Telehealth & Maternity Care

Strategies and Resources for State Policymakers and Payers To Improve Access to Telematernity

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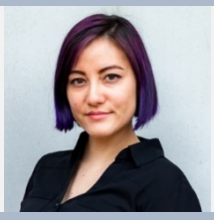
Laurie Zephyrin, M.D., M.P.H., M.B.A.
Vice President, Health System Equity, The Commonwealth Fund

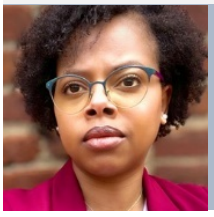
Brenda Gleason, M.A., M.P.H.
President, M2 Health Care Consulting

Brittany Blizzard, M.S.
Doctoral Candidate, American University
Consultant, M2 Health Care Consulting

Jennifer Bohn, M.P.H., M.B.A.
Consultant, M2 Health Care Consulting



Neko M. Castleberry, M.P.P.
Doctoral Candidate, American University;
Consultant, M2 Health Care Consulting



Jo Palmer, M.H.A.
Consultant, M2 Health Care Consulting

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Content guide *(this document is highlighted in gray below)*

TELEMATERNITY POLICY: A VIEW FROM STATE MEDICAID PROGRAMS – WYOMING

An interview with Dr. James Bush

James Bush, MD, MACP, Medicaid Medical Officer, Wyoming Department of Health.

Covering telehealth means covering telematernity

The Wyoming Department of Health (WYDH) administers the state Medicaid program and significantly expanded telehealth services nearly ten years ago in an effort to improve access to Medicaid services and providers in frontier and rural areas. Wyoming Medicaid has granted providers flexibilities such that "any services that are clinically appropriate may be billed via telehealth."[i] These changes included allowing telehealth to both be provided from home and for the Medicaid patient to receive services at home.

However, because Medicaid was the only payer at the time to cover telehealth, uptake was limited. "Once Medicare and Congress prompted the use of telehealth though, private payers started to adopt it as standard," explained Dr. James Bush, the Medicaid Medical Officer of the Wyoming Department of Health. This combined push meant the state went from having 400 Medicaid providers to more than 2,000 providers using telehealth in the past year.

How Wyoming is supporting telematernity

Wyoming Medicaid covers services via telehealth offered by physicians, physician assistants, nurse practitioners, and certified nurse midwives/licensed midwives that are typically covered by Medicaid. Maternity-related coverage includes any necessary or routine antepartum and postpartum care such as maternal health risk assessments, blood pressure monitoring, and postpartum depression screening.[ii] Specific to telematernity, Dr. Bush and the Wyoming Medicaid agency had been encouraging OB/GYNs to use telehealth for prenatal visits in particular, well before the COVID-19 pandemic began. During the pandemic, Wyoming Medicaid went further, for example, by removing barriers for remote monitoring related to maternity care, including for fetal dopplers, pulse oximeters, and glucometers. Using funds made available from The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law March 27, 2020, Wyoming Medicaid provided 755 fetal monitoring units to providers. The agency also removed barriers to coding for this type of monitoring, provided connectivity for the monitoring, and has been promoting these services to providers and patients.

Wyoming has also partnered with Wildflower Health, a virtual health company focused on maternal health, to provide a telehealth platform Medicaid providers and patients can use, including a component that supports online appointment setting with OB/GYNs. Leah Sparks, CEO and Founder of Wildflower Health, explains their services as something like "digital glue" in that Wildflower takes on the work of getting devices and tech support to patients so providers don't have to be logistics companies.

The uptake of telematernity has been slower than the agency hoped for, though. Dr. Bush noted patients were somewhat reluctant to use telehealth before the pandemic, but now consumers are more used to it; "the pregnancy age group learned quickly how to Zoom," he commented. OB/GYNs have been more interested in providing remote patient monitoring now that the devices are readily available through The CARES Act funding, but when Dr. Bush reaches out to providers to encourage them to use any of the virtual health components offered by Wildflower Health, there is limited interest. Encouraging maternity care providers to utilize telehealth has been difficult, he concedes; "They had a workflow before the pandemic that was fine, and they are resistant to change."

Despite opening a full range of telehealth codes nearly a decade ago, Wyoming Medicaid did make changes when the pandemic hit to allow audio-only services and group therapy via telehealth to support prenatal care, in particular. Uptake for audio-only care and group therapy has been high, according to Dr. Bush, primarily because "nearly all of our providers have access to adequate broadband, but many patients don't," making synchronous video visits difficult. "We know there are fewer missed appointments when we cover telehealth," said Dr. Bush, "and if we shut off telephonic care, that will close access to care in frontier, isolated, and tribal areas, which creates problems of equity."

Advice for other states

Dr. Bush is a member of the Medicaid Medical Directors Network (MMDN) Telehealth Advisory Committee, which published Perspectives on Telehealth Modernization in March 2021 based on survey responses from state Medicaid agencies. Combining his own experience with what he learned from the MMDN committee work, Dr. Bush shared two pieces of advice for other states.

First, he explained telehealth reimbursement is unlikely to be the same for every type of care, so states should think about different payment methodologies for different services. In the survey, some states responded they were interested in reimbursing providers for telehealth services at parity with in-person care, but only for certain taxonomies such as behavioral health. "When we get to specific codes, it becomes much trickier for payment," said Dr. Bush.

Second, Dr. Bush advised states to have a clear vision, reach out to individual providers, and try to get provider champions. Not every provider discipline will engage in telehealth at the same rate. "In Wyoming, the pediatricians have embraced telehealth, behavioral health providers are all in, but OB/GYNs are much more reluctant," said Dr. Bush. Specific to telematernity, in part because of the access barriers in the largely rural and frontier state of Wyoming, Dr. Bush explained, "We are not trying to say everything in prenatal care will be via telehealth, especially if the pregnancy is identified as high-risk," but they are trying to help maternal health providers think about conducting telehealth between contact visits and be more flexible. He described the types of changes Wyoming is encouraging OB/GYNs to make, including having a mid-level provider conduct depression screens, such as the Patient Health Questionnaire (PHQ-2) or Edinburgh Postnatal Depression Scale, or help address a patient's concerns about breastfeeding, or their anxiety about childcare, via telehealth.

What's on the horizon? (AKA What we aren't thinking enough about)

Dr. Bush mentioned two important items that will require thoughtful engagement as telehealth and telematernity in particular advances in the coming years.

MEDICAID CAN'T CREATE CHANGE ALL BY ITSELF

While Medicaid is the largest single payer of births in every state, and pays for 40% of births in Wyoming, that does not necessarily mean it has enough influence to change how OB/GYNs practice medicine. "No provider is going to change their practice flow for just 40% of patients. We need to show what they need to be doing to provide high quality care for all maternity patients, and encourage them not to have different workflows for different payers," said Dr. Bush.

TELEHEALTH DEPENDS ON INFRASTRUCTURE THAT ISN'T YET IN PLACE

It will not be possible to provide equitable telehealth services, especially to Medicaid patients, until several types of infrastructure are in place, most obviously, access to adequate broadband and devices. "Remote patient monitoring is critical for prenatal visits – weight, blood pressure, doppler – but all of these services require access to a certain level of broadband, and this is a challenge," noted Dr. Bush. The implementation of telehealth to every corner of the U.S. will be evolutionary, he continued, and in the short-term "there will be state variation based on what their systems can handle."

Conclusion

While telehealth use skyrocketed during the pandemic, it is becoming more clear which types of services patients and providers prefer to access virtually. In order to increase the use of telematernity, it will be imperative to support providers in making workflow changes, as well as encouraging OB/GYNs to embrace a delivery approach preferred by patients. State Medicaid agencies will need to create policies that address the broad range of barriers to delivering telematernity, and make those policies flexible enough to support the adoption of telehealth service provision over time.

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[i] Wyoming Medicaid, *Telehealth Changes for COVID-19*, https://wymedicaid.portal.conduent.com/COVID-19.html#Telehealth.

[ii] Wyoming Department of Health, *CMS 1500 ICD-10 Manual,* p. 311-313, (January 1, 2021), https://wymedicaid.portal.conduent.com/manuals/Manual_CMS-1500_01.01.2021.pdf.