

Caitlin Hungate:

Good afternoon, everyone. As you connect your audio and video, I have a few housekeeping announcements before we get started.

Caitlin Hungate:

My name is Caitlin Hungate, pronouns she/her. I'm with the New York State Family Planning Training Center, and the event this afternoon is being recorded and will be posted on our website within a few days, along with the slides. As you are joining our Zoom meeting this afternoon, you should be on mute for now, but please know that it's going to be a very highly interactive conversation with you, and we invite you to unmute your mics later in the hour together and jump into conversation and feel free to use the chat throughout the hour together, if that is what's more comfortable or available to you. I'm joined by my colleague, Becky Milner as well from the training center. So if you have any tech questions, Becky and I are here to support you in the next hour, and we encourage you to participate as you're able to today, whether it's audio, or using the chat. We welcome your input, your questions, and your participation.

Caitlin Hungate:

Please consider filling out an evaluation of today's webinar as we go along in the hour, and we'll post that link in the chat in a second. The next slide shows our learning objectives of what we hope to cover in the hour. I'm going to skip them because you have seen the slides or you will see the slides and you can read them. We'll save more time for our conversation today. This is the New York State Family Planning Training Center team, so Becky and I are joined today with you all, and I'm going to turn it over to Natalie Trusdale to briefly introduce herself, and then hopefully a friendly, familiar face. Danielle can reintroduce herself as well.

Natalie Truesdell:

Hi everyone. I'm Natalie Trusdale. I'm really excited to be joining you today as a guest. I'm coming to you for this work in my role as a technical assistance coordinator and lead for the High Tech Center, and the High Tech Center is the Health Information Technology Evaluation Quality Center, which is funded by HRSA to support health centers nationally on how they use health IT to support delivering quality care. As part of that center, I work with health centers every day, thinking about telehealth and other technology that can support them in delivery of high quality care. I'm really excited to talk to you about telehealth and explore some of the questions I've been asking with the health centers I've been working with and share those with you all. So just excited to be here and more soon, I'll pass it to Danielle.

Danielle :

Thank you, Natalie, and thanks Caitlin and Becky and everybody here for joining us today. It's great to see some folks again. Danielle Louder, she/her, and I serve a couple of different roles as well, but I'm here today with my hat for the Northeast Telehealth Resource Center. We are also federally funded through HRSA's Office for the Advancement of Telehealth, and we've been providing technical assistance and resources throughout the six New England states and New York for about a decade now. I'm so pleased to be with you and look forward to chatting today.

Caitlin Hungate:

Thanks so much. I am going to jump in again. We wanted to start the hour together in conversation, so we'll chat the mentee link in the chat, and then I'm going to stop sharing. So you'll go to [mentee.com](https://mentee.com), [www.mentee.com](https://www.mentee.com) and then use the code 5 7 9 3 2 1 8 3., and you'll be able to weigh in. So feel free to go to [mentee.com](https://mentee.com).

Becky:

All right. So if everyone is able to see my screen here again, you'll just go to [mentee.com](https://mentee.com). You can use your phone, or you can also open up another tab in your internet browser. We just have a few interactive questions for you. We've done mentees on a few of our webinars, so you might be familiar with the format, but our first question for everyone, which you should see pop up on your screen, is what do you see as your main concerns regarding long-term telehealth integration? You can answer as many times as you want, but please feel free to just type in your response into that box you see on your phone or on your computer and your answers will show up so that we can all see them together.

Becky:

Okay. I'm seeing patient privacy come up. I'll give folks another few moments to type in their responses. And again, you can upload more than one response, so you don't need to pick just one. Audio only coverage as well. Quality care. Absolutely. Okay. And I'll just wait a few more moments if people want to chat in their response and if not, we'll move on to the next question. Definitely video coverage as well. Okay.

Becky:

So I'm going to go over to our second question, which is, where do you see telehealth fitting into your service delivery in the future? And again, it's the same format as last time. You can submit multiple responses. I'll just give everyone a few moments to reflect and respond. I'm going to wait a few more moments, but it's totally okay if nothing's coming to mind right now. We'll have lots of time to discuss all these questions and more throughout the rest of the session. So with that, Caitlin, did you want to jump in and add something?

Caitlin Hungate:

I was just going to say if in case people are unable to see where the question is, if you remain in mentee, you can refresh or advance to the next slide. So if you're wondering where to input your response, you may need to click a link in the mentee browser.

Becky:

Yes, that's true. Sometimes the page that comes up is not the question that we're currently on. Aha. Okay. Got one. We are located in a rural area where patients have difficulty with transportation. Telehealth works perfectly for these patients. Amazing. All right. So I think I'm going to pass it back to Natalie and Danielle who will facilitate the rest of our webinar. Thanks everyone.

Natalie Truesdell:

Thanks, Becky. Thanks, Caitlin. Let us skip the slides back. And while Caitlin's doing that, I can speak to the first slide I think, without even showing it. Part of the premise for today's session is just acknowledging we're kind of at an interesting moment for many of us in telehealth. We're mid-pandemic, we're not done with COVID yet, but we've learned a lot in the last 18 months about

telehealth because we were forced to. Many organizations have been kind of sitting on the sidelines about telehealth, not sure if that was something for them or how to really get involved with it. And then many of us were really recognizing it was the only option to deliver services for a period of time. So given that moment, I think we're now in a moment where we can possibly reflect. Hopefully we're not in complete crisis mode as we were for a few months and we can say, "Hmm, what does telehealth look like for us going forward?"

Natalie Truesdell:

This slide is really a kind of a conceptual model of one way to think about that question. This was done by a group in Massachusetts that was really supporting and thinking through telehealth advancement in the health center environment. But I think it holds true here. So they're kind of asking the question, "Once Covid subsides, where will we be with telehealth? Are we going to revert back to where we were before and just prioritize in-person care and go back to the way things were? Maybe. Are we going to go somewhere in the middle that's kind of a hybrid where we have some level of telehealth care healthcare, but maybe we don't go as far as we could with it because of constraints, reimbursement being one of them that really prohibits us. Maybe taking us where we could go from what we learned, but you know, there's still some challenges or are we really on a continuing upward trajectory where we've got a lot of excitement and enthusiasm about telehealth and we're going to just keep plowing ahead and going bigger."

Natalie Truesdell:

I think this is kind of an interesting question for us all to reflect on right now. We have maybe a few minutes to think about it and consider, from where you are and your organizations and your experience personally, in your clinic, with your family members, which trajectory do you see us going on? Which trajectory do you think we should be going on over the next six months, year, et cetera. So that's what we're going to talk a little bit about today.

Natalie Truesdell:

I saw that my colleagues chatted in a link the full telehealth playbook this model was derived from. So we give them full credit. We are not the developers here of this. Thank you. Oh, one step too far. So, in thinking through, in a concrete way for your organization, what trajectory you might be on? These are just some prompting questions to consider as you think about that. Using that experience you have, you may want to take the time to develop a more comprehensive plan or strategic plan around your telehealth service model going forward. That, I think, serves to benefit you a number of ways. I think asking these big picture questions will ensure that you're prioritizing your resources appropriately going forward. I think it's really easy to get into the weeds of telehealth implementation and get frustrated by some of the workflow challenges or technology challenges.

Natalie Truesdell:

But before you get bogged down by all of that, I think there's some benefit to just stepping back and thinking through, in the last 18 months, what have we learned in terms of what value telehealth provides our patients? What has it brought to our patients that they didn't have before? What has it brought for access? What has it meant for quality? Those are questions that you guys have already recognized, and that meant to meter pull in terms of, for your rural patients, for example. You have a lot of rural patients we're driving to the clinic for every appointment, it may be a real financial challenge for them. It maybe a time challenge. It may be a logistical challenge. They've got other family that they're

taking care of. So for those types of patients, there's real value for offering some level of telehealth service.

Natalie Truesdell:

I know clinic is located in different place with different resources, you're serving different populations. So think about for the patients you're serving, how does telehealth benefit them? Do you have any stories that you heard from your patients over the last 18 months in terms of, "Oh my gosh, I'm so thankful I had access in this way because it allowed me to have this, which I wouldn't have had otherwise." Maybe collect those stories from your colleagues to really understand what are the benefits. I think collecting those stories and the benefits helps you identify strategy, but also helps motivate you as an organization in terms of, are we going to dedicate resources to push this forward? Do we have a case made by our patients, by our staff, to continue this work? That will help keep you on track as you move forward. I'm wondering if anyone is willing to chat or go off mute to share. Are there any stories you guys can share in terms of the access challenges that were addressed for your patients over the last 18 months through telehealth? Isabelle, I see your hand raised please feel free to share.

Isabelle:

Yes. Hi. Thank you for having this training, by the way. One of the challenges that I've noticed in terms of my patients is them not answering when we call. So we do schedule, doing cold calls are actually more successful at being able to contact the patient. But if an appointment is scheduled, it's a little bit difficult to get them on the phone, so that often delays their care. Then it gets to a point where it's now an acute situation, and we have to do a little bit of moving around and trouble solving, which then affects the patient flow or workflow. That's one of the challenges that we have encountered. I was very interested in coming on this training to see what are some things that people have used to overcome.

Isabelle:

So, for example, we do not have text access to patients. I think that having text access is something that will help a lot in terms of keeping contact with patients, but the organization that I work for has not found a tech service that can work well with following with the HIPAA codes and everything, to protect the patient, and of course our services as well. So we haven't found something that would be helpful, but we do know that when we do have something like that, it will improve access because something that we have learned and especially with the youngest generation, is that they're more accepting of text messages versus calls. So that might be something that's difficult. Another thing, just to end, so I don't take too much time, is also patients wanting more to do a telephone call versus a video call.

Isabelle:

We have had providers who had to at last minute change to a telehealth instead of a televideo call because of patient's preference with a call. And of course, for certain care, it's important to view the patient and see the patient and to be able to make an assessment, but having the patient not be as acceptable of it has been a challenge that we have faced. Of course, what we try to do is to schedule some sort of our end visit. So the patient still comes into the clinic, but with not such a long waiting time, and that has been very helpful, but that is just one of the challenges that we have encountered. But thank you.

Natalie Truesdell:

Yeah. Thanks Isabelle. I'm sure your colleagues here across the room can relate to those challenges that you've shared. If we have time, we can maybe comment a little bit on the text messaging component of this. Disclaimer, we don't have a ton of content that we've intended to share on that topic, but it's good to know that's a question mark for you. I think there's a number of resources that we can follow up with you to address that. Danielle you're going off mute. Did you just have something you wanted to add right immediately?

Danielle :

Yeah, I was just going to offer Isabelle that that's definitely a common challenge and definitely can be helpful. I know some of our programs, both in family planning and outside of family planning or reproductive health services, have successfully found applications, technology solutions that do have that secure texting because obviously we need to be concerned about that to protect privacy, etc. We can certainly circle back and share some more information with you with respect to the different options for that. The biggest thing will be pricing sustainability for those types of things. But yeah, totally agree. Patients. It's a great resource for reminding patients of appointments. Hopefully you'd have fewer people forgetting that they had that phone call in their calendar, but it happens.

Danielle :

Then I guess the other piece would be, you had talked about phone only, and it'll be really interesting to see what happens with the policy side of things, right? The public health emergency has been extended to July and we're hearing already that it's going to be extended until the middle of October because they bump it out by 90 days each time they do that. But what will state policies look like? I believe New York is pretty supportive of audio only moving forward beyond the PHE, but what will the federal policy look like beyond that, and just how will it impact the workflow for some of us?

Natalie Truesdell:

Yeah, absolutely. I think Danielle I'm sure has too, we've heard numerous times that the audio only option is really important for all sorts of reasons. Sometimes it's patient preference. Sometimes it's just technology, the access video is not possible. Honestly, it's just simpler. It's just way simpler. If access is really the goal, if we can demonstrate the quality is upheld, then I think there's a lot of people advocating for that to be a sustainable mechanism for service going forward. So certainly that sentiment is shared.

Natalie Truesdell:

What about other stories in terms of access, either access challenges that your patients had that have been addressed through your telehealth service or access issues your patients are having that you're concerned telehealth isn't the answer? I think that's important to acknowledge too, as you define your strategy, are there things that you realized when you had to go all remote that really benefit by being in person care? Obviously there's certain procedures and types of services that can only be provided in person, but are there types of consultation or conversations that you found to be difficult to be done via telehealth or audio only?

Isabelle:

I actually think that telehealth has improved in many ways, like patient care. We have had patients who had a lot of difficulty coming into the clinic for appointment, actually be more involved with their care now. So that is something that has been very good, especially we have some infectious disease patients

who often need to be seen every three to six months and it's really hard to get them into the clinic that often. So having telehealth, a lot of them are sticking to their medication. We're seeing a lot of people becoming undetectable. We are seeing a lot more people getting tested more frequently. So as more STIs are being tested and treated. So there are definitely some improvements, but of course, as you all saw probably in the beginning of the pandemic, that wasn't the same, right? There were a lot more STIs coming out, less people getting tested and treated. They were scared to go into locations and it was just a lot of different things. But over time that has been getting easier. We have been putting things in place that have helped in terms of gaining more access to patients.

Natalie Truesdell:

Yeah, absolutely. I mean, patients that need frequent care, you can see that as a group that certainly benefits by having some level of telehealth service because if you're coming in the clinic on a monthly basis or even a quarterly basis, that adds up for folks. Again, as you think about strategy, that might be one way to think about it. Which are your patients that you need to be in touch with on a regular basis for all sorts of reasons? For that group, what might you think about crafting your service to really meet their needs? Because they're a group that is going to struggle to stay on track with their care if it's in person only.

Natalie Truesdell:

I think that for me, and we'll keep talking about that, the bigger question to consider is prioritizing the patient populations you're serving and who might derive the most value from access via telehealth, and then what are the supports that you would need to provide that patient population? One of the things that we've been talking a lot about is access to digital care is not equal for everyone. So while some may be really benefit, there may also be those that really struggle to access it for different reasons. Do they live somewhere where they have broadband? Do they have access to the hard technology they would need to connect with you guys, if you were going to try to do a video visit? Do they have trouble navigating that technology? What is their comfort level? What is their preference?

Natalie Truesdell:

So we're going to talk a little bit about that in some future slides, but to dive into those questions, one thing to consider is what data you have already available, not collecting new data, but what data do you already have that might give you some insight into prioritizing your patient populations that would benefit from telehealth. So Becky, I'm going to ask you to launch that poll there. We'll put that question out.

Becky:

Everyone should see that poll just pop up on their screen. I'll just leave it up for a few more moments until everyone gets the chance to participate. Okay, great. Thank you everyone for participating. I'm just going to end the poll now and I'm going to launch and share the results so we can all see and pass it back off to Natalie.

Natalie Truesdell:

Thanks Becky. So you guys are most often looking at no-show rate, which is clearly an indicator of access. If people make appointments and aren't able to show up for them, that gives you one data point. That might be something even to monitor and look at different points in time, with your telehealth strategy, when you were offering telehealth service, did that change your no-show rate? That's an

interesting question to look at. Did telehealth improve your no-show rate or was it the same? I feel like I've heard both sides and Danielle weigh in here. Sometimes a virtual visit seems like maybe a lower level of commitment. So people...when you don't realize you have to plan to get in the car and get there, you're like, "Oh, I forgot about that. I'm out shopping. Can we do this later?" Or I've heard on the reverse, there are patients that are, "Oh my gosh, I couldn't get them to come in, but now they're there for me on the phone." Danielle you're nodding your head.

Danielle :

Certainly both for both ways, though it helps people to be more productive. I can work right up until two, three minutes before my appointment and then I'm able to hop on, whereas I might not be able to take that time away if it was an in person visit or I might meet, if it's from my kiddo or somebody else in my family, That might disrupt the whole family dynamic and what's going on with work, etc. I definitely think there's a lot of appreciation and much of the data that shows telehealth's impact on no-show rates has been positive. There have been significantly fewer no-shows when telehealth is utilized. It's about setting expectations, too. You have to be careful setting expectations. This is an appointment the same way it would be in person, and we have the expectation that you are going to be here. We're counting on you to show for this appointment. If you set those expectations from the get go, I think that's also really helpful because then they're not considering it a less than type of appointment.

Natalie Truesdell:

I said at the beginning, my role is on the high tech center and part of our role is always to advocate people how they use data to improve quality. And I think this is an opportunity for you guys to look at the data you have, to ask questions of that data. Look at different segments of time. Did your no-show rate change? Then the next layer, one of you mentioned that you look at the demographic data. I think that's another data point to look at with your no-show rate to say, for patients of a certain age group, does that change the no-show rate when we talk about telehealth services? Based on location, I don't know how sophisticated you guys are in terms of zip code data for your patients, but are there certain geographies that are utilizing your telehealth in a different way than others?

Natalie Truesdell:

And that again just helps you to refine who is using this service? Who should we be marketing it to? Who should we make it available to? All of those questions. One of the other answer choices we had there was wait time for the next appointment or wait time for new patients. I'm curious for you guys, is that a concern for you right now? Are you feeling like you're unable to meet patient demand or is that not a reason to pursue telehealth. For some organizations, telehealth is a way to become more efficient so they can put more slots in to reduce that wait list. Is that a question you guys are facing or not really?

Natalie Truesdell:

And this is pure ignorance because I usually work with the health center audience and I can tell you that health centers, they definitely are concerned about wait time. That's a major issue for them, especially with the workforce challenges we're all facing right now. But I don't know in the family planning setting, is it the same?

Caitlin Hungate:

Just as a reminder, feel free to unmute your line at any time. I know we've had a few people trickle in, so please feel free to unmute and just join the conversation with Natalie and Danielle.

Danielle :

I think we got to this a little bit, but we have had worked with several federally qualified health centers, for example, that have access to that. Maybe some of the questions that they ask their patients are, do you have trouble with transportation? That immediately puts them in the queue, so they're social determinants of health data, if you have easy access to that. Like Natalie's saying, we don't want this to be a lot of extra work, but if you have easy access to that level of data, those are the no brainers or, if it's an appropriate use case and the person is ready and willing to use telehealth, those are perfect uses for telehealth visits.

Natalie Truesdell:

Yeah. Thinking about access, I think it is critical, in all sorts of ways, whether it's wait time or meeting those determinants of health. I think all of that informs how you prioritize this work going forward and the case for why you're doing this may look a little different for each organization based on what you're hearing from your patients, what you understand from an operational standpoint or the access issues, no-show rates, etc. So just encouraging you to consider like that full array as you think about your strategy going forward. We'll go to the next slide here.

Natalie Truesdell:

We've talked a little bit about from the patient perspective, but I just mentioned workforce and I want to hone in on that point a little bit. We're in a tight labor market right now. Everybody's looking for staff. Our unemployment rate is low, inflation is high, people are leaving for better paychecks and that's understandable. So given that, I know any change to the way we do care can put stress on your staff. I think it's important to acknowledge up front that telehealth is a new way of doing things for many organizations, and as you implement anything new, you need to take in consideration the feedback of your staff. They're really valuable to you and you want to keep them. I'm going to throw the first question out there.

Natalie Truesdell:

Do you know how your colleagues feel about telehealth? Do you think they're excited about it? Do you think they're kind of ambivalent? Do they have lots of questions? Are you not sure? Anyone who wants to chime in here on, on the vibe they're getting from their staff on telehealth, I welcome that. Maybe it's not hard data, but just what you're hearing at the water cooler.

Isabelle:

Yeah. I can chime in on that a little bit, I'm chiming in a lot. I feel that most of my coworkers that I've talked to like telehealth and would like to continue it and are excited that most of their departments are doing more telehealth even as they reenter some of the locations in person. I think that what I have noticed though, is older staff not being as happy about it and wanting to be in person. It gets complicated when you're older, having the necessary technology and navigating all of those things. So I completely understand, but I would say staff under, I don't want to say an age, because I don't want any of you to feel a certain way, but definitely younger staff, like 50 and under or something.

Isabelle:

They're definitely more welcoming of the technology. I would say older than that, they're a little bit more hesitant and are kind of annoyed, and they're the people that are usually not seen on teams and

we're tracking them down. I feel like that's the same, some similar challenges can happen when you're still working in person full time and telehealth wasn't taking place. I think that just how we were able to navigate that in the past. I think that we can find some more useful things. It is something that we've noticed, but it's also something that needs to be resolved or some solution sought for that. But yeah.

Natalie Truesdell:

Yeah. That's important, Isabelle, acknowledging staff may have different feelings, right? Not everyone's going to feel the same, and how do you meet the needs of some staff that may need extra support in getting comfortable with the technology? Anyone else want to share what their staff vibe is around telehealth? I wonder if Isabelle's experience resonates for everybody else, feeling the same? You've got some staff that are interested and others that are a little hesitant on the technology side. Does that ring true?

Danielle :

Natalie, you had mentioned early on what a competitive workforce it is, and we know that doesn't seem to be getting any better in the short term, but we are seeing healthcare organizations and then potential candidates, almost setting an expectation or that it's a recruitment tool that you can use technology, maybe, a day a week working from home because it doesn't matter anymore, right? The provider can be from home. So it helps to create a little bit more work life balance.

Danielle :

It also helps setting the expectation that new providers will be accepting the use of technology with open arms, if you will. We're seeing a lot more colleges and universities reaching out and saying, "Hey, we really want to incorporate telehealth training into our core curriculum." It used to be every once and again, we'd have somebody reach out and say, "Oh, let's do an elective course for physicians, for example, or psychologists." But now it's really become more of an expectation that tomorrow's workforce is going to need to know how to use the technology. I think we're going to continue to see that trend and it's exciting, but we also need to meet people where they're at and know that not everybody is super comfortable with it. And how do we get them there? Effective training so that they feel competent and confident in using the technology and making sure that the technology works. You only have one chance to make a first impression, and if the tech doesn't work because you didn't do your homework in setting it up, you've lost them. Those people who are already on the fence, you've lost them.

Natalie Truesdell:

Absolutely. Well, Danielle's just dumped into the next piece I was going to talk about, which is the benefits. Think through, for those staff that are wavering, what do they value? What's important to them? How might telehealth be a benefit, not just for the patients, but for them in their Workday and how they do their work? How do you make the sell to them? Danielle was sharing the example of work from home options. That might be something to think about as well. There are opportunities for staff to have flexibility to their schedule, and, and as Danielle said, that might not be an expectation. That may be something that people are really desiring right now. I shared this story with Danielle and Kate, as we are planning. This is an extreme, but I heard of an organization that... Behavioral health has been another area where telehealth has been widely used. The staff had gotten so high, their expectations for telehealth being done remotely had become such a norm for them, that when their administration said, "No, we want you to come back in the office. We're not doing health telehealth anymore," they all

decided, "Hey, we're quitting. We want telehealth or we're done," which is obviously an extreme, but that just shows the mind shift that we have. Monitoring where your staff are on this and not making assumptions is probably a good thing. I think that's an example where the leadership of that organization hadn't really done their homework to know where their staff were in terms of their acceptance of telehealth as the mode to provide care and the ways it might benefit staff.

Natalie Truesdell:

In terms of the challenges, beyond just being comfortable with the technology, are there other challenges that you've heard or you've experienced yourself from a staff perspective in delivering telehealth? I ask this because as you think about, are we doing this for the long term, addressing those concerns is you benefit by kind of identifying them to put them in your plan of action. You're going to continue to bump up against resistance if you aren't able to pinpoint what the challenges that staff are experiencing

Natalie Truesdell:

Caitlin, I'm just noting, I'm not able to see the chat very clearly because of the way my screen's set up. So please jump in if you're seeing comments.

Caitlin Hungate:

Sure. Yeah. I put in the chat that we're going to dig into staffing models a bit on Thursday's office hours. So if you haven't joined any of our office hours, Danielle will be there again. I would say some things that we're hearing from some of the office hours that we've had thus far around staffing is the struggle with how you actually schedule, and what a provider day looks like going back and forth between in person and virtual visits or telehealth visits. There is a mental shift in delivery of care and Zoom fatigue is real. Navigating that back and forth is definitely some thing that we've heard. The other thing is how to still maintain productivity and meeting certain productivity metrics as an organization with trying to ensure the revenue side of things and your billing visits and navigating in person and telehealth. So those are some of the things that have come up in other office hours and other conversations as well, but I welcome others to jump in too, to share their unique experiences as well.

Natalie Truesdell:

I know we're going to have another session on the staffing piece, but Danielle, do you want to weigh in here in terms of what you hear as the common challenges for staff?

Danielle :

Yeah. It certainly can depend on the role, but I think that the important part is identifying those roles. Just like you would for inpatient visits, each person on the team has a role to play and you have to make sure everybody understands explicitly what that role is, and how is it tweaked a little bit if the visit is via telehealth. Is somebody going to call the patient ahead of time the day before so we understand what type of technology they're using, make sure they've got adequate connectivity? If there are any other issues that they might have so that your chances of no-shows are decreased.

Danielle :

The workflow things, the block schedules versus... some use cases are easier to do than others. You might block out time, or it's easier to do that say if physical exams and it requires peripherals and things

like that you've got to dig out and make sure that everything's working, it's frequently easier to block that off versus going back and forth and alternating throughout the day, where behavioral health visits are an easier lift with respect to the technology needed. So thinking through the use case and the workflow and what each person's role is, and to clearly identify that beforehand and make sure that everybody... you've tested it out and see if there are any places that you've missed thinking it through.

Caitlin Hungate:

One other thing, Natalie, I would say, as Danielle, you were talking, you're talking about these use cases, what to do for in family planning visits, or in sexual reproductive health, how does the flow change when you can do some things virtually, but then the client may be based on the client centered contraceptive counseling, the provider or the staff person is provided virtually requires some sort of in person. That dual visit nature of, not all visits can be completed in that one telehealth setting. That certainly plays into the workforce challenges and comments about, it's not always one neat and tidy visit, per se. There might be more that is follow up in person. I wanted to add onto Danielle, you're talking about use cases. That's a key use case here in our field of sexual reproductive health.

Natalie Truesdell:

Absolutely. Does anyone experience trying to figure out that algorithm on how you navigate that? Has that been a question for you or challenge? I think that's one of the things where people are spending their time now, again, in this kind of reflection phase of telehealth, mid-pandemic is. We were just trying to put it together in a kind of fast and dirty way, and now that we have some more time to think about what's appropriate and what circumstances, developing those protocols, getting everyone on the same page, everyone in consensus from a medical perspective, from a workflow perspective to say, "Okay, now that we've had time to think about this, here's how the scenarios could play out, and here's our recommendations in each of those scenarios." And it can get complicated.

Danielle :

Absolutely. Every organization is a little bit different. You can take the model, but then you really do need to customize it to fit your environment. I did put in the chat earlier on, we've been talking a lot about this in our region. And HRSA has been very interested in seeing what comes out around quality. How do you ensure quality telehealth visits? Just like we want to ensure high quality in person visits. So the telehealth classroom is where we house all of our trainings and we just launched a new one called Advancing Quality in Telehealth. It gets at some of those, like what's the appropriateness for different use cases and that type of stuff. We'd love to have you check that out, it's absolutely free. You just have to create a free login and then there's that one and several others. So feel free to access that and give us a shout if you have any questions, but I think, everybody's stepping back now, and figuring out, "Okay, we launched telehealth overnight and now we really want to dig into the workflows, the protocolization of everything, and making sure that everything is of excellent quality."

Natalie Truesdell:

Absolutely. So before we leave this workforce slide, I just kind of put my pitch out to you guys to consider ways that you can get that feedback from your staff, to get a pulse check on where they are. I think that'll be really informative as you think about your implementation plans going forward. You can do that lots of ways. You have an annual survey of staff, maybe you add a question or two about telehealth, more informally. If you have a staff meeting, just put 20 minutes on the agenda, just say, "Hey guys, we're trying to develop our plans going forward. What are your thoughts? What are your

challenges? What do you like about it? What do you know?" Just put the question out there and create a space for conversation. That can be really helpful to you.

Natalie Truesdell:

Danielle spoke to this already, and we're not going to spend a ton of time on this, but I think it's just important to remember that telehealth isn't that different from any kind of quality improvement initiative that you take on. You need to have your leadership engaged. Many of you here may be leadership, but if you are not again, getting a pulse check, where's your leadership on this topic, because you will need their support for this to be successful going forward. Then acknowledging this is a team based effort, to develop an effective model, you need your operational leadership, you need your clinical champions, you need your technology staff. Everybody has a role to play, not just in delivering care, but design of care for it to be effective. And again, that's not different from other change initiatives you've taken on.

Natalie Truesdell:

The financial side of this is tricky and it's moving really fast, and that's one of the hard parts. I think they are, I wouldn't try to figure it out on your own. I would advise you to be in touch with the state advocacy organizations that might be looking out on telehealth policy that would impact you and have them help you in navigating those changes and staying abreast of it and use them as a resource to you, so that you really are feeling on top of what the financial future is now or what the financial status is now for tele-reimbursement and what the prediction is for going forward so that you can align that with what you're able to offer in a reasonable way.

Natalie Truesdell:

You know, Danielle was just talking about quality. Her resource is a good place to start in terms of thinking about what are your measures for quality? How do you understand whether you're being successful in your telehealth model, because that's going to build buy in ultimately for the service. This is, like many things, a journey. It's not a destination. This is going to be an ongoing question mark for, I think all healthcare providers in the near future - what is our telehealth model? We're going to reassess it. Where are we now? Where are we going? What do we want to improve? It's not going to be static. As technology shifts, as the environment context shifts on workforce and pandemic, etc. It's hard to carve out time for one more thing in your planning, but I think this is something that's going to be here to stay in terms of when you do any sort of planning efforts for your future as an organization, how does telehealth fit into it, at least discussing that.

Natalie Truesdell:

Just a reminder. I think this is things, but in terms of a framework, and maybe this is something you share with your colleagues, once you have the slide deck to remind people the considerations that we have to have in place for telehealth to work, and this is from the patient perspective. It's not just one piece. You need to have access to the internet. Your patients need to have devices. They need the skills to use those devices and they need to be willing. I think the willingness piece gets underestimated sometimes in terms of getting assessment of where patients are. We want to assess where providers are, where are the patients? So just a few thoughts on that patient willingness side...

Becky:

Natalie, I just wanted to jump in real quick. Sorry. As we approach the top of the hour, I think we've only got about 10 minutes left together. So I just wanted to give you that heads up.

Natalie Truesdell:

Thank you, Becky.

Natalie Truesdell:

Thank you. Well, I'm going to skip this slide, because I think we've talked about this already. So given that we have a time crunch. I'm going to skip ahead from this question, keep us moving along and I'm going to stay in this topic of how you might hear from patients to inform your strategy going forward. I think that's equally important from hearing from your staff. I think it's important to consider what mechanisms you already have to hear from your patients. Do you do patient satisfaction surveys? Do you do patient satisfaction surveys as part of telehealth visits? I know some organizations have a screen. They're doing a Zoom based telehealth visit. They have a questionnaire that comes right up on the screen for their patients as they conclude the visit. So think about how are you going to get feedback from your patients on telehealth, both those that have been accessing the service and those that haven't, and considering for patients that haven't been using telehealth to ask them maybe what their barriers or what their perceptions are of telehealth, how they're thinking about it.

Natalie Truesdell:

As you do community outreach, to just engage people in care. That's another opportunity to ask about telehealth. Is that a preferred model of care for individuals that aren't using your services at this point in time? Just some reminders on the ways you can gather feedback, you can also form a focus group of patients to have an in-depth discussion and really hear from them and hear their voices in a way that's a little more nuanced than you might get from a survey. You get opinions and you might get even some solutions when you talk to your patients and you could also be part of a larger discussion. Think of your community partners that are also thinking about telehealth access for their patients. Think about your local health centers. If you are not a health center yourself, others that might want to join together and say, "What does telehealth look like in our community?"

Natalie Truesdell:

How we advocate together on issues like broadband or addressing digital literacy and those kinds of issues, there're opportunities for partnership. Then thinking about as you've develop a strategy going forward, can you add a patient or two to that strategy group? That's something else to consider. I know higher lift to engage patients in that way, but maybe you have a patient that's always got opinions and wants to help you out. Everybody's got a few of those in their room. So tap that energy, tap that enthusiasm and see if they can help you out. It'll add another dimension to the conversations.

Natalie Truesdell:

I'm going to take us to the next slide, which is giving you all a moment to reflect on the conversation we've had over the last 50 minutes and think about, what have you heard that resonates in terms of something that might benefit you to do with your colleagues in the near term to advance your telehealth strategy? Are there any specific action steps that you would like to take and Caitlin you've gone off mute, so I don't know if you want to add there.

Caitlin Hungate:

I do. I just want to offer, I know that this team up is a training need in our recent training survey that we conducted with you all and your colleagues across the state, around the CPEP and the community engagement piece. A lot of what Natalie was talking about on a prior slide around hearing from clients and patients and focus groups and surveys and getting that community engagement, think about, are there ways that you can integrate that into your CPEP Plan or CPEP activities in the next 30, 60, 90 days within a reasonable time? Obviously, everyone is stretched. There's a lot going on, various COVID waves as we are navigating this pandemic. I just wanted to offer that Natalie, as something that some of what you outlined on the prior slide. What's reasonable that could be started in the next 30 to 60, 90 days that would align nicely with program requirements through the New York State Family planning Program.

Natalie Truesdell:

Absolutely. Any time that you can take a strategic activity and weave it into something that you're already planning or you already have on your calendar or an expectation that you need to fulfill for various funders, maximize those things you've already got on your schedule and try not to do new things if you don't have to. I think it's a little bit about being creative. What are you doing in the next six months in terms of opportunities to interact with your staff, interact with the community, interact with your patients and ask these kinds of questions.

Natalie Truesdell:

Does anyone want to share just questions you have, reflections you've had based on what we've been talking about today, thoughts on what you might want to do going forward or what information you need to even inform what you do next? Can I ask, and again, this is my less familiarity with family planning clinics. Do you guys go through a strategic planning process on any regular frequency? Is that part of your regular work as an organization?

Caitlin Hungate:

And again, please feel free to jump in, unmute yourself or jump in the chat if that's what's convenient for you.

Natalie Truesdell:

Should I take that silence as a no? Isabella says, "Who's the question for?" My question is whether you're leading the organization, you're a staff member, do you understand if your organization goes through a strategic planning process, whether it's every three years, every 10 years, is that something your organization does?

Isabelle:

They do, but I'm unsure of the frequency. I'm unsure how often it happens, but it does. They also have external evaluators also to see if it's the most efficient or examine the results and provide an analysis, yes.

Natalie Truesdell:

Great. Well, again, that might be another opportunity to weave this conversation, then, if you have a planned strategic planning retreat, or maybe you're engaging an external consultant to help you with

that process. Maybe you can just make a suggestion and say, "As part of this process, can we talk about telehealth a little bit?" That's just another way to weave it into what you're already doing. Okay.

Isabelle:

Yeah. I think communication is always the biggest thing. I know that these things are happening, but it's not really transparent as to how often, what are the actual results, how are they being applied? Those are things that are not usually disclosed or transparently. So I think that's where most of the issue comes in terms of being able to discuss these things. Limited time, and then it's almost like, no, I wouldn't necessarily call it gate keeping, but certain people are doing certain things and then there's not a lot of communication happening about what everybody's doing. So I feel like if communication would be improved... and it's tough in large organizations. If it's smaller, it's much easier to give information or provide information to staff and allow for feedback. But when it's larger, I feel like it's a little bit more complicated from what I've seen within my organization, but I'm just a staff member. I'm not management, but because I am curious and nosy, I like to ask questions and look at what's been done. I'm always that person that's like, "So what happened with that that you guys mentioned on that email?" Not everyone has that interest.

Danielle :

I think it's also super helpful when patient consumer demand is driving part of it too. Like at the end of the day, they keep things moving and obviously patient satisfaction is a huge goal for everybody. So if you're gathering information from patients and clients otherwise, why not throw telehealth in there too, and make sure that you get diverse perspectives? Caitlin and I just did a session on people living with disabilities, and how do you make sure that you're incorporating their input into the process, and other types of populations, that you're making sure that everybody has equal access and whether it's interpretation or all of those different things. So yes, I think driving some of your efforts and some of your discussions based on patient and client feedback is always super helpful.

Caitlin Hungate:

I'm going to jump in. I know we're near the top of the hour. Thank you all so much for joining. These resources are all hyperlinked and will be in the slide handout for you as well will be posted on our training website in a of couple days. I've chatted in the chat already, if you have not already or not signed up, sign up for our e-news and training alerts. You can learn more about past events and more information on our website. As we chatted throughout this hour, we are offering technical assistance related to telehealth, so please do consider submitting a TA request. Natalie and Danielle post really great questions for you and your team to consider. Dig in, as you think about what is that long term strategy, and we're here to help. So if you're needing more support around this strategic thinking, please consider a TA request, which we've already put in the chat.

Caitlin Hungate:

And then lastly, we will have the materials from today's webinar in the next few days, as I've mentioned at the top of the hour. Our final ask is that you complete a brief evaluation from today's hour, and we'll put that in the link. So thank you so much everyone for your time. Thank you, Natalie and Danielle for jumping in and contributing and sharing your perspective and your expertise, and we wish everyone a good day. And again, keep an eye on our Thursday office hour for staffing models to dig more into some of what Natalie and Danielle were talking about with staffing and workforce.