Caitlin Hungate:

Thanks so much. Thanks so much for joining. We'll give it another minute and let folks trickle in and then we'll get started. Thanks for joining our webinar today. All right, well, we'll get started in the interest of time and then other folks may join in. Hi everyone. Thank you for joining today's webinar focusing on assessing telehealth vendor products with an equity lens. My name is Caitlin Hungate, my pronouns are she/her and I am a training and technical assistance provider with the New York State Family Planning Training Center. And I'm honored to be with you all in our very interactive, small, but mighty webinar today. A couple of housekeeping items before we begin. This event is being recorded and will be posted on our website within a few days, along with the slides. Everyone is muted, but this will be a very interactive, conversational based webinar, and we invite you to unmute your line to jump into the conversation later.

Caitlin Hungate:

We'll have a brief presentation about why assessing vendors with an equity lens and some questions to consider or ask, and then we'll use the rest of the hour in conversation with you. Please feel free to use the chat function at any time to chat in your questions, share your comments, share feedback, whatever is best for you. And I'm joined by several colleagues on the New York State Family Planning Training Center, including Becky Milner. If you have any tech questions, Becky is here to help you and feel free to just send her an individual message. We encourage you to participate as you're able to do so today. We welcome your input, your questions, your comments and participation, and please consider filling out an evaluation of today's webinar as we go along and we'll put that link in the chat.

Caitlin Hungate:

So our learning objectives were on the prior slide and was in the handout that you received. We're not going to read them out to you, but as I mentioned, we'll go into setting the why, and then potential questions to ask and then go into conversation. As I said, my name is Caitlin Hungate, and we've got Becky Milner on as well. Becky, can you wave your hand and then Katie Quimby as well, and then Chanel Richmond is another training and technical assistance provider on the team. And I'd love to turn it over to Jillian and Emma to briefly introduce themselves today.

Jillian Maccini:

Hey, thank you, Caitlin, and thank you all for joining. My name is Jillian Maccini. I also use she/her pronouns and I'm a senior consultant with JSI. And in that role, I am lucky enough to do a lot of work around telehealth. And primarily I do that through the high tech center where we support, the high tech center is specifically a national TTA provider for federally qualified health centers, focused on using EHRs, health IT and telehealth to improve patient access and increased value. And through that role, I have also sat on the national TTA telehealth steering committee through NAC and in partnership with the National Telehealth Resource Centers across the country. And then just have been fortunate enough to start doing some other work in this area, including building telehealth frameworks and assessing telehealth best practices. So I hope to bring all of that lens to this today. Emma, you want to go ahead?

Emma Ansara:

Hi everyone. I'm Emma Ansara and I also use the pronouns she and her. I have the good fortune of working as a nurse practitioner, but in a technical assistance capacity. So my role within this telehealth space is to think about the frameworks and best practices that Jillian was referring to and really consider how those get operationalized on the ground. And so, again I, as Jillian suggested, do a lot of work with

community health centers, but in the last couple of months I have had the good fortune of working with family planning grantees within this telehealth space, both in New York state and with the Reproductive Health National Training Center. So I'm hopeful that those experiences can be helpful in this discussion.

Caitlin Hungate:

Thank you, Jillian and Emma, we're so grateful for your expertise and your participation today in this conversation. And so for those that joined a couple of minutes late, we just want to let you know, it's going to be a very interactive conversation with you all in this hour. We're going to start with a mentee poll and Becky can launch that and then we'll go into some content around setting the why and the particular domains and questions to ask and then be in conversation with you all. So we welcome your participation today, and I just wanted to say that again for those that joined a couple minutes late and I'll turn it over to Becky. Thanks so much.

Becky Milner:

Hi everyone. So we are going to get the opportunity to do everyone's favorite thing, which is a mentee. What I'm going to do is I'm going to go ahead and share my screen or a different screen, I suppose. And everyone can either on their phone or their laptop go to mentee.com and you can just enter the code that is currently on the screen and Caitlin as well is going to chat that out. So we've got this mentee pulled up and once I see that people are able to join, we'll go ahead and get started. Have people been able to join the mentee or do folks want another few minutes? And as a reminder, you can do this on your phone or on your laptop. All right. I see that Katie is good to go. There are a few more thumbs up then I'll go ahead and advance the slide.

Becky Milner:

So the first question would be, how would you describe your current telehealth usage? And some response options that we've got there, you could say, for example, we love it. We find it expands access. We use it some, but it doesn't work well for us or our clients, or maybe you rarely use telehealth. And we just want to know where you guys are currently at with your agency. And so we've got one response. Thank you to whoever submitted that. Helpful and convenient option as a patient. Absolutely. I'll give folks maybe 10, 15 more seconds. Well, great. And just as a reminder, we're just trying to get a sense of where each of you are at with your current telehealth vendor usage. So there's no right or wrong answer. We really just want to know what the framework of this discussion can be.

Becky Milner:

It gives clients access to appointments that have been no show to transportation. Absolutely. Yeah, that's what we've been hearing from a lot of providers. Of course, one of the main things with telehealth is you can't assess patients physically. So thanks for submitting that. Right. On the next slide, our next question is what tools are you currently using if you are using a telehealth tool? Qure4u, and if you're not using a telehealth tool currently and are just here to learn more, even better. Thanks, Sarah. I see that in the chat now, Doxy.me. I'm not sure if I'm pronouncing that correctly, but we'll learn more. Thank you. And I'm going to go ahead to the next slide, but if you're unable to access the mentee too, like Sarah just did, please feel free to use the chat. We're also monitoring that.

Becky Milner:

All right. So from the provider perspective, what are some challenges that you are having with your current telehealth platform from your own perspective? I'll give people a few more seconds to chat in

responses to that. And if you're thinking on it and holding it in, we'll have lots of opportunity to talk later in the presentation as well. So, Sarah says, not an easy connection from nurse to provider. Absolutely. Thank you so much for sharing that. All right. Well, we'll go ahead to the next question in the interest of time. And someone mentioned this before, I believe on our first question, what are some challenges that you are experiencing from a user perspective, from your client's perspective? I believe someone said something along those lines in our first question. So again, thinking from your client's perspectives, what are some challenges that they might encounter?

Becky Milner:

A hard time getting their video or microphone to work. Absolutely. I've definitely been in that situation, especially if you're jumping from meeting to meeting or going from a non-virtual experience to then the virtual experience, switching between the two is really difficult and it can take time getting set up. We've got a few answers coming in here. Appointment has been scheduled, but provider cannot connect on time. Definitely. I feel like we've heard lots of people talk about how sitting in a virtual waiting room is a really different experience than sitting in a physical waiting room. And that can interfere with the whole telehealth experience. WiFi connection. Absolutely. Especially with video and audio. So I'm going to move along to our next slide. And this is just, again, a way of seeing where each of you are at with your journey of assessing telehealth vendors. So you should see three options in front of you.

Becky Milner:

Are you and your agency actively looking for a new vendor? Are you considering a vendor change in the future? Are you not actively looking for a new vendor? You're okay with where you're at, but you're looking for opportunities to share feedback with the current vendor. Two people considering a vendor change in the future. And we'll see if we'll have maybe one or two responses trickle in. Sarah's also considering a change. So that seems to be at least where most of our respondents are at, another person just responded there. So I think with that, we will keep all that in mind. Thank you so much for your participation, both in the mentee and in the chat. And that is that, I'm going to go ahead and stop sharing that screen and start sharing our slides yet again. Thanks so much everyone.

Emma Ansara:

And I think Becky, if you can advance a slide. Thanks. So we're going to thank you all for your feedback. It is tremendously helpful. I think as we are here in this didactic presentation, I think we really do want to frame this around what you're thinking about and what questions you have, and really try to make that as relevant as possible to your experience. So I'll just say from the get go, I'm sure on some level, you're all wanting us to say, here's the product to use, and this will come as little surprise to you. We're going to offer you suggestions to think about working with different products that are out there. But I think, well, as you can imagine, for many reasons, we're not going to align ourselves with one product, but also realizing that people bring products into, we often say operationally complex environments, but technologically complex environments as well. And so there really isn't a one size fits all.

Emma Ansara:

But that said, we will really hope to raise questions and considerations that you might incorporate at differing levels in this new journey that you are on to find technology that better fits your needs. So I think we want to just start by a little level setting, talk a little bit about context. I am a firm believer that technology is a place that you start from when you're considering equity, but I want to acknowledge

that conversations about equity sometimes can be separate from conversations about technology. And so absolutely it makes sense to consider the technologies that you're using in your overall pursuit of the overall organizational goals of equity, and certainly technology can be in support of a commitment I think that universally, we share within the family planning space around the centrality of accessibility to high quality and equitable family planning services.

Emma Ansara:

I think we all have personally experienced and maybe we have from both sides, that when technology better fits clients' needs and healthcare team needs, it's more likely to be a positive experience. And that runs the gamut from things like how strong is your WiFi signal to are there multiple languages that can be incorporated into the platforms that you're using? And so it's really about, and we also realize that there's considerable expenditure, yes, in dollars, but also in time, in energy, in resources on both client and provider sides that is really directed and funneled through technology. So it makes sense to really use this as a starting point. When we talk about equity, that can be a lot of different things to a lot of different people. Working towards greater equity is work that we're always engaging in. This is work that's never done.

Emma Ansara:

And so if you want to start thinking about, and if you feel comfortable sharing in the chat, when you think about this intersection of technology and equity, what does that mean to you? Or how does what we're going to be talking today align with internal goals around equity, that you please feel free to share. Again, it just helps to ground our conversation. Okay, we'll go on to the next slide. But I do want to recognize that through the pandemic, so two things, one is that we have gone from thinking about telehealth as a sort of audio only engagement, and really thinking about the possibilities and the potential for that to be a virtual, as well as audio engagement. We appreciate that that does not work in all situations at all times, but that there is tremendous value.

Emma Ansara:

In an earlier point, someone said that virtual encounters do make the traditional physical exam more difficult. However, in comparison to audio encounters only, the virtual or video encounter does incorporate a greater potential element of the physical exam in the sense that you can do observation. People are coming out with really lovely tools around coaching patients, around self physical examination, and how to think about incorporating that. I do think the difference between… I think audio is tremendously valuable and I'm not in any way wanting to be critical of that. But I do think that video, especially for some clinicians, especially for some clients can be an opportunity to establish a greater amount of rapport. And it also sometimes allows us a visibility and entry way into the home or physical environment in which patients are living their lives outside of our offices in the clinic. So I do think that we want to think about it as a potential expansion of services and consider what opportunities, if any, to move to this potentially more inclusive modality. I'm going to pass to Jillian and I'll be back on.

Jillian Maccini:

Great. Thank you. So if we assume that telehealth in some form is here to stay and is in some situations, a beneficial way to serve our clients, then we're faced with just a ton of options to choose from. There may be telehealth functionality built into your existing system. There may be standalone third party telehealth platforms available. Somebody mentioned Doxy.me, which is a fairly common one in the

chat. And there may be tools that bridge the gap between your system, your providers, and your clients. And so, as we consider what of these we want to invest our time, energy, money, resources writ large into, it's important to assess the functionality and the offerings of each in order to determine how well they'll meet our particular needs and support equity for all patients or clients in this case. As many of you mentioned in the mentee, you're considering new or different vendors. So we would really recommend assessing both current and possible future vendors for equity. And we have broken this assessment into four sections, four year consideration.

Jillian Maccini:

First is technology needs. And with this, we're really focusing on the components of any given telehealth platform or tool that may present a technological barrier for clients, or that could facilitate easier access for a broader group of clients, and we'll talk about that in just a moment. Second is language and communication. This focuses on the components of a telehealth platform that support access for those with different language or communication needs. Third, we have personal and data privacy. Obviously this is an extremely hot topic right now, both personal and data privacy features are critically important for protecting client information and thinking about how those come into play in this is important. And then the last section that we pose is user focus, which is how, or if the telehealth platform addresses the needs of family planning patients or of your client population.

Jillian Maccini:

And remember, equity is continually ongoing. These questions and domains may change over time, as we know more or learn more or as our organization changes or your organization in this case. And it's very important to remember this bigger picture that everything is operating in, specifically, the majority of vendors are developing over time, especially in the last couple years. So they all have limitations, meaning nothing is going to answer like yep, definitely, to all of the things that we're going to pose. And two, the limitations that any one tool has are often being improved on an ongoing basis. So you may have assessed something a couple years ago and found it didn't meet your needs because for example, it only worked on computers and not on other devices.

Jillian Maccini:

It's entirely possible that this has changed in the year or two since you assessed it. And they now have functionality on other devices. For this reason, we really do encourage this being an ongoing process of assessing the needs of your clients, assessing the functionalities of the vendors and recognizing that that is ongoing. And then lastly, it's really important to note that all of the tools, platforms, technology that you use in your clinic or in your site are all layered on top of each other and how they integrate or interact with each other is as important as the features of any one thing. And so we want to think about that as we go forward. So let's talk technology needs. So technology can either support or inhibit equitable access. And we obviously want to support that to any extent possible.

Jillian Maccini:

So before we review these questions, note that we're not making a value judgment on the responses to any of these questions. Each family planning provider agency will have different values, different systems, different structures and different needs to evaluate based on their context. So we're posing these questions for you to consider whether they're important for you. And if so, is a given vendor meeting what you need or not. So one question is, does the platform require an email or a password to use? Does it require a login to use? If so, it'll be important to consider whether your clients typically

have an email address or whether they have a password management plan, for lack of a better term. And knowing that that is a huge challenge for many of us, that can be really important to consider.

Jillian Maccini:

Another question is, can the platform be used on a variety of devices? Does it work on computers, tablets, smartphones, et cetera? If not, is the primary platform that the tool works on consistent with what your clients use? So for example, if the platform works by texting a link to clients to join, then most clients need to be smartphone users. Right? So it's these considerations to make in that particular case. Does the platform require downloading a separate app or browser extension, or can it work within a regular browser without needing to download anything else? This will be really important, both for clients who are not super tech savvy, but also for both clients and providers who may have firewalls, because that can be a limitation.

Jillian Maccini:

If it's smartphone focused, does it work on both Android and iPhone? Does the platform work on tablets as well? And again, thinking about that, like texting a link, if we're using something that texts a link, can it do that automatically? Can it do that to any number of different things? How does that work? Does the platform allow for switching from audio visual? So both video and audio to just audio in the case that broadband is inadequate, the client doesn't have sufficient data, et cetera. And we can think about what this looks like on FaceTime or Zoom, if we have experience with those, which is we can just shut off our video and we can just use the audio if we're running out of broadband or we're choppy or anything like that. Those needs often exist for clients as well.

Jillian Maccini:

And then someone made a great point earlier that I just want to re-highlight here, which is that in many cases, telehealth technology doesn't have a great process for team based care or warm handoffs, which is obviously fundamental to many of the services that we provide now. And so this is definitely worth assessing when assessing any tool, how can it support a nurse joining as someone mentioned earlier, or an interpreter joining. And many times we think they don't do those things, but they do if we get the settings just right. So it's important to ask about those. And just want to acknowledge that all of these include trade offs and these questions are really just intended to help you think through those trade offs. And I'm going to hand it off to Emma again.

Emma Ansara:

So in terms of the language and communication domains, these are considerations. I also want to make the connection to what you were doing in trying to be responsive to client needs in these domains when you were doing this within the physical setting of the clinic. So to think about people for whom English is not their preferred or heart language, what affordances, so where was translation considered and what was the range of places that translations were provided? So thinking about that within the virtual environment. And there's two different ways to go about this. Does the platform already come in and offer instructions and navigational directions in multiple languages? Or is there the flexibility to add that to communication? And so if you're sending out text communications, is it that those instructions are built into the platform or is there the ability to customize that?

Emma Ansara:

And so really what it takes is you all devoting the time and energy to adding those translations, which is built upon, hopefully, a data driven sense about what the potential language needs of your clients are. So there's language and thinking about translation both to help navigation, or really the tech… success with telehealth has so much to do with that initial sign on and navigation. And so I think that can be really invaluable as we think about access. Another domain is that for our clients who have lower literacy, and I think hopefully you see these domains as somewhat overlapping, but Jillian was talking about the ease of a link that is texted out as opposed to a sign on. And so it is both about, we talk about health literacy, but I actually think it's around comfort with navigating technology and thinking about, and eliciting client feedback about where's the difficult glitches popping up.

Emma Ansara:

So there's language, there's literacy, though in this context, I would say navigation or comfort with technology and navigation. And then the third domain is for patients who have limitations in sight or hearing. Are there alternatives that, and it again goes in those two ways, is this built into that technology or does the technology allow you to modify for patients? How easy is it to blow up text? It is text initially set out in 11 point or in 14 point? Those kinds of things. But some of it may be yes, is the technology able to do this? Do you and your staff know how to activate that part of the technology? Gosh, I'm using funny words this morning. Or what additional workarounds can you use within that setting? And these are again just specific prompts, but I would bin them in those three different areas. So I'll pass it back to Caitlin.

Caitlin Hungate:

Thanks, Emma. So our next domain is around personal and data privacy. And I welcome folks to use the chat, to chat in some of your concerns or what questions you would have. It is essential to be mindful of personal and data privacy, especially with technology tools we're using in the provision of healthcare. And coming from this perspective is more around other concerns around privacy and data beyond HIPAA or the regulatory framework. So these are questions that clients may have concerns. It's important to ask these questions related to data and personal privacy. So clients that are served by family planning providers may come from historically marginalized communities that have, and continue to experience differential quality of care, discrimination and medical mistrust. We're going to chat out a recent job aid from the Reproductive Health National Training Center that goes into that a bit more, and cite this is one of the important elements to talk with clients about telehealth.

Caitlin Hungate:

So acknowledging the medical mistrust, asking and listening to clients' concerns around telehealth visits and more. So privacy factors such as, what client information is stored within that platform, what privacy settings exist within the platform, what information if at all stored is shared with other applications or for other purposes. It's important to know the answers so you can clearly communicate that to your clients as these are concerns that they may have separate from other elements of a telehealth visit. So that first question around asking about emojis or other nonverbal communication within the platform, that's really important as well. As Jillian said, if a client is not in a private setting or needs to switch to audio only, to be able to engage the client in conversation, engage their reaction or in buy-in or interest or needs.

Caitlin Hungate:

This came up in a different setting, especially for young people. Emojis may be reactions, may be something that is a usable tool or something that they may be interested in to respond to providers' questions. So asking these questions is important, as presently telehealth apps that may collect data from consumers are not covered entities under HIPAA. And so I want to just pause and Jillian, I want to ask you if you can jump in and help us understand a little bit more about HIPAA, the regulatory framework and these tools, which is slightly different than the lens we took in these questions really around the client's perspective and their concerns around personal and privacy.

Jillian Maccini:

Right. People may have desires or expectations or concerns around their privacy from their own perspective, which are all critically important and may or may not overlap with HIPAA. But the key thing to note, several key things, one, there was some discretion offered during the public health emergency, which is continuing currently though there's some unevenness, but around what tools could be used for telehealth. So people may remember that there was some guidance coming out of OCR, which is the Office of Civil Rights, who are the people who enforce HIPAA saying you could use FaceTime, you could use things like that as long as it wasn't public facing during the public health emergency. We don't anticipate those flexibilities to last forever, and so the things to consider are that under HIPAA, you as the provider or whoever is the provider or the entity, is the covered entity.

Jillian Maccini:

Whereas any technology such as a telehealth platform, if this was the relationship we wanted to establish, would be a business associate and would need a business associate's agreement in order to adhere to the same rules and requirements as the covered entity. That's what that business associates agreement would do is say, okay, we, as the technology vendor are going to adhere to these requirements that you, as the covered entity, have to adhere to. So if the platform holds on to any or collects any phone number or any other identifying information for that patient, that will be important. This is a reason that sometimes people use the telehealth vendors that are embedded in their EHR, because that way it's already covered in that process. But those are really the key things to understand is, that is the relationship that's necessary if there is going to be this identifiable information collected by the telehealth vendor. And so whether that's something you want or don't want is important to consider. Does that answer your question, Caitlin?

Caitlin Hungate:

Thanks Jillian. It does. And I think it's really important to consider both of those perspectives when we think about personal and data privacy, the concerns that you may have as the provider agency and those as the clients are equally important, and the concerns may be coming from a different place, or you may have the regulatory frameworks that Jillian was talking about within the providers lens or perspective, but both are important to address. And certainly when communicating with your clients, being clear about how and what data personal and data privacy is being collected, stored, used, et cetera, is really important to communicate with your clients to build their trust, their safety, their comfort, their buy-in to virtual visits in telehealth writ large. So thank you, Jillian for jumping in and clarifying that framework question. And I do want to pass it back to you to talk about our last bucket around user focus.

Jillian Maccini:

Yes, absolutely. So the last section is really focused on whether the platform is user focused in a way that aligns with your organizational needs and mission. And so some examples to think about here, and obviously these are just examples, there might be other ways that you would prioritize user focus, but some things that we set forth are one, has the company that owns the platform made any public statements about commitment to digital equity or access? This might be on their website or in their materials. And it may be noting flexibility in access or noting why their tool is configured the way that it is and how it serves the needs of a patient population that is consistent with your population of clients.

Jillian Maccini:

So for example, their materials may say that among people who are low income, 40% do not have broadband access at home while nearly 70% have access to a smartphone. And therefore the platform offers SMS text and phone based platforms, something like that. And again, if that aligns with your client population, then that might be useful. And it suggests that there is an awareness of this. And so that's what we're posing here. Another example is thinking about or asking, who was the platform developed for specifically? How has it been adapted for clients with other needs? So this is understanding the origin story of the platform and understanding that origin story can be really helpful to understand who it was built for and whether that overlaps with your needs.

Jillian Maccini:

Similarly, it might be helpful to ask with whom has the platform been user tested, for the same reason that if there's good if the vendor can say, we did user testing with this group and this group and groups with these characteristics, and that is similar to our client population, we can feel a bit more comfortable that our clients are going to be able to navigate the platform. Two more questions. One is, is there technology support that clients can access? Meaning customer service around the technology that clients can access. If so, how do they do that? And the reason this is important, because you, as the organization may need to plan to provide ongoing tech support if this is not offered, or the platform itself might do some of that, if it is offered. And then lastly, are there any costs that a client may incur within or as a result of this platform? So this could be anything from data fees to, heaven forbid, ads on the platform that a client could end up clicking on and buying something inadvertently. Things like that are important to consider.

Emma Ansara:

So, whoa, I feel like that was a lot and good. I hope it was constructive. So we've laid out a tremendous number of considerations and we can also think about those as opportunities. But when we did that mentee poll at the beginning, I think there were three respondents that identified that they were in the market for a new platform. But I think one of the questions that comes to mind is, how do we work with the technology that we have? And so one of the ways that we want to encourage, or I'll just say, I have a few thoughts and I would really welcome your input. So one of the things is really thinking about, how do you take a critical lens to the platform that you have? So use these questions, not to direct the purchase of a future platform, but to think critically about, are you really mobilizing all the resources that may or may not be available to you in this platform?

Emma Ansara:

Additionally, if the platform is not flexible to accommodate the desires that you have, what opportunities are there to develop workarounds? Is that in staff training or often utilizing staff in other ways. So if you know that the sign-on process to get onto telehealth is clunky, would it make sense to

reassign staff from previous functions to think about supporting a telehealth navigation for patients. Another thing to think about is, and again, Jillian mentioned this before, which is just that these are works in progress. And so thinking about opportunities to report back to the vendor about where those difficulties may arise. But again, I think this is the part of the conversation that we would really encourage feedback from. So I'm going to close my mouth and pass the baton to Caitlin, and hopefully we can continue the conversation.

Caitlin Hungate:

Great. Thank you. So since we're a smaller group, we're just going to stay in one big discussion. And before we go into some of the questions that we've thought of, we'd love to welcome you to ask your questions of the questions that we raised, the domains, the concept, please feel free to use the chat or just unmute your line. If you have any questions we want to make sure we get to those first before digging into these questions that we had posed. Well, while you may formulate your questions, based on what you've heard today in our conversation about the telehealth vendor equity tool, what is one characteristic or more of your current telehealth vendor that you'll consider? As we saw in the mentee poll, several of you are considering, or will consider a new tool in the future. So what's an element or characteristic or question that you may dig deeper when you evaluate vendors in the future? Emma, I'm going to turn to you. I think you've got something else you wanted to add [crosstalk 00:44:47] all folks are thinking.

Emma Ansara:

Yeah. One of the things is that I think these tools and these prompts are tremendously helpful, but if I were to be completely honest is it's a little bit overwhelming. And so, one of the things is it may be valuable to think about or discuss here in the space, how do you prioritize which of these spaces to move into? And so, one of the things that Jillian and I get to do is spend a lot of time in talking with frontline teams about how they're mobilizing data to really think about how they shape their response in these areas. And so if this is overwhelming and it's hard to know, where is this sticky? Where is this going to get traction? I think it can be really helpful to think about what are the internal quality improvement efforts that are going on currently, and how can you expand that or of incorporate elements of these questions in support of that work that already has some momentum?

Emma Ansara:

Another consideration is what data do you have that can drive this information around? What language barriers do folks have? One of the conversations that is not included in is, are you systematically surveying clients about what their challenges are within the digital space, what their experience has been of their telehealth encounters. And so again, maybe putting some time there because that will help you to prioritize which of these areas you want to move into, acknowledging that over time, these will build on each other. I don't know if there's other folks that want to add to that.

Caitlin Hungate:

Emma, that's a really great point and certainly aligns with what family planning providers are doing around community engagement and CPEP. And we heard from many folks earlier this year in a training needs assessment, about revitalizing CPEP in community engagement activities to really hear from the community, to hear from clients and potential partners, especially as a lot of that direct community engagement work was not feasible at the start of the pandemic and for much of the pandemic, but now folks are able to do more in-person engagement and other partnership collaborations. So you're right on

in terms of other avenues for collecting data and information to inform the telehealth vendor considerations conversations. So thanks for adding that.

Caitlin Hungate:

Any other thoughts on what you'll take back to your agency based on what we talked about today, about the potential questions or domains to ask, please feel free to use the chat or jump in and unmute your line. So, in the interest of time, we'll skip ahead to the resources. So we've linked to the telehealth vendor equity assessment tool that's available through the reproductive health national training center that we reviewed today. The job aid that we chatted out earlier around taking an inclusive equity driven and trauma informed approach to your telehealth services. And then certainly NFPRHA has a wonderful repository of a variety of telehealth resources if you're looking to dig into this further. Thank you so much to everyone for joining today's conversation.

Caitlin Hungate:

If you haven't already, please subscribe to and catch up on past e-newsletters and the New York State Family Planning Training Center is pleased to be able to offer technical assistance around telehealth. So if you're interested in digging into this deeper, just let us know and contact us at the email on the slide and thank you for joining us today. And I hope you'll join me in thanking Emma and Jillian and Becky. Thank you as well. Thank you for your participation and bringing such… and joining our conversation today. We'll have our materials from today's webinar on our website in a few days. And our final ask is to please complete a brief evaluation from today's webinar, and we've posted it in the chat for you. We really do appreciate hearing your input and welcome your feedback to inform future events. And thank you so much for joining us, and this concludes our webinar.