3
00:00:48.835 --> 00:00:56.484
My name is Janet Jones, and I am a quality improvement specialist with
the on behalf of I Pro.

4
00:00:56.484 --> 00:01:06.055
I want to welcome you to our series of webinars on telehealth, practice
innovation during the covet nineteen pandemic next slide. Please.

5
00:01:13.915 --> 00:01:26.155
Well, I'll just keep moving and our slides will catch up with this first.
Do we have a few housekeeping items? Everyone is muted to eliminate
background background noise. I accept you.

6
00:01:26.155 --> 00:01:39.055
Please use the chat box located on the lower right side of your screen to
submit questions or comments select all participants when entering your
questions or comments.

7
00:01:39.474 --> 00:01:50.185
If we are unable to respond to your question today, we will follow up
with you, the recording and slides of this session will be posted on the
website by tomorrow afternoon.

8
00:01:50.515 --> 00:02:05.094
And you will receive an email following today's call with the link to the
website. Now, the outline for today's session is that I'll start talking
to you just a little bit about the.

9
00:02:10.824 --> 00:02:21.474
A little bit about the, and then we'll move into our presentation and
then we'll give you an opportunity to ask questions towards the end.

12
00:02:35.694 --> 00:02:37.405
so the first slide,

13
00:02:37.405 --> 00:02:38.784
even though you can see them,

14
00:02:39.115 --> 00:02:49.764
I'll tell you a little bit about IPRO QIN-QIO, we are a federally funded
Medicare program and is an acronym for quality innovation,

15
00:02:49.764 --> 00:02:50.305
network,

16
00:02:50.724 --> 00:02:56.995
quality improvement organization and we are comprised of three quality
improvement organizations.

17
00:02:57.025 --> 00:03:06.175
IPro is the lead for our network and is joined by two, highly regarded
organizations, health, centric advisors and climate.

18
00:03:06.865 --> 00:03:21.115
We work in eleven States and the District of Columbia, and are one of
twelve programs nationally. Our goal as a is to provide guidance to
healthcare providers.

19
00:03:21.115 --> 00:03:24.534
And clinicians in the quality initiatives,

20
00:03:24.895 --> 00:03:33.205
and we also try to engage patients and families and support
implementation and strengthening of innovative evidence,

21
00:03:33.205 --> 00:03:34.525
based improvements,

22
00:03:34.675 --> 00:03:37.675
using data driven methodologies.

23
00:03:41.814 --> 00:03:46.405
So slide five will show that there a picture of our region,

24
00:03:46.435 --> 00:03:47.245
our network,

25
00:03:47.905 --> 00:03:54.835
and the New England states are led by health centric advisers while New
Jersey,

26
00:03:54.835 --> 00:04:03.625
New York and Ohio are led by and leads Delaware,

27
00:04:03.655 --> 00:04:11.159
Maryland and the district of Columbia slide six Chris.

29
00:04:16.074 --> 00:04:18.204
we work towards better care,

30
00:04:19.615 --> 00:04:28.764
healthier people in communities and smart spending as a Quinn we are
committed to bringing together health care providers,

31
00:04:29.035 --> 00:04:37.045
stakeholders and Medicare beneficiaries to improve the quality of
healthcare for targeted health conditions.

32
00:04:37.404 --> 00:04:46.045
And as I stated earlier, our work uses a data driven approach to catalyze
change to improving healthcare quality.

33
00:04:47.454 --> 00:04:48.415
For this project,

34
00:04:48.475 --> 00:05:02.995
we are working into areas nursing homes and community coalitions and you
and we have five focus areas that we concentrate on and we try to have
and there are many cross setting

35
00:05:02.995 --> 00:05:06.355
priority areas in the five focus areas.

36
00:05:07.704 --> 00:05:18.625
We are currently actively recruiting ambulatory care practices to
participate in one of our CMS quality initiatives.

37
00:05:20.035 --> 00:05:25.194
We offer technical assistance to those practices and we want them to
help.

38
00:05:25.225 --> 00:05:38.064
We want to help them track at least ten mix measures in the areas of
behavioral health outcomes as it relates to management depression and
chronic disease management developing,

39
00:05:38.064 --> 00:05:51.894
helping them to develop workflows to refer patients to or chronic disease
self management education programs and improve access to behavioral
health services slide nine.

40
00:05:52.975 --> 00:06:01.375
Our topic today is telehealth use over the years and now providers
prevent perspective.

41
00:06:01.915 --> 00:06:14.064
Our speaker for today's session is Dr Terry Rubin he is the professor of
psychiatry and family medicine at the Robert learner College of medicine
at the University of Vermont.

42
00:06:15.925 --> 00:06:29.785
Dr has served as the medical director of the psychiatry consultation
service and University of Vermont medical center since nineteen ninety
six and he's designed the States first Tele,

43
00:06:29.785 --> 00:06:33.504
psychiatry consultation service in two thousand and one.

44
00:06:33.894 --> 00:06:38.754
He was appointed medical director of telemedicine services at UV. M.

45
00:06:38.754 --> 00:06:53.334
MC in two thousand and five and has worked to develop and implement
telehealth initiatives with the American telemedicine Association the
American Academy of psychosomatic medicine and the

46
00:06:53.334 --> 00:06:55.975
office for the Advancement of telehealth,

47
00:06:56.305 --> 00:07:00.235
which is a part of the federal department of health and Human services.

48
00:07:00.714 --> 00:07:01.105
Dr. Rabinowitz

49
00:07:01.795 --> 00:07:04.915
is the principal investigator for the North East Tele,

50

00:07:04.915 --> 00:07:06.355
health resource center,

51
00:07:06.745 --> 00:07:21.024
and was elected to college of fellows in two thousand and sixteen he
earned his medical degree from case Western Reserve University and
completed a residency and adult

52
00:07:21.024 --> 00:07:23.064
psychiatry at McLean hospital,

53
00:07:23.454 --> 00:07:23.845
Harvard,

54
00:07:23.845 --> 00:07:26.454
medical school and the fellowship in consultation,

55
00:07:26.454 --> 00:07:29.305
liaison psychiatry at Massachusetts,

56
00:07:29.305 --> 00:07:30.295
general hospital.

57
00:07:30.834 --> 00:07:37.704
Dr, thank you for being with us. Today. We look forward to learning from
you. And the floor is now yours.

73
00:11:41.394 --> 00:11:56.004
Yeah. Okay. Super Thank you. Everybody. Thanks for your patience as we
got got through these technical difficulties. I'm carrier benefits
principal investigator of the Northeast telehealth resource center next
slide. Please.

74
00:11:58.434 --> 00:12:09.264
And I want to thank a bunch of people who are on the call today as well
is the entire Northeast telehealth resource center team also,

75
00:12:09.264 --> 00:12:09.504
like,

76
00:12:09.504 --> 00:12:09.865
Ricky,

77
00:12:09.865 --> 00:12:23.514
who's the past medical director of medicine at University of the medical
sector center all of my telehealth resource center colleagues all those
willing to give telling mental health to try and all patients,

78
00:12:23.544 --> 00:12:38.154
and their families who really make this all very easy to make happen and
who give us the opportunity to really move forward with

79
00:12:38.154 --> 00:12:40.195
telemedicine next slide.

80
00:12:41.995 --> 00:12:53.664
Just wanted to tell you a little bit about myself. So, you know who I am
this is my academic file sketch. I was born in the Bronx. I have a
bachelor's degree from leeman college dental degree from.

81
00:12:54.955 --> 00:13:03.595
University of New York and stonybrooke a masters degree from University
of IRA and my medical degree from case Western Reserve. I think you heard
that already.

82
00:13:04.014 --> 00:13:10.674
My psychiatry training was completed at McClain hospital, a mass general,
and I came to the University of Vermont.

83
00:13:11.664 --> 00:13:14.664
In nineteen, ninety six next slide please.

84
00:13:15.774 --> 00:13:30.024
And can you advance at once? And this is my real bio sketch. I'm a son
and a brother and a husband. I'm data dogs. I fly fish.

85
00:13:31.284 --> 00:13:45.144
I'm a coffee roster. That's something new that I took up to get me
through the covet pandemic without losing my mind and I love music
especially world music especially Boston, Nevada next slide.

86
00:13:47.815 --> 00:13:48.985
Here's my introduction.

87
00:13:50.215 --> 00:13:57.625

To telemedicine next place, because I thought I came to the University of Vermont in nineteen, ninety six.

88
00:13:58.710 --> 00:14:13.674
To be the medical director of the psychiatry consultation service that's service consult to every medical and surgical service in the hospital and I was kept plenty busy with all of that and I hadn't done any cold medicine and most

89
00:14:13.674 --> 00:14:16.644
of especially interested in telemedicine.

90
00:14:17.215 --> 00:14:27.205
But my colleague and friend Mike, Ricky, who's a bachelor of research and reached out to me Mike was the current director of the telemedicine program at the time.

91
00:14:28.674 --> 00:14:31.705
And he asked me if I'd be interested in developing to tell a psychiatry.

92
00:14:32.549 --> 00:14:37.254
Consultation program he said there are a lot of underserved people out there.

93
00:14:38.129 --> 00:14:46.014
Who aren't getting timely and appropriate mental health services, and tell medicine might be a way to address the problem next slide.

94
00:14:48.115 --> 00:14:51.985
So trying to be a good colleague and friend, I said, okay.

95
00:14:53.669 --> 00:15:06.054
Give you a little background next slide. This is some facts about barriers to receiving mental health care more world. The dwelling, the more barriers.

96
00:15:06.054 --> 00:15:16.254
There are a, the greater, the degree of mental illness that is severity and more difficult. It is for folks to get help those. With chronic mental illnesses.

97
00:15:17.995 --> 00:15:20.424
Often our overlooked or underserved,

98
00:15:21.054 --> 00:15:22.554
and the types of mental illness,

99
00:15:22.705 --> 00:15:24.144
including hallucinations,

100
00:15:24.144 --> 00:15:24.745
delusions,

101
00:15:24.745 --> 00:15:25.945
personality disorders,

102
00:15:26.455 --> 00:15:26.754
self,

103
00:15:26.754 --> 00:15:27.774
harm behaviors,

104
00:15:28.320 --> 00:15:29.575
suicidal ideation,

105
00:15:29.575 --> 00:15:35.995
and delirium are under served race,

106
00:15:35.995 --> 00:15:36.684
ethnicity,

107
00:15:36.745 --> 00:15:38.875
ethnicity and sexual orientation.

108
00:15:40.105 --> 00:15:54.745
If they're not the mainstream they often our barriers as well poor
people. People living on the fringes, have trouble and those with lower
educational level. Also our challenge. I'm just going to check. Can you
all hear me?

109
00:15:54.745 --> 00:15:55.195
Okay.

110
00:15:58.375 --> 00:16:01.914
Yes, loud and clear. Okay. Good. I just was doing a check.

111
00:16:04.014 --> 00:16:18.174
Who needs help well, there's many different populations who were lacking,
adequate mental health services. At the time. Ricky approached me. They
were in Vermont and rural areas of New York state. Small communities.
Couldn't get financially.

112
00:16:20.304 --> 00:16:27.684
Couldn't support a psychiatrist financially and under certain vulnerable
populations included at the time prisoners,

113
00:16:28.524 --> 00:16:28.825
those,

114
00:16:28.825 --> 00:16:30.745
the serious mental illness veterans,

115
00:16:31.644 --> 00:16:32.754
homebound people,

116
00:16:33.504 --> 00:16:37.764
and also older adults and those in nursing homes.

117
00:16:38.695 --> 00:16:39.325
Next slide.

118
00:16:40.740 --> 00:16:46.134
So, I did a site visit and a completed paperwork and I decided.

119
00:16:47.340 --> 00:16:53.365
That's the population I would work with would be elders and nursing homes
and I chose them.

120
00:16:54.450 --> 00:16:55.554
For a lot of reasons,

121
00:16:55.554 --> 00:17:02.995
probably the most important was that my wife is an experience geriatric
nurse practitioner,

122
00:17:03.534 --> 00:17:10.105
and she over the years showed me just how much elders were underserved,

123
00:17:10.914 --> 00:17:13.434
especially those in nursing homes.

124
00:17:13.434 --> 00:17:16.974
And so I thought, well, I might be able to do something good for them.

125
00:17:18.414 --> 00:17:23.904
So started by doing a site visit to the nursing home. We chose upstate
New York.

126
00:17:27.684 --> 00:17:38.515
Outside medical center at the time now it's called center and that was
because they were an affiliate of the University Medical Center, and they
hadn't attached nursing home.

127
00:17:39.625 --> 00:17:51.025
When I went and did the site visit I checked the room where was it
located? What was alighting acoustics? Like, how close are far from key
personnel?

128
00:17:51.269 --> 00:18:04.765
Would they be for the safety issues that needed to be considered?
Including who would be available for emergencies and how quickly could
emergency services be summit?

129
00:18:05.549 --> 00:18:17.095
And if you see on the right side of the slide, I needed a license and use
is appropriate insurance. I know needed nursing home privileges and all
that took some time.

130
00:18:18.085 --> 00:18:28.464
This is back in around two thousand and one, two thousand and two, and
the whole process of getting the license getting the privileges took
about three months.

131
00:18:28.974 --> 00:18:37.315
The insurance was already available through my affiliation with the
University Medical Center.

132
00:18:37.315 --> 00:18:44.785
That covers me twenty four, seven wherever I am, as long as I'm
practicing within my medical specialty.

133
00:18:45.960 --> 00:18:58.015
Next slide. Please. So, here's what I've learned from almost two decades
of elemental health encounters. I encountered.

134
00:18:59.515 --> 00:19:09.355
More than three hundred, different patients with more than five hundred
separate encounters. I attended as part of numerous family meetings. I.

135
00:19:10.259 --> 00:19:17.634
To care of many challenging patients, and I actually interactive with
some challenging colleagues as well.

136
00:19:19.825 --> 00:19:31.255
And the next five, and then hit at once, and I learned what I would call
P, four proper Pre planning and practice.

137
00:19:33.355 --> 00:19:37.944
Fix the next button please you need to make sure you have real technical
experts.

138
00:19:38.964 --> 00:19:51.684
At the provider, and the patient sites don't count on yourself to trouble
troubleshoot or solve all the problems you need to build redundancy into
the system.

139
00:19:51.684 --> 00:19:59.424
Make sure there are cellphones or landlines in other ways to reach your
technical team for urgent needs.

140
00:20:00.474 --> 00:20:07.434
And you of course, need to make sure that you have a safety plan in case
you identify a problem that requires a media attention.

141
00:20:09.025 --> 00:20:20.184
To ensure safety and the nursing home, it's very possible to have elders
with suicidal ideation, suicide plan or suicide behaviors. It's one of
the dirty secret.

142
00:20:21.384 --> 00:20:29.964
That we have in this country, and probably other countries as well houses
and nursing homes do commit suicide. But they often go unreported.

143
00:20:29.994 --> 00:20:41.484

And cause of death is called for attributed to something else like an amonia or a fall or some other thing. But it's oftentimes suicide.

144
00:20:42.684 --> 00:20:50.424
Next slide you need to practice practice and practice hit that one place.

145
00:20:51.595 --> 00:20:55.434
We need to make sure to do several telemedicine test run.

146
00:20:56.730 --> 00:21:01.255
To identify potential problems with the service how was the connection.

147
00:21:02.220 --> 00:21:15.744
Where their dropped package or call, what was the audio and video, like, get people break up was there a terrible delay between audio and video?

148
00:21:16.015 --> 00:21:23.065
We're, you know, between the different modalities. How did it work for the provider? Did you have good

149
00:21:23.065 --> 00:21:33.265
Telepresence? Telepresence is your ability to be a good telemedicine condition to act like you're doing something that's natural.

150
00:21:34.914 --> 00:21:39.835
How did it work for you? The distant site was your telepresence good there.

151
00:21:40.855 --> 00:21:54.835
Those at the distant site, identify any problems and when you find out that their work problems, take all the comments seriously, because everybody has.

152
00:21:56.815 --> 00:22:05.424
An ability to give you good feedback and if you only accept the positive feedback.

153
00:22:06.210 --> 00:22:16.734
You really won't do a good job as the town medical clinician keep in mind that a lot of the problems that you might encounter when you first setting out have nothing to do with your own skillset.

154
00:22:18.115 --> 00:22:25.464

It may have to do just with the lighting for the technology in general so take everything seriously.

155
00:22:26.724 --> 00:22:41.005
Next five other variables you need to consider include the video etiquette that you have what's the camera placement? Like is it in a an accessible area?

156
00:22:41.339 --> 00:22:44.664
Is it going to the character? The camera gonna be.

157
00:22:47.484 --> 00:23:02.335
Focused on things that may be embarrassing to someone else. So you want to make sure that your camera etiquette is good. What's the microphone and sound quality? Like, is the microphone right? In front of a fan or an air conditioner? Is it picking up extraneous noises?

158
00:23:03.474 --> 00:23:17.724
That will be problematic. What are your verification protocols? How do you know that the person or the team, or whatever you're doing or speaking with? Is the right party to be in contact?

159
00:23:19.404 --> 00:23:34.105
Make sure that you speak more slowly so that your voice carries across and make sure that you give your patient a chance to respond to you because the voice may be delayed and you may

160
00:23:34.105 --> 00:23:45.954
find yourself and your patient talking over each other and try as much as you can mute yourself when you're doing something else when you're online.

161
00:23:46.134 --> 00:23:53.095
So if you're typing, because you're writing a note, or if there's background noise, try to keep yourself muted as much as possible.

162
00:23:55.045 --> 00:24:06.714
Also, what's the design of the room? Like how is delighting? Is it adequate? Are there shadows that can really be a problem when you're doing a telemedicine?

163
00:24:07.255 --> 00:24:18.954
This is there a glare people joke with me? Sometimes you can't see me, but the top of my head is mostly a bacon space.

164
00:24:19.464 --> 00:24:34.255
No more hair and sometimes the lights in my office will actually bounce off my forehead and be a distraction. So, sometimes I've actually had to put on a baseball had or something like that to prevent the glare from my Chrome down.

165
00:24:36.839 --> 00:24:43.674
What are the technical considerations who's available to help? How can you reach prebuilt quickly as you show today?

166
00:24:43.674 --> 00:24:51.924
We had some technical problems, but the wonderful people who are hosting this conference, we're able to help me get to those problems.

167
00:24:55.855 --> 00:25:04.884
Do you have privacy? Can you keep your door closed? Can absorb be close to the patient's room well, that compromised patient safety. You need to think about that.

168
00:25:05.940 --> 00:25:20.335
What's your connection? Like, I prefer a wired Ethernet connection, because it's better in general WI Fi will suffice, but if you get a hardwire connection, that should be your best approach.

169
00:25:20.785 --> 00:25:34.105
And if you're gonna provide here, do you have integration with the local electronic health record? I do not and that's slows things down for me. We're working on it, but, you know, the stuff is expensive and it takes time.

170
00:25:34.440 --> 00:25:49.164
So, right now I need to have people on the other end help me out and look at the patient Labs for other things. Such as their medication record, because I don't have immediate access to that.

171
00:25:50.605 --> 00:26:02.875
Next slide, Here's what we learned from our experiences, and we publish this and that appears in the Journal of telemedicine and E, health.

172
00:26:03.714 --> 00:26:14.694
We're proud of this accomplishment because it was a peer review Journal and we had an opportunity to report on our findings.

173
00:26:14.694 --> 00:26:15.775

This is one of the first,

174
00:26:15.775 --> 00:26:20.875
if not the first a report of a nursing home,

175
00:26:20.904 --> 00:26:29.365
tell us the consultation service and I was very honored to have others on this paper with me,

176
00:26:29.365 --> 00:26:32.154
including Catherine Murphy.

177
00:26:32.964 --> 00:26:41.424
My wife who got me started in geriatrics and was a great asset more from a metric. Who is my right?

178
00:26:41.424 --> 00:26:53.005
And left hand person like Ricky, as, you know, I mentioned former chief of telemedicine my computer, who is telemedicine director at the time.

179
00:26:53.394 --> 00:26:57.865
And Paul knew how to roll past geriatric psychiatrists.

180
00:26:59.190 --> 00:27:03.684
This is what we learned next slide. These are the characteristics and outcomes.

181
00:27:04.559 --> 00:27:07.765
For one, hundred and six nursing home residents.

182
00:27:08.759 --> 00:27:14.424
Following two hundred and seventy eight encounters with those nursing home residents, all accomplished.

183
00:27:15.295 --> 00:27:26.934
The telemedicine advocates of these residence was about seventy seven and a half years about two thirds for female, which is typical at a nursing home.

184
00:27:28.470 --> 00:27:33.805
Depression dimension delirium each comprised about twenty one percent of the diagnosis.

185
00:27:34.980 --> 00:27:36.474
Adjustment disorders,

186
00:27:36.775 --> 00:27:51.384
for those of you not in mental health those who are conditions that cause
difficulty your problems or anxiety that is that we have to adjust to
maybe the loss of a

187
00:27:51.384 --> 00:28:02.005
spouse it may be financial problems that maybe moving to a nursing home
and behavioral disturbances were present in about seventeen percent of
those patients.

188
00:28:03.025 --> 00:28:15.204
And these were exacerbated by vision and hearing problems, and I would
add that they were made better, simply often bias, just helping the
vision and hearing problems next five.

189
00:28:18.744 --> 00:28:29.214
These for this is a table that we put together for the paper that
included cost and time estimate for these face to face encounters.

190
00:28:29.214 --> 00:28:37.464
And the only thing I want to draw your attention to is that part that
I've got circled and that's the cost savings that we estimated.

191
00:28:38.125 --> 00:28:45.984
We could we had as a consequence of our medicine tell us psychiatry
complications.

192
00:28:46.914 --> 00:28:51.265
If a patient had to be brought to me for their visit,

193
00:28:51.355 --> 00:29:02.005
it would require that one of the two attendants drove the vehicle and the
other tendon wasn't direct contact with that patient.

194
00:29:02.545 --> 00:29:08.214
We estimated the cost to be as high as forty six thousand plus dollars.

195
00:29:09.744 --> 00:29:11.065
If I were to make the visit,

196
00:29:11.755 --> 00:29:23.035
my round trip a time would have been substantial as you can see up above in the a table,

197
00:29:23.605 --> 00:29:28.555
the travel time that we estimated was greater than thirty five point.

198
00:29:28.555 --> 00:29:41.755
One day. Those are full day is a travel time. I would have had to spend in transit, and the round trip for one of my visits to the nursing home in New York would have been about five hours.

199
00:29:41.755 --> 00:29:44.005
So that's really more than half a working day.

200
00:29:44.694 --> 00:29:56.994
And so we estimated the costs to be as high two hundred and thirty two thousand dollars that would have been that were saved as a consequence of my psychiatry consultations.

201
00:29:57.900 --> 00:30:08.785
Next slide that I learned more Here's more that I learned about telemedicine in the past two decades next slide.

202
00:30:10.375 --> 00:30:20.575
A monthly, then the equipment was bigger. It was larger. It was heavier. It was taller and it was more cumbersome.

203
00:30:21.714 --> 00:30:34.224
And it was awesome more expensive estimated today in the thousands of dollars I shouldn't say estimated that's what the cost. It was less reliable. We expected one to three job calls or sub optimal package.

204
00:30:35.309 --> 00:30:39.355
For every ten calls, push it one please.

205
00:30:40.380 --> 00:30:53.724
And there's a picture of what I use back in the day, as you see, the manufacturer suggested retail price was almost six thousand dollars. Now, it's discounted on the Internet to eight hundred and ninety five dollars.

206
00:30:54.535 --> 00:31:02.755

And my advice is don't buy it. It's a dinosaur. You really can't use it anymore so leave it alone but that's what we pay.

207
00:31:03.924 --> 00:31:06.835
Next slide and hit at once.

208
00:31:07.855 --> 00:31:21.355
Now, you can get about the same quality image and better reliability with something like a lot to check a Logitech video camera. That's the one I've been using from my current consultations and I'm not here to advertise that.

209
00:31:21.355 --> 00:31:28.075
There's plenty of other good ones out there. Here's a picture next slide for next, but yeah, that's the Logitech.

210
00:31:28.434 --> 00:31:41.904
It's a camera on a stock you can pan tilt and zoom with that that little device on the left is a remote control and I have remote control capabilities over the distant camera as well.

211
00:31:42.295 --> 00:31:57.204
Next slide, that's me, sitting in front of the old apparatus, you can just see the bottom of that apparatus in the upper left hand corner of the screen.

212
00:31:57.204 --> 00:32:03.565
But I wanted to show you a picture of me. So, you know, that I really did this. At one point, you also see there that I really did have here at one time.

213
00:32:04.674 --> 00:32:18.174
Next slide more now and Dan pocket at one place then there were many more technical that is those who are left willing to try telemedicine.

214
00:32:18.174 --> 00:32:20.305
They have no or a little confidence.

215
00:32:21.210 --> 00:32:25.555
That it would work next slide and again.

216
00:32:26.755 --> 00:32:29.964
Now, there's many more telemedicine adopters that again.

217
00:32:31.285 --> 00:32:43.255
It's likely due to multiple factors. It's way cheaper. It's easier to access and it's used to supported by card data. There's many published studies.

218
00:32:44.130 --> 00:32:45.984
Documented documenting,

219
00:32:45.984 --> 00:33:00.744
improved the outcomes usability for many different diagnostic categories and many different patient types and conditions and there's a lot of documentation of patient and provider satisfaction.

220
00:33:02.484 --> 00:33:12.265
And, of course, nowadays everyone is connected. So I'm guessing that all the folks on this call today, everybody attending this conference.

221
00:33:13.285 --> 00:33:25.644
Have a mobile phone, and they can stay connected to each other using that. So it's much easier. And I came up with a term heard, not immunity.

222
00:33:26.125 --> 00:33:36.265
And that's because the use of this technology does spread and it spreads quickly. The more users you have in a community.

223
00:33:37.285 --> 00:33:41.424
The more likely you are, or to get more people involved.

224
00:33:42.714 --> 00:33:45.444
Next slide and hit once.

225
00:33:47.845 --> 00:34:02.424
Back then there was little or no institutional support. A lot of doubting Thomas's and Thomas gina's will it work? What are the cross? Who will pay? Who will compete? How safe is it? What's the liability?

226
00:34:02.694 --> 00:34:13.855
What's the service? Like? What about insurance? Many people thinking this won't be a good a face to face, so it didn't support it. What about licensure?

227
00:34:14.579 --> 00:34:18.025
But about credentialing half a lot of administrative.

228
00:34:19.050 --> 00:34:33.925
Cathy now, next slide and hit it once institutions are much happier with
it. They realize that it may save time and money and patients are
happier.

229
00:34:35.454 --> 00:34:50.215
And they are seen much more quickly for ensures many states have mandated
coverage or a parity for this modality compared to and in person visit
and it's much easier to get

230
00:34:50.215 --> 00:34:51.835
insurance to get credentials.

231
00:34:51.864 --> 00:34:57.744
And to get licensed. Now, compared to them next slide.

232
00:34:59.130 --> 00:35:02.545
Yeah, this is the new now, next slide.

233
00:35:04.675 --> 00:35:17.005
You all know what that is I think unfortunately, next slide this is about
covet nineteen and telemedicine advanced. Once here are the challenges.

234
00:35:18.025 --> 00:35:29.514
Advance it product by surprise advanced, many individuals institutions
we're not up to speed with respect to kill a medicine advanced.

235
00:35:31.465 --> 00:35:39.235
There was this exponential spread of the virus advanced. It went from
city to state the country to the world.

236
00:35:40.710 --> 00:35:44.605
Advance we have to practice social distance thing.

237
00:35:45.954 --> 00:35:52.405
Advanced, there's been a significant negative impact on patients and
providers because of this.

238
00:35:53.250 --> 00:35:58.135
Advance some are having access databases of Pre existing conditions,

239

```
00:35:58.855 --> 00:36:01.224
and some are developing additional new ones,

240
00:36:01.224 --> 00:36:04.440
just as the consequence of the virus itself,

241
00:36:04.434 --> 00:36:10.344
and the need to isolate and decrease social interaction advance.

242
00:36:11.514 --> 00:36:15.655
Even if we are connected, we have to mass down and go out and wash.

243
00:36:16.554 --> 00:36:19.824
Watch and watch advanced and this takes time.

244
00:36:20.820 --> 00:36:22.945
Time and time advanced,

245
00:36:23.755 --> 00:36:32.664
and it causes hassles upon handfuls upon next five advanced,

246
00:36:33.565 --> 00:36:36.175
but we do have opportunity advanced,

247
00:36:36.175 --> 00:36:39.264
please many experience telemedicine providers,

248
00:36:39.264 --> 00:36:39.894
researches,

249
00:36:39.894 --> 00:36:40.764
administrators,

250
00:36:41.394 --> 00:36:47.844
including all the telehealth resource centers jump right in when the
virus advanced.

251
00:36:48.985 --> 00:37:01.614
We helped New years is new uses to get started and we helped the existing
programs to grow advanced department chairs, hospital, administrators,
professional society.
```

252
00:37:01.614 --> 00:37:04.284
These all added their support to this effort.

253
00:37:04.590 --> 00:37:19.284
Bad state insured and others lifted restrictions on who could provide telemedicine where they could be provided and what technology

254
00:37:20.005 --> 00:37:21.925
could be used advanced.

255
00:37:22.795 --> 00:37:37.614
For example, some providers in Vermont can now consult to New York patients without in New York state licensure. How long this will gone? We don't know, but it's a nice change advance. Medicare requirements were significantly relaxed.

256
00:37:37.949 --> 00:37:50.605
They're allowing us to consult and get paid for consultation to programs or places that they wouldn't have covered. Normally, without the pandemic advanced.

257
00:37:50.969 --> 00:38:03.804
They've also allow us to use the telephone for some consultations. Ensures you're allowing this as well advance we're sure more ensures. You're covering more insurers. You're covering services.

258
00:38:04.315 --> 00:38:11.094
I'm putting up fewer barriers advance, advance.

259
00:38:12.625 --> 00:38:17.034
This is one of one psychiatrist observations and predicted fall out.

260
00:38:17.940 --> 00:38:26.065
From covet nineteen and the future of telemedicine advance, we're making eliminate.

261
00:38:26.909 --> 00:38:33.054
From lemons, there's more telemedicine patients and providers then there ever has been.

262
00:38:34.795 --> 00:38:46.375

Not just in Keller, mental health is in every field. Why? Because it works it's cost effective. It's easy. It's well accepted and it's convenient.

263
00:38:46.679 --> 00:39:00.025
Yeah, it might've taken some people the hardware to learn this, but that learning is done. It's in there, and you can't, and you shouldn't go back as it is, the toothpaste to squeeze out of the two telemedicine happen.

264
00:39:01.405 --> 00:39:06.954
There will be more regular and more prominent users, because it's convenient.

265
00:39:08.094 --> 00:39:20.215
And it's a great compliment to, in person here next five. These are some telemedicine.

266
00:39:21.239 --> 00:39:24.894
Fun facts advanced please.

267
00:39:26.875 --> 00:39:41.304
I learned this recently from a colleague more patients are keeping appointments. Isn't that interesting? Probably, because it's convenient probably, because they don't have to leave their house probably, because they don't have to travel long distances. Probably. Probably. Probably.

268
00:39:41.304 --> 00:39:46.614
There's a lot to reason. Great opportunities for research to answer these questions.

269
00:39:49.195 --> 00:39:54.295
Advanced please what I've learned this is to advance.

270
00:39:55.199 --> 00:40:04.974
If you act like, telemedicine works, it's going to work if you apologize criticize in some other way, suggest the telemedicine is inferior.

271
00:40:05.760 --> 00:40:15.684
You will guarantee that it will be seen as inferior advanced, make sure to acknowledge and appreciate the hard work done by all of your colleagues.

272
00:40:17.130 --> 00:40:20.755

To optimize the telemedicine encounter when I say all the colleagues I mean,

273
00:40:21.119 --> 00:40:25.494
on both sides that is at your provider side,

274
00:40:25.494 --> 00:40:27.445
but also at the receiving site,

275
00:40:28.224 --> 00:40:31.074
make sure you acknowledge and say technical staff,

276
00:40:31.679 --> 00:40:32.394
the nurses,

277
00:40:32.394 --> 00:40:33.385
the social workers,

278
00:40:33.385 --> 00:40:35.215
the family members of the patients,

279
00:40:35.489 --> 00:40:38.994
your colleagues and the administrators who make it.

280
00:40:40.284 --> 00:40:50.635
Easier for you to provide the Keller medicine service advance, make sure you're accessible, you know, have.

281
00:40:52.195 --> 00:41:02.724
Advance and learn to roll with the punches, you're bound to encounter some technical problems. You need to chill. I'm at my technical problems today.

282
00:41:03.625 --> 00:41:07.824
I chilled and I got help from folks at the other end and thank you.

283
00:41:08.784 --> 00:41:13.735
And next slide most important next slide.

284
00:41:15.025 --> 00:41:17.784
And advance once look.

285
00:41:18.715 --> 00:41:27.445
At the camera, this is one of the world class telemedicine researchers.
Elizabeth.

286
00:41:29.760 --> 00:41:34.014
Who graciously shared this slide with me.

287
00:41:35.125 --> 00:41:39.925
Showing how not to have good telepresence.

288
00:41:40.409 --> 00:41:44.155
That is look down look up look everywhere,

289
00:41:44.610 --> 00:41:45.625
but at the camera,

290
00:41:45.985 --> 00:41:47.184
one thing to keep in mind,

291
00:41:48.085 --> 00:41:51.355
make sure that when you're doing the telemedicine visit,

292
00:41:51.715 --> 00:41:56.545
you're looking at the cam or not at the person on your screen.

293
00:41:56.545 --> 00:42:07.735
Because if you're making eye contact, you think with the person on the
screen, you're likely looking up or down from their eyes, make sure you
look at that camera next five.

294
00:42:09.744 --> 00:42:18.355
And I say, wanna say, thanks to everybody for your attention today and
giving me the opportunity to speak next slide.

295
00:42:20.244 --> 00:42:34.045
And Eric, if you have questions, metric, northeast telehealth resource
center, it can be accessed at the number provided. And that's also my
personal cell phone number if I can tell and I'm very happy to be called.

296
00:42:34.650 --> 00:42:49.465

And now a newsletter can be accessed using the code in the upper left of
your screen. Thanks very much. Dr, thank you. So much for your
interesting presentation.

297
00:42:49.735 --> 00:43:04.554
I learned a lot and I'm asking at this time if anyone has any questions
to Chris, I guess we need you to unmute. There are no questions in chat.

298
00:43:04.554 --> 00:43:10.525
At the moment. We'll give a second to see if anyone as a question.

299
00:43:15.025 --> 00:43:29.905
And while we're waiting, I do have a question Dr benefits. And as you
were presenting, I never thought about practitioners if you're doing
telemedicine, having a presence and assessing that.

300
00:43:30.175 --> 00:43:43.914
How did you go about assessing your presence your telehealth presence
with your patients and families and others? Did you send out some type of
for them to fill out, or how did you go about doing that?

301
00:43:45.355 --> 00:43:55.764
That's a great question. I never did anything. Formally. There. There.
There are some questionnaires that one can use, but I don't think there's
a specific telepresence questionnaire.

302
00:43:56.335 --> 00:43:56.514
So,

303
00:43:56.514 --> 00:44:00.864
what I did was instead of doing it in a formal way,

304
00:44:01.255 --> 00:44:01.585
but I,

305
00:44:01.614 --> 00:44:06.085
what I did was after virtually every visit,

306
00:44:06.894 --> 00:44:08.664
and often times during the visit,

307
00:44:09.204 --> 00:44:11.635
I would say to the team on the other end.

308
00:44:12.385 --> 00:44:26.755
Are you seeing the, okay? Are you hearing the okay have there been any dropped pieces of information? Am I making good eye contact with you now? Am I, in focus?

309
00:44:27.385 --> 00:44:40.675
And so I continue to make sure that I could assess myself. The other thing I did that really helped I raise habit.

310
00:44:40.675 --> 00:44:42.894
So that I can see myself.

311
00:44:44.724 --> 00:44:52.855
As others will see me, so, you know, we used to call it back in the day picture and picture. So I always keep that on.

312
00:44:53.155 --> 00:45:07.045
So I can make sure I know what my image is like, to the other, the recipient on the other end. And I make adjustments from time to time as necessary.

313
00:45:07.675 --> 00:45:22.045
I still have to admit that there are times when I forget to look at the camera. And that's one of the biggest challenges for me. And for a lot of people is just remembering to look at the camera.

314
00:45:22.284 --> 00:45:30.324
So that's still an ongoing challenge for me. But I think over the years, I've been able to more fine tune. My telepresence.

315
00:45:30.594 --> 00:45:41.695
The other thing that I try to do is behave as naturally as possible in front of the camera.

316
00:45:42.144 --> 00:45:48.954
And that is just act as if the image of that patient is really the patient in my office.

317
00:45:49.585 --> 00:46:02.125
And that's if I wanted to, I could actually shake his or her hands or examined for side effects from psychotropic medications. Even though I know that that's not possible.

318
00:46:02.724 --> 00:46:04.974
But it does make for a more natural approach.

319
00:46:07.795 --> 00:46:22.585
Big tips on working with the we are always assessing what we do for
quality and how to improve and so that struck a chord with me when you
mentioned it and it might be something I guess my other area of concern
was,

320
00:46:23.155 --> 00:46:31.735
did you get patients and families to give you some feedback on how it
went or how does that does that?

321
00:46:31.824 --> 00:46:36.414
Do you do that in your practice? Yes. All the time.

322
00:46:36.684 --> 00:46:36.864
And,

323
00:46:36.864 --> 00:46:37.344
in fact,

324
00:46:40.554 --> 00:46:41.454
we recorded,

325
00:46:42.445 --> 00:46:45.264
we didn't do a formal satisfaction survey,

326
00:46:45.684 --> 00:46:47.844
but back in the day,

327
00:46:49.019 --> 00:46:53.034
I video recorded most of my encounters with,

328
00:46:53.065 --> 00:46:53.514
of course,

329
00:46:53.514 --> 00:46:55.164
patient and family permission.

330
00:46:56.425 --> 00:47:02.994

And when we review these for our paper, two two comments struck me.

331
00:47:03.985 --> 00:47:17.605
Most of them were made by patients with at least mild cognitive impairment when we ask them what they thought of the telemedicine one said it's pretty cool.

332
00:47:18.864 --> 00:47:29.184
And another said it saves you a trip. And so we thought this is really great. People really understand what the approaches here.

333
00:47:29.695 --> 00:47:34.704
And a particular interest to me was the response that family.

334
00:47:35.789 --> 00:47:42.264
They were not exaggerating here. They were thrilled that we would provide the service.

335
00:47:42.894 --> 00:47:53.965
They felt that we were going above and beyond what we were required to do that we took special special pains to make telemedicine happen.

336
00:47:55.105 --> 00:48:05.485
And that we were clever enough to come up with the technology. Again. This is twenty years ago when we first started this now, everybody's doing it but people were really thrilled.

337
00:48:05.784 --> 00:48:19.164
So I continue to assess how things are going for patients and virtually every visit. Great. We do have a question and chat and it's from Andrew Miller and he's asking.

338
00:48:19.164 --> 00:48:27.295
Do you think that telling mental health is a good alternative to in person visits when patients are not far from the provider.

339
00:48:28.795 --> 00:48:37.105
That is a great question. I think that sometimes Kelly, mental health, maybe better than in person visits. Why?

340
00:48:37.494 --> 00:48:51.894
Well, some patients have a natural tendency to be avoided and some patients with particular conditions may really fit that. Bill.

341
00:48:52.164 --> 00:48:59.875
For instance, some patients with schizophrenia do not like to be in
contact with others. They like to have a distance.

342
00:49:00.445 --> 00:49:13.855
Some patients with the autism spectrum prefer that distance trauma
survivors, those with avoidant personality styles those with agoraphobia.

343
00:49:15.445 --> 00:49:17.125
Sometimes people with.

344
00:49:19.525 --> 00:49:29.155
Disfiguring conditions or other medical problems that make it difficult
or impossible for them to get in for care.

345
00:49:29.635 --> 00:49:35.065
Really do benefit and sometimes prefer this kind of visit.

346
00:49:35.065 --> 00:49:35.574
So,

347
00:49:35.905 --> 00:49:38.034
I think it's a great question that was asked,

348
00:49:38.304 --> 00:49:39.385
and that's the,

349
00:49:40.074 --> 00:49:40.824
the,

350
00:49:41.605 --> 00:49:50.724
the time is right for researching this more aggressively because I think
we're gonna find out things that are really interesting about this
modality.

351
00:49:52.164 --> 00:49:57.505
We think that the answer the question, I think absolutely.

352
00:49:58.344 --> 00:50:09.625
We still have a few moments I wanted to see if anyone else had any
questions you can put it in chat or try to.

353
00:50:09.625 --> 00:50:21.894
I, I don't know Chris is everyone to anew to done that quite sure if they
can state your question. Janet can Dr.

354
00:50:22.375 --> 00:50:29.005
can you offer an example of how you managed a mental health crisis via
telehealth? Sure.

355
00:50:29.664 --> 00:50:41.965
So I kind of have it easy that way because I consent to nursing
specifically and exclusively. There's always someone.

356
00:50:43.045 --> 00:50:55.074
At the distance site available for emergency so I never see a patient
alone in the room, except maybe once or twice.

357
00:50:55.074 --> 00:51:07.735
They've asked to have some alone time with me but most of the patients I
see have some form of cognitive impairment. So, there's always a nurse
and almost always a social worker in the room with them.

358
00:51:08.215 --> 00:51:12.925
So, emergencies are not especially problematic.

359
00:51:13.344 --> 00:51:14.005
However,

360
00:51:15.474 --> 00:51:27.204
we do recommend that people who are providing mental health services to a
more active population that,

361
00:51:27.204 --> 00:51:29.454
before the services are ever provided.

362
00:51:30.385 --> 00:51:38.664
They make sure that they have safety built in that is, do you know, have
to reach someone in an emergency?

363
00:51:38.664 --> 00:51:48.025
Who will that someone be less to do have a sad phone number with someone
just sit outside of the room and be available to you.

364

00:51:48.474 --> 00:51:58.764
You have the ability to have cannabis in place so that you can
immediately summon someone to come and take care of someone.

365
00:51:59.094 --> 00:52:00.054
And I think too,

366
00:52:00.744 --> 00:52:02.514
that if you're very worried about that,

367
00:52:03.414 --> 00:52:04.375
and you don't feel like,

368
00:52:04.375 --> 00:52:05.755
you have adequate coverage,

369
00:52:06.204 --> 00:52:15.445
don't perform the consultation until you have built in the appropriate
safety safety procedures,

370
00:52:15.445 --> 00:52:17.364
and you have them know.

371
00:52:17.784 --> 00:52:29.155
And we do recommend that you write down and have the distance side as
well as the providing site in possession of the protocols to follow up.

372
00:52:30.985 --> 00:52:36.054
Okay, thank you. Any, any other questions.

373
00:52:37.764 --> 00:52:43.974
I don't see anything else in chat so if not Chris next slide.

374
00:52:48.085 --> 00:53:02.755
I think that was those were all the slides. Yeah, no, we can just wanted
to share with everyone on the call. We think we, thank you so much Dr
with benefits for your time for your expertise and I just did one thing.

375
00:53:03.144 --> 00:53:17.605
Sure. I really do mean that you can call me on that cell number. So if
anybody has any questions, or wants to talk more, has research ideas or
feedback, or whatever, please feel free to give me a call.

376
00:53:18.744 --> 00:53:25.914
Thank you so much we thank you all for attending the webinar today on the screen.

377
00:53:25.914 --> 00:53:38.514
Now, you'll see our upcoming webinar is on September eighth, twenty second, and the six th, of October will continue our telehealth series. The eighth will be nursing homes and post acute care.

378
00:53:38.514 --> 00:53:52.885
Experience on the twenty second, the post acute care patients experience and then the last one will be nursing homes and home agency palliative care. So we hope that you will register and attend next slide Chris.

379
00:53:53.244 --> 00:54:07.014
If you have questions, please feel feel free to reach out to Christine Steagall. I've already posted in the chat, the website that you will be able to find the webinar slides will also send those out to you.

380
00:54:07.525 --> 00:54:18.864
And I think that's it for us. We, thank you. So much for being with us today, and we look forward to seeing you on our next call for the telehealth webinar. Thank you. All have a great afternoon.

381
00:54:20.519 --> 00:54:21.150
Finance.