed in the next meeting. The data is not available yet.
- * For the first quarter of this calendar year, there have been 184 users of telehealth, including 28 new users. The users have aggregated 1,127 meetings or encounters total (including clinical, administrative, and training meetings). There have been 4,972 sites that have been involved in telehealth-related meetings this quarter.
- * Currently, the Wyoming Telehealth Network has issued 237 Zoom licenses

Health Information Exchange – Tim Caswell

- * Medicity has been trying to engage the hospitals, clinics, and providers in the process of signing agreements to share data. Medicity is also in the process of onboarding several Wyoming medical facilities, including Cheyenne Regional Medical Center and Star Valley.
- * The sustainability committee is optimistic that this new HIE will be sustainable.

Emily Genoff– WBI and Telehealth

- * WBI has hired a geriatric psychiatrist who will be in Casper seeing patients at WBI. We plan to extend his services via telehealth.
- * We are meeting with HealthLink to determine if we're going to use them to extend Dr. Elsanadi's geriatric psychiatry services or if we are going to do that ourselves.
- * Gero-psychiatrists are also greatly needed in Wyoming.
- * A new gero-psychiatrist will be administering services via telehealth in Salt Lake and in Wyoming.
- * Courtney Cook in California is the main Health Link contact.

Expanding telehealth in Critical Access Hospitals in Montana and North Dakota - Deb Anderson

- * Patients applying pressure to their doctors to implement telehealth can be the next step towards expanding telehealth.
- * Can clients have a business card or something similar to give to their doctors? This can overcome one barrier if the doctor does not know how to establish direct contact to Telehealth resources.
- * Wyoming Telehealth Network has been working on putting together some radio and podcast spots to broadcast on Wyoming Public Radio.

University of Colorado – Melissa Miller

- * Dawn Maupin is slowly transitioning her work to Melissa, who is new.
- * Wyoming is looking for more consultants and doctors from University of Colorado

WyHealth – Morris McGaugh

- * WYhealth is working with the IHS, Eastern Shoshone Tribal Health, and Northern Arapaho clinics on the use of telehealth.

Sabrina Foreman – CAEDA

- * CAEDA is partnering with Wyoming Cardiopulmonary and Wardell Consulting Group to start a pilot program for cardiopulmonary in their outreach clinics, so they can implement telehealth with their patients.
- * They are trying to address patient concerns that quality services cannot be delivered through telehealth.
- * The first location is planned for Riverton, Wyoming.

Behavioral Health Division – Pat Bacon

- * The BHD in collaboration with UW and Mountain Plains Addiction Technology Transfer Center (MPATTC) has been offering a Behavioral Health ECHO network focusing on the opioid use epidemic. This network is targeted toward the medical community, behavioral health professionals, and law enforcement and is available to all interested persons who wish to attend. The ECHO sessions include expert professional presentations followed by case studies and participant discussion.

Other Discussion

- * Wyoming Telehealth Network recently got the rights to “wyomingtelehealth.org”
- * The incoming president of the Wyoming Medical Society (Lisa Finklestein) wants to make her 1 year tenure's primary focus to increase telehealth in the state of Wyoming.
- * Medicaid is going to endorse a letter of support for Hannah Herold's chronic disease peer case self-management program. Those billing codes will be opening soon.

Wyoming Telehealth Consortium

Date | Time 7/31/2018 3:00 PM | Location: ZOOM

Meeting called by: James Bush, MD

Type of meeting: Planning and Collaboration

Facilitator: James Bush, MD

Note taker: Morgan Melton

Attendees:

Ann Clement (Partnership for a Healthy Wyoming),

Brandi Wahlen (Mountain Pacific Quality Health),

David Espinosa (Unidos),

Sabrina Foreman (CAEDA),

Jason Gatherum, Rocky Mountain Care

Morris McGaugh (WyHealth),

Amy Surdam (Stitches Acute Care),

Deb Anderson (Mountain Pacific Quality Health),

Faith Jones (HealthTecS3),

Pat Bacon (Wyoming Department of Health),

Dave (Last name unknown),

Tim Caswell (HMUM Data Analysis / Medicaid),

Kristina Behringer (WyHealth),

307-337-4553,

Maribel Frank (Wyoming Medical Center),

Sandip Ray(St. John's Medical Center),

Ruth Jo Friess (WDH – HIT Manager),

Emily Genoff (Wyoming Behavioral Institute),

Sharla Allen (Office of Rural Health),

Sarah Weathers (Hippo Health),

Kevin Bohnenblust (Wyoming Board of Medicine),

Christina Taylor, (WDH – MCH Unit)

Dan Surdam (Stitches Acute Care),

Dave Wiebe (Hippo Health),

Lisa Finkelstein (Wyoming Medical Society),

Ray Brand Enterprise Technology Services (ETS),

Kishore Rasamallu (Sweetwater Memorial Hospital),

Kevin Smith (Cheyenne Regional Medical Center),

Jan Cartwright (Wyoming Primary Care Association),

970-290-6609

Topics

- Welcome and Introductions
 -
- Announcements
 - Dr. Finkelstein is the incoming president of the Wyoming Medical Society, and she has a goal to promote telehealth throughout the state. She has offered to be a champion and resource to improve telehealth adoption.
- Upcoming Webinars
 - Webinars are the last Wednesday of every month.
 - August 29th will be a webinar covering telehealth peripherals, including a demonstration of some equipment by the Wyoming Telehealth network (Corey and Morgan), and a practice based research network being proposed by research scientists at the University of Wyoming. They're going to go over what their plans are and get feedback from practitioners.

- In September, an attorney from UMIA in Utah will talk about malpractice and telehealth.
- NRTRC Conference
 - Wyoming is part of the Northwest Telehealth Resource Center. Colorado is part of the Southwest Telehealth Resource Center.
 - Currently Wyoming's contact with the NRTRC is Deb LaMarche in Utah.
 - NRTRC is hosting a conference in October 1, 2, and 3 in Salt Lake City.
 - Day 1 is pre-conference workshop and reception. October 2nd and 3rd are the main days of the conference. More information available on the NRTRC website at <https://www.nrtrc.org/>.

Old Business

- Clinic in Farson is continuing to use telehealth. This is the center where telehealth was used to connect to University of Utah Burn Center to care for a burn patient. The patient was able to be diagnosed and treated via telehealth without leaving the community.
- Broadband / Internet Update
 - ETS is planning with the business council for a business broadband conference (Governor's Broadband Summit) sometime in November – contact Ray Brand for more information.
 - Ray Brand can get Sharla in contact with the people planning this conference, to see if telehealth can get put on the agenda for this conference.
 - First Net and AT&T is currently planning expansion of services in Wyoming. This is still in the early steps of planning. AT&T was awarded national First Net initiative.
 - If anyone has problems getting reliable broadband services in Wyoming, let Ray Brand know and he will try to do more research into those issues.
- Telehealth Stats
 - Stats for April, May, and June
 - As of July 2018, WyTN has issued 258 Zoom licenses. There is other telehealth work also in the state that does not use Zoom.
 - Of the 258 users, in the 2nd quarter, only 99 users (~38%) have hosted a meeting.
 - WyTN is reaching out to those who have not hosted a meeting.
 - 1,225 meetings/clinical encounters involving 4,675 participants.
 - Clinical encounters make up the majority of meetings (40%). About 20% of meetings are for administrative purposes and 16% for education/training. Technical support accounts for <1% and the remaining 23% is unreported.

- There is a second telehealth system in Wyoming, through Cheyenne Regional Medical Center that works closely with the WyTN. WMC works very closely with WyTN.
- Christina Taylor said it might be useful to remind Zoom users of which activities count as administrative, clinical, or administrative just to ensure better accuracy in reporting.
 - Send Zoom users a reminder that this information is used for tracking purposes.
 - Dr. Bush mentioned WDH is putting together “health stats” to track and report Medicaid codes over time.
- Tele-neurosurgery
 - Updates from Dr. Roark:
 - I have put in a grant to the Brain Aneurysm Foundation to hopefully study patient satisfaction for telemedicine.
 - I am working on my WY license application.
 - The University is supportive of these efforts and has been watching the workings of my telehealth visits. The patients have been very satisfied and a few from Wyoming are hoping that they can eventually not have to drive "all the way" to Ft. Collins.
- Health Information Exchange Update (WYFI)
 - Ruth Jo Friess – WYFI (Wyoming Frontier Information Exchange) Update
 - CRMC and their related provider groups are now live in the community health record. Patient information is live for the Laramie county and surrounding areas.
 - They are currently working on getting live information for 16 other providers, including St. John's, Teton, Banner facilities, and other smaller providers/facilities throughout the state.
 - Currently working with Utah Health Information Exchange to get onboarding information for a bordering state.
 - Wanting to have all 27 Wyoming hospital connected by July next year.
 - WYFI is always looking for committee members and people to join subcommittees – call or e-mail Ruth Jo Friess for more information.
 - Amy and Dan Surdam (from Stitches Urgent Care) are not on EPIC. WYFI can allow them access (a user login) to their community health information portal, which will allow them to look up patients who may already have a profile.
 - Amy and Dan Surdam will reach out to Ruth Jo after the session; Andrea Bailey will also follow up with the Surdams.
 - Zero cost for critical access hospitals and FQHCs
 - Direct headless connection to HIE for non-CAH or FQHC will cost, but they can do a “headless” connection to a portal at no cost.
 - There are several hospitals in the works but not everyone is in yet.

- Admissions Discharge and Transfer system – automatically sends you notifications if your patients are seen in the ER, admitted to a hospital, or transferred.

New Business

- Medicaid encourages patients to call the 24 hour nurse line first, before going to the ER. They are trying to discourage the idea of going straight to the ER for an urgent concern after hours.
- Hippo Health
 - Dave Wiebe
 - Started in Boulder with a group of ER physicians trying to come up with a widget that would match patients with the right provider, right location, and right price when they need it.
 - Created a platform (app on your phone and web-based) that connects patients and doctor to chat by texting or phone or videochat. HIPAA compliant and server-secured with board certified ER physicians covering it 24/7.
 - For patients who have a sudden, after hours urgent problem.
 - Several hundred thousand patients enrolled through their insurance companies, with services being covered by their insurances.
 - They've encountered broadband issues in rural areas. To help this, they went with a simplified platform (rather than a more complex platform like Zoom) which can work over a cell phone with basic cell service or data service. Don't need a broadband connection for it to work.
 - They joined the Quality Health Network (QHN), one of the HIEs in Colorado that has access to most every hospital in the state, to see primary care physician, lab, radiology, pharmacy and other patient records which are needed for more complex cases.
 - Their 2.0 version also connects specialists with the patient and the primary care provider at the same time. Dave is happy to give a detailed presentation of this feature in the future.
 - The 1.0 version only provided one-on-one patient to doctor access.
 - The 2.0 platform can be a place where specialists can speak with patients, and patients can speak with PCPs, results can be shared and be seen by all parties.
 - Downloadable app is a good solution to combat the myriad of EHRs out there.
 - The plan for Wyoming has a couple options:
 - Direct to consumers, possibly partnering with a group like Stitches Care to provide the right care at the right place and referring patients requiring face to face patient care.

- After-hours care for primary care doctors and overnight on-calls, to avoid the cost of ER and urgent care if that is not needed. Quick online consultations with ER physicians or specialists, when needed, using the Hippo platform.
 - Sarah mentioned the 2.0 version is a one-stop place when all these conversations can occur to include involvement of the care coordinators.
 - One model is to provide on-demand on-line triage to determine level of care by a physician in a time-efficient manner.
 - They've found that it is not financially viable to provide direct-patient access overnight – more expensive for contract insurance companies to provide this extended access. Does have the Doctors to turn on overnight if indicated.
 - He's also found it's hard to engage the primary care physicians and the specialists. They need buy into these programs for it to work. Engaging the patients (helping them to understand and use the software) has also been challenging.
 - Patients tend to stick with their main "source" of healthcare – if they have a PCP, they go to them for all their healthcare needs. If they don't have a PCP they tend to go to the physical ER. Engaging patients is important in making the program successful.
- Stitches Acute Care
 - Dan and Amy Surdam
 - Being using telemedicine for the last 1.5 years in their facilities in Cheyenne and Laramie
 - Mission and vision includes leveraging technology to increase accessibility and affordability of healthcare
 - Use a third-party vendor – Doxy.me, a free service for providers. This seems to have good functionality for their purposes.
 - Allows the patient, using only a laptop or smartphone, to hit a button from website and be brought to a virtual waiting room. The provider then pulls them from the waiting room – the patient is seen within a few minutes. First greeted by front desk, who puts patient back in waiting room until being pulled out by a provider. Simple and easy to use for both patients and providers.
 - Has helped change the belief that clients need to go to the ER after hours.
 - They've found that if patients need to be seen in person, it's relatively easy for them to come to the physical facility in either Laramie or Cheyenne.
 - Uses a cloud-based EMR to enter patient information real-time. If patient has a PCP, they can fax report directly to the PCP. Integration of care is a driving goal.
 - Can write e-prescriptions to the local pharmacies.
 - Self-pay for these visits in \$49 – some patients do want Stitches to submit this to their insurance. BCBS reimburses most of the time, it seems.

- Telemedicine is only available during office hours – until 8pm weekdays or during weekend office hours. Utilization has not indicated 24/7 coverage.
- Sweetwater Memorial Remote Patient Monitoring
 - Kishore Rasamallu presenting
 - The hospital did a pilot with Rocky Mountain Home Health Agency for three months. Shown decrease from 18% to 7% in hospital readmissions rates and ER visits.
 - Follow-up with discharged home health patients within 24-48 hours via telehealth to make adjustments to medications, calling in insulin, Lasix or even oxygen orders to prevent further hospital/ER visits.
 - Jason Gatherum: The home health agency's success and post-acute provider is mostly due to the engagement of the physicians. They've struggled with this as well when they couldn't get in contact with a physician fast enough to make changes in plans of care. Looking not only in Wyoming areas but also Utah area of taking services to other rural markets when they serve patients. Looking to take it a step further by putting peripherals into the patients' homes.
 - Dr. Bush mentioned this especially makes sense around Medicare as hospitals do not get paid for readmissions. Medicaid (WYhealth) tells the peripheral companies to go talk to hospitals and try to convince them to use these instruments, since hospitals won't be reimbursed for Medicare readmissions, which will quickly make up for the cost of the peripherals.
 - Need to establish a criteria to ensure peripherals are not ordered on everyone - 99% of doctors are conscientious with their use of ordering peripherals, however there is 1% that take advantage of the money.
- Unidos – Home Health Monitoring Company
 - Running a pilot program, which the doctors set parameters that their patients must meet in order to participate
 - Been having positive impact on patients shown by monitoring reports.
 - They have a 24 hour call center that monitors the patients.
 - They can be preventative by supplying patient's data to PCP weekly or more frequently, so the PCP can make adjustments as needed.
 - They are also able to tailor their model to respond quickly to more serious changes in the moment.
 - Have a machine that reports glucose values, blood pressure values, which is then transmitted directly to Unidos and / or the PCP
 - With this information, they've been able to work with PCPs to keep patients out of the hospital and ER more often.
 - Willing to share some data reports from patients they are monitoring to show adjustment in medications and how patients' results trend toward acceptable perimeters.
 - Only Medicaid is working with this for now which limits it to smaller part of the population. Other payers are looking to jump onboard in the future.

- They collect and analyze the data then supply the information to providers.
 - 99091 and 99444 are codes that are often used at this company.
 - Peripherals are provided at no-cost and are set-up based on perimeters indicated by the individual physicians for hypertension and blood pressure patients. Glucose strips are also provided free at cost.
- Telehealth Survey Summary
 - Did a survey asking about barriers to usage to get a feel for physicians' and administrators' perceptions of barriers or benefits of telehealth use
 - Ran from May 2017 to and December 2018.
 - 251 individuals responded to the survey (198 medical or mental providers, 24 administrators, and 29 unreported).
 - Participants represented 25 states and were licensed in an additional 22 states.
 - Only 36% of respondents had currently or have ever provided telehealth services.
 - Of those that endorsed telehealth use, the #1 reason was to increase specialty care in rural clinics and hospitals.
 - Technological concerns and needs included apprehension about technology even though the advent of web-based applications and software have made accessing telehealth much easier for both patient and providers.
 - Administrators were concerns with funding and reimbursement issues. Dr. Bush suggests adding comment in survey summary about how payers are now paying for telehealth services.
 - Physicians were concerns with licensing barriers and issues.
- Expanding Telehealth to the CAHs
 - Rochelle Spinarski works specifically with CAHs in Wyoming. She's been trying to encourage CAHs to adopt telehealth services.
 - A group of telehealth champions (Sharla, Rochelle, Dr. Bush, Corey) connected with senior management at Powell Valley critical access hospital to develop a plan to implement telehealth at their facility.
 - Powell Valley Healthcare wants to do a small pilot with telebehavioral health.
 - Need more psychiatrists and psychiatric nurse practitioners to help prescribe medications to patients
 - Morgan and Corey are trying to get a list of psychiatrists and PNP's to try to reach out, see if they are interested in offering their services to Powell and other rural/underserved areas that are in need of psychiatric services.
 - After Powell Valley has successfully implemented telepsych services they plan to expand telehealth to other specialties.
 - The model created at Powell Valley will then be replicated in other Critical Access Hospitals.

- One of the deliverables with the University of Wyoming contract is to do a media campaign this year. Betsy has been working with Corey and Morgan (at WIND / UW) to create a media outreach via Wyoming Public Radio and TV aimed at patients.
 - Encourage clients to ask for telehealth services with their providers.
 - Corey and WIND just reviewed another edit of the radio script for some 30-second spots – one for patients and one for providers. These edits were just sent back to the marketing company.
- Faith Jones - As of Friday July 27, Medicare has posted the proposed rules for the physician fee schedules. There are some new telehealth features / rules and rules for technology-based services. Also proposing reimbursement for doctor to doctor consultations.
 - Faith will send her annotations of this document to Corey who will post it on the WyTN website for others to review and to provide comment.
- Dr. Wiebe had questions about Tribal Health and getting telehealth access to those site.
 - Fremont County (WIND River Reservation) is a very remote area, which makes it difficult to implement telehealth.
 - IHS and Eastern Shoshone Tribal Health are trying to work together and have set-up a telehealth room in the clinic.
 - Dr. Behringer has had conversations with Dr. Reiber who is interested in telehealth but more so for specialty care using telehealth.
 - There are barriers related to cell phone minutes in the reservations and other concerns that will require more collaboration to address.

Next Meeting: October 30, 2018 from 3:00-5:00 pm MT

Wyoming Telehealth Consortium

Date | Time 10/30/2018 3:00 PM | Location: ZOOM

Meeting called by: James Bush, MD

Type of meeting: Planning and Collaboration

Facilitator: James Bush, MD

Note taker: Morgan Melton

Attendees: **Laura Hurst** (Wyoming Department of Health), **Corey Jenkins** (Wyoming Telehealth Network), **Lisa Finkelstein** (Wyoming Medical Society), **Morris McGaugh** (WyHealth), **Sabrina Foreman** (Casper Area Economic Development Alliance), **Maribel Frank** (Wyoming Medical Center), **Sandip Ray** (St. John's Medical Center), **Sharla Allen** (Office of Rural Health), Patricia Bacon (Wyoming Department of Health), **Kevin Bohnenblust** (Wyoming Board of Medicine), **Ray Brand**, **Kevin Smith** (Cheyenne Regional Medical Center), **Christina Taylor** (Maternal Child Health), **Tim Caswell** (HMUM / Medicaid), **Shawna Pena** (Department of Health), **Ruth Jo Friess** (Wyoming Department of Health)

Topics

- Welcome and Introductions
 -
- **Announcements**
 - **Upcoming Webinars:**
 - October: The Cheyenne Veterans Affairs Mobile Telehealth Clinics: Development, Implementation, and the Future
 - November: Telephysical Health
 - **Governor's Broadband Summit – November 13th.**
 - James Bush's and Lisa Finkelstein's talk is at 10am.
 - The Wyoming Medical society and the department of health has summarized the progression of telehealth and broadband capacity in Wyoming.
 - Telehealth White Paper
 - James Bush is going to put together a paper on the history of telehealth in Wyoming; Dr. Finkelstein is going to share her vision for telehealth for the future.
 - CEO at Lander Hospital (Allen Daugherty) expressed frustration with broadband in the area to Dr. Finkelstein. He is building microwave towers because broadband has not been meeting his hospital's needs. Is the summit the place to discuss this?
 - Dr. Finkelstein will send Ray Brand more information about the problem so he can look into solutions.
 - The Board of Medicine has encouraged care providers and hospitals to bring them to the state or to the telehealth consortium.
 - Lander and Riverton's hospitals have been on the Cheyenne Regional Medical Center's network 5-8 hours a day, 5 days a week. They're the heaviest users of bandwidth, between business meetings, trainings, and telemedicine.
 - CRMC provides telepsychiatry to the Lander clinic.

Old Business

- **Broadband / Internet Update** – Ray Brand
 - He has looked into Wyoming statute and private health care providers can be connected to the state's WUN, Wyoming Unified Network, if services are requested by the Wyoming Department of Health and deemed necessary for the effective and efficient operation of a telehealth network in the state. One exception is hospitals, which is specifically excluded.
 - The Health Department would have to work out how they charge services back to providers, or if they want to cover it in a grant. ETS is just a mechanism to help establish and charge for those services in order to connect to the Wyoming Unified Network.
 - The Department of Rural Health does not have dedicated funding for telehealth at this time.
 - Until the legislature gets back to providing dedicated money to telehealth, funding may be short.
- **Telehealth Stats** – Corey Jenkins (Data below is for July – Sep 2018)
 - 292 Zoom licenses issued to date. Up 258 from last quarter (delta of 34)
 - 113 unique providers/users hosted a meeting
 - 1,209 meetings/telehealth encounters held
 - 4,961 people participated in those meetings/encounters
 - Meeting breakdown:
 - 16% Admin, i.e. staff meetings, etc.
 - 16% Education and Training
 - 31% Clinical/Direct Patient Care
 - 36% Not reported (When scheduling through smartphones or iPads where the Zoom App is downloaded from Google Play or the Apple Store, we are not able to ask the primary purpose of the meeting questions. I suspect a good portion of the not reported are actually for clinical/direct care, which would mean >50% of Zoom usage is for clinical/direct care and admin and education are almost even with less than 25% each.
 - **We should add the question “How did you hear about telehealth / Wyoming Telehealth Network / this enrollment?” to the provider enrollment form.**
- Kevin Smith – Cheyenne Regional Medical Center Telehealth Stats
 - They’ve seen about 90 distinct locations that run meetings each month.
 - In August there were about 345 hours of total calls. 91 of those hours were clinical hours. 142 hours were administrative meeting hours (non-training or education related).
 - The psychiatrists are the most robust users of telehealth systems.
 - In September, they had about 70 distinct locations running telehealth meetings.
- Maribel Frank
 - InTouch was chosen because it's a platform that is more user-friendly for rural areas.
 - They needed more specific tools for their various outreach programs; other programs did not allow customization from the ground up.
- The various telehealth systems at use in the state make it hard to track telehealth use overall; but it seems to be on the rise.

- Christina Taylor at Maternal Child Health has been seeing high client satisfaction for clients who use telehealth for follow ups and consultations.
- Until Wyoming has a statewide system for telehealth, there is room for national companies to come in (like TeleDoc) and fill that gap with services that do not coordinate or feedback to Wyoming primary care providers or specialists. There is no collaboration in that case.
- It would be helpful for the genetic program / maternal health program to know what other providers are offering telehealth in the state.
 - Can we put together a list of all the telehealth networks and their associated providers on a website (which website)?
 - This may be an important priority – there's currently no centralized list of telehealth networks and providers.
- Consortium needs to connect with telehealth representatives in Colorado and Utah to see if we can get large regional hospitals to participate.
- **Tele-neurosurgery** – Dr. Roark
 - Dr. Roark was not present.
- **Health Information Exchange Update – Tim Caswell**
 - Currently WYFI is live with Cheyenne Regional group data. HIE is just beginning training process with them to set up users.
 - There are 7 other hospitals or groups that are close to going live.
 - They are in talks with UHIN (Utah HIE) and CORHIO (1 of Colorado's HIEs) to be able to share data between states.

New Business

- **Telehealth Presentation to Labor Health Committee** – Dr. Finkelstein, Dr. Bush
 - She spoke to Kevin Bohnenblust, and there is not much to ask the legislature. She doesn't want to waste the committee's time if she does not have something meaningful to discuss or request. What are we asking them for?
 - Could she ask for parity for telehealth services?
 - Ask for adequate funding to keep the contract going, to keep telehealth work with WIND / UW / WDH going. This will keep revenue from leaving the state and moving away from Wyoming hospitals.
 - She keeps encountering the word "promotion" in the bylaws of the Telehealth Consortium. The trouble with promotions is that we lack the funds to do a true statewide promotion. The legislature has slashed telehealth funding.
 - Many telehealth initiatives are currently being funded in part by Wyoming Medicaid.
 - If the legislature truly wants to make telehealth a priority, they need to provide funding – especially for statewide promotion.
 - Dr. Finkelstein should not be asking the committee for a 'task force.'
 - The new CEO of Wyoming Medical Center is committed to telehealth, as well as the heads of several other important organizations. If they are clear that it is better to form a statewide telehealth system rather than leave room for border-states to continue taking Wyoming business / clients, that may help the legislature understand its importance.
 - Would implementing certain statutes (like parity laws) help Wyoming providers adopt telehealth on a larger scale?
 - Medicaid has been reducing barriers to reimbursement for telehealth services.

- More information may be needed about reimbursement for telehealth services from payers other than Wyoming Medicaid.
- Do we have the resources to dedicate a full-time position for telehealth interests and promotion?
- The contract between WDH and WIND runs through June 2020.
- **Using Telehealth to Combat the Opioid Epidemic** – Corey Jenkins (Item submitted by Janet Jares)
 - There's been a lot of discussion in literature lately about using telehealth to assist in the treatment of individuals with opiate use disorders. This is especially true for rural areas.
 - There are many grants currently available for this initiative.
 - There's a waiver that allows prescribers to prescribe buprenorphine to individuals without the required face-to-face meeting from the Ryan Haidt act. (DATA 2000 waiver for prescribers who have the appropriate credentials.)
 - The Behavioral Health ECHO will be including a module on telehealth and treatment of opioid use disorders starting in the New Year.
- **Skilled Nursing Facility Pilot** – Sharla Allen / Dr. Finkelstein
 - The Pinedale Nursing Home Director (Dave Burnett) and others are in on the pilot idea.
 - The next step is to get somebody physically to Pinedale to help set up equipment and show them how to use it.
 - In these smaller communities there is trouble with retention of providers. Telehealth services may be able to alleviate this issue.

Roundtable Reports / Discussion

- Sharla Allen – New announcement of proposed rule from CMS - Medicare Advantage Plans can offer additional telehealth benefits that are not part of other Medicare plans, starting in 2020.
 - Post this announcement to the website
- The eventual goal of an integrated EHR is to connect as many facilities as hospitals as want to participate. Currently, most are using different EHRs that cannot communicate with each other.
 - More information can be found on the Department of Healthcare Financing - <https://health.wyo.gov/healthcarefin/>