

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
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- 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 vender – 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 successful 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