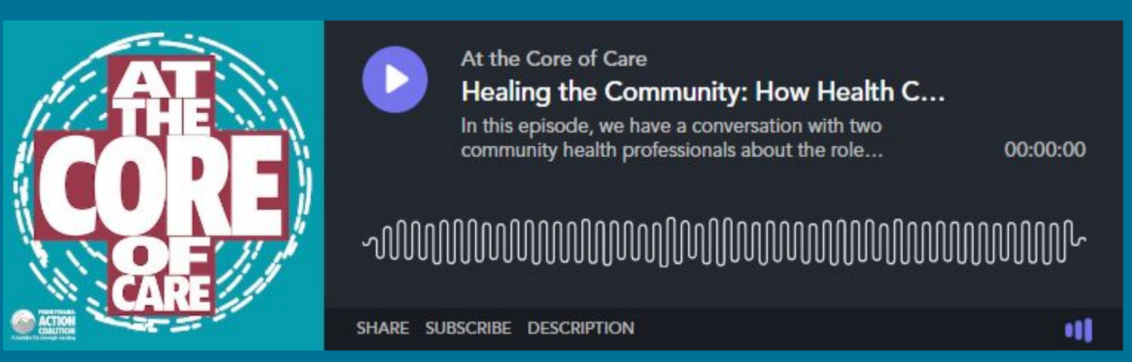
Telehealth and Home Visitation Services: Improving Health Care Access for Special Populations

Session 2: Telehealth- November, 14, 2023



Housekeeping

1 Captions

To adjust or remove captions, click the "Live Transcript" button at the bottom of your Zoom window and select "Hide Subtitle" or "Show Subtitle."

CC

Live Transcript

2 Questions

Please add your questions for the speaker and comments for the group into the Chat box.

Chat

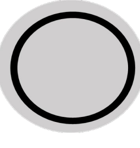
3 Technical Issues

Please raise your hand to let us know or message us in the chat.

Raise Hand

4 Recording

This session will be recorded and available to view on Vimeo



Recording

Disclosures

Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Success Completion Requirements: Nurses completing the entire activity and the evaluation tool may be awarded a maximum of **1.0 contact hours** of nursing continuing professional development (NCPD). **To obtain nursing continuing professional development contact hours, you must participate in the entire activity, participate in audience polling and/or Q&A sessions, and complete the evaluation.**

Relevant Financial Relationships: It is the policy of the National Nurse-Led Care Consortium to require nursing continuing professional development program faculty and planning committee members to disclose any financial relationship with companies providing funding or manufacturers of any commercial products discussed in the educational activity. The program faculty and the planning committee members report they do not have financial relationships with any manufacturer of any commercial products discussed in the activity.

The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

We do this through

- **-training and technical assistance**
- **-public health programing**
- **-consultation**
- **-direct care**

https://nurseledcare.phmc.org/

NNCC NTTAP Team

Jillian Bird
Director of Training and Technical Assistance

Matt Beierschmitt
Senior Program Manager

Fatima Smith
Program Manager

Junie Mertus
Program Intern

National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

National Center for Health in Public Housing

Staff Members

Jose Leon MD
Chief Medical Officer

Kevin Lombardi MD, MPH
Manager of Policy, Research, and Health Promotion

Fide Pineda Sandoval, CHES
Manager of Training & Technical Assistance

Bob Burns
Program Director

Introduction/Welcome

- 5 minutes

Didactic

- 20 minutes

Program Showcase

- 25 minutes

Questions & Wrap-Up

- 10 Minutes

Today's Agenda

Meet our speakers:

Dr. Kevin Lombardi, MD, MPH

Manager of Health Research, Policy & Promotion
The National Center For Health in Public Housing (NCHPH)

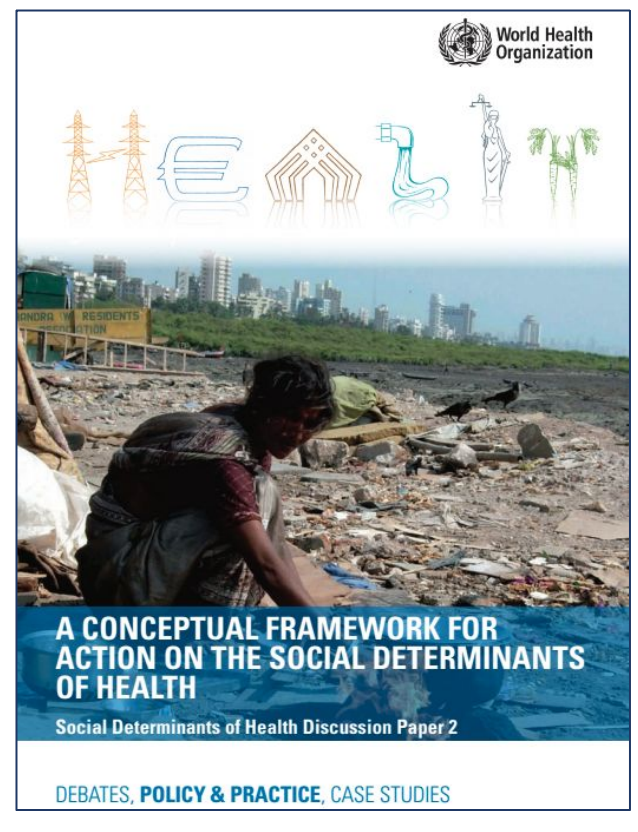
Kathy Hsu Wibberly, PhD

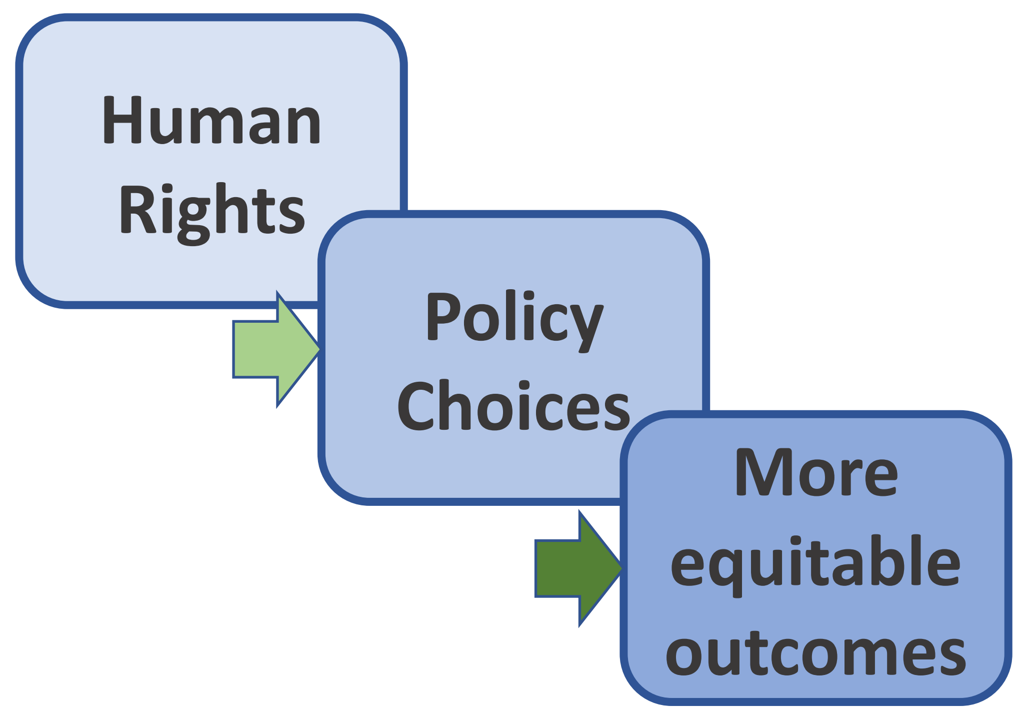
Mid-Alantic Telehealth Resource Center (MATRC)
Charolettesville, VA
Director

Dr. Kevin Lombardi, MD, MPH

Manager of Health Research, Policy & Promotion
The National Center For Health in Public Housing (NCHPH)

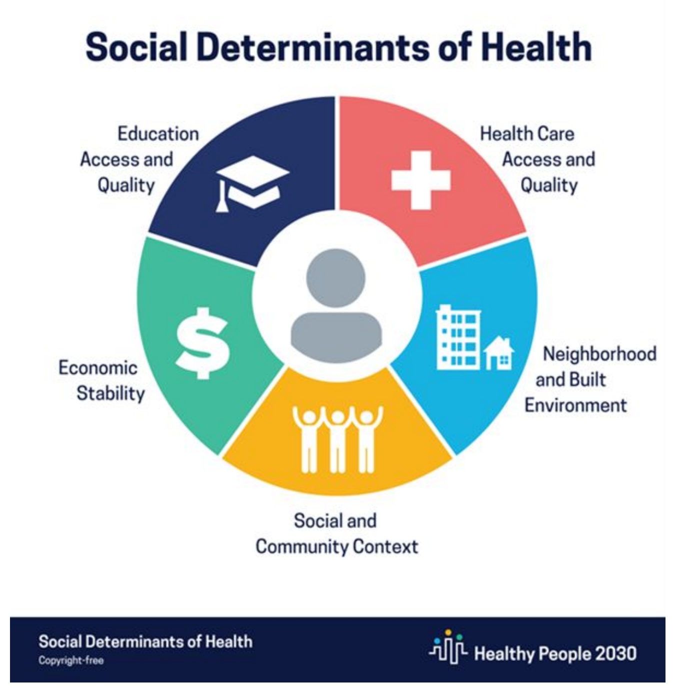
WHO Conceptual Framework





Link to Resource: WHO Conceptual Framework

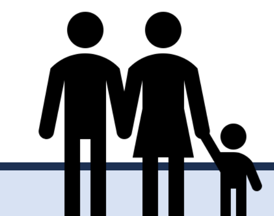
The SDOH: Conceptual Overview



Link to resource: Healthy People 2030

Home Visitation Services Utilized by Health Centers

Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas



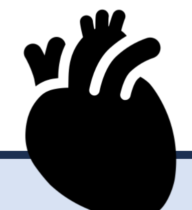
Many Health Centers Utilize CHWs to perform home visits for patients with Type 2 diabetes.

Health centers have had success improving maternal health outcomes by utilizing MAs to perform prenatal and postnatal care home visitations.

Home safety checks are utilized to lower fall risk for older adults who were recently discharged from the hospital.

Home Visitation Services Utilized by Health Centers

Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas



FQHCs have utilized CHWs and LPNs to perform home visit follow-ups for newly diagnosed Congestive Heart Failure

Nurse-led home visits are used by Health Centers to improve Hypertension self-management in older adults.

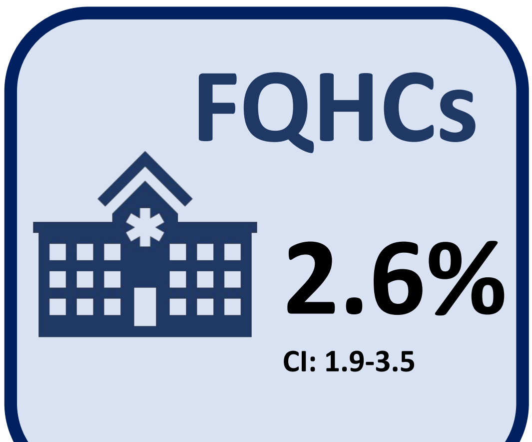
Long-acting Injectable antipsychotics are associated with a 71% drop in hospital admissions. Health Centers utilize RNs and advanced providers to provide these via home-visit.

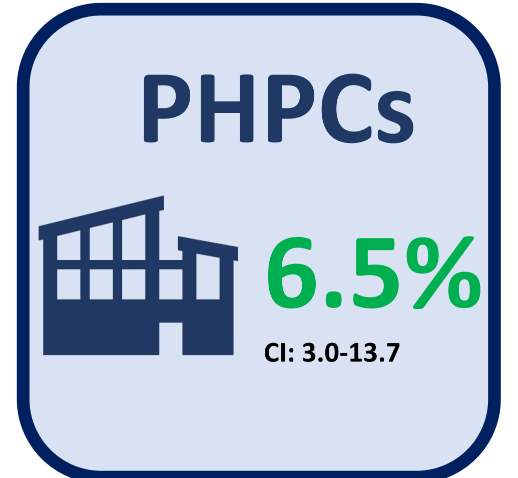
Home visitation and telehealth services at FQHCs and PHPC Grantees

n (weighted) = 27,224,243	All other FQHCs (%)	95% CI	PHPC's (%)	95% CI	*p*
Patients who receive home visit in past 12 months	**2.6**	**1.9-3.5**	**6.50**	**3.0-13.7**	**0.01**
Patients who ever received home safety consult	9.3	0.83-10.1	13.8	6.7-26.2	0.72
Patients receive Telehealth appointment in past 12 months	38.3	31.5-45.6	38.3	28.5-49.2	0.9
Patients who receive more than 5 telehealth appointments in past 12 months	7.4	4.8-11.2	14.7	7.6-26.5	0.05

Practice Recommendations: UDS Data

What the data tells us:





Patients of PHPCs are **2.5 times as likely** to have received a home visit by their Health Center than those from other FQHCs.

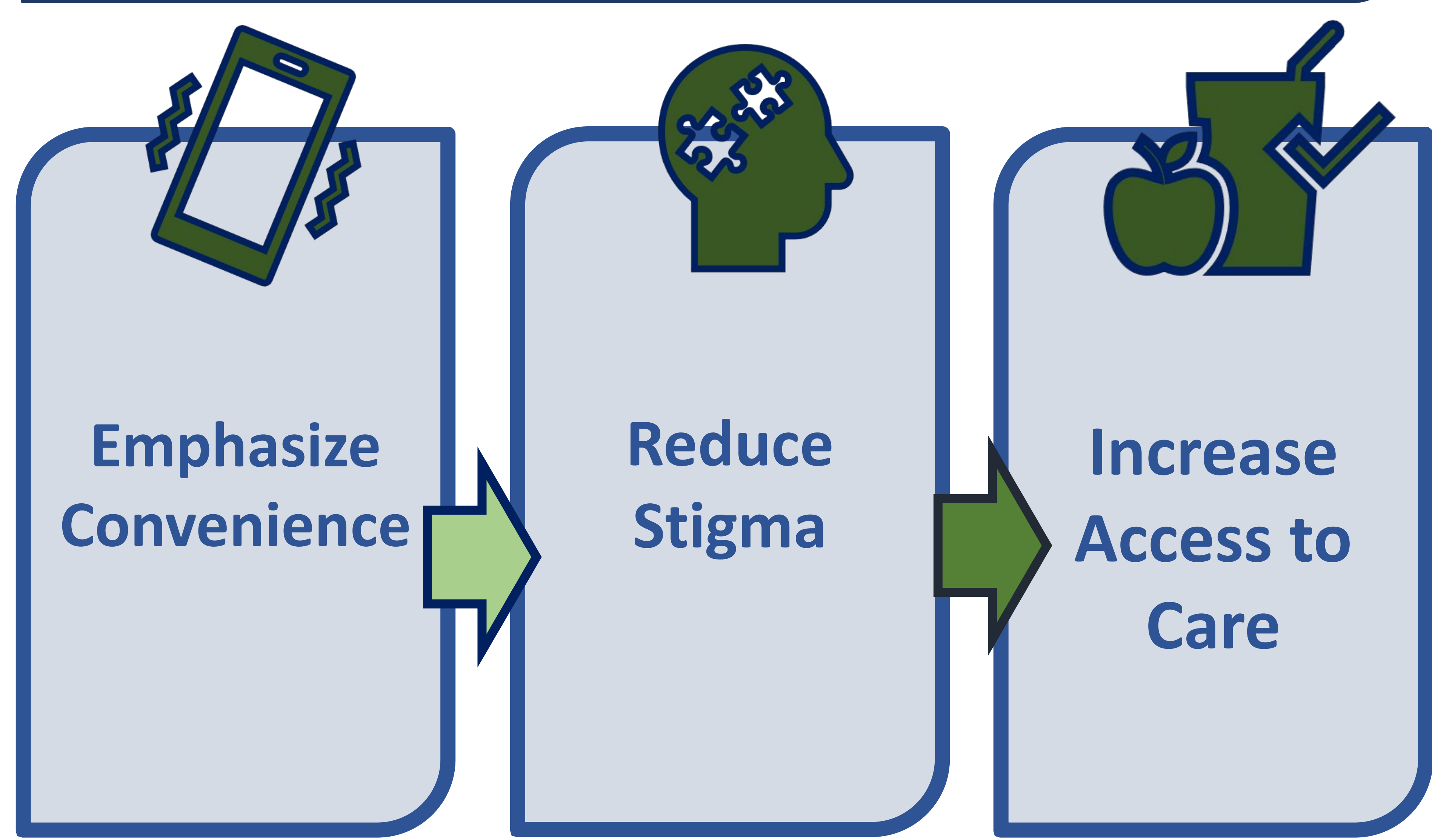
Program interventions:

Residents of Public Housing are more reliant on home visit than other demographics

For PHPCs home visits offer unique opportunities to reach patients

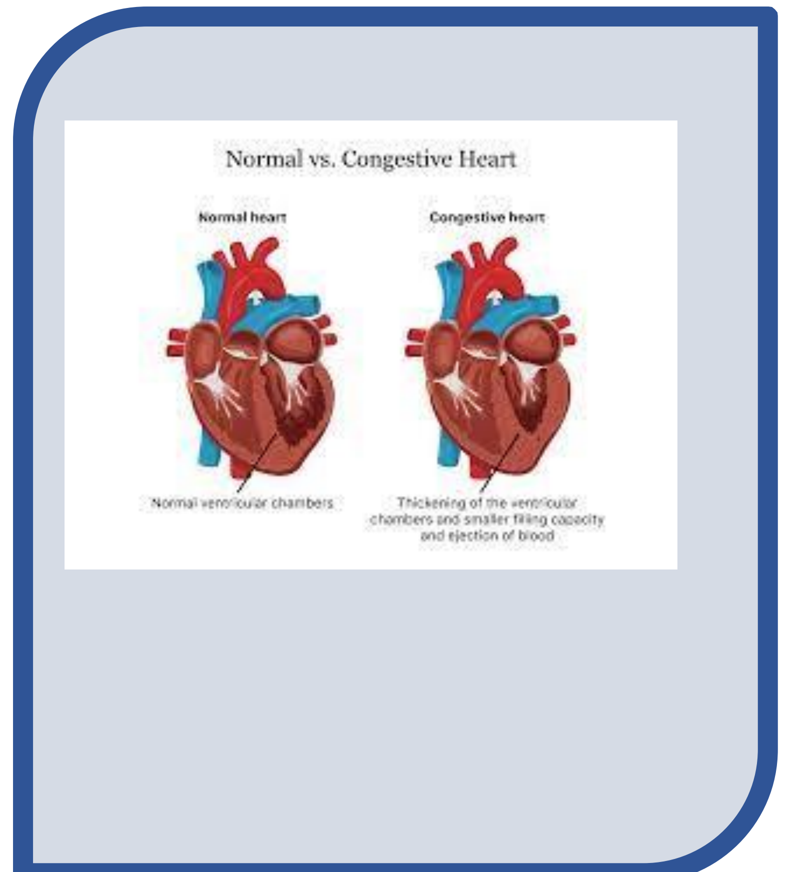
Link to Resource: [2022 Health Center Patient Survey]

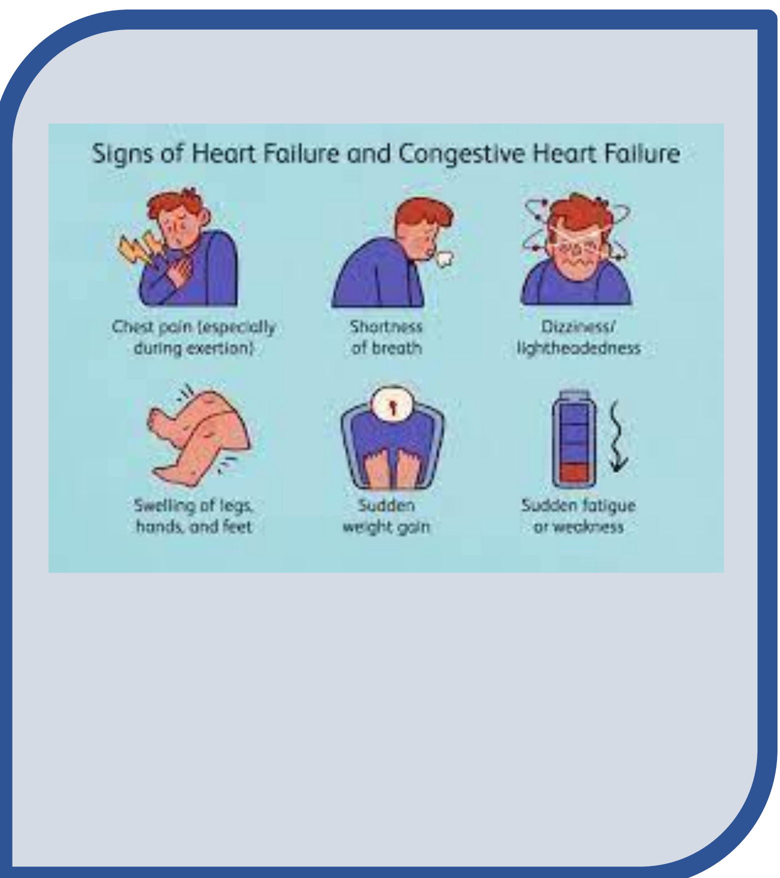
Marketing Telehealth and Home Visitation Services



Link to resource: [Marketing considerations]

Background: Congestive Heart Failure





Link to resource: [Marketing considerations]

Case Study

Mrs. Thompson is a 54 year-old woman with a history of Substance Use Disorder, hypertension, CHF and type two diabetes. She appears at her PCP following her discharge from the hospital for newly diagnosed decompensated heart failure 5 days ago.

Mrs. Thompson sees an intake nurse who performs and initial check of her vitals, has labs drawn and performs an SDOH Screen as part of facility standard intake procedure. Her results reveal the following:

BP: 164/92
HR: 78
RR: 18
Weight: 190

Results from her last visit in 2020 reveal the following

BP: 128/78
HR: 68
RR: 16
Weight: 160

On examination Mrs. Thompson is noted to be out of breath and her skin is pale and diaphoretic. She is noted to have 2+ pitting edema that was not present at her discharge from the hospital or during her last examination in 2020.

Case Study

Mrs. Thompson mentions during her examination that she was prescribed three new medications during her last stay in the hospital. She was not prescribed Oxygen.

She also notes that she is having trouble moving around her house and that she finds her new medication schedule confusing. She also mentions that she is having difficulty sleeping at night, and that she often has to put 2-3 pillows under her head in order to breathe.

When asked, Mrs. Thompson notes that these symptoms started 3 days ago and have gotten worse since then. She also mentions that these are similar to the symptoms which she experienced prior to her last hospital stay.

The results of Mrs. Diaz's SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB________________ Male___ Female _____

WellRx Questions

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?
   ☑ Yes _____ No
2. Are you homeless or worried that you might be in the future?
   _____ Yes ☑ No
3. Do you have trouble paying for your utilities (gas, electricity, phone)?
   _____ Yes ☑ No
4. Do you have trouble finding or paying for a ride?
   ☑ Yes _____ No
5. Do you need daycare, or better daycare, for your kids?
   _____ Yes ☑ No

Link: To Resource

_____ Yes ☑ No

6. Are you unemployed or without regular income?

_____ Yes ☑ No

7. Do you need help finding a better job?

_____ Yes ☑ No

8. Do you need help getting more education?

_____ Yes ☑ No

9. Are you concerned about someone in your home using drugs or alcohol?

_____ Yes _____ No

10. Do you feel unsafe in your daily life?

☑ Yes _____ No

11. Is anyone in your home threatening or abusing you?

_____ Yes ☑ No

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

Link: To Resource

Case Study

Please take a moment to answer the following question:

Which types of home visitation programs or support would help Mrs. Thompson better manager her Congestive Heart Failure?

Which types of home visitation programs or support would help Mrs. Thompson's general health and wellbeing?

FQHC Patient use of home visitation and telehealth services, 2022								
n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in past 12 months	2.5	1.8-3.4	5.9	3.4-9.9	0.01	8.8	4.4-16.6	0.002
Home safety consult	9.9	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-22.4	0.66
Telehealth appointment in past 12 months	37.7	30.7-45.2	45.2	35.5-55.4	0.18	42.5	31.1-54.7	0.52
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	6.6-23.2	0.12
More than 8 telehealth appointments in past 12 months	4.6	2.8-7.4	5.5	2.7-11.0	0.64	5.5	1.8-15.5	0.78

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

FQHC Patient use of home visitation and telehealth services, 2022								
n (weighted) = 2[illegible]	All other [illegible]ing [illegible]	95% CI	All HUD-a[illegible]ed* (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in pa[illegible]	[illegible]	1.8-3.4	5.9	3.4-9.9	0.01	8.8	4.4-16.6	[illegible].002
Home safety con[illegible]	[illegible]	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-[illegible]	0.66
Telehealth appointment in past 12 months	37.7	30.7-45.2	45.2	35.5-55.4	0.18	[illegible]	[illegible]	[illegible]2
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	[illegible].2	0.12
More than 8 telehealth appointments in past 12 months	4.6	2.8-7.4	5.5	2.7-11.0	0.64	5.5	1.8-15.5	0.78

95% Confidence Interval (95% range of real possibility)

P – value (statistical significance)

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

FQHC Patient use of home visitation and telehealth services, 2022

n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in past 12 months	2.5	1.8-3.4	5.9	3.4-9.9	0.013	8.8	4.4-16.6	0.002
Home safety consult	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	...56
Telehealth appointment in past 12 months	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	...52
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	6.6-23.2	0.12
More than 8 telehealth appointments in past 12 months	4.6	2.8-7.4	5.5	2.7-11.0	0.64	5.5	1.8-15.5	0.78

All patients (reference group)

All HUD-assisted (comparison group 1)

Public housing only (comparison group 2)

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

FQHC Patient use of home visitation and telehealth services, 2022								
n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in past 12 months	**2.5**	**1.8-3.4**	**5.9**	**3.4-9.9**	**0.01**	**8.8**	**4.4-16.6**	**0.002**
Home safety consult	9.9	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-22.4	0.66
Telehealth appointment in past 12 months	37.7	30.7-45.2	45.2	35.5-55.4	0.18	42.5	31.1-54.7	0.52
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	6.6-23.2	0.12
More than 8 telehealth appointments in past 12 months	4.6	2.8-7.4	5.5	2.7-11.0	0.64	5.5	1.8-15.5	0.78

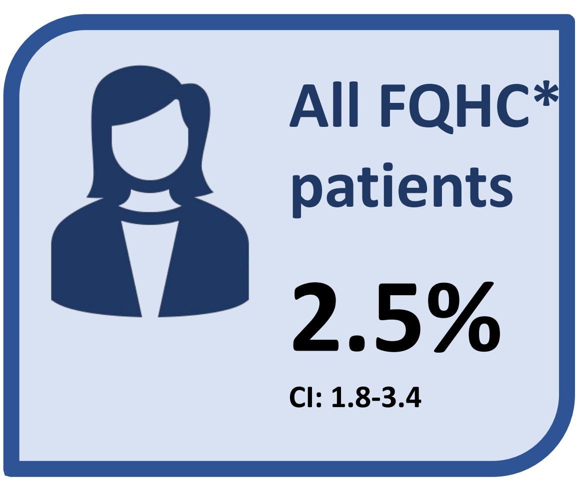
** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

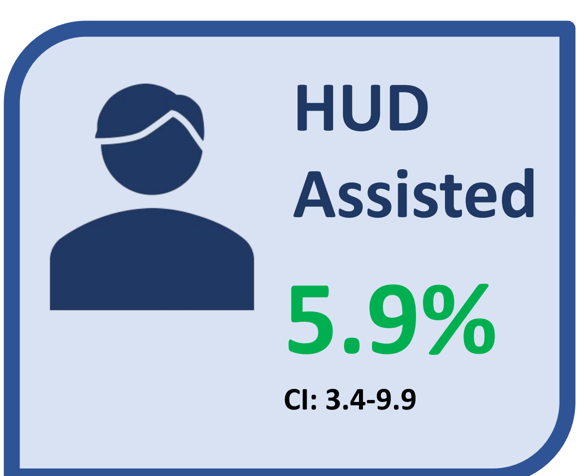
Practice Recommendations: HRSA Patient Survey

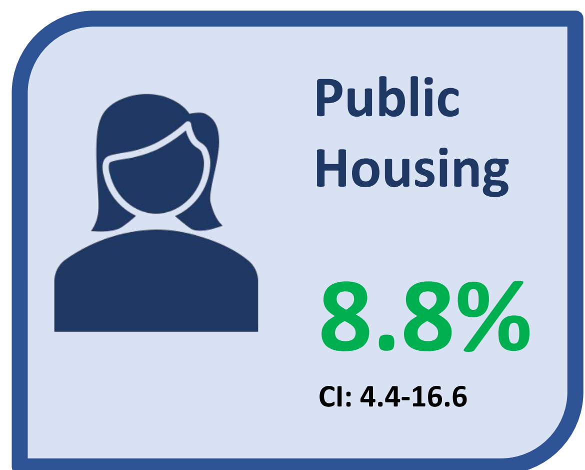
Question SUB9a

"Has anyone at (your) health center ever visited you at home to talk about your health care needs or other needs"?"

Percent of patients reporting a past visit by health center staff:







Link to Resource: [2022 Health Center Patient Survey]

Recommended cost-effective program interventions

Home visits have been shown to improve glycemic control and lower HbA1c in patients with type two diabetes.

Glycemic control, CHF and Hypertension management are three classes of home visits that are well-supported by recent literature

A series of 4 home visits has been shown to increase self care and medical literacy in Congestive Heart Failure

A 2021 systematic review of 2,674 hypertension management home visitation programs showed reduced systolic blood pressure.

The use of Home Visit Screening tools: Application

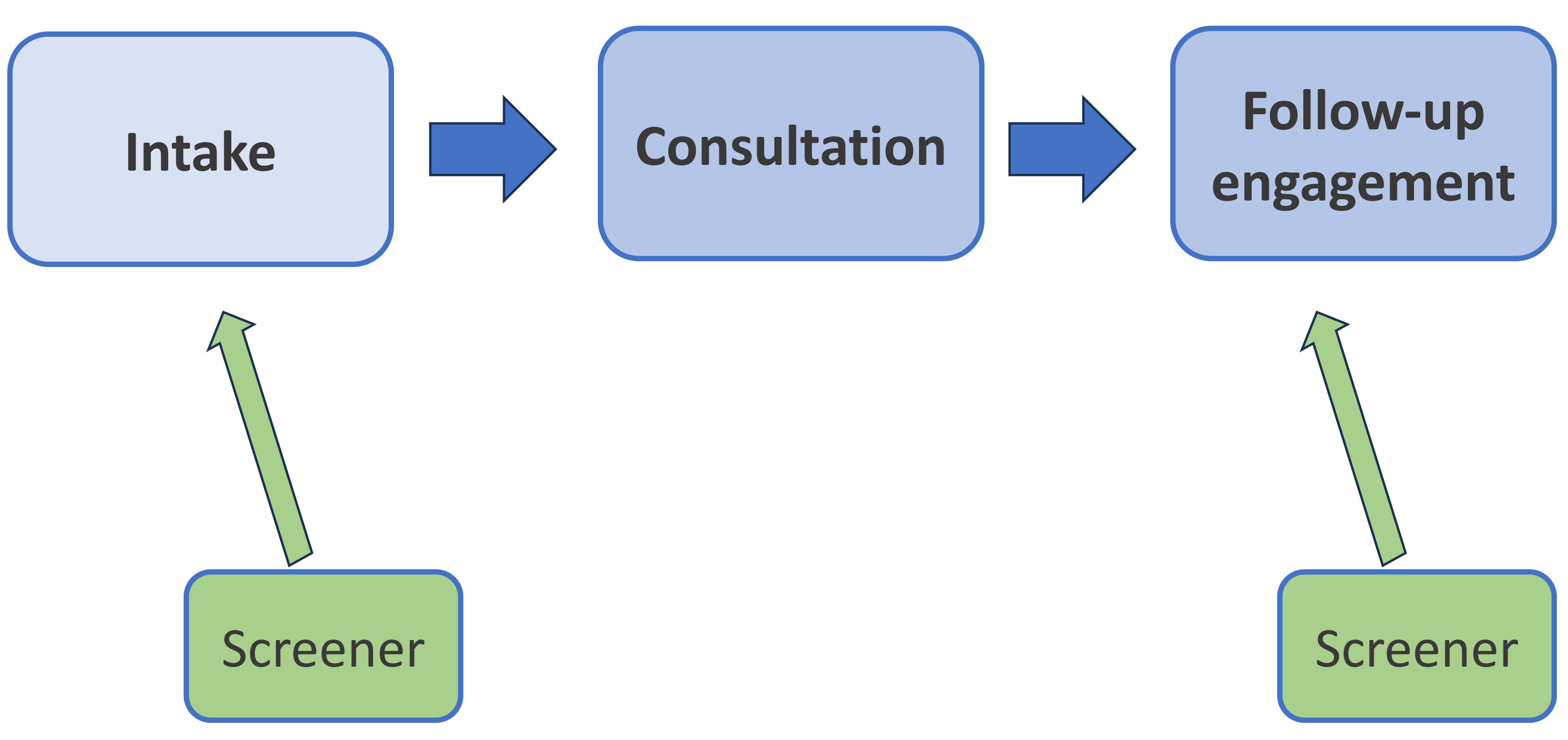
When planning implementation of a new screener:

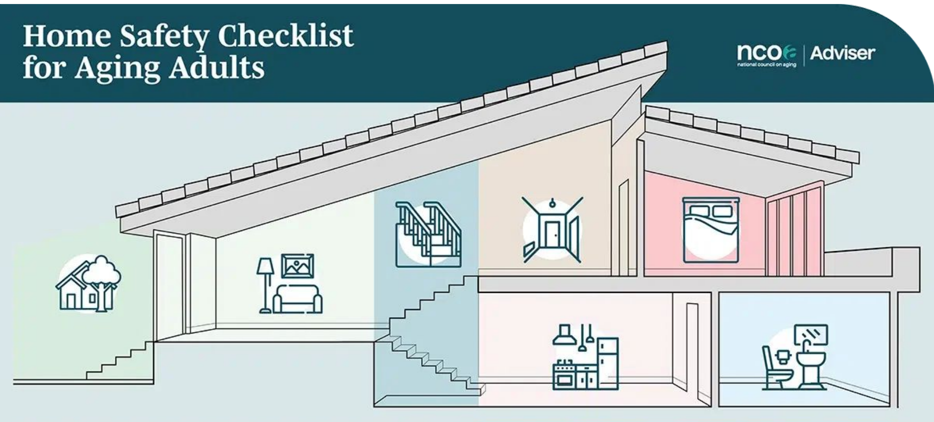
1. Examine organization structure and workflow.
2. Identify key patient care interactions.
3. Consider data collection.
4. Consider workflow integration.
5. Consider screener design.

When planning revision of an existing screener:

1. Examine organization structure and workflow.
2. Examine locations where SDOH data is collected.
3. Examine impact of SDOH screener on workflow and patient care

The use of Home Visit Screening tools: Application





Use our room-by-room checklist as you walk through your home and note potential safety hazards and modifications you should make.

Walkways

- Install handrailing throughout halls
- Use bright tape to mark uneven flooring or thresholds

Exterior

- Use entryway lighting
- Install railings around all steps

Bedroom

- Keep the room clutter-free for more restful sleep
- Make sure the bed is easy to get into and out of

Living Area

- Fix area rugs to the floor
- Set up a charging station for devices next to the seating area

Kitchen

- Use cut-resistant gloves and nonslip cutting boards
- Ensure appliances are in working order

Stairways

- Add nonslip tread covers on steps
- Illuminate halls and stairways with motion detection lights

Bathroom

- Mount grab bars near the toilet and bathing area
- Add a nonslip mat on the tub or shower floor

Link to resource: National Council on Aging

Contact us

Robert Burns
Program Director
Bobburns@namgt.com

Jose Leon, M.D.
Manager of Clinical Quality
jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.
Manager of Policy, Research, and Health Promotion
Kevin.lombardi@namgt.com

Fide Pineda Sandoval, C.H.E.S.
Training & Technical Assistance Manager
Fide@namgt.com

Chantel Moore, M.A.
Manager of Communications
Cmoore@namgt.com

Please contact our team for Training and Technical Support
703-812-8822

NCHPH
National Center for Health in Public Housing

Thank you!

National Nurse-Led Care Consortium

November 14, 2023

Serving Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, Washington DC and West Virginia

Understanding and Making Strategic Investments in Telehealth

Source: Washington Missourian

Source: wikipedia

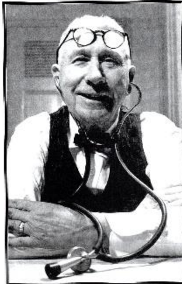
Looking Back

Looking Back

DOCTORS HALL OF HONOR

Dr. John Lacy Bean

While in Cane Hill he bought an interest in a drug store and maintained his office adjacent to the drugstore–he covered the countryside by horse and buggy to care for the sick. Dr. bean was popular with the young people and often acted as a chaperone. He coached the boy's baseball team and bought much of their equipment. One day a father brought his sick 12-14 year old boy, Joseph John Stevens to see Dr. Bean. He found that he had a ruptured appendix and sent him to Fayetteville for surgery. After several days in the hospital, Dr. Bean took the boy into his home to recover. He stayed with Dr. Bean throughout his return to health and then continued to live with him. Later Jo John became his driver for house calls even staying with him when he moved to Lincoln, Arkansas in 1921.



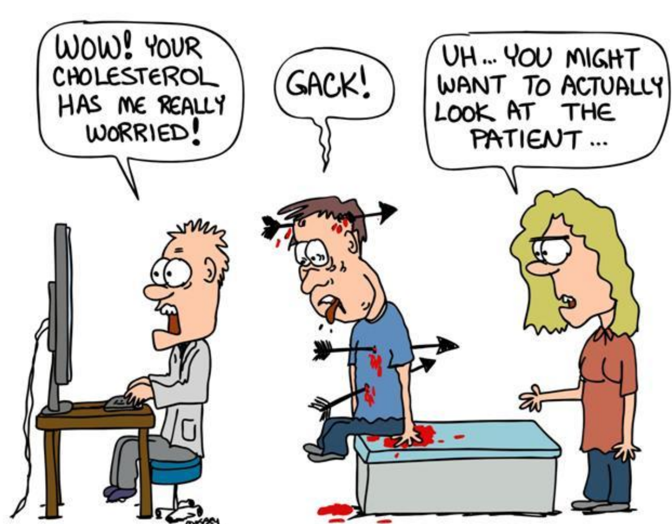
Thomas Edwin Rhine, M.D.
1876 – 1964

To reach his patients, he has used a horse, a bicycle, his first Model T bought in 1913, log trains, a freight train cabooses, rowboats, even his own legs to get to his patients. At the age of 88 he was still making house calls within a 20-mile radius, though he said he was trying to cut back on the midnight to daylight calls.

Looking Back

Do We Like What We Have Today?

CARE MODEL	PAST	PRE-PANDEMIC
Location	Home	Clinic/Hospital
Provider	Generalists	Specialists
Interaction	Frequent	Episodic/Periodic
Relationship	Personal	Impersonal
Unit	Family/Community	Individual
Focus	Health	Disease



Today

Telehealth, Telemedicine, Digital Health, Connected Care and Virtual Health

Telehealth, telemedicine, digital health, connected care and virtual health all refer to providing health related services at a distance facilitated through the use of technology. While these different terms are sometimes used interchangeably, there is not always agreement on what each one means or how specifically they might differ.

MOST WOULD SAY

Telemedicine refers to the delivery of medical services between a health care professional and a patient through the use of tele-communications technologies.

SOME WOULD SAY

Connected care is more expansive and includes all the uses of technology that support provider and patient interactions, including secure messaging, patient portal communications and remote patient monitoring.

MOST WOULD SAY

Telehealth is even broader than telemedicine or connected care because it not only includes clinical interactions between providers and patients, but also includes the use of telecommunications technologies to support or enhance provider and patient education, health administration and more. Applications of telehealth go across all health service disciplines, including but not limited to medicine, dentistry, behavioral health, physical therapy, rehabilitation and public health.

SOME WOULD SAY

Virtual Care is even broader than telehealth, adding patient and provider interactions with intelligent machines to the mix. Digital health tools include all the technologies used to support virtual care

Telehealth Technology Is Just One Tool in the Clinician’s Toolbox – It Is NOT a Separate Service

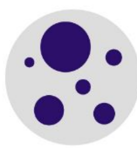
It's Not Just For Physicians, NPs and Mental Health Professionals

Telehealth Is Not Simply a Digital Substitution for In-Person Care

OLIVER WYMAN

THE SHIFT TO HYBRID CARE

Amwell's survey findings suggest we are in the midst of an accelerating transition from virtual care to hybrid care. The evolution from early telehealth models to hybrid care has been years in the making and is characterized by increasing integration of telehealth technology into traditional in-person care.



Introducing telehealth

In its formative phase, telehealth was limited to certain use cases (such as urgent care and telepsychiatry) and tended to stand apart from in-person care, often with separate infrastructure, care pathways, and clinicians.

Virtual care

As telehealth technology has evolved and the awareness of its potential applications has grown, healthcare providers have incorporated virtual care into a broader range of care settings – though often still in silos and not altogether seamlessly.

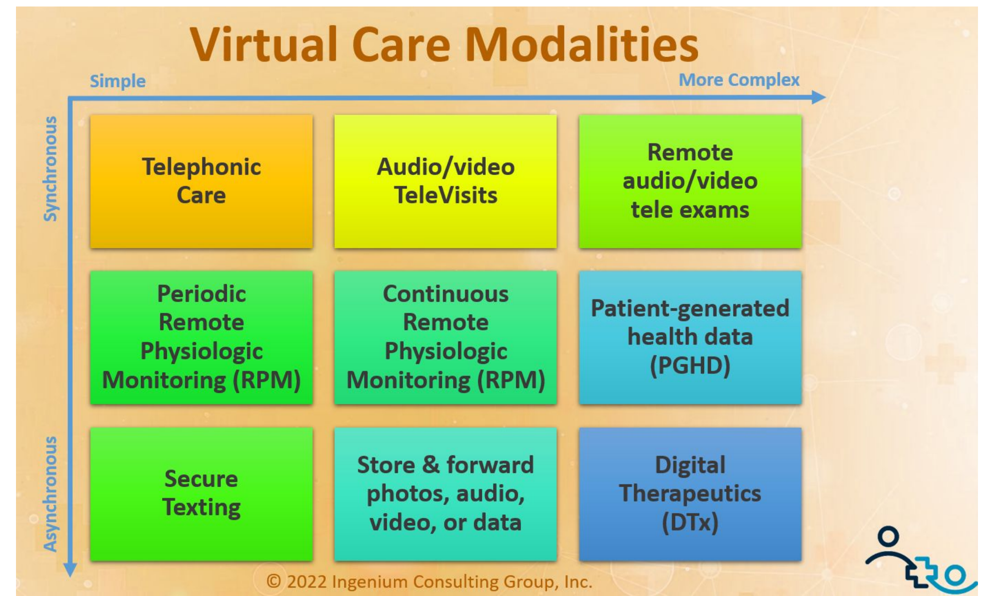
Hybrid care

In the hybrid care model, the barriers between in-person and virtual care evaporate and telehealth becomes infused throughout the system, creating new care pathways and experiences that seamlessly blend the physical and the digital.

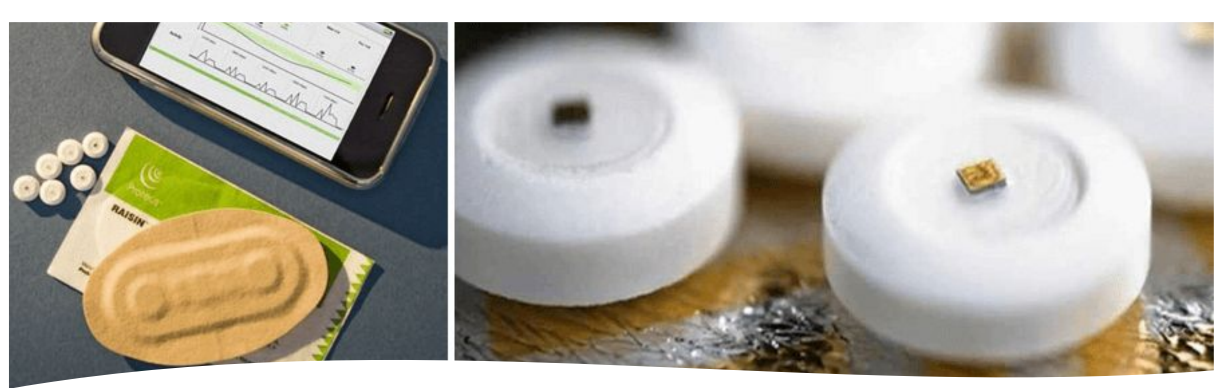
● Telehealth ● In-person care

Source: Amwell

Telehealth is Seeing All of These As Tools For Adding Value…And Preparing for Emerging Tools!



Body Sensors: Inside and Out

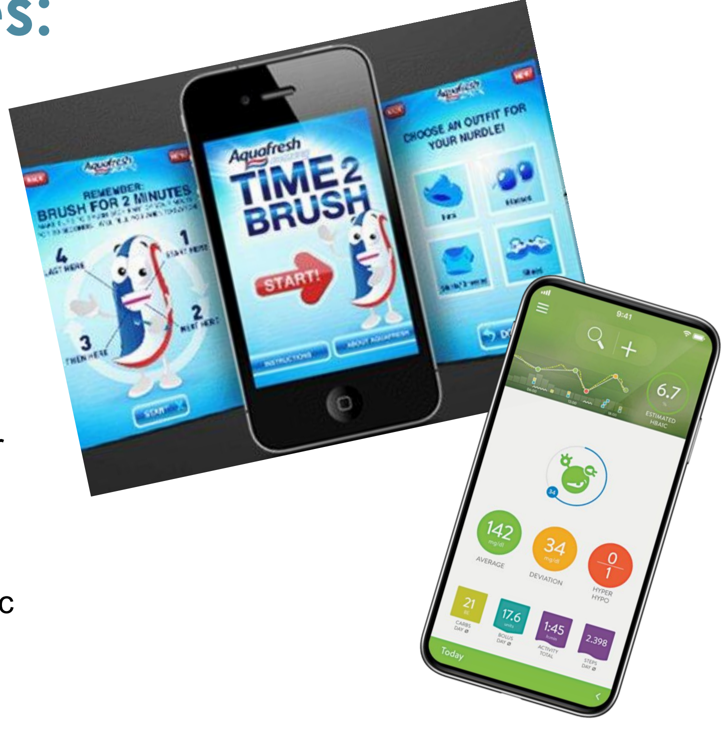


Smart Pills The term "smart pills" refers to miniature electronic devices that are shaped and designed in the mold of pharmaceutical capsules but perform highly advanced functions such as sensing, imaging and drug delivery. Smart pills are expected to be an integral component of remote patient monitoring and telemedicine.

- Diagnostic Imaging
- Vital Sign Monitoring
- Targeted Drug Delivery

Gamification in Healthcare Examples:

DIDGET™ blood glucose meter from Bayer plugs into a Nintendo DS or DS™ Lite gaming system to reward kids for consistent testing.



Gamification Motivation is the key to behavior change! Gamified apps, devices and therapies address the issue of motivation, making behavior change easier and more fun by integrating challenges, rewards, community and more.

- Fitness/Exercise, Nutrition, Medication, Weight and Chronic Condition Management, Physical Therapy/Rehabilitation
- Research!

Artificial Intelligence + Chatbots Examples:

A lot of patients don't take medication as prescribed and therefore risk their health. Florence reminds users to take their medication or birth control pills, motivates them to be adherent with their regimens, and is also able to present medicine specific information.

A Guide to Chatbots for COVID-19 Screening at Pediatric Health Care Facilities

Monitoring Editor: Gunther Eysenbach and Travis Sanchez

Reviewed by Jan Taco te Gussinklo and Ericles Bellei

Juan Espinoza, MD,[1,2] Kelly Crown, MBA,[2] and Omkar Kulkarni, MPH[2]

[1] Department of Pediatrics, Children's Hospital Los Angeles, Los Angeles, CA, United States,
[2] Innovation Studio, Children's Hospital Los Angeles, Los Angeles, CA, United States,
Juan Espinoza, Department of Pediatrics, Children's Hospital Los Angeles, 4650 W Sunset Blvd, Mailstop #76, Los Angeles, CA, 90027, United States, Phone: 1 3233612721, Email: jespinoza@chla.usc.edu

▸ Author information ▸ Article notes ▸ Copyright and License information Disclaimer

Using Digital Health Tools to Screen Children for Suicide Risk

Published on Mar 05, 2021 in CHOP News

Dr. Lan Chi "Krysti" Vo, Medical Director of Telehealth with the Department of Child and Adolescent Psychiatry and Behavioral Sciences at Children's Hospital of Philadelphia, is leading the effort to develop a chatbot to screen children for suicide risk in a more efficient and scalable manner.

AI and Chatbots

Can be used to triage patients, counsel patients and provide education to patients, guiding them toward appropriate care.

- Screening (first point of contact) and triage, symptom checker
- Emotional and physical self-care, emergency first aid
- Medication and care management

Digital Therapeutics in Healthcare: Example: Improving attention function in children with ADHD

https://www.youtube.com/watch?v=ULPplvxFqGg&t=5s

Virtual/Augmented Reality in Healthcare Example:

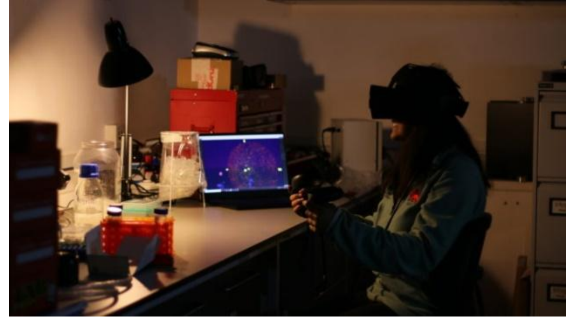
KindVR creates custom virtual reality therapies to help your patients lower their pain and stress due to medical procedures and conditions. UCSF Benioff Children's Hospital Oakland released a video to illustrate their use of virtual reality in a research study to help patients with Sickle Cell Disease mitigate their pain.

VR Allows the user to become immersed, both cognitively and physiologically in a computer-generated environment

- Pain Management, Relaxation, Stress Management, High Blood Pressure Management
- PTSD, Phobias/Fears
- Provider and Patient Education/Training, Physical Therapy/Rehabilitation, Research

Virtual Reality Software Lets Scientists Walk Around Inside Cells

October 14, 2020 0



Augmented Reality in Healthcare

https://youtu.be/KGv2iRzQzQg

Investing in the Future – *Why?*

There is an emergence of non-traditional competitors using technology innovation to deliver efficient low cost, but fragmented care.

1. The future is moving from volume based to value based models of care.
2. A High Tech/High Touch model of care is what will be needed to establish a competitive advantage.
3. Health centers have a real opportunity right now!

"The more technology around us, the more the need for human touch..."

– John Naisbitt (author and futurist)

What Would You Would Want for Your Own and Your Family's Care?

CARE	PAST	PRESENT	FUTURE?
Location	Home	Clinic/Hospital	**Anytime/Anywhere**
Provider	Generalists	Specialists	**Team**
Interaction	Frequent	Episodic/Periodic	**Continuous**
Relationship	Personal	Impersonal/Disconnected	**Integrated System**
Unit	Family/Community	Individual	**Population**
Focus	Health	Disease	**Personalized Medicine (Prevention and Treatment)**

What Problem(s) Still Need To Be Solved?

Poor Care Coordination

Missed/Cancelled Appointments

Access to Care

Hospital Readmissions

Solution Looking for a Problem

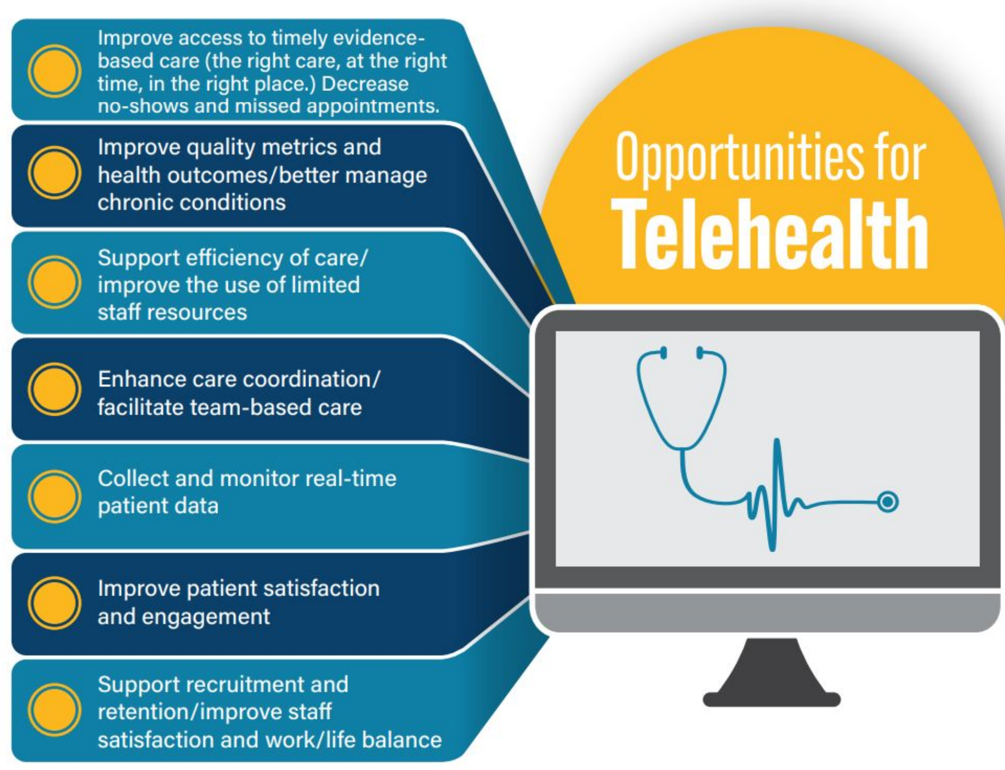
"My team has created a very innovative solution, but we're still looking for a problem to go with it."

Clinician Burnout/Turnover

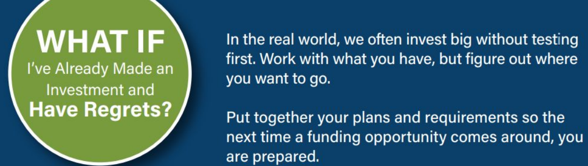
Social Determinants of Health

Poorly Managed Chronic Conditions

Lack of Patient Engagement



Where Might There Be Some Low-Hanging Fruit?



Consider your budget.
What sources (gifts, grants) might be available for one-time start-up costs? What can you afford on an ongoing basis?

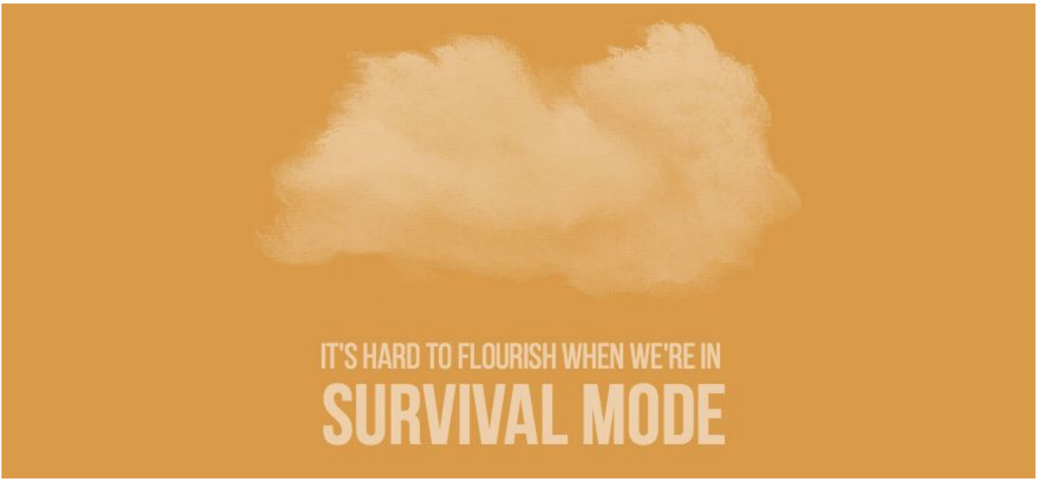
Consider your goals.
How would you define success? What is the lowest level of investment (see table on next page) you would need?

Play in the sandbox.
Considering a new digital health technology or service? Ask for a "30-day free trial" or consider a small investment for testing purposes first! Test everything out internally with your own providers and staff. Get their green light before moving to testing with patients.

Conduct a Proof-of-Concept.
Pick a small group of patients and quickly assess whether they like your new technology or service and whether it helps you to accomplish your intended purpose. Do a quick PDSA to see if you can improve the process or experience, but "know when to fold 'em." This is the beauty of investing small and testing. If it doesn't go well, move on to the next thing you might want to try, either in combination with what you just tried or as an alternative. Repeat!

Scale Up.
Once you find something that shows promise, it's time to figure out the business model and potential Return on Investment (ROI) before you decide to scale up.

Start Small, Using What You Have



https://thelifeadventure.co/are-you-in-survival-mode/

Create Regular Times for Getting Beyond Survival Mode To Start Thinking About Strategic Future Investments

Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care

David Velasquez, Ateev Mehrotra

MAY 8, 2020

10.1377/hblog20200505.591306

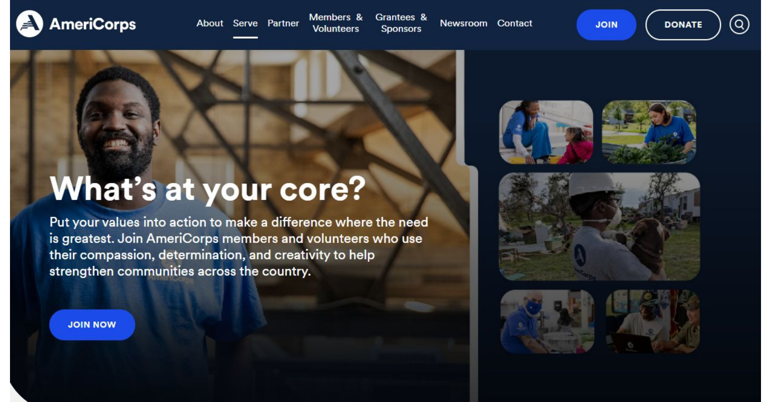
Barriers To Telehealth: Digital Technology, Literacy, And Coverage

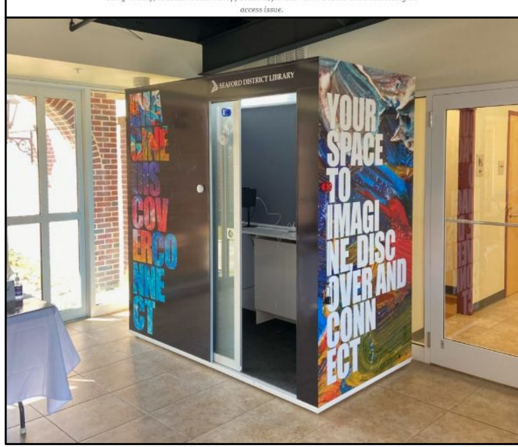
More than one in three US households headed by a person age 65 or older do not have a desktop or a laptop and more than half do not have a smartphone device. While family members or caregivers can help, one in five Americans older than age 50 suffer from social isolation. Access to technology is also a barrier in other ages and minority groups. Children in low-income households are much less likely to have a computer at home than their wealthier classmates. More than 30 percent of Hispanic or black children do not have a computer at home, as compared to 14 percent of white children.

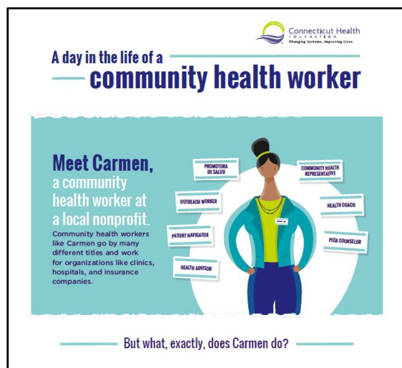
But just as access to health insurance does not equal access to health care, access to a computer does not equal access to telehealth. Even with access to a computer, 52 million Americans do not know how to use it properly. Those who lack digital literacy tend to be older, less educated, and black or Hispanic. Furthermore, older and black patients are much less likely to use their patient portal—websites where patients and physicians can communicate—than younger and white patients. Challenges in patient digital literacy during the COVID-19 pandemic have already been highlighted by the American Academy of Family Physicians.

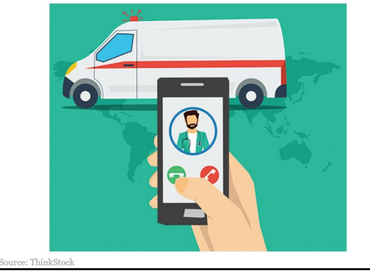
Lack of broadband internet is associated with fewer telehealth visits and hampered patient portal use. Problems with poor coverage are most pronounced in states with a high percentage of rural residents. For example, people in Montana have the slowest average internet speed with roughly one-third of residents without reliable broadband coverage. In the face of COVID-19, deficits in coverage are already concerning people in Utah, where one in seven people do not have an internet subscription, and in Louisiana, a COVID-19 hotspot where one in four residents report the same.

Digital Navigators









MEALS on WHEELS AMERICA

TOGETHER, WE CAN DELIVER.

Community Partners and Access Points

https://d1l18ops95qbzp.cloudfront.net/wp-content/2020/06/13190811/iStock-1166518479.jpg

Mid-Atlantic
Telehealth
Resource Center
April 14 - 16, 2024
IN-PERSON ONLY
2024
MATRC
SUMMIT
TELEHEALTH: Reimagining Care Beyond the Unwinding of the PHE
Kalahari Resorts & Conventions – Poconos
250 Kalahari Blvd.
Pocono Manor, PA 18349
REGISTER NOW
MATRCSummit.org
Join us for #MATRC2024, where we gather healthcare pioneers, innovators, and professionals to explore the advancements and possibilities in telehealth beyond the year 2024. As we rapidly approach a time where telehealth is fully integrated into all of healthcare, we will be navigating the latest trends and best practices in telehealth implementation, remote patient monitoring, virtual consultations, and AI-driven healthcare solutions.
Through interactive workshops, panel discussions, and networking opportunities, we aim to foster collaboration and knowledge exchange, empowering attendees to embrace the full potential of telehealth for increasing accessibility, affordability, and quality of care for all.
BACK BY POPULAR DEMAND
• Telebehavioral Health Track
• Leading Transformation Track
#MATRC2024
MATRCSummit.org

For More Information:

Kathy Hsu Wibberly, PhD
Director, Mid-Atlantic Telehealth Resource Center
UVA Center for Telehealth
Email: Kathy.Wibberly@virginia.edu
Phone: 434.906.4960

www.facebook.com/MATRC

www.MATRC.org

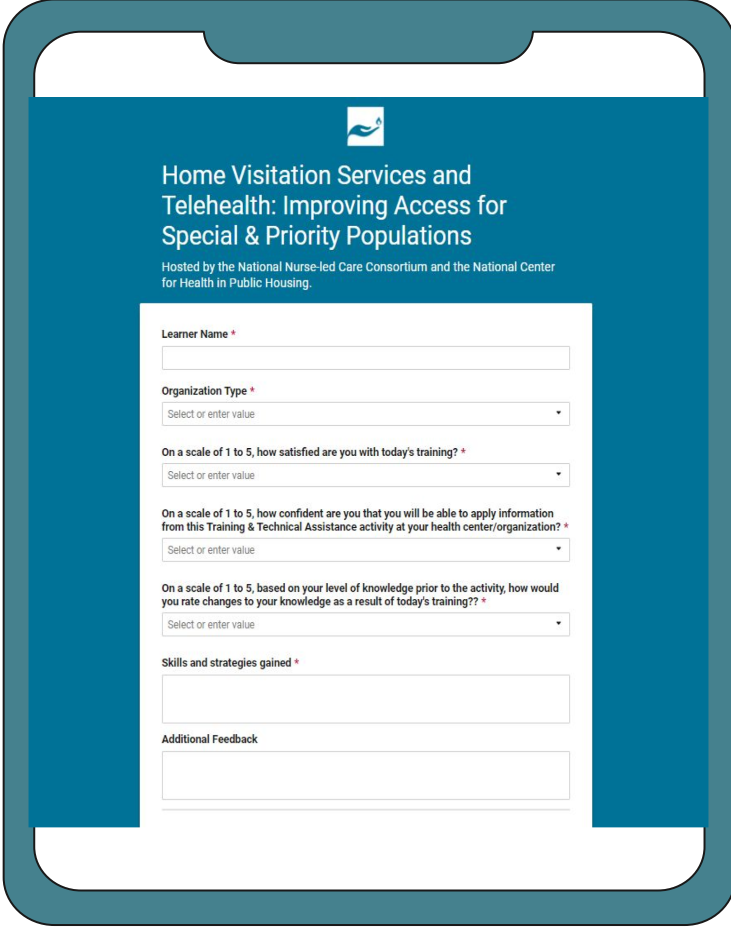
DISCUSSION

QUESTIONS

COMMENTS

Resources

Evaluation Survey



Access T/TA Resources

Upcoming Trainings

Future Trainings

- Successful Steps for Holistic Integration of Mental and Behavioral Health in Primary Care- November 16, 2023 1:00 PM EST
- *Session 3: Return on Investment Calculation for Integrated Primary Care*

  Integrating behavioral health services into primary care requires effective financial planning and a re-conceptualizing of how to determine ROI. This part of the training focuses on enhanced billing practices tailored to integrated healthcare models, and part will focus on how to determine the contribution of integrated BH to the finances of the primary care setting or the health system as a whole.

Thank You!

If you have any further questions or concerns please reach out to Fatima Smith fasmith@phmc.org or Matt Beierschmitt at mbeierschmitt@phmc.org