

## Telehealth in Wyoming

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#### Where We Now Stand

James F. Bush, MD, MACP
Wyoming Medicaid Medical Director
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### What is Telehealth?

- Telehealth is the use of technology to deliver healthcare, health information, or health education at a distance (hrsa.gov)
- Common applications include:
  - Clinical
    - Patient visits or consultations
    - Store-and-forward consultation (e.g., another provider analyzing lab results)
  - Non-clinical
    - Provider training
    - Administrative meetings
    - Public health



## **Background on State of Wyoming**

- 9<sup>th</sup> largest state
- Frontier state with Lowest population 544,270 Source: US Census Bureau - 2009)
- 55,000/month covered by Wyoming Medicaid
- Large areas of the state impassable during winter
- Many of the sickest located 3 hrs from providers
- Largest city is Cheyenne with 60,000



## Legislative history

- The WDH shall form a Consortium to include the OCIO, State agencies, and private health organizations to facilitate the operations of a statewide interoperable system, using existing infrastructure as possible.(W.S. 9-2-117)
- Its members will be appointed by the Director of the WDH and shall include the OCIO's representative.
- The Consortium will:
  - Coordinate the development and promotion of statewide standards for an interoperable telemedicine/telehealth network and, where applicable, promote definitions and standards for statewide electronic health transactions;
  - Promote conformance of compliance with all privacy and security laws;
  - Seek funds for operations and to enter into contracts;
  - Implement, promote, and facilitate the voluntary exchange of health information between individual, entities, and agencies that are providing services paid for by Medicaid in conformity with OCIO rules; and
  - Promote a network among State agencies, in collaboration with the OCIO.



# **History of the Program**

- Initial Vendor CRMC
- Second Vendor Ptolemy services
- Current Vendor University of Wyoming Institute for Disabilities (WIND)
- Wyoming Telehealth Consortium
- Wyoming Telehealth Network





A-Z DIRECTORY Search

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#### **WYOMING TELEHEALTH NETWORK**

Return to WIND | Technical Support | In the News

The Wyoming Telehealth Network (WyTN) leverages telecommunication technology to link patients, providers and specialists to deliver positive healthcare outcomes for Wyoming residents. The WyTN brings professional development opportunities to healthcare professionals in their home communities.

#### **FOR PATIENTS:**











## **Current Technology**

- Currently using Enterprise License for HIPAA compliant Zoom, a web based platform
- This allows any device with web access and a camera to be used for telehealth
- Wyoming already had these licenses
- Now available to any provider at no cost to them



## Telehealth Provider Types

- Provider Types Eligible for Telehealth Payments any Medicaid enrolled provider may now provide telehealth services that are appropriate for that medium
- Pay is at parity with in person visits
- The patient can be at any site, now even in their home
- If the client is in an enrolled site (doctor's office, nursing home, etc.) that site can also receive an originating site fee
- Use of normal CPT code with GT modifier for the provider and a G code for the originating site



### Standards of care

- The boards of Medicine, Nursing, Pharmacy and the Insurance Commissioners office along with Medicaid developed a uniform policy for the appropriate use of telehealth in the delivery of healthcare
- Adopted by all 3 Boards
- Every provider must have a Wyoming License
- The same standard of care as in person



## Licensing vs. Credentialing

- A License is required to practice medicine within a State
- A Provider must be credentialed by a hospital to provide care within that setting
- Credentialing is specific to what services you may provide
- "Deemed" credentialing is available but must be adopted by the hospital boards



## **Current Uses of Telehealth**

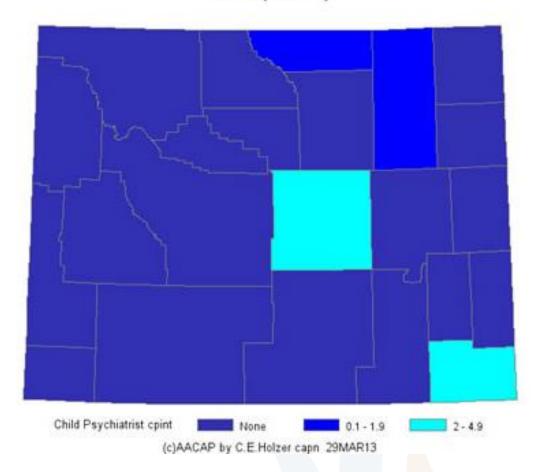
- Primary care
- Specialist care
- Genetics clinic
- Diabetes Clinic
- Telestroke care
- Urgent care
- Psychiatric services
- ECHO clinics
- Training



#### Wyoming: Practicing Child and Adolescent Psychiatrists 2012 Number per county

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# Specialist Distribution Challenges



Source: AACAP.org



## Telehealth Example

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#### Medicaid "MDT" Child Psychiatry Consultations

- Goals:
  - Timely access to psychiatry for children
  - Expand access to out-of-state providers through telehealth
  - Fewer inappropriate inpatient/residential placements
- Results
  - Better access
  - Inpatient/residential placement avoidance
  - Program savings (avoided costs)

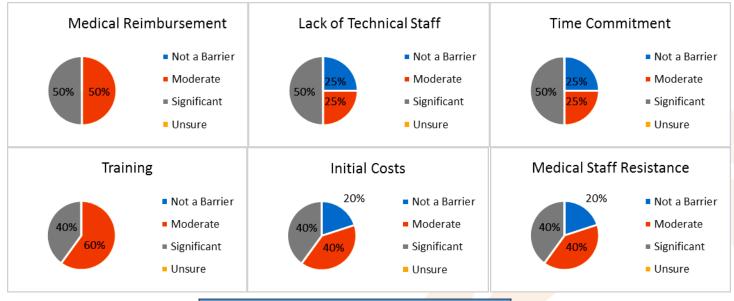


## **Current Programs**

- Wyoming Telehealth Network
- CRMC
- WMC
- Nursing Home Pilot project
- Averra
- Out of State Commercial Programs
- Out of State Health systems



## **Telehealth Barrier Survey**



| Most Significant Medical Shortages (n = 5) |   |  |  |  |  |
|--|---|--|--|--|--|
| Mental Health                              | 4 |  |  |  |  |
| Specialty Care                             | 2 |  |  |  |  |
| Neurology                                  | 1 |  |  |  |  |
| OB/GYN                                     | 1 |  |  |  |  |
| Pediatric                                  | 1 |  |  |  |  |
| Urology                                    | 1 |  |  |  |  |
| Dental                                     | 1 |  |  |  |  |
| Mammography                                | 1 |  |  |  |  |

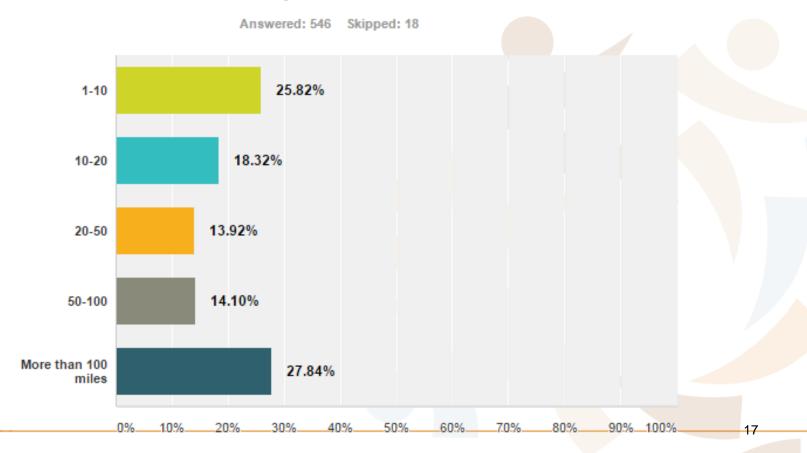






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#### Approximately how many miles would you need to travel to see a Psychiatrist in person?





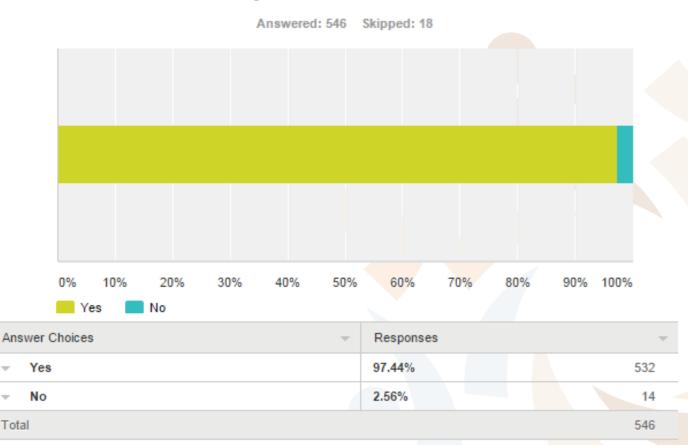




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Total

#### Were you comfortable with your care by your video visit?









534

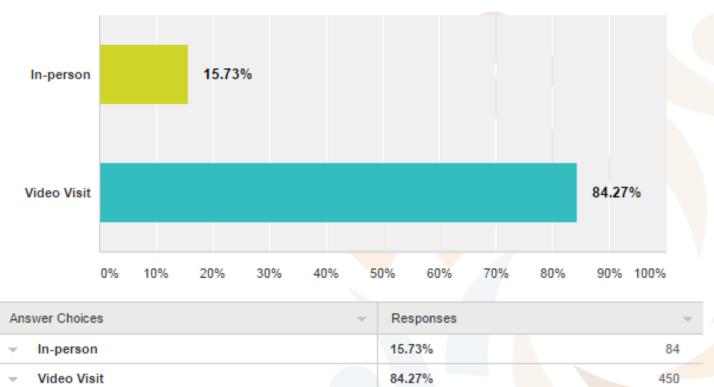
19

Commit to your health.

Total

#### Would you prefer to see a psychiatrist inperson or by a video visit?









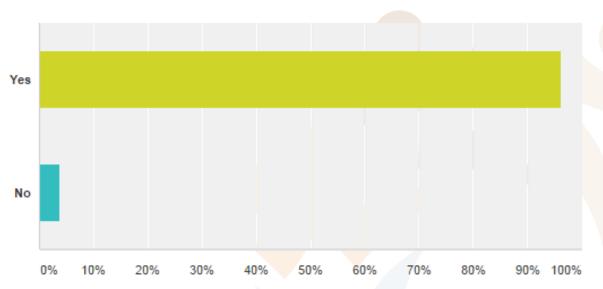


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# Would you recommend the video visit to a friend or family member?

Answered: 544 Skipped: 20



| Answer Choices | Responses | ~   |
|----------------|-----------|-----|
| ∀ Yes          | 96.14%    | 523 |
| ⊸ No           | 3.86%     | 21  |
| Total          |           | 544 |



## WDH and telehealth

- Providing free HIPAA compliant access to telehealth software to providers, currently through the Zoom platform
- Offering distance learning for providers via Zoom
- Reimbursing providers at the same rate for both telehealth and in-person medical visits for Medicaid patients
- Collaborating within the WDH to deliver services via telehealth, including:
  - o Public Health Nursing training
  - Follow-up appointments for genetics clinics organized by the Maternal and Child Health Unit
  - o Behavioral health services through the community mental health centers (CMHCs)
- Multidisciplinary team meetings, psychiatric residential treatment facility review, and child psychiatry with the Seattle Children's Hospital in the Medicaid program

to SFY 2017 may not be comparable due to a vendor change from Ptolemy systems to Zoom.



# **WDH** supported Telehealth

|  | SFY 2013 | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 |
|--|----------|----------|----------|----------|----------|----------|
| Number of Clinical Encounters via Zoom | 446      | 904      | 935      | 697      | 582*     | 995*     |
| # of Medicaid Claims                   | 2,806    | 4,673    | 4,935    | 3,970    | 4,128    | 4,830    |
| # of Medicaid Providers                | 31       | 50       | 53       | 43       | 50       | 74       |
| # of MHSA, non-Medicaid encounters     | n/a      | n/a      | n/a      | 3,016    | 2,856    | 3,728    |



### **Business Case for telehealth**

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When payers contract with national firms for telehealth it can mean reduced costs to them and low copay for the enrollee, as well as convenience.

However, it is not just the \$9 copay that leaves the State but the entire encounter fee of \$50 or more. If providers within the State do not embrace this technology the economic impact will grow.



## **Considerations and Next Steps**

- Broadband capacity as usage increases
- Provider resistance
- Corporate resistance
- What is the role of the state in promoting and enhancing telehealth services?
- What specific problems should the state attempt to address through telehealth?



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# Questions?