Wyoming Telehealth Consortium

2020 Meeting Minutes

April 28, 2020
May 26, 2020
June 30, 2020
July 28, 2020
August 25, 2020
September 29, 2020
October 27, 2020
December 1, 2020
Wyoming Telehealth Consortium

4/28/2020 Minutes

Attendees: Kevin Smith, Kevin Bohnenblust, Timothy Caswell, Dr. Jim Bush, Ray Brand, Tom Lacock, Deb Anderson, Eric Schlidt, Eric Boley, Brenda Burnett, Ramsey Scott, Lisa Finkelstein, Ryan Kudera, Jamie Vosberg, Ruth Jo Friess, Maribel Frank, Kyle Cameron, Emily Genoff, Brandi Wahlen, Ramsey Scott, Greg Ronco, Tai Baker, Canyon Hardesty, Amy Rieser

Facilitator: Greg Ronco
Minutes: Amy Rieser

Dashboards:
WyTN/Zoom Numbers
Greg Ronco:

- Fiscal year report (July – April 26th)
  - 1,385 providers hosting meetings via Zoom
  - 38,610 telehealth meetings
  - Over 160,000 participants
- February
  - 163 providers hosting meetings
  - 1,157 telehealth meetings
  - 4,500 participants
- March
  - 824 providers hosting meetings
  - 7970 telehealth meetings
  - 25,693 participants
- April
  - 1,242 providers hosting meetings
  - 23,466 meetings hosted in April
  - 108,452 participants
- (More information in attached summary)

Updates:
Wyoming Board of Medicine
Kevin Bohnenblust:

- Exceptions of licensures of professionals from other states
  - Out-of-state providers are in consultation with the state health officer
  - Short form filled out, basic info, national data back check on them (cleared within 24 hours); can then practice in WY
  - Can prescribe controlled substances under health officer
o Provision in state law – immunity for working under state health officer under an emergency
  o Only exempt for those not licensed in Wyoming during emergency – mostly from surrounding states and major hospitals – keeping patients from having to travel

- Currently not capturing the volume of established systems from other states utilizing telehealth in Wyoming
  o Increased adoption by providers, payors and patients
- Not an influx of primary care, it’s specialists able to provide services to patients through telehealth
- State lines are starting to disappear to active practice, while still protecting patients within the state
- Idea of consultation – able to have a consultation from a licensed specialist while working with state health officer
- Want to be able to vet people
- Create a one-page for legislative sub-committee

Mountain-Pacific Quality Health
Deb Anderson:
- Under CMS contract – providing additional regional support for telehealth
- Rapid response team around telehealth: Regional Healthcare Improvement Collaborative
  o Share info and lessons learned
  o Telehealth 101 affinity group
    ▪ About 60 from MT and about 30 from WY and Hawaii
    ▪ Midway through sessions, will restart after they finish
      - Another affinity group to other providers within the region
  o Patient engagement teams to support and connect with chronic care and seniors, those who are not communicating with their providers
    - Working with folks before it becomes a crisis
  o Working on Funding – collaborating on grant applications
  o Patient safety team, collaboration teams, community engagement teams
  o Working to provide CMS claims data to provide info
  o Looking for thoughts/ideas on supporting seniors and getting them connected?
    - Work with AARP? Helping seniors get connected
  o Resources – Support resources
    - Telehealth support website: https://www.mpqhf.org/QIO/telehealth-services-support/
  o Chronic disease prevention programs – working on implementation guides
- Funding through Dept of Health with CDC, focused on providing technology (iPads, blood pressure cuffs syncs with provider portal, weight check equipment) working with providers to ensure things are connected and billable
• Medicaid medical directors network hoping to work with CMS to keep things open in terms of what CMS will pay for.
• Providing support and services to continue with HIPPA secure technology

**Technology - WYFI**

Ruth Jo Friess:

- Increase in user numbers
- Promoting WYFI instant access to providers
  - Log into CHR portal and pull records rather than through direct connection
  - 766 active users, up 20%
  - Enrolling folks daily
- Care coordination POV – Providers
  - WYFI portal
  - More interest in providers who are using portal; want bi-directional interface
- Telehealth perspective, WYFI is a good collaboration tool (client via telehealth, with WYFI portal to pull up unified clinical records would be helpful)
- When training folks to use portal, telling them telehealth is available and try and get involved in Zoom licenses
- Question – behavioral health providers? An uptick in those enrollments?
  - Answer: Yes, and it is always one of the leading categories
- Large increase in dental, audiologist, and other provider types as well

**Technology - Broadband and Internet**

**ETS**

Ray Brand:

- ETS working on enabling state agency personnel to telework
- Over 4,500 ticket requests to enable state employees to work remotely
- VPN system peak up to 145,000 individual employees linked in
- SpaceX launched another 60 satellites; won’t be until the end of the year that North America would be able to use it
  - No information on cost and connection yet
- OneWeb – declared bankruptcy and now in limbo
- Active potential legislation with interest in establishing a task force for telework, education, and telehealth
- April 16th legislature session in AM – hour long segment addressing these concerns and listing goals
  - Information starts at 2 hours 18 minutes in
  - Wanted cell phone service to work anywhere in WY
- Broadband still a big need; lack of access and necessary speed and access
- Governor’s office also working on this
- Legislature Interested in leveraging technology to make this happen
Broadband Council
Ryan Kudera:
- Glad to see this consortium and be part of it
- Broadband Council – education piece is key
  - People not understanding telehealth and connectivity
- USDA distance education grant (clinics) developing point to point communication (Zoom provides without a dedicated circuitry)
- Huge amount of answers concerning telehealth, but issue on digital inclusion
- Digital inclusion – education and acceptance across generations (generational gap)
  - Does not lead to acceptance/understanding of videoconferencing
  - Getting past that mentality
- Broadband – not as bad off as what is reported
  - Studies on reliability and data are formulated without understanding rural or frontier environment; need to take that into account when looking at statistical data
    - Public does not understand
  - We are capable of doing more – our providers in place right now have built and assembled hardware networks are supplying public broadband
  - Working to dispel myths and fill in gaps
  - Most areas of concern are outside of the towns and communities

Other Broadband:
- Broadband consistently comes up when discussing telehealth
  - Important for everyone in Wyoming to have access for education, healthcare, EMS, etc.
    - Relying on it for digital age
  - Desire to work closely on this when moving forward
  - Relationship with the hospitals
    - Hospitals have broadband but patients do not have it
      - Even outside of Cheyenne in Laramie County
        - Weak links where there is no cellular connectivity – unstable bandwidth on cellular signal
      - Limitations in areas across Wyoming
  - Not a lot of education on the full extent on what is going on with broadband
    - Education, research, and other elements that go into Telehealth and Broadband is a critical element of this going forward
      - Broadband here to support these efforts

Special Interest Groups: WyTN
Greg Ronco:
- Allied Health SIG making progress with telepractice
  - Practice board has been hesitant to allow assessments via telehealth
- However, they are reviewing the rules and regulation to align with the interstate compact to allow for assessments
- They acknowledge their current rules do not line up with compact

- Billing has opened up for all Allied Health for telepractice
  - Centered on COVID 19 concerns and improving access
- Telemental Health SIG is now up and running
  - Currently mainly navigating COVID-19
  - Focus on supporting each other in improving practices
  - Interest from governor’s council on developmental disabilities
  - There is now a registration for the group
- Hospital Telehealth SIG is continuing well
  - Also with a heavy focus on COVID-19 right now
  - All hospitals on call are improving access to telehealth
    - More patient access, but learning curve for some

Other Hospital Updates
St. Johns Health
Lisa Finkelstein:
- Zoom licensing
- SJH was prepared and has had a successful transition utilizing Zoom
- On boarded the process successfully

CRMC
Kevin Smith:
- Had a rush to get connected to telehealth
  - Added 60 physicians (80 total new)
  - Added access to third nursing home in Cheyenne for rounds
- Neurology seeing a lot of patients a day
- Family practice and lactation coaches are all doing visits successfully
- All the services across the hospital have adapted to telehealth
- 2,488 calls in the last 30 days (1,300 hours) 741 meetings consisted of 478 hours in last 30 days
- Just short of 2,000 individual participants
- Very busy – have support from IT to do one-on-one technical support
- Huge increase – hope to demonstrate the value of this for folks who need it
- Pushed reluctant providers over the hump

WMC
Maribel Frank:
- Own software for telehealth: InTouch
- All providers are getting set up, or are already set up
- Seeing patient virtually and in brink and mortar
- Direct-to-consumer app hopefully coming out by June

**ESRN (Equality State Research Network)**
Tai Baker:
- Overview of ESRN – health questions and studying them through research while involving community advocates in the research
- Research with the community or population
- Building the network of engagement in asking and answering health related questions
- Patient-centered outcomes
- Looking at effectiveness of Telehealth, ROI, provider and patient perceptions
- Call to action for new members
- One full study on provider perception, likely to do a follow-up
  - Hope to hit nursing homes at some point with research (Dr. Bush)
  - Lisa will reach out to Tai
- Telehealth research – lack at a national level
  - Looking at getting other providers involved in further studies
    - Numbers will tell the story moving forward

**Telehealth in Wyoming**
Dr. Bush:
- Opened up telehealth for reimbursement and policy in the state
  - Removed and opened up codes
- Letting providers do what they feel is medically appropriate
- Loosened PASRR regulations
- Waiver case manager DD waiver and Community Choices waiver

**WyTN Needs and Framework**
Canyon Hardesty
- Dissemination of communication
  - Newsletters every other week
  - Grants, updates, content, disseminate info
  - Packets, data, info related to newsletter
- Legislative update to the state legislature
  - Foundation for individuals to understand what WyTN and Consortium are
  - Distributed in February
    - Update on the way
    - Telehealth network by the numbers – total reach of network
    - Education piece
- Survey – Governor’s Task Force
  - Collaboration with Wyoming Medical Society
Snapshot of what was going on with telehealth (April 8)
83 responses on impacts and opportunity to give
Based on individuals engaged in network at large
Areas of improvement
  - How to get additional numbers
    - Great opportunity to partner with groups (hospital association, medical society, other groups)
  - Share the data about counties send to WIND and create report

Grants and Funding Discussion
- Every hospital for itself or a coordinated effort?
  - Further communication will be helpful for everyone to be on same page
- Small rural hospital improvement – 19 rural hospitals
  - HRSA grant
  - Option to buy equipment and community to use
  - Specific to COVID
  - Grant money is up to hospitals to utilize
  - Already awarded, not telehealth-specific
  - Way to stay open during emergency
- CARES Money – possibilities and other grants
- Each facility is at different phases on implementing telehealth
- Creating coalition?
  - Money for hospitals across state
- Not sure if Legislature knows what to do, but lots of opportunity to strengthen efforts on infrastructure
- Don’t want to duplicate efforts
  - Connect for funding requests so now asking for the same money twice
- Coordinating funding
  - Know there are different groups working towards their own priorities and strategic goals with the funds on how to build across Wyoming
- What are the gaps now? Money coming in and where is it going? What are gaps?
  - Rural EMS was ignored in the CARES act funding; they didn’t receive any
WyTN Monthly Consortium Call – May 26, 2020

Tai Baker, Amy Rieser (2)

WyTN Reports – Tai Baker

- Provide free Pro-Zoom licenses to providers in Wyoming for telehealth
- Rapid Growth from 400 providers to 1,803 providers
- WyTN provides a Dashboard Report for the Month of May 1-20
  o 51 new enrollees
  o 1126 hosted a telehealth encounter
  o 14.5 meetings per month by provider
  o Majority meetings are clinical/direct services

Announcements

- Upcoming Webinars
  o Wednesday June 3rd EMS Services and Telehealth
- Dr. Bush – Special Projects
  o Ensuring nursing facilities are fully functional with Telehealth
    ▪ Special task force to get them operational
  o Insurance Commissioners & Payers
    ▪ Payers concerned about ancillary services
    ▪ Legislature looking at parity laws and what is covered
    ▪ Looking at groups outside of patient/physician relationship
  o Down the road looking at forming work group
    ▪ If interested please email Greg Ronco

Updates

- Wyoming Board of Medicine – Kevin Bohnenblust
  o Similar numbers to Telehealth Network
  o Only 1250 Wyoming Resident Physicians/Pas
  o 1207 out of state physicians and PA’s with exemption to licensure practicing in WY
    ▪ Overwhelming telehealth focus
    ▪ Primarily from Surrounding State Teaching Clinics
    ▪ Mainly follow-up care
    ▪ 300 Pediatric Specialists
    ▪ Conditional green light to seeing new patient
    ▪ Only lasts as long as the public health emergency is in place
      ▪ Interested in creating a “tale” period for after the emergency is over
      ▪ For safe transition of care
    ▪ Looking for contacts for UC Health (oncology and cardiology)
• Having a hard time getting care while in Wyoming
  ▪ Recommendation to Board on streamline conversion process
  ▪ Would like to have these out of state physicians to still provide care in Wyoming
  ▪ Looking to reduce the barriers
  ▪ Interested in converting these to permanent licenses

Discussion:

Interstate licensing compact – in automated system it states must be “in state of Colorado” wondering if the attending is unlicensed in Wyoming even though the Dr is licensed in Wyoming.

CMS in coding has subset codes for interprofessional codes – for family physicians for consulting. Team visit on telehealth. There are pieces in place for these types of interactions.

The issue seems department specific? Issue with practicing outside of the UC system?

• Technology
  ○ WYFI / HIE Update - Ruth Jo Friess
    Wyoming Frontier Information Health Information Exchange. Allows providers and facilities to connect via bidirectional interface (send and receive clinical patient data). Clinical records, medications, lab reports, transcriptions, lab results, etc. CRMC/CRMG are connected to WYFI. Patient Data comes to WYFI (a Medicaid agency) both Medicaid and other insurers. A data repository that providers have access to. Funded by CMS and State. No cost associated with using.
    ▪ 101 providers sending live data to wyfi date repository
    ▪ Portal – community health record
      • Provide training and access to the wyfi portal
      • 200 new users since mid march
      • 101 different provider facilities
      • Recruiting different types of providers
    ▪ Providers looking for more information of clinical records
  ○ Broadband / Internet Update - Ray Brand
    ▪ Enterprise Technology Services – out of chief information office
    ▪ No updates
    ▪ Waiting on decisions by legislators – working with Governor’s office
    ▪ Looking to enhance services across the state using COVID funding
    ▪ Current Capacity for Wyoming Health Department Facilities across the State
      • Asked by the champions meeting to update with those numbers
  ○ Broadband Advisory Council Telehealth Committee - Ryan Kudera
    Under 2018 legislation to build connectivity.
    Group created 4 committees (Telehealth
      ▪ Connectivity
      ▪ Education
      ▪ Clarification
• Statistics

1. Connectivity – a. Basic Terrestrial Connections (Satellite will not do), b. Reliability - Ping, Jitter requirements, c. Telehealth Requirements - publish requirements needed for an effective TeleHealth Sessions.
3. Clarification - Desperately need to clarify definitions - a provider in the Broadband world is an ISP, NOT a Dr. There was confusion on this at our meeting yesterday, and if this is causing a misunderstanding in our conversations, imagine what it is doing to ones less invested.
4. Statistics - We need hard statistics, metric definition is the most difficult here…my thoughts. a. Connectivity Issues - is there broadband connection or not, type of connection, performance metrics. b. TeleHealth Connectivity - Where is the problem? The problem needs to be clearly defined before any possible solution can be sought.

Need to resolve the siloing
Looking at education – wireless is not internet
Mapping is getting addressed – looking at coverage and speed tests. Looking at Gaps.

Different levels of telehealth session (audiovisual) vs high data consumption looking at an MRI and uses high amount of bandwidth (requires higher level of access) – need to take that into account. Looking at discussing broadband provider and clinical provider.

• AARP & WMS - Tom Lacock, Sheila Bush
  o In the process of creating a campaign of understanding what telehealth is
    ▪ Put together a video with WMS
    ▪ Next steps: webinar June 4th at 10 am (invite 40,000 members to understand basics of telehealth)
  o WMS administered a provider survey of barriers to use

• Funding
  o WyTN and consortium goals – Tai Baker
    ▪ Working as a subcommittee to this group regarding funding with telehealth (Cares act, USDA funding, HRSA funding, broadband, technology, etc.)
    ▪ How to coordinate programs with these funding efforts
      • Strategic approach throughout Wyoming
      • Who needs to be a part of this conversation?
    ▪ Call to Action – are you interested in being a part of this group with looking at who is applying to what funding. How do we support? Letters of support on applications for one another.
    ▪ Great way to address what is needed across the state – broadly for the state

Feels fractured. Desire to get everyone together to get the infrastructure in place with the funding available.

Wyoming Dept of Health and WyTN invited to present to the Joint Committee. Information session to provide updates/overview of what is occurring over Wyoming. No action items; education only Opportunities for Infrastructure and build a network within the state to keep care local.
Overarching Vision: Goal to bring all the players together to have conversations to see how we can come together to solve the problems of Wyoming Telehealth. Our role is to continue to increase capacity and facilitating the consortium to bring key players together. Subcommittees on policy, funding, needs and barriers and how WyTN and Dept. of Health can facilitate and eliminate barriers. The consortium history was set up to and held by legislation to handle fund and provide contracts. Medicaid and Office of rural health used their funding to continue the consortium. We do not have a clear direction and ability to apply to the funds. University is able to apply for funds. State oversight of these funds.

CARES funding has to be spent by the end of the year. Sustainability, expansion, worried that this will be cut early in funding. Strengthen, build, and create sustainability for telehealth.

- **Telehealth Network Special Interest Groups – Tai Baker**
  Vision: bring together special interest groups and how to make telehealth a priority in each of these groups. Conversations A-what are you doing with telehealth. B-What do you want to be doing and what the barriers to implementing the level of care you are interested in?
  - Allied Health
  - Hospital telehealth
  - Telemental Health
  - Public Health Nursing
  - Others?
    - Federally qualified health centers
    - Long term care facilities

Bring groups together and identify their needs and coordinate that effort.

- **New Business – Tai Baker**
  - Policy
  - Telehealth Provider Needs Survey
    - Addressed in next call

- **Roundtable Reports/Discussion**
  -
Wyoming Telehealth Consortium Minutes

June 30, 2020


WyTN Reports and Announcements
• Upcoming Webinars
  o July 1
    ▪ Supporting Patients Through the Telehealth Process
    ▪ Dr. Eric Arzubi and Kevin Smith presenting
  o July 29
    ▪ Telehealth with Long Term Care
    ▪ Saint John's Living Center presenting
• Reports
  o Large increase in use this quarter
  o Bit of a decline in June
  o Report is attached to email

• How to collect the data of all telehealth uses outside of WyTN Zoom licenses
  o Numbers are shared from WMC and CRMC as well, which gives a good sample size, but does not reflect all usage (many clinics have their own systems and teledoc impacts it also).
  o Medicaid can provide numbers, but won't capture national firms and private payors
  o Due to multitude of platforms cannot capture a 100%

Billing and Policy Extensions
• Favorable motion from CMS not rolling back expansions for medicare
  o Nothing solid yet.
• Not rolling back Medicaid
• Met with insurance commissioner’s office
  o Private payers worried on ancillary services
  o Don't know if keeping parity
    ▪ Concern with OT, PT, etc.
• Most licensing boards are extending policies
  o Held to same standard of care, documentation and necessity
• Pressure on congress and CMS to maintain extended policies

Telehealth Needs Survey Results
• Snapshot of Wyoming providers
  o 241 Wyoming providers responded from May-June
- Came out of legislature request
- Needs Assessments to all WyTN providers
  - What can state do to help implement telehealth
- Anticipated increase in providers using telehealth in next three months
- 61% average of patients seen via telehealth, across all providers
- Captured provider experiences on implementing telehealth, opportunities, technology needs, patient education and staff education needs, state level changes to support telehealth
- WyTN will disseminate infographic
- Infographic boils down results
  - There is a 13 page Results Document with more numbers

- Questions/Suggestions
  - Capture the data of primary care vs specialty care?
  - Identify all the specialties in Wyoming
  - Any identified issues from assessment that stand out to have a coordinated effort?
  - Other directions for the work of WyTN or consortium?
    - Social work
    - Patient guides and videos
      - Northwest Regional Telehealth Resource Center has videos, can help develop education, outreach
        - National Funding $60,000 subgrant
      - AARP/Mountain Specific
        - Accessing patient portals
        - Donations for technology for seniors at the senior center

Updates

**Wyoming Board of Medicine**
- Put in place licensure expectations for out of state
  - 1280 right now
  - Gets around the transportation issue
  - Working on removing more barriers to continue providing care
  - Out of state licenses are specialty care providers (UT, ID, CO)
  - Not physicians taking patients away from WY providers
  - Many of these docs already seeing WY patients, removes driving costs
- Licensure
  - TeleDoc- 2009 white paper on standards
  - Doctor on demands, do these meet standards of care?
- Risk management - lawsuits around these telemedicine companies?
  - Reduce fears and anxieties

**NRTRC**
- Fully staffed
- Expecting to give more advice and assistance
- Address barriers
- Interested in research
Technology

WYFI
- Made final connection with CO information exchange
  - All patient records will be accessible in CO
  - Adds CO providers to network
- Utah Information Network collaboration (Sept)
  - Utah connection
  - Large referral patterns with western side of state and Utah
- Total of month 1059 current users as of 6.30.2020
  - Added two new data contributors sending info to WYFI
- Increased presence
  - 7 additional hospitals looking to be brought on in next 3 months

Broadband
- Broadband Committee
  - ETS information technology admin working with legislative office on request
- Broadband Discussion
  - Several bills discussed
  - Will send out links to bills with the minutes
  - Attempt to have unified network opened up to providers
    - Being discussed, hasn’t been counted out

Funding

WyTN Grant Update
- Moving forward with USDA Distance Learning program
  - Partnering with school nurses and nursing offices and public health nursing offices
    - Pilot sites with school districts
    - Providing more services to children and assisting nurses who provide to multiple schools and rural school districts
- Discussion on private clinics or hospitals and organizations are applying for CARES act funding
  - If applying for those funds - reach out for letters of support from WyTN
- Pilot Funding for research for a longitudinal analysis providers use with encounters
  - Recruiting 10 providers
    - incentives for providers participating

St. John’s
- HRSA Grant
  - ER grant using hub and spoke model to help rural clinics utilize telemedicine
    - Will find out in September

WyTN Special Interest Groups

Allied Health
- Did not meet in June
- Plan to reconvene in August
• Looking for more OTs and PTs to join and get involved

Hospital Telehealth
• Met in June
• Connection with larger hospitals
• Connecting with long term care facilities

Telemental Health
• Meets next week
• Building representation
  o WAMSAC and NAMIWY and will join
  o Expanding providers joining call as well

Public Health Nursing
• First meeting
• Significant buy in with state level Public Health Nursing
  o 4 regional health managers
• Presented as work group and intend to identify 1 or 2 focused implementation of actionable change

Other
• Work on to creating a nursing facility / long term care SIG?
  o Educating them to get them on board?
  o Need a champion?
  o WyTN will create a questionnaire to send out
Wyoming Telehealth Consortium Minutes

July 28, 2020

Facilitator: Tai Baker

Attendees: Brenda Burnett, Jamie Vosberg, Ryan Harmon, Alyssa Kennett, Brandi Wahlen, Courtney Mason, Deb Anderson, Dr. Jim Bush, Eric Foley, Jason Miller, Kayla Woods, Kevin Smith, Lisa Finkelstein, Maribel Frank, Mike Hunsaker, Ramsey Scott, Randy Miller, Ray Brand, Ruth Jo Friess, Ryan Harmon, Tom Lackock, Emily Genoff,

Wyoming Telehealth Network Overview

WyTN Reports and Announcements

WyTN Telehealth Dashboards

- Numbers representing those using WyTN Zoom licenses around Wyoming
- Trying to have providers identifying the meeting type when using
- Are we seeing a decreased number from previous months?
  - Decrease in provider enrollment
- New iterations with providing care
  - Curbside
  - Team calls/visits with specialists, primary care, (integrative care)
  - Different approaches
  - Health center-controlled networks (FTC money) Brenda Burnett updates next month

Research

- Evaluation and Research – awarded funding for ESRN
  - Community and practice base research network
  - Research guided by needs of the community
    - Telehealth Delivery is one research project
    - Telehealth – how have services changed with the pandemic
    - Telehealth in scope of practice
    - Needs Assessment in terms of needs regarding Telehealth
    - Provider Perceptions
    - IRB approval for Patient Survey of access to telehealth services
      - Narrow down barriers with patients
        - Concerned with patient centered outcomes and how to improve those

- Consortium involvement in research and evaluation / Funding
Governor is concerned with budget going forward

Telehealth is providing a vital role in access and ongoing care (behavioral health, primary care, specialists)

Demonstrate the value of investing in telehealth for Wyoming citizens

Brainstorming on other sources of revenue considering budget cuts to maintain long-term
  - Need to find willing participants on research projects
  - Need engagement – providers are tapped out
  - Require champions to keep the topic relevant
  - Community Coalition work (CMS)
  - More opportunities on the western side of the state

ESRN studies
  - Community: Edible Prairie Project
  - Faculty Research: Pharmacists looking at deaf and hard of hearing services for pharmacies

Budget Recommendations
  - WDH – Telehealth & Homecare were untouched in terms of budget cuts
    - Investment comes from a variety of public health programs
    - Not considered its own program
    - This makes telehealth at risk
    - Need to demonstrate the return on investment to maintain funding
  - Medicaid overhead is under 4%
  - Whole programs are on the chopping block
  - Telehealth and Homecare are intact currently
    - Need to show value-based proposition
  - Do we have cost savings data from the payer side?
    - Cost savings information
  - CARES funding? Access
    - Spent from the Legislative/Governor
    - Supplied cost and needs going forward
    - Counties and municipalities can apply, but not the state
    - Why not the Department of Health applying for Cares?
    - Stipulations from Federal Government – cannot bail out budget deficiencies
    - Focused on numbers regarding COVID
    - Can money be used for training?
  - Telehealth Budget presented to the Wyoming Department of Health
  - Received some cares money from telehealth resource centers
    - $60,000 to Telehealth through Office of Rural Health
- Went to training
  - Use the money to help organize the state to address large issues and tie it to the pandemic

- UPDATES:
  - WYFI:
    - July 1 – connected with Colorado Exchange – bidirectional data flowing
    - Colorado facilities are able to connect with Wyoming data
    - Yearlong endeavor
    - Working with Utah to connect into WYFI
    - 1150 total users of WYFI
    - 3.6 million in records
  - Wyoming Hospital Association
    - Call with Broadband taskforce and providers
    - Looking to create more meetings to help with
    - Looking for additional meeting with other groups around the state
    - Concerns with access to a unified network
    - Looking to build infrastructure to meet needs
  - Broadband / ETS
    - Unified Network and Connectivity
    - Update on joining the unified network language
      - Smaller practices and providers able to connect
    - Built for communications between school to school
    - ZOOM traffic goes out on the internet
    - Better to get broadband internet to rural clinics
      - Removes hops on the internet and better stability
    - Broadband costs were high for broadband deployment across Wyoming
      - To every house in Wyoming
    - Looking at root cause of infrastructure
    - Synchronous traffic – uploads and downloads
      - Trying to send documents requires more development of internet
      - Synchronous traffic
      - Requires a lot of infrastructure
Wyoming Telehealth Consortium
August 25, 2020 Minutes


Facilitator: Tai Baker
Minutes: Amy Rieser

Welcome and Introductions

WyTN Reports and Announcements:

Upcoming Webinars
- Wednesday 8/26/2020: Top Six Myths Around Telehealth
- Wednesday 9/30/2020: Telehealth Readiness Assessments for next steps to overcome barriers

- NRTRC/ Lisa Finkelstein:
  - Sings of future Telehealth certification process
    - Allied health professionals require certification to use Telehealth in Washington
    - Other states seem to follow this model
  - American Board of Telehealth recently formed (Avera Healthcare System)
    - Modules of Best practices for telehealth
  - Direct people to WyTN website due to the amount of free information
  - The Wyoming Telemedicine Association has been providing certifications and training for free

WyTN/Zoom Numbers / Tai Baker:
- Numbers do not represent all providers in Wyoming
- Dashboard information represents Zoom HIPPA Secure licenses to providers across Wyoming through the University of Wyoming
- See dashboard

Updates:
Technology
- WYFI/HIE Update / Ruth Jo Friess
  - Colorado information exchange went live
    - Picked up new facilities and 19,000 CO providers
o Working on Utah information exchange
o Wyoming EMS Providers
  ▪ 110 agencies in Wyoming
o All Ambulance Trips added to HIE
  ▪ Required to fill out ambulance reports
  ▪ New data coming into WYFI
o Athena Practices are logging into WYFI
  ▪ 11 Public Health Nursing Offices
o Down the pipeline:
  ▪ Some hospitals and Wyoming Department of Corrections going live
o ¾ of State is currently connected
o Working on increasing rural providers to get log into WYFI for Telehealth consultation visits
o Not doing behavioral/mental/substance health data currently into the WYFI
  ▪ Looking into compliance and how to bring this data in
  ▪ Community mental health organizations are interested in helping to have data access in integrating

Broadband / Internet Update
- Broadband Committee / Ray Brand
  o Update on Legislature: Broadband Council
  ▪ Approved projects with CARES funds; $86 million
    ▪ Education, Business, Telehealth
  ▪ List of Projects on website
    ▪ Fixed wireless bills
    ▪ New fiber runs
    ▪ Fiber to Towers to enhance wifi services
    ▪ Distributed to multiple independent companies tasked to upgrade within their area
    ▪ Adequate speeds for telehealth discussions
  
- Broadband Discussion / Canyon Hardesty
  o Broadband taskforce meeting next week – how to utilize CARE ACT money to increase broadband access across the state,

Telehealth Network Special Interest Groups
Take specific health care groups trying to eliminate barriers to implementing telehealth. WyTN facilitates, guides, and supports the priorities established by each SIG.
Four established groups:
- Allied Health / Tai Baker
  o OT, PT, SLPs meet monthly to address barriers and actions/partnerships can take place
  o Barrier to licensing rules for telehealth on initial assessments
• Hospital Administration Telehealth / Lisa Finkelstein
  o Hospitals throughout Wyoming, Licensing board, Hospital Association
  o CEO group initial small group to get hospitals talking about telehealth and buy-in from providers
  o Eric Foley represents hospitals across the state and he connects with CEOs and COOs
  o Engagement with hospital systems which are constantly changing to address concerns
  o Increasing buy-in and working together
  o Barriers: access
• Telemental Health / Andi Summerville
  o Community Mental Health Centers
  o WAMHSAC – 18 centers available to people who cannot pay
    ▪ Pivoted to Telemental Health
    ▪ Providers implements a variety of approaches
      • Substance abuse treatment groups
      • One on one
      • Providers are supportive of telehealth
  o Created working group to meet
  o WAMHSAC – 2 of the mental health centers are part of hospitals
  o Barriers/Challenges (due to lack of resources; funded through state)
    ▪ Patient Portals – software capabilities
    ▪ Interface with EHR –
    ▪ Patient education and normalizing telehealth as a tool
    ▪ Regulation Changes with Insurance Parity and SAMHSA
    ▪ Equipment to Prisons
• Public Health Nursing / Tai Baker
  o Local public health and student health nurses
• New Business: Strategic Planning / Tai Baker
  Common Vision in our respective worlds. Ensuring we are collective in our efforts.
  • Wyoming Department of Health and WIND working on creating actionable items with WyTN and SIGs
  • Coming to this group to see who are interested participating in the strategic plan and work groups
  • Increase the number of work groups coming out of consortium (long-term care, policy and billing)
  • Work groups report back to the Consortium to address barriers
  • There will be a facilitator to guide these conversations
  • Looking at documents laid out in 2009, and realizing there are new current priorities
  • Looking at overarching vision and roles
**Roundtable Reports / Discussion**

- Send in public comment to engage with CMS
    - Make changes permanent
    - Add into the WyTN Newsletter
- CRMC update:
  - Stabilized in June and July with telehealth usage around 1600 encounters a month
- Looking at community-based cost of telehealth across patients and providers
- Telemedicine carts through K-12
  - Used in conjunction with telemedicine in the school
  - Connecting with pediatricians and primary care and medical home of pediatrics
- In Allied Health are registered dietitians included?
  - Send info to include new people
  - This could be a new workgroup?
  - Fall conference coming up in September to create some introductions
  - Include diabetic educators
- Working with schools, tribal schools, working under tribal clinic with behavioral health
  - One nurse working with all k-12
Wyoming Telehealth Consortium

September 29, 2020 Minutes

Attendees: Kevin Bohnenblust, James Bush, Eric Boley, Brandi Wahlen, Jamie Vosberg, Lisa Finkelstein, Brenda Burnett, Deb Anderson, Ethan Dahl, Faith Jones, Lindsay Huse, Maribel Frank, Rick Fortney, Scott Hayes, Ruth Jo Friess, Tom Lacock, Ramsey Scott, Ben Kifer, Barbara Jean James, Emily Knoff, Timothy Caswell

Facilitator: Tai Baker
Minutes: Cede Angel

Location: https://zoom.us/j/371954998

Topic

Presenter: Tai Baker

- Welcome and Introductions
- WyTN Reports and Announcements
  - Upcoming Webinars:
    - September 30, 2020  12:00pm - 1:00pm MT
      - Making the Telemedicine Encounter Meaningful
        - Presenter: Andrew R. Freedman, MD, FCCP, FAASM; Pulmonary and Sleep Medicine Group, LLC
  - Updates
    - Wyoming Board of Medicine (Kevin Bohnenblust)
      - No updates

- Technology
  - WYFI / HIE Update (Ruth Jo Friess)
    - Recently, in September, finished connection to WY department of corrections. 5 facilities. Using WyFI for clinical records as a part of patient intact. EMR product – chart and send real time data records to WYFI – this will help manage inmate care and give them a medical history once they
leave facilities. County jails have been using WYFI – northern and eastern WY. Hoping to better coordinate care for past underserved populations. St. Johns connection (5 clinics) is complete. Will continue outreach and recruitment activities throughout 2020.

WyFI met 2020 goal: 1000 users was the goal – 1151 users currently! Campbell county connection completed late august 12 clinics plus cancer center. Continuing momentum. Close to goal of half hospitals connected.

Question: If barriers exist because of one particular platform, how can telehealth eliminate the barrier? Forming relationships with platform?

Answer: Once you get connected with WyFI, it eliminates that barrier. *Possibility for big players to put on a webinar to hear them talk about what they are doing in telehealth – discussion panel.

Question: Are HIE’s useful? – Multiple pages of encounters/medication

Answer: WyFI helps present data back to providers in a different way – consolidated CCDA – sorting process – entire straightforward history is there. Providers find it a much more consumable medical record. Providers have a lot more flexibility and ease of use – doesn’t impede on workflow.

Website is being updated – facilities and practices contributing data. Becoming more user friendly and clear.

- Add to October Agenda: Follow up on Deb and Ruth – what EMR and what clinic, who is using what? Video platforms used? Who is using telehealth through EMR? (Could help narrow down who we would want on a panel)

o Remote Patient Monitoring (James Bush)

CARES funds – can we use CARES funding for remote patient monitoring. Why have none of hospital systems applied for remote patient monitoring? Telehealth consortium has authority – hospitals would ask us and submit grands for patient monitoring.

Question: Why haven’t hospitals applied for CARES funding for telehealth?

Answer: More pressing needs – payroll, PPE, etc. Changed to allocation model - limited money each facility could receive. If there is a way to apply for it and use it, there would be more takers.

Nursing homes, hospitals are limited in the amount of money they could use.

Rural health clinics had an allocation: individual physician practices – no allocation. People are unaware to apply for funding.
RPM now just getting traction – doctors and clinics don’t know about it – reality is that everyone is so uneducated about what is happening next. RPM is next phase of where this is all going. Is there a possibility for money for home devices to get to people for free? (Not on people’s radar and needs to be on the radar.)

Key questions to think about: How is this going to be implemented? Process procedures, training. Once we purchase things with grant money, what are the basic things we need to implement telehealth? Can the funding be used for infrastructure?

*Webinar Idea: discuss how RPM works – how you bill, etc.

Ethan Dahl: Study that was generate from Equality State Research Network (ESRN) to look at impact of COVID on healthcare patients: focusing on telehealth.

Survey 15-20 mins. of experiences with health care since start of pandemic.


Active recruitment to push to as many healthcare patients as possible in next month and a half.

**LINK FOR STUDY:** get out to as many people as possible.

(Upcoming meeting: Ethan can provide info as results come in.)

**Broadband / Internet Update (Ray Brand)**

No updates

**Broadband Committee (Canyon Hardesty)**

Broadband council put together a meeting with broadband providers to solicit information and education. Trying to get all players together to see what is needed around state. Federal funding available to increase broadband capacity around state. Main thing: last mile connection is sometimes an issue. Certain areas in state have no coverage – trying to address increase footprint – new towers, etc.

**Broadband Discussion (Everyone)**

Broadband task force: funding passed with COVID to connect last mile, money being shared among local vendors to extend reach.

**Telehealth Network Special Interest Groups**

Purpose of groups is to determine barriers across the board – provider/patient education, access to technology, etc. What else can we do to learn from stakeholder groups to determine barriers within discipline, what kind of needs are there, and how can the consortium address these needs. How can we build from special interest groups? What other professions need to be tapped in to?
Barriers:

- Logistical issues – technology capturing legal signatures or consent or documentation. Crisis work or new patients

- For existing patients – insurance billing coding barriers. Different ways to code depending on insurance company.

**Allied Health** (Tai Baker)

Different techniques through platform – how can people connect best with the patient with the platform they are using – may not be zoom.

**Hospital Telehealth** (Lisa Finkelstein)

-The overarching method that we continue to see – hospitals are learning what other hospitals are doing for telehealth. Ask them: what do you want out of this? Needs?

The collaboration and knowing what’s going on with other hospitals is significant. Building relationships and collaboration between hospitals as it relates to the implementation of telehealth. How can we expand to make more valuable for all hospitals in WY?

**Telemental Health** (Andi Summerville)

Priorities: adolescent mental health and providing telehealth services to schools – what are other states doing? What are some WY schools doing? Some are providing these services. Request: this could provide increased access to care, so how can we learn more? Inviting educators to calls to learn more. Project Aware – new grant.

**Public Health Nursing** (Lindsay Huse)

- Health education services from sexual health to breastfeeding, well baby visits, etc. Clinics explain how they are utilizing telehealth so other clinics can try. Questions are brought forth and brainstorming and discussion is encouraged.

**New Business**

**Strategic Planning**

- Telehealth Needs Assessment – Next Steps. (Tai Baker)

**Roundtable Reports / Discussion (Everyone)**

We want to relook at mission/documents/goals moving forward. We now have the reality of telehealth, so it’s a good time for input. Everyone will be hearing from this and the input will be very important.
**Agenda next month:** how can consortium address these needs utilizing the webinar? Come up with topics that address these needs. Webinar series? Patient/Provider education? Brainstorm beneficial topics for a webinar.
Welcome and Introductions

WyTN Reports and Announcements:

Upcoming Webinars:
- November and December consortium and webinar combined due to where the holidays fall
  - Nov+Dec Consortium: Tuesday, December 1, 3:00 – 5:00pm
  - Nov+Dec Webinar: Wednesday, December 2, 12:00-1:00pm

Announcements:
- The University of Wyoming, College of Health Sciences received a two-year Heywood Foundation Grant: two year focus on preservice education, clinical telehealth placement, and student research awards
  - Two areas of focus: telehealth and virtual health/remote monitoring
  - Comprehensive approach to graduate student clinician’s competencies while they are in school and a connection to lifelong learning
  - Question for consortium: what practices/approaches would we want students to learn

- Family to Family Health Information Center – HRSA funding to support telehealth training and equipment for families with priority to children with special health care needs
  - How do we get families minutes so they can use this technology? (Payphone/pay-per-minute issues)

Updates:

Technology:

WYFI (Wyoming Frontier Information) & Health Information Exchange Update / Ruth Jo Friess

- 1,448 active users – surpassed 2020 goal of 1,000 active users
- Expecting influx of users as Wyoming Medical Center comes online
  - Hoping that by Thanksgiving, Wyoming Medical Center will be live
• Working to keep promoting telehealth and WYFI as a good set of collaborative tools that work well together
• Working on connection to Utah Health Information Exchange: due to go into full productive later this week (week of Monday, Oct. 26, 2020)
• Other states WYFI has connected into: South Dakota, Utah, Colorado, eventually Arizona information, seeking to connecting into Montana, look at Nebraska eventually
• There is a big push for regional HIEs – Colorado could possibly take lead on creating regional Health Information Organization
• Funding will not be available after 2021, however, since the Wyoming HIE is within the Department of Health, they are looking at transitioning to MMIS – does claims for Medicaid. Funding is more stable and long-term. CMS certification that WYFI is undergoing right now – called Outcomes Based Certification – once they become certified, they consider WYFI a part of Medicaid Enterprise System (5 year funding available)
• Question: if funding is in jeopardy for states, does that jeopardize the consolidation of the HIEs?
  o Answer: No, because the HIEs that we are connecting to are not a state entity – they are successful, independent business.
• How can we answer questions about where and how care is being delivered – to understand needs and where those providers are located and how the telehealth services are provided?
  o WYFI Solutions: map listing – you can see where connective facilities are to see coverage across the state - https://wyfi.solutions/data-contributing-providers/
• Health Task Force – geo-mapping of medical specialties
  o https://storymaps.arcgis.com/stories/0bbfb0c859e740d9af7f6adc3ed9b87f
• Patients who don’t use Medicaid – how can we see that their encounters are telehealth?
  o Treatment codes might have modifiers on them to show that they are telehealth
• Do we get any information directly from CCDs coming in versus having to have claims do that?
  o Deb Anderson – can help provide info on codes to see if we can search for it
  o Why and how care is delivered beyond Medicaid helps us answer questions moving forward
• Lisa F. is working with a grant trying to get information for federal government to see how effective telemedicine is
  o Pull in people to figure out how to record visits correctly to capture on the front end when patient is registered
  o Modifiers aren’t always used – insurances are all over the map
  o 10 million beneficiaries that have used telehealth since March
• Jim B. - Survey for “What do the people of Wyoming want and need from their telehealth?” So we can refocus the telehealth network to address those needs and keep care in Wyoming
  o What do stakeholders, hospitals, healthcare providers, people of WY need?
  o The more we can capture the needs of WY providers, the more we can keep the care going out of state to a minimum
  o WIND and the WyTN conducted a survey to assess Wyoming provider telehealth needs. The report is attached to the minutes and summarizes 295 responses received from telehealth providers between May 13- July 8, 2020.
Broadband / Internet Update

- Broadband Committee
  - No new updates at this time
  - With approved work for broadband expansions – put communication out about that
  - Make sure communities are aware of what’s going on
  - List of projects on broadband website
  - We just need an update on the status and schedules of these projects

Telehealth Network Special Interest Groups

Held monthly to bring together stakeholders within that profession to discuss success and challenges and barriers of implementation of telehealth within that realm. Work together to eliminate barriers.

- Allied Health / Tai Baker
- Hospital Telehealth / Lisa Finkelstein
- Telemental Health / Andi Summerville
- Public Health Nursing / Lindsay Huse

- WyTN is moving forward with early childhood education special interest group
  - Developmental day cares and early childhood providers – primarily child development centers who have had to deliver in-home physical therapy/occupational therapy/etc. and those thinking about continuing that work
  - Grad student at UW who is a physical therapist with significant experience in early intervention – will help lead this work
  - Telehealth grant for families in early childhood intervention and services (mentioned in more detail above in announcements)

New Business:

Telehealth in Schools Discussion

- Legislative support (funding) for telehealth equipment in schools
  - Department of Education, and Enterprise Technology Services are having a conversation – WyTN is involved and has updated both agencies related to the work WIND is involved in with the ECHO in Student Health network - http://www.uwyo.edu/wind/echo/student-health/index.html
  - Investigating what service delivery looks like in schools
  - Something to think about: schools potentially using RPM and apps to screen students & staff before coming to school
The foundation for spreadsheet was primary wire connections – Wyoming Immunization Registry (WyIR)

- Big presence with larger companies - Cerner, Epic
- Athena – smaller than Cerner and Epic but holds a large market share
  - Very responsive and efficient getting connections built
- 18 providers in WY using eClinicalWorks
  - Trying to be able to build a hub model through eClinicalWorks for easy connections – similar to Athena model
- Provider EMRs all over the place – wide range of costs of connections
- MIE – Medical Informatics Engineering – MIE is the EMR product that the Wyoming Department Of Health offered for free to any provider who wanted it from 2012 – 2019 (no longer offered free)
- Conversation that got this excel sheet rolling: If we gathered what electronic medical records are being utilized and then figured out what video platform or telehealth platform they are using, is that something we can target for education or technical assistance or training on our end, at the telehealth network?
- Access to excel sheet – send email to Ruth Jo Friess to get access

Roundtable Reports/Discussion

- Is there any way to use CARES Act money to help with the process of helping people 50 years and over with telehealth (understand/access to technology, etc.)
  - Biggest need: tech trainings (one-on-one)
  - Department of Health working on grant to purchase iPads
  - Training is just as important as the tools
  - Assistive Technology Center: [http://www.uwyo.edu/wycoa/tech2connect-folder/index.html](http://www.uwyo.edu/wycoa/tech2connect-folder/index.html) - Tech2Connect - training videos

- WyTN is meeting with faculty from Department of Pharmacy to discuss telehealth and tele-pharmacy
  - Interest in research and utilization of telehealth in pharmacies in WY
  - Possibility of creating an additional special interest group
Wyoming Telehealth Consortium

December 1, 2020 Minutes


Facilitator: Canyon Hardesty

Minutes: Cede Angel

Welcome and Introductions

Upcoming Webinar: Wednesday, December 2, 2020 12:00pm – 1:00pm

- Panel Discussion: Telehealth NOW! Ups, Downs, and Outcomes in Real Time
- Presenters: Trudy Funk, Jamie Lasden, and Matthew Miller

Introducing Andrea Shipley:

- New Project Coordinator, Senior with the WyTN - she shares her passion to help provide quality and accessible healthcare to Wyomingites regardless of their zip code.
- Andrea is a fourth generation Wyomingite, born and raised in Worland. She has worked in a variety of capacities with nonprofits across the Northwest including executive director, development director, program staff, board member, and volunteer. She comes to WIND from the National Multiple Sclerosis Society.
- Andrea earned an associate degree in English from Northwest College, a bachelor's degree in English from the University of Montana, and she is currently pursuing a master's degree in public administration from University of Wyoming.
- At this time, you can contact Andrea at her email: ashiple4@uwyo.edu

Update from Dr. Bush:
• Application for CARES funding ($1 million) turned down to jump-start and provide remote patient monitoring (R.P.M) - plan was to give money to Hospital Association and they would make purchases from vendors

• R.P.M.- taking devices and putting them into the homes of patients to get data to providers remotely – data can be electronically transferred through EHR/cloud/data storage system

• If congress extends CARES funding, we will continue to try to get this funding

• Billing for R.P.M: changes based on insurance companies – different interpretations

Call to Action: HHS wants approaches and best practices

WyTN Reports and Announcements/updates

Wyoming Board of Medicine – No updates

Technology: WYFI/HIE updated from Ruth Jo Friess

• November: good month in recruiting additional providers – 7 new facilities have joined

• Connection completed with South Dakota Health Link– should become live this week

• Working with Wyoming Medical Center – currently doing a security assessment before the connection can be turned on

• COVID has prompted a boost in recruiting efforts: 2.8 million individual encounter records for approx. 400,000 unique Wyoming patients

• WYFI is working with National DPP (Diabetes Prevention Program) - referrals pilot for registered dieticians in the state of Wyoming (WYFI providing referrals functionality)

• In December, WYFI is hopeful to finish connection to Utah Health Information Exchange

• WYFI connected to Colorado who is merging with Arizona Information Exchange early 2021, so this data will also be accessible

• Question: NEHII (Nebraska Health Information Initiative) is using one of their vendors (Collective Medical) to do a webinar to educate members on the new notifications requirements for conditions participation for hospitals and how the ADT notifications are taking care of the CoP – Do we need to do something similar for our organizations in Wyoming?

• Continual question: How much telehealth is provided outside of WY?
  o Investigate if there is a way to look at encounter data WYFI has to see how many encounters are done via telehealth

Billing codes/modifier help with seeing if it’s telehealth (?) → follow up with Tim Caswell
Broadband/Internet Update from Ray Brand

- Connect Wyoming: no updates posted yet

Reach out to Broadband Council and see if there is a method of how these 37 projects are being tracked and see if they have any updates they can share with us

Telehealth Network Special Interest Groups (Allied Health, Hospital Administration, Telemental Health, Public Health Nursing, and Early Childhood)

- Continue to meet and talk about discipline-specific issues with telehealth
- Early Childhood – SLP, OT, special education working in child development centers
- Quick transition to deliver these services virtually during pandemic
- Post-Graduate student – Pediatric physical therapist will be leading this group in collaboration with WIND’s Wendy Warren
- Focusing on utilization of telehealth for early screening as well as parent coaching

Family Voices Affiliates Grant

- Because of work in early childhood with kids with autism and work with children with special healthcare needs
- Will pay for telehealth equipment for families with children with special healthcare needs to support their care
- Hand-out attached to email with minutes*

Heywood Foundation Proposal (Fall 2020 – 2022)

- Purpose: This project aims to equip graduate and undergraduate students with the necessary knowledge and skills to implement virtual health, telehealth and interdisciplinary services in their future practices and deliver ongoing professional development to community-based providers for relevant and complex healthcare conditions.
- Activities: University of Wyoming course development
  - Interdisciplinary care
- Short 1 credit course that are discipline specific: Pharmacy, Speech and Hearing, Health Education?, Nursing (DNP) ?, Others?
- Increase interdisciplinary experiential sites
- Research/Quality Improvement grants
  - Undergraduate
  - Graduate
  - Community
• Distance Learning – Professional Development
  o Extension of Community Health Outcomes
    ▪ Integrative Care: Primary Care and Mental Health
    ▪ Other emerging topics - ideas??
• Conference
  o Community-based research

Rural health best-practice and innovations

Equality State Research Network ESRN

• The Equality State Research Network is a community and practice-based research network that brings healthcare communities from around the state together to identify important community health and education challenges and to develop innovative research that addresses those challenges
• Consortium partners include:
  o Primary healthcare practices
  o Healthcare administrators
  o Child development centers
  o School-based providers
  o Specialty care providers
  o Other community professionals
• These groups will be working with the University of Wyoming, who provides the infrastructure and guidance necessary to develop research that addresses the unique needs of Wyoming’s rural and frontier communities
• Current Studies/Collaborations
  o Assistive technology in healthcare interactions between deaf/hard of hearing patients
  o COVID-19 Healthcare Provider Response Survey (WMS)
  o Telehealth Provider Satisfaction Survey
  o Longitudinal Telehealth Provider Satisfaction
  o The Edible Prairie Project
  o Tele-rehabilitation Through Real-time User Interaction and Motion Tracking in 3D Immersive Virtual Reality
• ESRN – due February 5, 2021
  o Purpose: community-based patient engagement research & quality improvement
  o Priorities:
    ▪ Telehealth – outcomes/cost savings
    ▪ Early screening – autism and other neurodevelopmental challenges
    ▪ Mental Health

New Business

Governor’s Taskforce – Primary Care and Telemedicine Update
At the moment: giving background of importance of well-child check, importance of primary care (don’t have enough primary care in the community – many people can’t access it)

There are a lot of barriers that are difficult to overcome

On one hand, healthcare system needs to stay strong and viable, and on the other hand there is tremendous pressure that we can be cost-efficient and modify payment structure

CMS is continuing to push toward alternate payment models

Developing a regional care organization with rural hospitals that would focus in on social determinants of health: if we’re just spending healthcare dollars and not bringing housing & food insecurities as well as mental health and substance abuse issues together, we don’t make much difference just in the traditional healthcare model

Consider something like an 11 15 waiver?

Hospitals are rightfully concerned about fiscal stability – many hospitals around the country have closed – especially critical access hospitals

Some form of alternate payment model (?) so we can maintain the viability of the infrastructure of the healthcare system while still trying to reduce overall costs to the state

Contract discussion

Direction of the Consortium - relook at mission statement

Northwest Telehealth Resource Center had some grant funding that is going to be spent to commission an outside agency (Public Knowledge, LLC) to interview key stakeholders around the state to see what do they need from Telehealth Consortium

How do we want telehealth to look in WY to benefit providers and patients within WY?

Stacey Obrecht from Public Knowledge, LLC:

PK is planning to come in and do an “environmental scan” – look at documentation and talk to key stakeholders about where things are, what’s the current state, what’s working, what’s not working, etc.

Conduct a strategic planning session to look at history and identify vision of the future - what does telehealth look like in WY in 5, 10, 20 years? Long term and short term plans

Identifying barriers/challenges (including money, broadband, etc.)

What are some strategic goals and activities we want to take on that will address some of those barriers and get us closer to our vision

Use process from ICA (Institute for Cultural Affairs) – very engaging and driven by consensus and everyone having their voice heard