



Zoom Doctors

Technology and Health

Telehealth expands to meet COVID needs in Wyoming

BY GINA SIGEL

Telehealth is not new in Wyoming. In fact, overall enrollment in the Wyoming Telehealth Network (WyTN) from July 2019 to February 2020 included 199 new providers, primarily in the areas of primary care, mental health, pediatrics, emergency medicine and allied health (physical therapy, occupational therapy and speech-language pathology) for an average of about 25 providers per month. Then COVID-19 hit and changed everything, almost overnight. In March 2020 alone 1,264 new physicians enrolled in the WyTN. Suddenly, the rationale behind our telehealth champions who had promoted virtual healthcare options for years was more important than ever, and Wyoming was thrust into the world of telemedicine—like it or not.

Access to specialty providers and the potential to ease shortages has long been a priority for the Wyoming Telehealth Consortium and WyTN, especially for rural clinics and hospitals. The state-mandated Wyoming Telehealth Consortium is facilitated by WyTN through the University of Wyoming and includes public and private agencies. In short order, training on best practices, treatment and testing for the novel coronavirus needed to happen fast, despite orders to shelter in place. Physicians and their practices needed increased access to patients while reducing exposure for themselves and their patients; this was highlighted by disruptions in supply chains and procurement of materials, specifically personal protective equipment (PPE). A survey created by the Wyoming Medical Society (WMS), in collaboration with the WyTN, to understand the impact of COVID-19 on primary care providers and practices in Wyoming received 83 responses from Wyoming primary care

physicians between March 19 and April 8, 2020. Of those who responded, 86 percent reported they had not been able to identify alternatives for purchasing supplies.

The economic impact of COVID-19 was widespread and didn't spare physicians or their practices. Seventy-three percent of the physicians who responded to the survey reported having to defer wellness visits and routine follow-ups with patients due to the pandemic. Overall, 70% of respondents reported an increase in appointment cancellations. Staffing was also a concern, with 46% anticipating significant administrative interruptions. Sixty-two percent of the physicians reported they were currently experiencing or anticipating cash flow issues. Telehealth was an essential antidote for Wyoming's medical landscape, which had the potential to erode quickly.

What else was the data saying? Telehealth claims to Wyoming Medicaid skyrocketed from 5,819 in fiscal year 2019 to 34,823 in 2020, with the majority happening in the last six months, March through August. Telehealth went from a \$560,082 industry to an unprecedented \$4,316,357 in Medicaid claims. Almost 9,000 Medicaid members were now being served through telemedicine. Access to providers was better than ever.

Kevin Bohnenblust, executive director of the Wyoming Board of Medicine, anticipated a wave of telehealth interest coming to Wyoming for the last few years. But emergency rule-making allowed the state to quickly pivot and grant 1,475 out-of-state licensure exemptions for physicians.

"Transplant physicians from the University of Colorado Anschutz Medical Campus began getting exemptions to protect their patients who would not be safe making the trip

to Colorado for follow-up care,” said Bohnenblust. It wasn’t that they were taking clients from Wyoming doctors but that they were finally able to take care of their Wyoming patients via telehealth. Physicians at the University of Utah and the Billings Clinic in Montana were among others who had greater access to their Wyoming patients during the pandemic, according to Bohnenblust.

Changes in care

For some physicians and practices, the change was almost seamless; others had a steep learning curve and needed to adapt their practice practically overnight. But the resources were available. When Wyoming enacted a statewide public health order, processes were streamlined and support was provided. Videoconference patient and provider guides, Medicaid and Medicare reimbursement guides, videos and provider toolkits created by WyTN, the American Association of Retired Persons (AARP) and other partners helped make the transition as seamless as possible. WyTN was standing by and ready for the changes, as they already offered professional development, policy and procedure support, free HIPAA-secure Zoom video conferencing accounts to Wyoming providers for the delivery of telehealth, and technical assistance for telehealth implementation.

The results were rolling in fast—patients were benefitting. Lost wages from travel time to far-away doctors were a thing of

the past and employers, who were already experiencing labor shortages because of illness, exposure or even lack of childcare options were suddenly dealing with one less obstacle. Continuity of care was increased. Lab work, prescriptions and testing was able to stay local, which was essential to communities who were also facing economic impacts from COVID. The hidden costs of healthcare in Wyoming has long included fuel, time off and lost wages for patients. With telehealth, the same patients not only offset those expenses, but suddenly the potential for exposure was reduced while they benefited from being seen in the comfort of their own home. Doctors could also get a better look at patients without the barrier of masks, and many patients had a new familiarity with Zoom conferences, since most employers had mandated virtual meetings anyway. It was a new normal.

Planning ahead

What happens when the pandemic ends? Logistically speaking, Bohnenblust says there will be a modified rule allowing a 45-day tail period after the governor lifts the emergency order where out-of-state providers will be exempt

Telehealth Growth by the Numbers

FY2015	\$4,912
FY2016	\$3,968
FY2017	\$4,123
FY2018	\$4,995
FY2019	\$5,819
FY2020	\$34,823

Source: Wyoming Department of Health
Medicaid Telehealth Report through August 10, 2020.

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to allow for continuity of care. There are measures in place to allow these physicians to potentially have a reduced licensing fee to solidify the relationship doctors and physician assistants are building with Wyoming and an upcoming hearing to make these rules permanent. The Wyoming Board of Medicine and WMS are working together to create a plan.

Taking measurements

Wyoming Telehealth Network Director Canyon Hardesty says there has to be an investment in researching the evidence regarding telehealth, which can be challenging. She says that while Wyoming physicians and the WyTN were able to quickly respond with how to deliver the services, finding the ongoing infrastructure to ask questions that have arisen out of the pivot to telehealth must be a priority. WyTN is currently running several studies to include providers and patient experience, perceptions of telehealth service delivery, change in practice and telehealth competency. Recruitment for studies is ongoing related to the use, reach and evaluation of the telehealth service provision through Hardesty's office.


"We have to partner with researchers and quality improvement initiatives to ask some really tough questions. Was access improved? How do we define access? When providers work remotely, does that increase access for patients? We have to make an investment in studying what went on," Hardesty says.

Unique challenges

Physician shortages in Wyoming, particularly specialists, have long been a topic of conversation in Wyoming. Is telehealth a remedy to increasing patient access, keeping care in state and improving patient outcomes? Hardesty says it's about balancing interactions with office and nursing staff around a system of care, versus direct service delivery with individual providers. According to data from the Wyoming Board of Medicine, just a few years ago nationally only about 25% of doctors had a license in more than one state and just 8-9% of physicians had licenses in three or more states. In Wyoming, that number jumped to about 75% of Wyoming-licensed physicians holding multiple states licenses. With only 30% of Wyoming-licensed doctors listing Wyoming addresses, many doctors are licensed in the state, and presumably providing care to Wyoming patients, but not necessarily living in Wyoming. Bohnenblust presents the question, for example, that if a Wyoming community only has sufficient caseload to support 1.4 psychiatrists, how can the missing "sixth-tenths of a psychiatrist" provide care to Wyoming patients? Telehealth is

part of the answer to filling these gaps.

When the governor disbanded the task forces he put together on COVID in the state of Wyoming, the health task force was the only one left standing. Bohnenblust says we have to keep the momentum going and address healthcare costs on a broader basis, in addition to other things. "To my thinking, there are three Ps that have to buy into Telehealth to make it work: Payers, Providers and Patients. The [federal government] stepped up to remove barriers for the payers; UW stepped up with Zoom licenses and telehealth infrastructure for providers; and patients were suddenly wary to travel to providers, due to increased risk of exposure. COVID was the perfect storm."

Medicaid has led the charge in paying providers for telehealth. "What will happen with other payers will inform the future of telehealth," says State Medicaid Medical Officer James Bush, MD, MACP. Telemedicine has long been a hope for improving the standard of care for Wyoming patients. The pandemic condensed the work of decades into a reality, practically overnight. "It took the emergency to deliver on the promise of telehealth," Dr. Bush says. Where Wyoming takes it from here informs the future. 

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