

# 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
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- **Announcements**
  - **Upcoming Webinars:**
    - October: The Cheyenne Veterans Affairs Mobile Telehealth Clinics: Development, Implementation, and the Future
    - November: Telephysical Health
  - **Governor's Broadband Summit – November 13<sup>th</sup>.**
    - 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/>