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Megan: Hello everyone, and welcome to this Ask the Expert Webinar "Intro To TeleHealth, and Its Use Serving Pregnant Women." This webinar is part of the "HRSA TeleHealth Learning Webinar" series. My name is Megan Hiltner, and I'm with the Healthy Start EPIC Center. We have approximately 60 minutes set aside for the webinar. It is being recorded and the recording along with the transcript, and the slides will be posted to the Healthy Start EPIC Center's website following the event.

We really want your participation today. So at any point, if you have questions or comments, please chat them into the chat box at the bottom left corner of your screen. We will only be taking questions through the chat box, so note that. And also we want your feedback on the event. So please, take a moment following the webinar to complete the survey that will pop up on your screen right after the event.

Here's how we structured the webinar today. First, you'll hear some welcome remarks from Dawn Levinson, she's the Behavioral Health Advisor to the Division of Healthy Start and Perinatal Services. Then you're gonna hear from our two expert speakers, Dr. Jonathan Neufeld, with The Great Plains Telehealth Resource and Assistance Center. And Mary Zelazny, she's the CEO with Finger Lakes Community Health, you'll hear from them. And then you'll have an opportunity to ask some questions through the chat box, and following that we'll wrap up.

Before we get started, we wanna do a quick knowledge check. So please take a second and respond to this question. Two types of technologies that are used in providing Telehealth services are option a, live video and translation, option b, remote monitoring, and live video, or option c, store and forward and email. If you'll pick one of those options, I see you all are already responding, that's great.

We're gonna loopback on this and the next question at the end of the webinar, and check in to see if your responses have changed. So it looks like the majority of folks, 67.7%, selected remote monitoring and live video. Some of you put live video and translation, and just a couple put store and forward and email. So we'll check in on that again at the end of the webinar and see if your answers have shifted. Okay, second question. True or false, TeleHealth is regulated by federal laws, state laws, and state licensure of clinicians. True or false?

I see people are already responding, great. And let's see where people have landed. Looks like the majority of folks, 73.8%, think that answer is true. And 26.2 of our attendees think that's false. All right folks, once again, we'll revisit these questions at the end of the webinar and see if your responses have

changed. Okay, so oops, I got ahead of myself here. All right, so now I'd like to turn it over to Dawn Levinson for a few welcoming remarks, Dawn?

Dawn: Thank you. Good afternoon everyone. This is Dawn Levinson, I'm the Behavioral Health Lead in HRSA's Maternal and Child Health Bureau. I am really pleased to welcome everyone to today's webinar, which is part of "HRSA's TeleHealth Learning Webinar" series, in addition to part of Maternal and Child Health Bureau's Healthy Start grant program. And of course, today's webinar is entitled "Introduction To TeleHealth And Its Use Serving Pregnant Women."

And we are thrilled to have some of HRSA grantees who are presenting to you today. So I am first pleased to welcome Dr. Jonathan Neufeld of HRSA's Great Plains Telehealth Resource Center, who will help us gain a general understanding of how Telehealth is used to deliver care. Doctor Neufeld will also present a framework for planning to use Telehealth to deliver care and services in a maternal and child health setting.

Our other expert speaker today is Miss Mary Zelazny, the CEO of Finger Lakes Community Health Center in New York, a HRSA supported Community Health Center. Miss Zelazny will share how Telehealth has helped her center overcome barriers to service delivery, such as transportation and language. Miss Zelazny will also describe how her center provides behavioral health and other pregnancy-related services through Telehealth.

Specifically for today, our webinar has the following objectives. First speakers will provide a definition of Telehealth and what it encompasses, also to describe a framework for establishing a Telehealth option. And third to describe examples of how Telehealth can be used to support the delivery of health care services, and how it might be used in a Healthy Start or a Maternal and Child Health serving setting. So without further ado, I will pass it along to our first speaker. Thank you.

Dr. Neufeld: Thank you, Dawn. This is Jonathan Neufeld. I will just give you a couple of things about me. I am a Clinical Psychologist by training, have worked in academic centers as well as nonprofits for most of my professional life. And I'm currently the Director of the Great Plains Telehealth Resource and Assistance Center, we're housed at the University of Minnesota in Minneapolis. And we have been one of the first... we are one of the oldest Telehealth Resource Center grantees in the country.

So as we talked about putting together this webinar, we decided that I would provide some sort of general comments about Telehealth. Because we most of

the time when people come to the world of Telehealth, the first step, the most important first step is to kind of get oriented, because Telehealth is not one thing. It is a huge range of things. And it seems to be growing and changing all the time. And so it's important to recognize what people mean by Telehealth, what's the range of things that can be meant, and also where to find some resources about it.

And so the first thing I'm wanna say is, to situate myself within the national consortium of Telehealth Resource Centers. There are 14 of us across the country. We are all HRSA grantees, 12 of us cover regions. You can see my region there that includes North and South Dakota, and Nebraska, Iowa, Wisconsin, and Minnesota.

But two of the Telehealth Resource Centers are national in scope. There in the bottom left of your screen, TPACK focuses on technology specifically, and Center for Connected Health Policy located in California, focuses on policy nationwide. So we have a couple of resources to go deeper on those two particular issues. We have a national website that you can find at telehealthresourcecenters.org. And I know it's a long URL, but when you get there, then you can get links to all 14 of us, as well as some general information about the webinars that we do, the various services that we provide at the national level. And then each of us run the program at our own regional level as well.

We have toolkits and assessments, various things you can download and use, we can put you in contact with other organizations like Mary's centers as well as others all across the spectrum of Telehealth. All of the regionals are... one of the things that we do is maintain contact and develop contact with programs in our region, so that we can introduce people to each other. And if we can't find something, then one of our partners usually can.

We're also able to provide in-depth direct consultation. We can do kind of general trainings, we can speak at conferences, we can come to meetings virtually or in person, and just help people get a better idea of what Telehealth is, and how they can use it in their organization. As well as give details about reimbursement and regulations and all of the various things that you need to know to get into the world of Telehealth.

What I'm gonna try and provide is a way of thinking about Telehealth and hopefully, if you can get a sense of what I'm saying and how I'm conceptualizing Telehealth as a domain, as a phenomenon, and as a group of phenomena, then you can reason out and figure out a number of other things for yourselves. Because it'll make sense once I say some of the basic general

comments that I make. And then Mary will be able to go into much more detail on what she and her centers are doing, the thankless kind of programs that they're running there.

The first thing to recognize about Telehealth is that it is a delivery mechanism, not a service. Nobody gets treated by Telehealth. Although we use that language sometimes what you're being treated by is a physician, or a counselor, or a nurse, or somebody, a health care clinician or professional. Telehealth is just a mechanism, it's just a delivery mechanism. So for example, if I were to work... I'm a clinical psychologist, and when I work by Telehealth, I do things that clinical psychologists do. I don't need any extra certification to do those things, because those are the same things that I do in person. It's just that if I'm working remotely by video, there are some things that I need to be aware of, and be cognizant of that don't come up in the in-person setting.

I compare it oftentimes to working, say, in a university hospital setting versus a critical access hospital setting, or a rural health clinic of some kind, versus the MASH unit, Mobile Army Surgical Hospital out in the field. It's still healthcare in all of those settings, but it does vary sometimes quite significantly from setting to setting. So in the same way Telehealth is also just healthcare. But there are a few things that can be fairly significantly different that you need to be aware of.

So that said, I also wanna talk a little bit about the domains of Telehealth, there are some fairly large families, if you will, of Telehealth services that go on. One is remote specialty care and hospital care. So this might be you know, in your rural clinic you see your endocrinologist who is in the big city miles away, or a specialty group in a city who provide services. Telestroke is a perfect example, neurologist at a large medical center usually will see through patients out at rural emergency rooms. That sort of specialty care by video is a very common use in Telehealth. The oldest is the original use of Telehealth [Inaudible 00:10:57] patients in rural areas. [Crosstalk 00:11:01].

Megan: Jonathan I'm sorry to... sorry to interrupt you, Jonathan, your voice kind of keeps going in and out. So can you, I don't know, speak a little closer to your phone or the speaker or something like that? I noticed your voice is going in and out a little bit.

Dr. Neufeld: Sure, I can, I'm gonna hold it close here. So integrated primary care, a second domain where it's kind of the flip side of remote specialties in that it is Telehealth, but it's viewed from the perspective of the primary care clinic that is bringing in various services into primary care. There's another whole world of remote monitoring and patient management where we're getting

physiological data directly from patients in their home or other living situation. And it's a little less direct contact, verbal contact, and much more physiological measurements, and such, but it's another way of collecting data and managing patients remotely.

And then there's the whole world of directing consumer services, where you might call up a doctor from home or get a video call from home and receive primary care or urgent care. I put this as a separate category primarily because it is structured differently than most other kinds of Telehealth in the way that contacts are done, and how those types of services are regulated, and developed and paid for.

I also wanna point out the range of technologies that can be used. There is live video, of course, like the webinar we're doing now, but it would be a live video conference between providers and patients often. And sometimes this is called synchronous or real-time, it's happening at the same time, the patients and the physician are engaging in a synchronous or real-time conversation.

Store and forward is also sometimes called asynchronous, so the patient might take a picture of a mole or he might prepare a slide, or even get an X-ray, and upload it to a server somewhere. And then a physician can come in at another time, not at the same time, but at another time, come and download that and take a look at it, and make a diagnosis, and make recommendations based on that image. So asynchronous or store and forward. Remote monitoring I talked about before, physiological monitoring of various parameters.

And then the world of Mhealth, which is a world all in itself, and any kind of healthcare service or activity that can be done just using the mobile phone or the cell phone as a platform. And there's a whole wide range of things that can be done there. So I just wanna point out that all of those can sometimes be what is being referred to when somebody talks about Telehealth. Any one or all of those different types of technology.

Third, I wanna point out in the world of Telehealth, there are some... what I call hard lines, or it's a big difference between one and the other. For example, live video versus any other type of remote healthcare like store and forward, or remote monitoring. Live video is regulated differently, it's paid for differently, there are lots of things around live video that are different than the other types of healthcare.

Also, clinic-based care is very different, regulated... I mean, technically, it can be very similar, but it's regulated and paid for very differently than direct to consumer care. When we go to the home, we are entering a different domain in

terms of regulation, and certainly security and other kinds of variables that might come into play. Lastly, there are a lot of services that are encounter based, so it starts at 8 o'clock, I see the doctor until 8:15, and then that doctor goes and bills for that service as an encounter, versus management types of services that just kind of trickle in, day by day, hour by hour, minute by minute as we're managing a remote condition, or we're helping somebody stay healthy at home. And those are paid for and regulated differently, again.

So those are three different sort of distinctions that it's helpful to be aware of. And then finally, there are five different perspectives. So we're talking about is Telehealth helpful? Is it useful? Is it advancing? Is it making things better? Well, we could see that from the patients and family perspective, we could ask is it making patients healthier, is it more convenient for patients? Is it less expensive for patients? Patients and families would have their own perspective. But the provider might have a slightly different perspective, is it convenient for them? Is it more financially viable for them? Which may be different than the patient as may be obvious.

Also the clinic or the hospital, or health system, which is a different business entity, usually than the provider themselves, they might have their own perspective on it. Is this helpful for us? Does it advance our interest as a health system? Helping us gain more patients, or treat patients more effectively, or more efficiently? Does it raise our status in the community as people see that we're doing Telehealth? So they could evaluate from their own perspectives.

Payers, of course, wanna know is this the most efficient, cost-effective way of delivering care? And sometimes it is, sometimes it isn't. And sometimes they may find that what is motivating for them as payers is different than what motivates other players in this list. And then finally, community and society, do we wanna live in a society where healthcare is more accessible? Or do we wanna live in a society where it's more expensive or less expensive? What are the kinds of things that we want to accomplish with our healthcare system from a societal perspective?

So all of those five are valid, but they are not always the same, they're certainly not the same. And sometimes they come into conflict with each other as we evaluate programs. So it's important to recognize that. I want just to make the point that telemedicine is growing. This is a chart from Medicare over the last...a little more...a decade or so. And you can see that growth it's about 40% per year over the last 10 years, which is a very significant rate.

And Medicare I would say is not even the fastest growing payer or domain for Telehealth. It is also widely covered by Medicaid, and this chart here just calls

out Medicaid and shows that 50 of 51 domains, district of Columbia is included, one state is excluded, but there are some...these are Medicaid programs that cover some form of live video, 21 states, I think it's actually a little more now, have some sort of remote patient monitoring coverage. And then 15 states cover store and forward services of one kind or another. These are not usually... not blanket coverages they're specific types of things like home health or something else.

So although it varies it is widely covered and available. The regulatory frameworks, it's important to understand that at the federal level, there is very little that covers Telehealth, but there are certainly things that impact Telehealth. One is the Ryan Haight Act on prescribing controlled substances. If you're in any kind of a situation where controlled substances may be provided, then one has to be aware of the Ryan Haight Act and its restrictions. And I won't say more about that, but certainly, it's something to be aware of.

Excuse me. Also, any regulations that have to do with privacy and security, like HIPAA and HITECH, of course, apply to all of healthcare and Telehealth is part of healthcare. So those federal regulations do apply or do have implications for Telehealth. Now, the primary place that Telehealth activities are regulated, I would say is at the state level through licensing boards. So any provider that's providing services, what they can and can't do, is set...usually dictated by their licensing boards.

There are still a great number of licensing boards that don't say anything about Telehealth. So in settings like that, there's a question, what can you do, or can you not do? Certainly, you're bound to be ethical and only provide services within your scope of practice and etc., etc. But as with any specific mention of Telehealth there is some question about what you can or can't do as a licensed professional in those States that would be physicians, and nurses, and psychologists and others.

There are also some state-level definitions about what Telehealth is, or isn't, or what must be paid for or isn't paid for. And then certainly payers at the federal level Medicare, at the state level, Medicaid and other commercial payers are sometimes regulated as to what they can or can't pay for. So those things are ubiquitous as well, even though they're not technically regulation, they're conditions of payment that they do certainly influence what a program can do.

I won't go deeply into Medicare at all. But Medicare is probably the clearest and most succinct payer. They have some significant limitations, not the least of which is Medicare will only pay for live video where the patient is coming from a clinical setting, not home, and that clinical setting is in a rural area. There

is...this eligibility lookup tool that I list here is the best place to put in an address and say, here's the clinic address is Medicare gonna pay for a valid encounter, originating from that address.

And that's where you'll learn yes or no, whether Medicare will cover that encounter. Medicare is also very succinct in that they list every code that they cover, and what it is. And these are the only CPT codes that you can bill to Medicare, when they originate from a rural area and what Medicare will pay for. I'm not gonna obviously go through these in depth. And the standard billing procedure is that the patient is at an originating site... I'll start with the provider.

The provider is what's called the distance site and the provider bills a medical CPT code, just like they would bill if they were in a clinic. They add a modifier, GT, that says they did this service by video or, and I won't go into why, when you would use one and not the other because different payers have their own requirements, or they might say that the place of service code, the POS code is 02, that place of service indicates telemedicine as where this encounter happened.

So the provider is billing the professional service. The money, the $100, or 15, or 200 or whatever it is that they get for this particular service. The originating site bills an originating site fee usually state by state, which sometimes can vary. Various payers can pay or not, but Medicare does uniformly pay. So the originating site can bill this fee and it's about $24, and that gets paid to the site that hosts the patient. So Medicare believes that the patient is at one site and the provider is at a different organization at a different site.

CMS or Medicare always assumes that telemedicine occurs between two separate entities. Now, the issue that I wanna bring to your attention is that that's not always the case. Here is a diagram showing the physician on one side on the right side, they're billing the case, the provider... or the patient on the left side at the clinic at the originating site, and how those are two separate sites. But any more, that often is not the case. And I won't go into the reasons for why that is. But what's often happening instead is that organizations with multiple sites are redeploying their resources internally.

So they already have a doctor at one site, but they're gonna go ahead and have that doctor see patients at another site using telemedicine. Well, that's not exactly what Medicare had in mind. But it certainly is happening a lot. Internal value generation is targeted, something like we're going to cut down on our readmissions after admission, 30-day readmissions. So we're gonna do a Telehealth or remote monitoring service of some kind, and so that's what we're gonna do.

But that's not really again what Medicare has in mind when they think about two sites. And then sometimes there are providers we can engage from the outside via contract and they can come in virtually into our clinic and see our patients. A very common model for Telepsychiatry, Teleneurology. Teleendocrinology various services come in via contract. And that's also something Medicare is not very amenable to in the way that they have written up or drawn up their regulations. Now, many state Medicaids are different than that. And so it varies state by state, what exactly payers will pay for and certainly commercial payers on the same way will vary.

Now recently, there have been some significant changes at the federal level. For example, Medicare is now paying for Telestroke services, starting in 2019, that originate anywhere, not just in a rural area. RHC the specific type of federally regulated provider may be able to bill for Telehealth services out of a critical access hospital other than the RHC, this is a kind of a way to get around the originating site limitations.

Also, next gen ACOs have a lot of options for deploying telemedicine in that they can use any originating site because there are some financial restrictions on them at a higher level. And then any types of quality based contract allow organizations to pursue any sort of contractual goal they may have. And so in cases like this, rather than...well, what happens, in cases like this, and I'll skip to the next slider here.

The provider in a sense is brought within the originating site in a contractual arrangement. What I call virtually entering the four walls, the provider is brought in by contract, and then the originating site bills for the services themselves. Rather than the provider and their organization billing for the services separately, they actually turn over their billing or what's called...Oh, shoot, what's the term? There's a specific term of art for turning over billing to the originating site, and then the originating site can bill for those services themselves. And sometimes they have an enhanced rate that they can bill. That's the main reason for doing that, for making those arrangements, is because the originating site can go for a higher rate usually than the...or sometimes then the provider.

When we talk about Telehealth programs, I often talk about four necessary components. The services themselves, are of course, key. Defining them, finding someone who'll provide them, developing and structuring them. And these activities are really critical. These are the most important, figuring out what it is you're going to do, and define it, and find partners to provide those services, or provide them internally if you have those providers available.

Reimbursement and sustainability is an absolute requirement. Usually, it's fairly clear-cut, when you don't know you can certainly reach out to a TRC or other resources to find out what your reimbursement options are. Policies and procedures for the local site need to be developed. And then, I list this last because it is important and everybody's interested in technology and what you can do with technology. But the fact is, most technological problems are either solvable or not solvable.

Most programs do not stand or fall, fail or succeed on the basis of technology, usually, they fail for other reasons. And so technology is not the only issue and certainly not the main issue in succeeding as a telemedicine program.

All right, I think I'm just about at the end here. The common challenges that many programs face are value generation and monetization. Obviously, finding out where you're gonna get the value, what is the value of telemedicine that's gonna keep you sustainable? How you generate internal interest and get your doctors to use it. You might think that... this comes up more often than you would think, just getting internal utilization up to the level you expect. Technical or policy decisions that get made too early or they get made inflexibly, or they are hard to change.

And I just wanted to point out... the reason I bring this up is that these are management issues. They're not specifically Telehealth issues. These are issues that come up with any kind of healthcare. So in that sense, Telehealth is not something different, it can allow us to do some new things and some different things. But in another sense, the challenges we face with Telehealth are the same challenges we face in healthcare in general.

That's my contact information, feel free to follow up. We provide all kinds of direct contracting or direct services. Our services are free, we're federally funded, so don't hesitate to follow up with either me or the national group. And with that, I will turn it over to Mary.

Mary: Thanks, Jonathan. Hi, everybody. My name is Mary Zelazny. I'm the CEO of an FQHC in rural Western New York, in the Finger Lakes region. And I just wanna talk a little bit about how we have used Telehealth, Telemedicine in our organization to help our patients get access to care. So who are we? We're a migrant Community Health Center, that circle on the map is about what we cover. It's really rural, lots of lakes that... no bridges across the lakes, they all go... they call it the Finger Lakes region because it's shaped like a hand.

And so it's really challenging for our patients, particularly with transportation to reach out to our different sites. We have eight sites, we do a lot of services in the community because that's how we can get to our patients. Last year, we saw a little over 27,000 patients. We're one of the larger migrant health programs in the northeast. And a lot of our patients wanna be seen in a language other than English, we tend to see a lot of people of color in our communities.

And so who do we serve? We serve everybody, in FQHC, we serve anybody that comes through our doors, whether it's, you know, a farm worker, a doctor, doesn't matter, we don't care. But a lot of us have the same issues, so we are here to address those issues for our folks. And so Telehealth... we started using Telehealth early on, let me just tell you that my background is... I started out in the world of healthcare as a community health worker. I speak Spanish, I lived in Mexico as a kid.

So they talked me into helping out for a couple months as a community health worker taking farm workers to their medical and dental appointments, and helping them navigate the system. Including... I did a whole bunch of prenatal care with my clients. And here I... so that was in 1989 when I started and I haven't left. So I understand the care management side of life because I did it, and for me, as I will go through and talk about Telehealth for us here at Finger Lakes, our sweet spot is a combination of technology and care management for our patients. That's what works best for us.

So what's going on with Telehealth? Telehealth is gonna change our life, how we provide health care services, it's already starting to do so. It really allows us to cross that geographical divide that we often see. People speak about it mostly in the rural communities, but I would argue that it also has plenty of applications in urban settings. An example, we have a health center, a Peer Health Center that is in the Bronx, and they have two blocks between two of their sites. And they said, "I wouldn't cross those two blocks and walking." So I said, well, why don't you use Telehealth? Which they do, and it really has made them be able to spread their providers out a little bit.

So it just provides, you know, more access to care, it can lower costs if done right. And it really helps in workforce, there's a lot of positives for it. We use it a lot to integrate behavioral health and physical health into our centers and to also bring in different specialists because we are in a rural community area, and we can't get any of these specialists out here and the patients can't get to them. So we figured the next best thing would be to use technology to create those relationships.

It's been a win-win for us, you know, we have a whole bunch of different modalities of Telehealth that we... and programs that we use here at our health center system. And what's been really great is it has created a real collaborative team approach because when we do care management pow-wows with our different... the providers from the different agencies that are working on a particular patient, we include the care management team.

So it really creates a team approach and everything's done by video, regardless of where the providers and the care managers sit. So it's really great, it's a great tool. It also gives us the ability to provide education for our providers, they get to talk to specialists face to face, virtually, and do curbside consults. And most importantly, from the patient's side of things, they often can have their primary care provider, the specialist, the patient, and hopefully the care manager all in the same room hearing the same thing at the same time, which anybody that, you know, works in health care can appreciate how important that is. There's no mixed messages it tends to clean things up. So we're really happy to use it here at our health centers. And we've just expanded it exponentially as we've gotten involved with it.

So some of these slides I'm gonna whip through, you can read them at your leisure. I know they're gonna pass these out because we don't have a whole lot of time today. But you know, people like Telehealth, I haven't met too many of our patients that don't wanna receive services by Telehealth, rather than potentially drive an hour to get to an appointment, have to deal with the urban setting, etc. And a lot of surveys bear that out, when we ask our patients, we do patient satisfaction surveys with our Telehealth visits. And we consistently score high on those, people like it, they like the convenience, they like the access.

And interestingly enough, with our behavioral health program, a lot of patients are requesting to see their counselors via Telehealth rather than in person. And we're happy to comply as long as they come in for care, we don't care how they do it. So one of the big things we think that's driving Telehealth is that, you know, new generations are coming up, we have the millennials, and now we have the generation Z's that I'm learning about. But you know, these folks want to receive their healthcare differently than what we're traditionally used to.

They want to get their health care, as many say, like, they get their banking. And so when you think about how technology fits into the healthcare setting, this is perfect for the millennials. And we have seen that in our own work, how much more readily accepted it is by our patients in this age group. So how is it changing our healthcare system? You know, we have virtual appointments now. So a patient can come into their primary care site, and they can go see their

primary care doc, and then they can maybe tag team that visit with a specialist. Maybe they have Hep C, they can tag that with the Hep C specialist.

And the kinds of things we do, for instance, for kids with ADHD, if they have to see the pediatric neurologist, they come in for their appointment, then they see the pediatric neurologist, and the parent, and the child, or the guardian, child, and the primary care provider, the specialist, all talk together about, you know, what's going on with the kid. We've seen great increases in our patients, particularly like with kids, they're seeing much better outcomes at school and at home. Because the access to care provides them with timely appointments with their specialist, they're getting their meds, everybody's conferring about those meds. They can make quicker changes on meds, and it just provides so much more access.

Remote monitoring, when we have patients, and I'll talk about that a little bit with pregnancy. Remote monitoring, you know, you can send... if you're a diabetic, you can do your sugar, you know, your finger stick every day, send it to your provider, your blood pressure, your weight. And instead of waiting, you know, till your next appointment for changes in medications potentially, you can do it, you know, every day. You know, the provider gets your readings every day. It's a really great tool, particularly when you have to track someone that has like a chronic disease or a pregnancy. A pregnancy that maybe has some complications.

Curbside consult is really great for our providers, particularly in rural settings. My providers are now talking virtually with all these great specialists in the urban settings. And you know what, that's free education, I cannot tell you how important that is for my providers. It's really upped their game and they really enjoy it, it's a real retention tool for your providers if you're in health care, trying to find docs and stuff. And there's a whole bunch of different apps that patients can use. You know, you've seen the commercial for the EKG, we have Fitbits, we have different...the doula labor coach, we've got things that track all kinds of stuff for patients that we can have our providers have quick access to our information. We can send that to our electronic medical record, some great tools are coming out.

I love this cartoon, I just wanted to put it in here for everybody, it's so true. So our own experience as, Telehealth, you know, as an FQHC as most of you know, an FQHC we have one-stop shopping. And you know, we have medical, dental, nutrition, behavioral health services, which include mental health and substance use services, not heavy duty. We don't see the persistently mentally ill necessarily, we refer them out. But for all that routine care that we have, and to get people started in the behavioral health system, we do MAT, Medication

Assisted Therapy for folks, and are able to do that after we have that in person face to face, initial visit, we're able to do that by Telehealth. So just again, provides access.

What we have found now is that you really need to... as Jonathan talked about, there's certain things you need to focus on when you're gonna do Telehealth, you know, you gotta have broadband, you gotta have enough. You gotta make sure that you have the equipment you need which is not a big deal, that's the least of your concerns, really. You wanna understand regulatory issues and the legal issues in your state, you really want to know those. And there's a lot of great resources out there that can help you with that.

But most importantly, you have to work on your processes, you know, you don't wanna change your whole system of care to incorporate Telehealth. You wanna take Telehealth, and you wanna incorporate it into how you do business with some minor changes. Because what we find... I talk to a lot of different organizations about Telehealth, and what I find is that the technology is not the problem, the problem when you introduce Telehealth to people and where people get kind of caught up is, you know, it's changed management for people. It's trying to get people to incorporate, and noticing in their day, and to do things a little differently.

And people get really challenged sometimes with technology, some people just freak out when they see themselves the first time on camera, and they, you know, don't like to see it, they are surprised. So we really tell people, you really need to pay attention to those processes, and make sure that you're really bringing on your team and including them in the build-out of your Telehealth program because then you'll get more buy-in.

But it does allow for great collaborations, we have made so many new partnerships and working with some really great providers. We are up here in upstate New York, as I showed in our map, but we are now having patients see psychiatrists down in New York City because they have a lot of them that speak a whole lot of languages. So we really utilize whoever we can across the state to provide care to our patients.

This is just a... you know, tells you the benefits as I talked about, and Jonathan also talked about. Where you have to consider different levels, where you have to consider program build-out. These are some of the things that we use right now with our Telehealth programming, and you know, any time a provider says, "Hey, can we?" We're like, well, let's try it and you know, give it a shot. But we've really been able to raise the bar for our patients and give them a lot of access using this technology.

As most of you are care managers, I think that Telehealth in the care management world is huge. It eliminates so many problems in terms of being able... you can follow up with your patient. We send our community health workers out, they all have... they have a laptop and they have... which has a web camera on it. They have hotspots, and they have peripheral equipment, otoscope, stethoscope, which can monitor your heart and your lungs, and a general exam camera.

So when they go to a patient's house, whether it be a prenatal patient or a person that just got out of the hospital, they can go out, hey, how you doing, Mr. Smith? I heard you got out of the hospital, how's it going? Hey, let's take a look at that wound. Yup, yup, you know what, that doesn't look so good, let me call into my health center and see if we can get a nurse or a provider to look at that for you.

So it really can help eliminate people finding themselves in really challenging situations, particularly when they're in, you know, rural areas, or underserved areas, and they just don't have access. It's a really great tool, and you bring the care to them. And it just allows for much better communication. Sometimes it gives us that access that we all need, so desperately.

We can look at people's medications, we can do medication reconciliation, we can have somebody put all their medicines on a table, and you can have a webcam on them. And they can have their iPhone on or their iPad on, or someone can go to their house with a computer or an iPad or an iPhone. And they can just say, hey, let's talk to the nurse about these medications, you seem to have a question about them.

So it really does help us provide more ready care so that people don't find themselves in really bad situations. Because we have found in our work, you know, particularly in rural communities, people wait and wait and wait, and then sometimes they wait too long, and they get in trouble. And we're trying to alleviate that. We don't want people to use the emergency rooms. So we have found that using technology really helps to bridge that and to give us better access to our patients. And frankly, it creates a much better relationship with our patient because we've become a team.

And so having the care manager involved in all this also as you can well imagine it just is better relationships. Patients do much better when they have care management, there's just no question in our mind. So these are just some pictures of some of the things... there's a couple here that are not. But most of these pictures are from our health centers, we do all kinds of things. And so I'm

gonna whip through this, I'm not really gonna talk too much about it. But we did a whole program because we had so many kids that had cavities when they were little, little kids, and they have to go to a surgeon, we can't do that kind of care at our general dentist.

And we were finding we were sending these kids, they had terrible rates, and you know, 15% completed treatment plans, which is horrible. And these kids are just getting worse and worse and worse. And these are little kids four and five years old, that needed root canals, and all kinds of stuff. So we used technology, we got it up to about a 35% completion rate, we were kind of happy with that, but then when we added the community health worker to each patient, care manager, community health worker that's when we really were surprised at how well our patients did.

And now we have about a 94% completed treatment plan with these children where they get all their care done, and they're back at their dentist. And so the care manager follows them through this, and we've seen so many kids through this process that it's been really great to get them that care. But there's still challenges you know, we got a lot of stuff we're still working on particularly I would say you know, reimbursement is huge. I tend to feel that, you know, there's a return on investment by you know, having your patients be healthier, especially as we move into a value-based world, which you guys may not be worried about. But those of us that run health centers are, so it's important.

And then as we talk about pregnancy, you know, as Jonathan talked about, we have virtual visits, which are, you know, face to face over the camera. We have store and forward which is taking an image and sending it to a provider. And then we have remote patient monitoring, which is sending your vital statistics off to your provider. So all those three are used in a pregnancy model. And it's fantastic if you have a patient that has gestational diabetes, or some other complications with their pregnancy. And it can really help replace routine checkups.

You know, we have... community health workers that used to drive way... they'd drive half hour, pick up a woman, bring her in with a pretty, you know, low-risk pregnancy, she'd drive all the way into the health center to see the doctor. And he would spend five minutes with her and say, "Yep, you're great, see you next time." And drive them all the way home, and that woman missed work and was gone, maybe had to find childcare, who knows. And for a five-minute visit, when a low-risk pregnancy like that she could have had that done virtually.

And so we've gotten our nurse to do some of those visits so that they can get...not have to give up, you know, quite a chunk of time or find someone to watch their kids, whatever their issues may be, missing work for those visits, particularly if they're low risk.

And it also allows them to see a specialist if they have a specialist, maybe they wanna talk to a genetic counselor, who knows, but they can do that without having to travel. The remote patient monitoring in a pregnancy allows us to get, you know, have...monitor these patients between their regular visits, in case there's issues. And we can, you know, really find things quickly so that we don't have to wait to see if, you know, when the mom comes back in for her appointment, we can do things in between her appointments and make those adjustments.

What that does, I believe... what we have found is it creates a much stronger patient-provider relationship, the patients really feel connected, and it allows the care manager, and the provider really to team up to work with these patients. Because the care manager can be with the patient when they're sending some of the stuff, or if they're doing virtual visits, it's a great tool.

And then store and forward, you can do... you know, you can take images, you can send them, there's this really cool technology... we don't have it yet, I wanna get it. Where they have an ultrasound machine for... it's mostly for pregnancy, and you use an iPhone or a cell phone, and you can do an ultrasound on a mom. So you could go to her house and do an ultrasound on her, particularly if you had a low-risk pregnancy, or even a high-risk pregnancy to try to judge the way that the child or the baby, you know...if it's in a stage where they wanna know, you know, has there been any changes in weight.

There's all kinds of things they can do now that make it... particularly with when, you know, we have such a high mortality rate in a lot of our underserved communities. And so a lot of these tools that we have at our disposal now through technology really will allow us to address issues, particularly which is your interest is with pregnancies, we're able to figure out, how can we get them the best care that's gonna hopefully avoid low birth weight and increase their chances for a healthy pregnancy, and then a healthy child.

Only thing I would just caution you is to be very careful, I will say that the Telehealth Resource Centers are a phenomenal asset. You need to use them, they know their stuff, they're great, they're all over the country, every state is represented. They just have a lot of tools that you can use to build your own Telehealth capabilities. And then the most important thing I would say is that when you're gonna...if you or your organization wants to think about

Telehealth, which I would highly recommend, because if you're not doing it, the guy next to you is. And patients love it, I would really recommend that you talk to people that have done it and learn from them, you know, things that they've learned through their work, what not to do, saves you a lot of time.

And, you know, just for me, it really allows us to be able to reach our patients where they're at, and provide that really top-level care that they deserve, that we all wanna provide for them. These are just some resources, as Jonathan talked about. And, you know, just learn about it a little bit, spend a little time, I think it's care management particularly and dealing with pregnancy. I think that you'll find that there's so much coming out ,new things, new tools, that can really make some real serious changes in how we all provide care that will benefit our patients. And I think that we all need to use every tool we can in our toolbox. And I think that technology with Telehealth and some of these things that we have now is a real win-win for all of us and worth looking at. Thank you so much.

Megan: Well, thank you so much, both to you, Jonathan, for that intro and overview, and Mary for that on the ground example. Let's get to some of these questions and see how many we can get through before our time's up here. First question somebody asked about where to find... is New Jersey part of any of the Telehealth Resource Centers? I chatted out the map Jonathan, and if there's other resources specific to New Jersey that you have, feel free to chat those in or share those right now.

Okay, otherwise, then the follow-up question also is about the territory. So are the U.S. Virgin Islands in any region? Do you have information about what Medicaid allows in the U.S. Virgin Islands? I looked on your map and I saw a little section on the territories, but it wasn't specific to Virgin Islands. Any additional info there?

Dr. Neufeld: Yeah, you know, I can address both of those. For a long time, New Jersey wasn't covered by any TRC. And now it is actually split in half right at the waistline with the north part going to the northeast Telehealth Resource Center and the south to the Mid Atlantic. Although I should emphasize again, none of us are territorial, per se, we share freely, go to the national website, find any information you want, follow up with whatever TRC you want. And you know, let us know what you need.

When it comes to boots on the ground obviously, it's easier if we're closer to you. The Atlantic we don't cover very well. We have extensive coverage in the Pacific with all the territories out there, the Atlantic territories have just actually recently come up and we've just kind of wondered, you know, do we cover

these or not, and so far not. So if you have questions about specific territories, reach out to the National Center or any of the TRCs, and we will figure it out, we'll find out. We just don't have anybody who's, you know, who stays current on that stuff.

Megan: Thank you, Jonathan. All right, a couple of questions. Mary, I think these are more directed towards you and your experience. Are you concerned about the internet feed from a patient's home, they have plenty of bandwidth at their sites, but they're more worried about the patient's access to the internet at home. And the second sort of follow-up, somebody asked a question about as a community health worker, will Telehealth services affect or enhance a home visitation? So really thinking about, you know, connecting with someone at their home, and both from the bandwidth side, but also just the home visit in general.

Mary: Well, okay, so bandwidth is always an issue, but now you can... frankly, you know, you don't need much to do a lot of the stuff. The patient just needs to have... I mean, you can use an iPhone, you can use an iPad, and if they have... most Internet now, except for my house. I'm the only person I know that doesn't have Internet at their house. But most places, you know, with our patients, we haven't had a problem with that. And our community health workers when they go out they have hotspots, so they can use those if they have to connect back to the health center, and that seems to do the trick.

A lot of the new technology, they don't grab broadband like the old stuff used to do. But also you know, broadband is a challenge in some rural communities. We have some places literally that there's no internet. So we have boosters we carry with us if we need them. But there are still some rural places, and I can imagine out west, it's worse than we are here.

Megan: Boosters, okay, well, we might need to share a little... I'll follow-up with you about some maybe a little more info on those boosters. And maybe on our follow-up email to everybody, we can loop through with a little more on that.

Mary: Sure.

Megan: To both of you, is there a specific institution or a program that serves as a model to set up a Telehealth program? I mean, Mary, you are telling a great story about how you pretty much set up your Telehealth program. Any other model programs you wanna share with the group?

Mary: I... go ahead, Jonathan.

Dr. Neufeld: I would say that... we get asked this question all the time. The most critical issue is what kind of an organization are you looking for? Because Mary's great as a CHC model, but if you're a, you know, a medical center, a hospital somewhere, then she's probably not the model for you there are other hospitals. If you're a, you know, a community health care provider, it just depends what kind of an organization you are. The best way to do that... and we encourage people all the time, contact your TRC and say hey, we're this kind of an organization and we're looking for an introduction to others in this domain that have done Telehealth.

Megan: That's great, thank you. And I know Peggy Vandermeulen, a Healthy Start grantee in the community, asked about any other Healthy Start sites that are using Telehealth. Peggy, I think we can do some checking into that and potentially get some conversation going with sharing around Telehealth regarding the Healthy Start family.

So there was a question about... this person says they provide prenatal courses through Head Start how would they best utilize Telehealth? I think that might be... you kind of responded to that I believe, Jonathan, with sort of like following up with your Telehealth Resource Center and saying, hey, here's what I'm doing, how can I connect with someone to guide me through this process a bit?

Dr Neufeld: Yeah, and I have to admit, this is kind of a first for us as resource centers, we don't do a lot with Healthy Start grantees specifically, unless they are other types of organizations that are doing health care of various kinds that we do, that we would normally come across. So we may not be as... we may not have as deep a bench as we would like to at this point, but certainly reach out to us, and let us figure out how to connect you with somebody who can be a mentor and guide for you.

Megan: Super. And I'm gonna take two more questions, and then those of you, the questions I didn't get to, I'm gonna include those as a follow-up. We'll get some responses to those and I'll follow-up in email with responses. So, care management and care coordination, is that reimbursable through Telehealth services? Jonathan, I know you went into a little bit about that reimbursement piece.

Dr Neufeld: It depends on the state, and it depends on the payer. Medicare does pay for care management services. They allow a wide range of technology to be used in those services, and they don't limit them in any way, like other Telehealth services or telemedicine services are limited. So Medicare is a great

payer. But Medicaid is gonna vary state by state, whether they're gonna pay for it and to what extent they're gonna pay for it. And then commercial payers are gonna vary by state, by payer, by plan by lots of different ways. So one of the first bits of research for an organization needs to do is find out who your main payers are, and find out what their policies are. And we can help you do that.

Megan: Super. And so the last question I know somebody asked a question about some studies and things like that. I'm gonna follow-up with both of you as experts and get some citations to put out about cost savings and things like that. But last question here, and then I'll just do the wrap-up. What is the best HIPPA compliance software for video and any integration or interchange with EMRs?

Dr. Neufeld: Okay, so that's a tough one too we get asked that a lot and it would be great... I would love to be able to just give you a quick answer and say, yep this is what you need to do. The unfortunate truth is that we are federally funded and if we start playing favorites, others that are not our favorite will call their congressmen and eventually their congressman will call HRSA, and eventually we'll all be in trouble.

So the best... so get in touch with your local TRC, we will help you make that decision. We will give you all kinds of ways to make the decision, we'll tell you what our preferences are for what we do in our kind of work. Or we'll connect you with an organization like Mary's who has done a full review and they say, here's who we chose, and here's why. And then that can help you along those paths. But they're just... I can't just give a one word answer in a forum like this.

Megan: Right. Well, thank you, for that recommendation. So folks, let's do a quick wrap up on those questions, knowledge check questions at the beginning that we asked. Two types of technologies that are used in providing Telehealth services are? Is it a, live video and translation? Is it b, remote monitoring and live video, or c, store and forward an email? Let's see, yep, and 92% of folks are correct, that it is remote monitoring and live video.

Let's respond to this one. True or false? Telehealth is regulated by federal laws, state laws, and state licensure of clinicians? And you all are quickly weighing in, and it looks like yes, the majority of you are correct, it is a true. That is true, Telehealth is regulated by federal laws, state laws and state licensure of clinicians.

So I just wanna thank so much, thank our presenters for sharing your wisdom today on the call today. And also Jonathan, for sharing the Resource Center Information, and folks that wanna know more can engage there. For those

Healthy Start folks on the line, we have a couple webinars coming up through the coin, just stay tuned to our email on that. And I also wanna let folks know that through our Alcohol and Substance-Exposed Pregnancy Prevention Initiative, the AStEPP initiative, we have a web page healthystartepic.org. And I'm gonna chat it into the chat box here, that you can find some follow-up materials on some behavioral health resources that you can find. But I just again, thank you so much to you Mary, for sharing your expertise...

Mary: Thank you.

Megan: Jonathan for sharing your expertise. This concludes our webinar for today. Thank you all for joining and have a great rest of your day.