



HMA
HEALTH
MANAGEMENT
ASSOCIATES

Use Cases from the Field

January 29, 2019, 12-1pm

Uche S. Uchendu, MD

Principal, Health Management Associates

Guest Interviews with:

Beverly Lawson, LPCMH

Director of Treatment Services
People's Place

&

Traci Bolander, PsyD.

CEO, Licensed Psychologist
Mid-Atlantic Behavioral Health

Telehealth Learning Lab Webinar Series

Telehealth program design and implementation aligns with behavioral health integration activities, addresses specialty care clinician shortages and concerns identified through the primary care collaborative and transformation work, and provides options for cost savings throughout the delivery system.

All practices and partners are encouraged to join!



Recorded webinars posted on








<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

■ DISCLOSURE

HMA does not endorse any specific vendors for telehealth (or digital health) platforms or equipment, though we do endorse the idea that telehealth (digital health) is important and impactful in healthcare transformation. For this reason, we do work with a number of companies in the digital health space.



■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series

- | | |
|--|---|
|  WEDNESDAY, DECEMBER 19
NOON EST | Introduction to Telehealth and Opportunities in the Delaware Market
https://healthmanagement.zoom.us/j/421874303 |
|  THURSDAY, JANUARY 10
NOON EST | Digitally Integrated Primary Care and Behavioral Health
https://healthmanagement.zoom.us/j/715946640 |
|  WEDNESDAY, JANUARY 16
NOON EST | Additional Technology Enhanced Solutions in Health Care Delivery
https://healthmanagement.zoom.us/j/343202752 |
|  FRIDAY, JANUARY 18
NOON EST | Telehealth Reimbursement and Payment Models
https://healthmanagement.zoom.us/j/368434599 |
|  TUESDAY, JANUARY 22
NOON EST | Telehealth Business Plan Development and Readiness Assessment
https://healthmanagement.zoom.us/j/368526663 |
|  THURSDAY, JANUARY 24
NOON EST | Vendor and Equipment Selection
https://healthmanagement.zoom.us/j/562927139 |
|  TUESDAY, JANUARY 29
NOON EST | Use Cases from the Field
https://healthmanagement.zoom.us/j/733628596 |

■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series



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MPH, PCMH CEE**
Senior Consultant



SAMANTHA DI PAOLA
Research Assistant



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Principal



DE TELEHEALTH LEARNING LAB SERIES HIGHLIGHTS & USE CASES FROM THE FIELD

UCHE S. UCHENDU, MD

PRINCIPAL, WASHINGTON DC.

HEALTH MANAGEMENT ASSOCIATES

■ AGENDA : USE CASES FROM THE FIELD

- Session Intro
 - Telehealth Learning Lab Series Highlights
 - Intro to Use Cases from the Field
- Use Cases from Delaware
 - People's Place
 - Mid-Atlantic Behavioral Health
- Comments with Q & A
- Next Steps



Series Highlights & Intro to
Use Cases from the Field



Voice from Delaware:
People's Place



Voice from Delaware:
Mid-Atlantic Behavioral Health

INTRODUCTION TO TELEHEALTH AND OPPORTUNITIES IN DELAWARE – HIGHLIGHTS 1A

DEFINITIONS

+ Telemedicine/Telehealth mHealth; digital health Virtual visits

Telehealth conveys a more broad scope of technology based exchange of information for medical care and health and wellness; TM is more specific to a provision of provider based medical care; used interchangeably with some specific exceptions; mhealth/digital health more consumer focused.

+ Originating Site

OS: location of the patient at the time of the service

+ Remote/Distant Site

RS: location of the provider at the time of the service

Providers must be licensed in OS state; credentialed at OS facility; follows all regulations of OS medical boards; malpractice

+ Store and Forward

Asynchronous exchange of health information

+ Remote Patient Monitoring

Usually asynchronous transmission of health metrics such as vital signs, glucose readings, motion sensors

+ Direct to Consumer

Patient initiated from non-clinical location

+ Telepresenter

Individual assisting patient during medical encounter

+ Peripherals

Equipment used during TM visit to collect and transmit clinical images or recording

Telehealth
Virtual Visit

Store and
Forward

Direct to
Consumer

mHealth

E-consult

Mobile
Apps

Project
ECHO™

Remote
Patient
Monitoring

■ Introduction to Telehealth

- Telehealth 101
- Definitions, Terms, Modalities

INTRODUCTION TO TELEHEALTH AND OPPORTUNITIES IN DELAWARE – HIGHLIGHTS 1B

■ Telehealth Opportunities

- Evolution of telehealth, including at the US Department of Veterans Affairs
- Research, barriers and solutions from a national and state perspective

Current State

- Low uptake overall
- Many opportunities and interest to engage further
- Limited adoption in some areas:
 - Behavioral Health follow-up
 - Primary Care episodic visits with non-assigned providers
 - After hours Urgent Care

Desired State – Increased penetration and expanded use in:

- Primary Care beyond urgent care visits including integration of Telehealth Modalities in Medical Homes
- Chronic Disease Management including Care Coordination
- Behavioral Health Integration including Opioid and other Substance Use Disorders
- Population Health Management



■ TELEHEALTH & DIGITAL HEALTH AT THE US DEPARTMENT OF VETERANS AFFAIRS

Clinic-Based Video Telehealth

- TeleMentalHealth
- TeleRehabilitation
- TeleCardiology
- TeleSurgery
- TeleGenomics
- TeleICU
- TeleNeurology
- TeleNutrition
- TelePrimary Care
- TelePulmonology (Sleep Services)
- TeleRehabilitation
- TeleAmputation Clinics
- TeleKinesiology
- TeleOccupational Therapy
- TeleMOVE!
- TeleSpinal Cord Injury/Disorder

Store-and-Forward technologies (Asynchronous)

- TeleDermatology and TeleRetinal Imaging - with the support of VistA Imaging Component of the VA's computerized patient record.
- VistA Imaging enables the communication of clinical images throughout VA.



VA Mobile Health Apps: Over 32 Health Apps to monitor health and to connect patients and their care teams

Home Telehealth with Care Coordination for Veterans who have diabetes, chronic heart failure, chronic obstructive pulmonary disease (COPD), depression or post-traumatic stress disorder.



Dec. 14, 2016 [Expanding Capacity for Health Outcomes Act](#) (S. 2873) (the ECHO Act).

Perceived Barriers

- Cost of Equipment
- Lack of Education about Telehealth – providers & patients
- Challenges moving from pilot to full-scale implementation

Some Solutions

- Education about telehealth options & opportunities including Cost & Value
- Align telehealth proposals & plans with strategic goals of the institution*
- Use patient stories*
- Develop a framework for prioritizing services*
- Nurture Telehealth Champions*
- Telehealth-specific Outcome Measures to motivate improvement*
- Use lessons learned as opportunities to improve, NOT Stop

*Chad Ellimoottil et al _Health Affairs Dec 2018

INTRODUCTION TO TELEHEALTH AND OPPORTUNITIES IN DELAWARE – HIGHLIGHTS 1C

■ Delaware Resources

- Telehealth Coalition and the Mid-Atlantic Telehealth Resource Center

■ Other Telehealth Resources

TOP 3 TELEHEALTH RESOURCES FOR DELAWARE

- DHSS Office of Telehealth
Carolyn.morris@state.de.us
- Delaware Telehealth Coalition
<http://detelehealth.wixsite.com/detelehealth>
- Mid-Atlantic Telehealth Resource Center (MATRC)
www.matrc.org

TELEHEALTH RESOURCES



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS



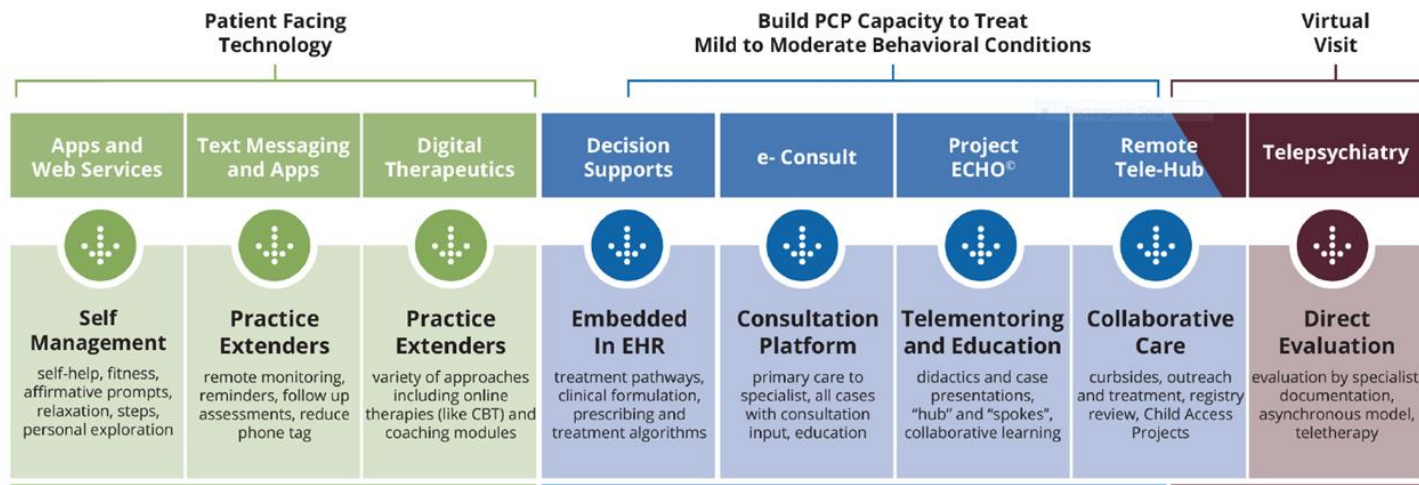
Position/policy statements/clinical guidelines:

- Federation of State Medical Boards, and each state medical board
- American Medical Association; state medical associations
- Medical Specialty Boards and associations
- American Hospital Association

DIGITALLY INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH – HIGHLIGHTS 2

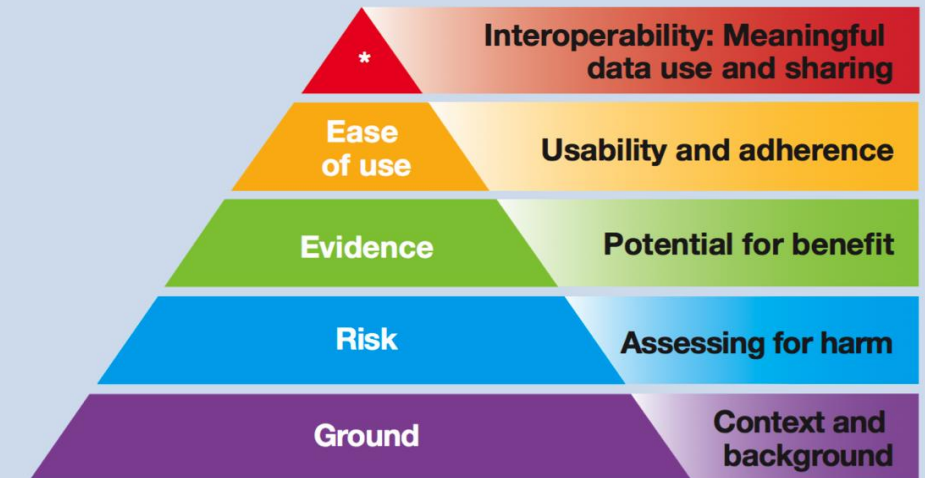
- Spectrum of Digital Possibilities to use in Integrated Settings
- Focus on Patient-Facing Technology
- Using Technology for Addressing Behavioral Health in Primary Care Settings
- Telepsychiatry Overview

TECHNOLOGY ENABLED BEHAVIORAL HEALTH IN PRIMARY CARE



© Lori Raney, MD

The American Psychiatric Association App Evaluation Model



<https://www.medge.com/currentpsychiatry/article/159127/depression/mental-health-apps-what-tell-patients>

■ ADDITIONAL TECHNOLOGY ENHANCED SOLUTIONS – HIGHLIGHTS 3A

Framing Our Discussion

■ Functions

The processes that need to occur to deliver excellent/compliant health care

- Examples: **specialty consultation, decision support, caregiver support**, visits between provider and patient, etc.

■ Tools

The things that are used to deliver the excellent/compliant health care digitally

- Examples: **SMS text, mobile apps**, live video, **eConsult** platforms, etc.

■ Outcomes

The results that are being achieved by performing those functions with the tools

- Example: **adherence**



Clinician Tools



Caregiver Tools



Patient Tools

Why?

Who?

Where?

How Does it Work?

What are the Benefits?

When is it Applicable?

ADDITIONAL TECHNOLOGY ENHANCED SOLUTIONS – HIGHLIGHTS 3B

TECHNOLOGY ENHANCED SOLUTIONS: DECISION SUPPORT

Decision Support Framework

Provider Decision Support

- Purpose is to guide the physician or other provider towards the best option(s) with evidence made available to interpret for the specific patient.
- Usually a tool in the EMR, though many web-based tools exist (e.g. aspirin use as primary prevention) and health plans support through mailings (“your patient is diabetic and should be on statin”)

Patient Decision Support

- Patient decision-making style and outcome preferences assessed
- Usually web-based, independent of provider with low use

Integrated Decision Support

- Uses clinical data and *Asynchronous Patient Decision Support* data to guide care team (incl patient) to an individualized decision

TECHNOLOGY ENHANCED SOLUTIONS: SMS TEXTS

Automated SMS/Texting Uses

Appointment reminders

(55% of consumers prefer SMS for appointment reminders* ... and they work!)

Visit prep

(e.g. “stop eating now”, “take you pre-procedure prep”, etc.)

Prescription reminders

Coaching

(e.g. automated smoking cessation coach)

Care gap reminders

Incentive notifications

TECHNOLOGY ENHANCED SOLUTIONS: CARE GIVER SUPPORT WRAP UP

Education/Information Self-Care Organization Coordination

More research necessary to prove the efficacy of these digital platforms for improving caregiver health and patient clinical outcomes

Some insurers and health systems currently conducting own studies by contracting with app companies and piloting use of digital platforms with MLTSS and Medicare Advantage patients and their family members in various markets



TELEHEALTH REIMBURSEMENT AND PAYMENT MODELS – HIGHLIGHTS 4A

Medicare expanded coverage

1. RPM Reimbursement (eff. Jan. 2018)
2. Expanding telestroke coverage (eff. Jan. 2019)
3. Improving access to telehealth-enabled home dialysis oversight (eff. Jan. 2019)
4. Enabling patients to be provided with free at-home telehealth dialysis technology
5. Allowing Medicare Advantage (MA) plans to include telehealth in basic benefits (public comment 9/2018; eff 2020)
6. ACOs can expand use of telehealth (Next Gen, MSSP Track II, MSSP Track III, and certain two-sided risk models). (Eff. Jan. 2020)

New!

Remote Patient Monitoring (RPM)

- 99091-Previously used to report remote patient monitoring
 - “Collection & interpretation of physiologic data (i.e. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional requiring a minimum of 30 minutes of time”
 - Was never a payable service until 2018; was always bundled
 - CMS proposed new RPM codes effective 2019

RPM Codes effective 1/1/19

- 99453-remote monitoring of physiologic parameter(s) (e.g. weight, BP, pulse ox, respiratory flow rate), initial; set-up & patient education on use of equipment
 - Billed once per patient
- 99454-remote monitoring of physiologic parameter(s) (e.g. weight, BP, pulse ox), initial: device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 99457-remote physiologic monitoring treatment management services 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

New!



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TELEHEALTH REIMBURSEMENT AND PAYMENT MODELS – HIGHLIGHTS 4B

More Expanded Coverage

- Brief Communication Technology-based Service, e.g. Virtual Check-in (HCPCS code G2012)
- Remote Evaluation of Pre-Recorded Patient Information (HCPCS code G2010)
- Interprofessional Internet Consultation (CPT codes 99452, 99451, 99446, 99447, 99448, and 99449)
- SUPPORT for Patients and Communities Act services (interim final rule)

New!

Additional Policy News



CMS Embraces mHealth With Reimbursement for Smartphone CGM Links

In a ruling announced this week, CMS will reimburse through Medicare for CGM platforms that enable diabetic patients to share data through a smartphone with their care providers.

New!



Putting it all together...

- Determine local payer guidelines for coverage including the required technology
- Review any applicable state & federal regulatory guidance, including patient education & consent, privacy and security requirements
- Document the service as if provided in person, including important billing elements such as total face-to-face time
- Report the appropriate codes per individual payor policies

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TELEHEALTH BUSINESS PLAN DEVELOPMENT AND READINESS ASSESSMENT – HIGHLIGHTS 5A

■ READINESS ASSESSMENT

Why is a Readiness Assessment important?
Do we really need to do one?

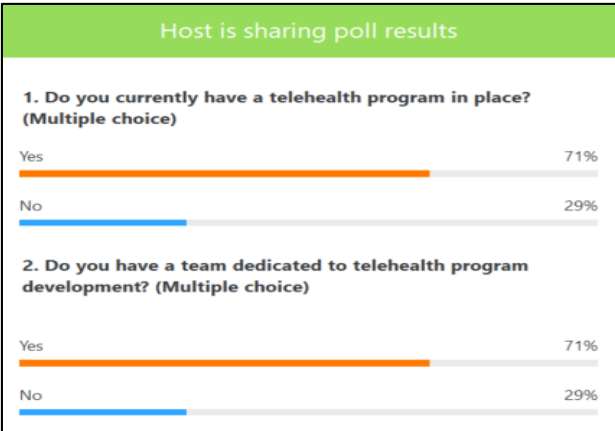
Purpose: To determine organizational readiness to implement a telehealth program and define the path to readiness.

- Process:**
- ➕ **Step 1:** Identify and engage team needed to perform the assessment.
 - ➕ **Step 2:** Review components associated with readiness assessment and complete with team input.
 - ➕ **Step 3:** Prioritize gaps for telehealth service program development and implementation.
 - ➕ **Step 4:** Work with the team and others to address gaps and use information to inform telehealth program design and eventual implementation.



Readiness Assessment

- Why is it important?
- Overview of Key Components



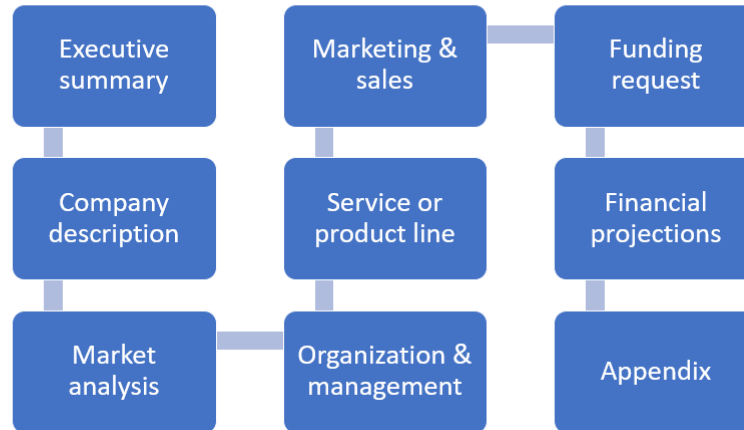
■ READINESS ASSESSMENT: Identify and Engage the Team

RA Team Members	Background and Skill Set
Telehealth program manager	Individual who completes the RA – has ultimate responsibility for implementation
Executive champion	Executive who sets vision/strategy for the organization
Clinician champion	Physician or clinical provider familiar with telehealth and/or telehealth-like solutions to address access issues.
Technical support	Familiar with organization’s information technology capability.
Referral coordinator	Knowledge of practice referral trends and access issues.
Billing and coding representative	Understanding of the practice payer mix and state reimbursement regulations.

TELEHEALTH BUSINESS PLAN DEVELOPMENT AND READINESS ASSESSMENT – HIGHLIGHTS 5B

DEVELOPING A BUSINESS PLAN : TRADITIONAL – COMPONENTS

- Comprehensive
- Detail oriented
- Intended for
 - Financing Request
 - Traditional funding sources



DEVELOPING A TELEHEALTH BUSINESS PLAN: SAMPLE TOOL

HMA Tool for Client Support and Guidance*

- Executive Summary (optional)
- Company/organization structure
- Service to be provided
- Demand/Market Analysis and Customer/Client base
- Governance/Leadership
- Staffing Resources
- Financial model/sustainability
- Marketing or Communications Plan
- Implementation plan and timeline
- Risks/contingencies



- Conduct
- Analyze Findings



- Select Type & Tool
- Seek Expert Support if needed
- Complete Business Plan



- Secure Funding
- Deploy Implementation Plan

Selecting the right tool and engaging experts* along with committed leadership and clinical champions are critical elements for a comprehensive, cost-efficient, business plan – >>> set the stage for successful Telehealth Implementation.

*Health Management Associates Business Plan Tool for Telehealth Implementation

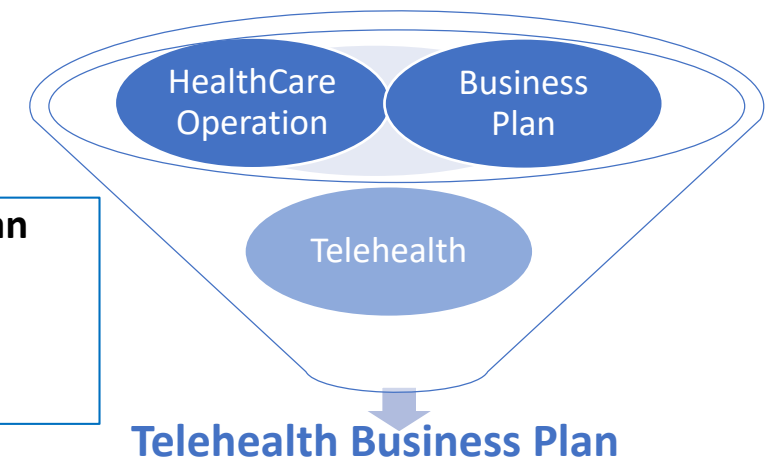
DEVELOPING A BUSINESS PLAN: HEALTHCARE

How is Business Planning Applied in HealthCare?



Telehealth Business Plan

- What is it?
- Options & Tools



TELEHEALTH VENDOR AND EQUIPMENT SELECTION HIGHLIGHTS – 6A

■ Review of Requirements in Delaware State Regulations

- Technology
- Site Requirements
- Emerging Medicare Regulations

■ TELEHEALTH IN DELAWARE

Site Requirements

- **Distant Site** (i.e. provider location) must be a DMAP enrolled site or in a DMAP MCO, and must be a Medical Facility
 - Must be in the continental US
 - Not eligible for a ‘facility fee’
- **Originating Site** (i.e. patient location) may include the DMAP member’s place of residence, day program, or alternate location in which the member is physically present
 - Generates a “facility fee”
 - Can be a patient’s home if communication can be HIPAA-compliant, private, and secure, but does not warrant an originating site fee

■ TELEHEALTH IN DELAWARE

Emerging Medicare Rules

- Audio and video equipment permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.
- “Secure video-conferencing via personal computers, tablets, or other mobile devices” meet requirements for telemedicine
- Real-time, encrypted streaming via the use of “Video camera, Audio equipment, and Monitor”

TELEHEALTH VENDOR AND EQUIPMENT SELECTION HIGHLIGHTS – 6B

■ Selection Process

■ IDENTIFY FUNCTIONS, SCAN MARKET, & DEFINE REQUIREMENTS

Functions

- The things the equipment or software or vendor should do
- *Examples:*
 - Provide secure audio/video connection from video visit room to consumers on smartphones
 - Provide fast, reliable advice to PCPs from a panel of specialists

Market scan

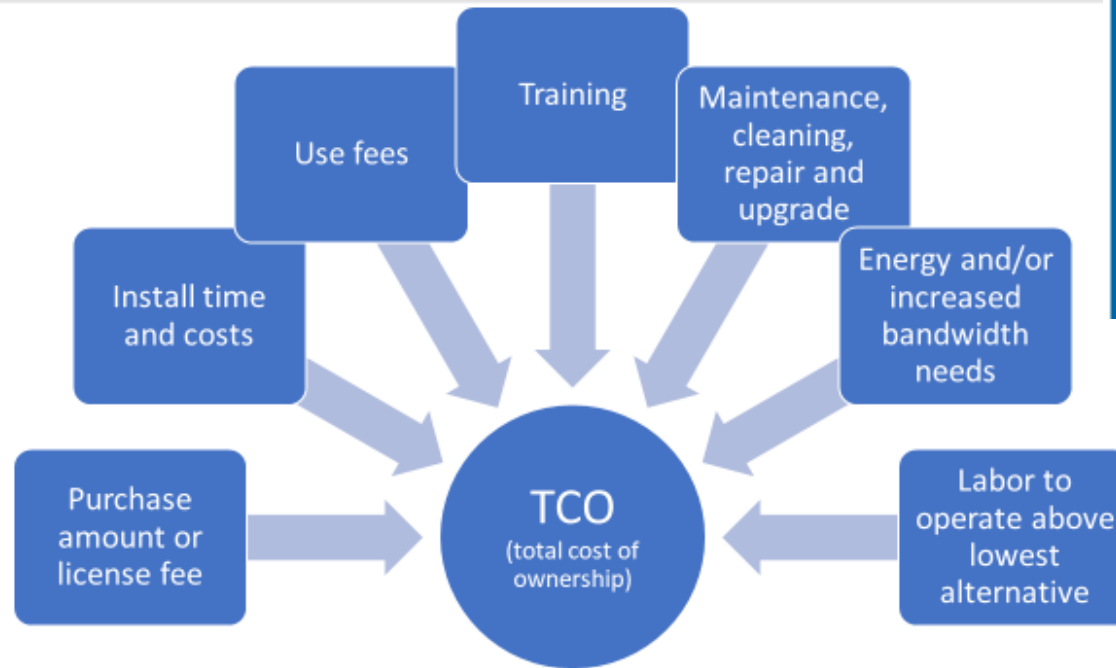
- Google
- Experts at advocacy organization
- Network
- Professional experts



Requirements

- The specific features that are required to perform the function
- *Examples:*
 - Transmit video in end-to-end encrypted format
 - Have features that create relationship between remote specialist and PCP such as photo and opportunity for back & forth communication

■ DEFINING COST



■ Use Cases

- Provider ⇔ Patient at Home
- Provider ⇔ Patient at Provider
- Provider ⇔ Provider
- System ⇔ Patient

Select the accurate option below to complete the statement:

Today's Webinar...

- Is the first in the DE SIM Telehealth Learning Lab Webinar Series
- Is the only webinar by HMA on the topic of Telehealth
- Can be accessed in the archives along with other recorded sessions
- Does not fit any of the options above

USE CASE FROM THE FIELD – TELEHEALTH UTILIZATION IN A LARGE HEALTH CARE SYSTEM

Utilization of Interactive Clinical Video Telemedicine by Rural and Urban Veterans in the Veterans Health Administration Health Care System.¹

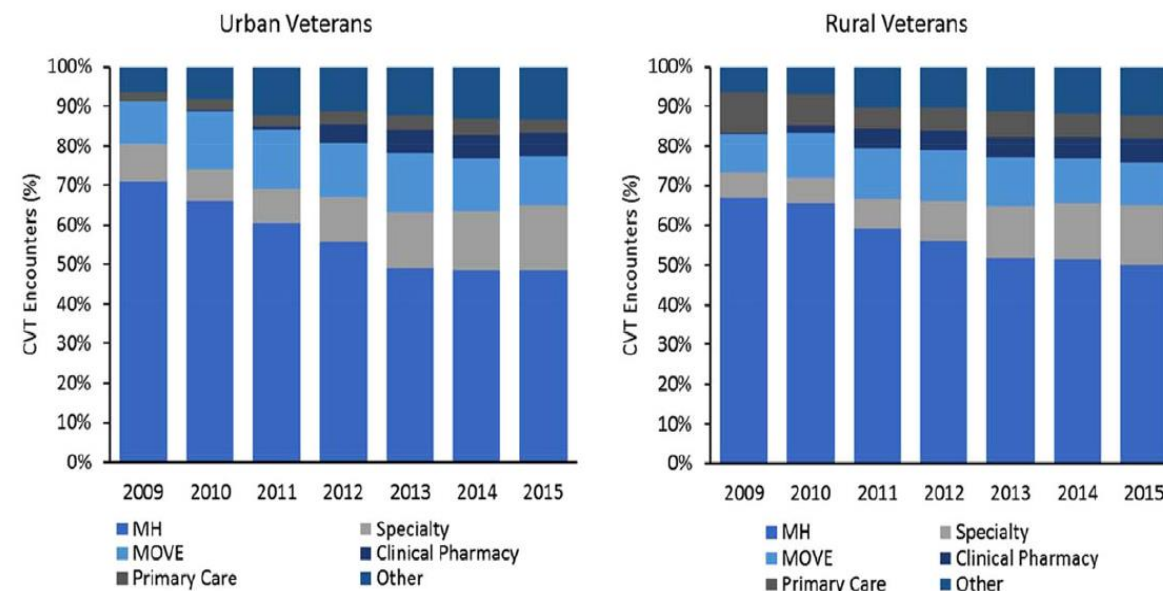
Methods: Observational study

- Used VHA* admin databases
- Analyzed trends in CVT** utilization & types of care received
- Among 7.65 million veterans From 10/1/2008 to 9/30/2015.
- Stratified trends by veteran rurality
- Analyzed data using linear regression

Factors independently Associated with Higher Odds of CVT Utilization:

- Rural residence
- Younger age
- Longer driving distance to VHA facilities
- One or more comorbidities
- Higher rates of traditional, non-video utilization

Figure 2 Type of Health Care Delivered by Clinical Video Telemedicine as a Percentage of Encounters in Each Fiscal Year (FY 2009-2015) in the Veterans Health Administration.



Abbreviations: CVT, clinical video telemedicine; MH, mental health care; MOVE, MOVE! weight management program.

- Over 6 years, the annual CVT utilization grew from 30 to 124 encounters per 1,000 veterans (>300% increase)
- Faster growth among rural veterans than urban veterans
- About 50% of all CVT delivered care was mental health care

1. Scott V. Adams et al _Journal of Rural Health Jan. 2019

*Veterans Health Administration

**Clinical Video Telemedicine



USE CASES FROM THE FIELD: PEOPLE'S PLACE

BEVERLY LAWSON, LPCMH

DIRECTOR OF TREATMENT SERVICES

HEALTH MANAGEMENT ASSOCIATES

■ USE CASES FROM THE FIELD: VOICE FROM DELAWARE



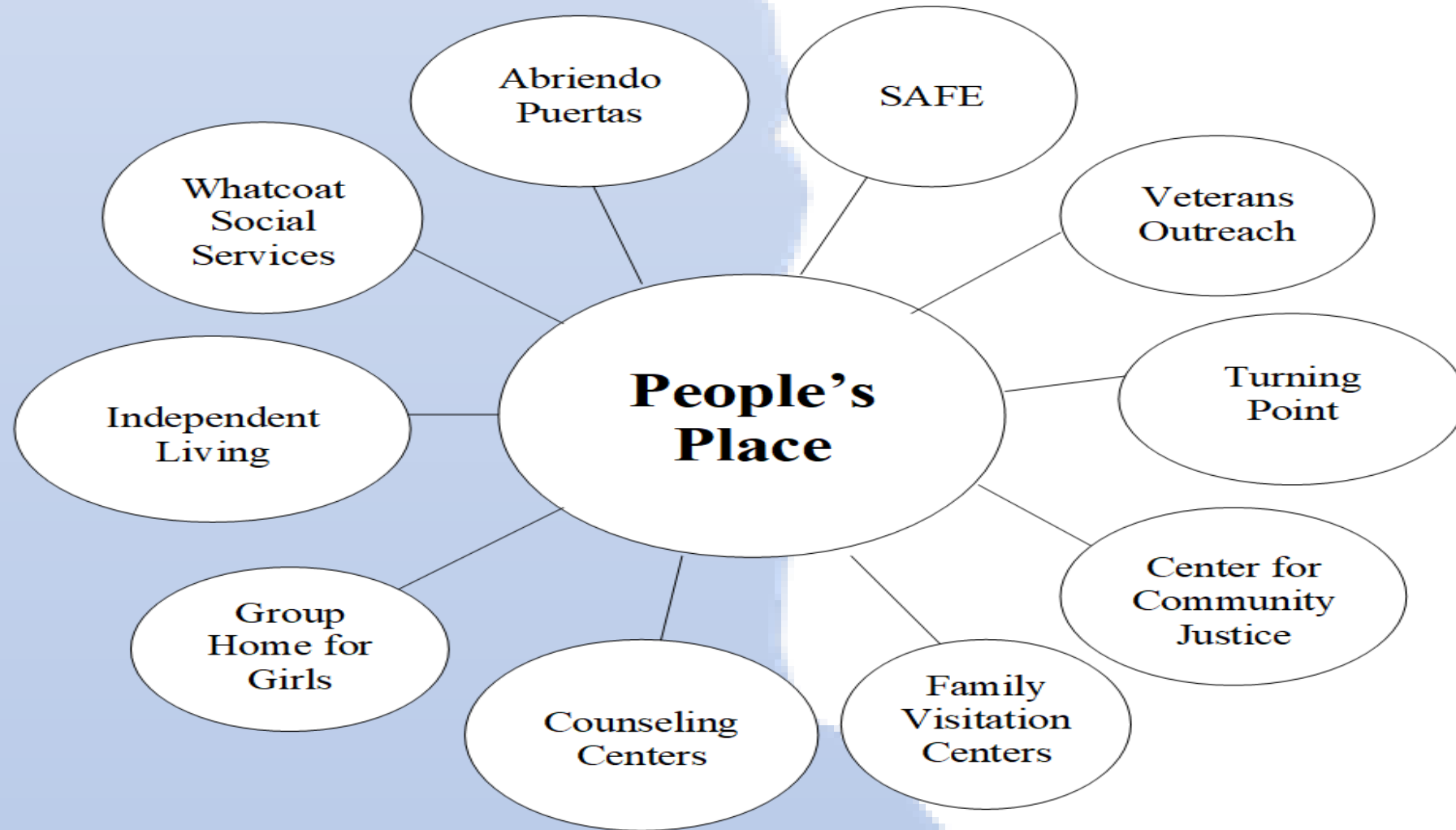
People's Place

Helping people find their path to growth and independence

■ USE CASES FROM THE FIELD: VOICE FROM DELAWARE – PEOPLE'S PLACE

- Founded in 1972 – All volunteer staff to address drug problem in Delaware
- Became a drop-in center for troubled youth
- Currently 10 Programs/Services
- 19 locations throughout the state
- 150 Employees/\$ 8.1 Million Budget
- Approximately 50% state-funded
- Cornerstone – Counseling
- Mission – *Helping People Find Their Path to Growth and Independence*

USE CASES FROM THE FIELD: VOICE FROM DELAWARE – PEOPLE'S PLACE PROGRAMS



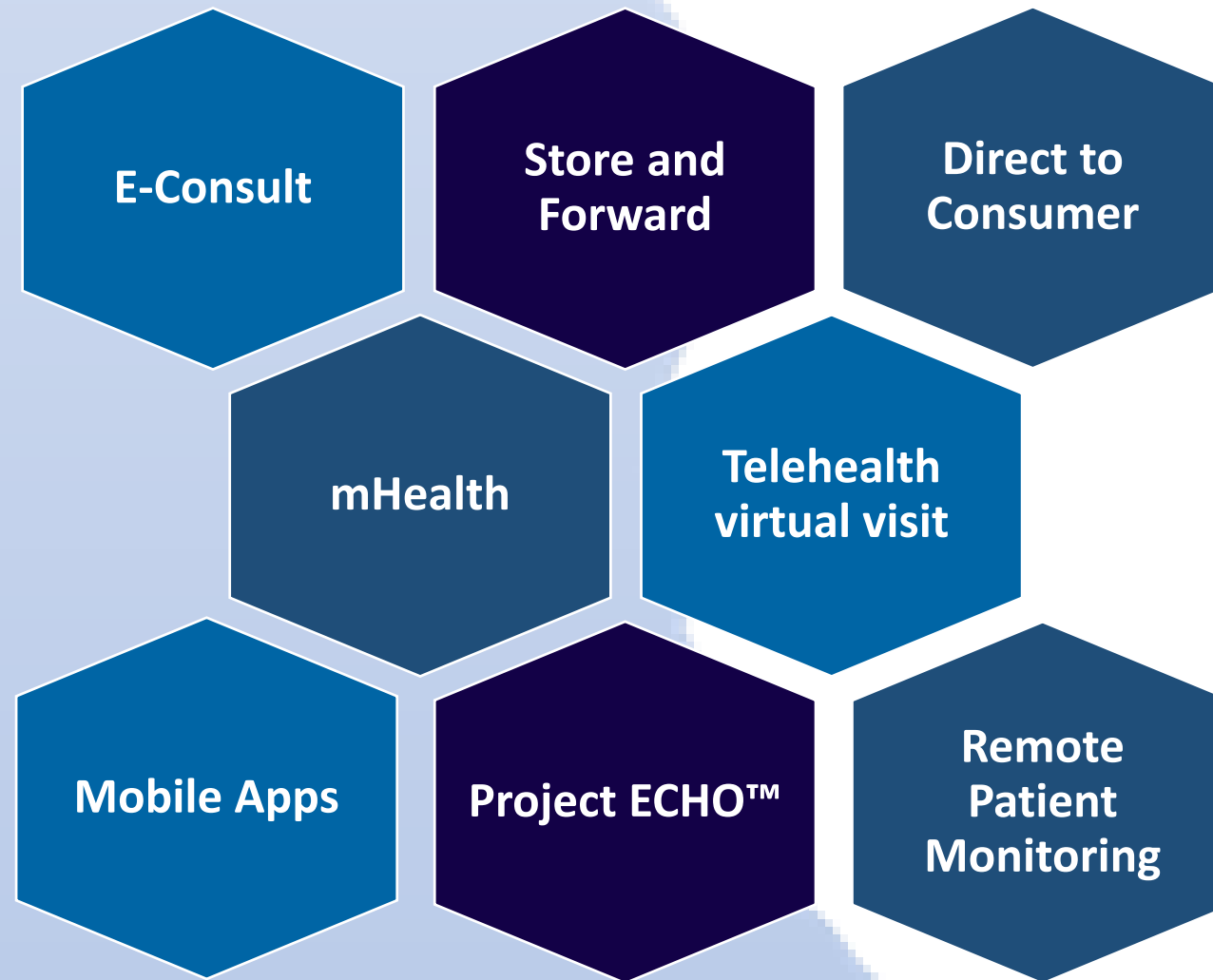
■ USE CASES FROM THE FIELD: PEOPLE'S PLACE VETERANS OUTREACH

- Wide variety of services for veterans in Kent and Sussex Counties since 1989
- Door to door transportation service to area VA hospitals
- 10 Passenger Van
- Assistance – accessing State & Federal VA benefits
- Serves more than 100 Veterans per year

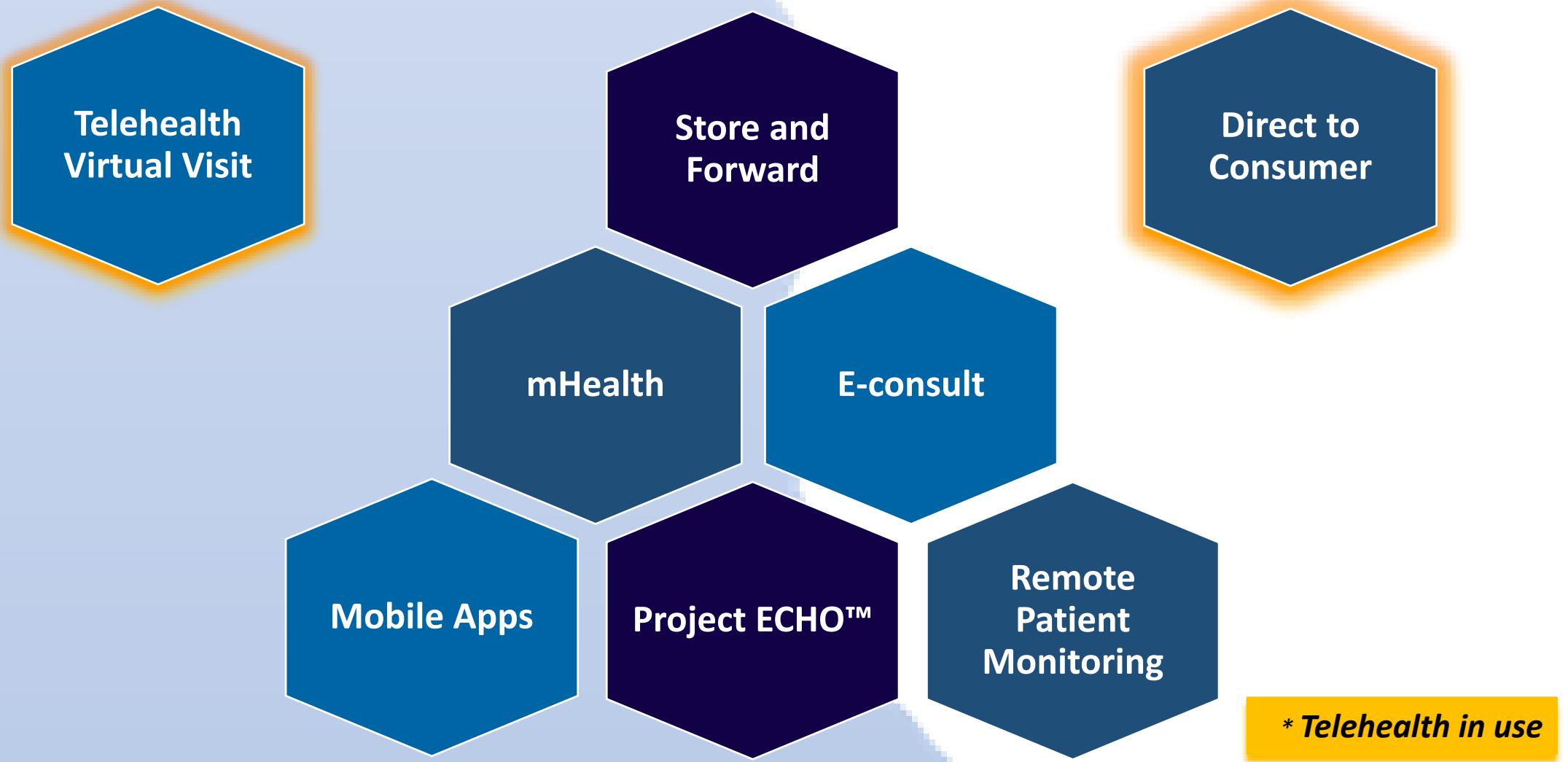
■ USE CASES FROM THE FIELD: VOICE FROM DELAWARE – PEOPLE'S PLACE COUNSELING CENTER

- Became direct service provider in 1976 hiring first mental health professionals
- 5 locations – Milford*, Millsboro*, Seaford, Smyrna* & Middletown
- Service Examples:
 - Individual & Family Therapy
 - Children, Adults, Adolescents, Psychiatric evaluation* & Medication Management*
 - Divorce & Custody Mediation
 - Forensic Evaluations
 - Milford School District – prevention/therapy services for students
 - Insured, Underinsured & Uninsured

*** Telehealth in use**



DIGITAL HEALTH MODALITIES CURRENTLY IN USE AT PEOPLE'S PLACE?



■ **USE CASES FROM THE FIELD: PEOPLE'S PLACE TELEHEALTH EXPERIENCE**

1. Why did you decide to deploy Telehealth?

2. How did you come your decisions on Telehealth implementation?

3. Who is doing what?
Tell us what processes you put in place.

4. Share some pros, challenges and lessons learned.

5. Discuss any process improvement in your Telehealth Program

6. Share what you can about your upfront cost and maintenance plans.

7. How about your staff & patient satisfaction from the use of People's Place Telehealth Services?



USE CASES FROM THE FIELD: MID-ATLANTIC BEHAVIORAL HEALTH

TRACI BOLANDER, PSYD.

CEO, LICENSED PSYCHOLOGIST

HEALTH MANAGEMENT ASSOCIATES

USE CASES FROM THE FIELD: INTERVIEW WITH MID-ATLANTIC BEHAVIORAL HEALTH



MID-ATLANTIC
BEHAVIORAL HEALTH

**Tell us about
Mid- Atlantic
Behavioral Health**

**Why did you
decide to do
Telehealth?**

**How did you reach
the decisions
about Telehealth?**

**Which Telehealth
modalities are
you using?**



Telehealth
Virtual Visit

Store and
Forward

Direct to
Consumer

mHealth

E-consult

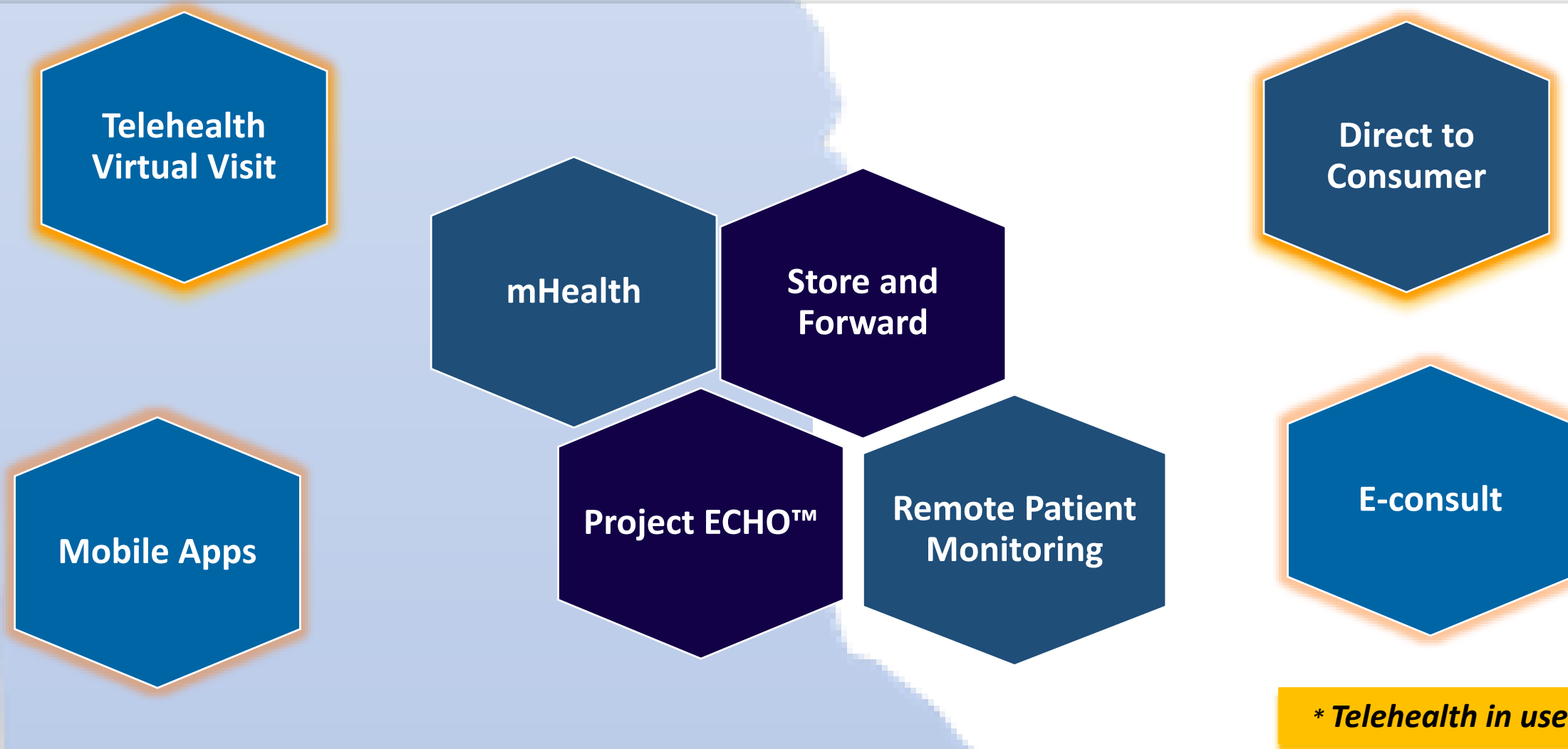
Mobile
Apps

Project
ECHO™

Remote
Patient
Monitoring



DIGITAL HEALTH MODALITIES CURRENTLY IN USE AT MID-ATLANTIC HEALTHCARE



USE CASES FROM THE FIELD: INTERVIEW WITH MID-ATLANTIC BEHAVIORAL HEALTH



MID-ATLANTIC
BEHAVIORAL HEALTH



**Where are you using
Telehealth –
location & services?**

**Share some of your
experiences –
pros, challenges &
lessons learned**

**Comment on users'
feedback, return on
investment & advice
to others**



DELAWARE TELEHEALTH LEARNING LAB SERIES REWIND – WRAP UP

I. Introduction to Telehealth and Opportunities in the Delaware Market

III. Additional Technology Enhanced Solutions in Health Care Delivery

V. Telehealth Business Plan Development and Readiness Assessment

<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

II. Digitally Integrated Primary Care and Behavioral Health

IV. Telehealth Reimbursement and Payment Models

VI. Vendor Equipment Selection

VII. Use Cases from the Field

THANK YOU TO OUR DELAWARE GUEST SPEAKERS DURING THE LEARNING LAB SERIES

Carolyn Morris, MHSA,CTPM

Carolyn.morris@State.de.us

- Director of Telehealth Planning and Development, Delaware Health and Social Services
- Chair, Delaware Telehealth Coalition
- Mid-Atlantic Telehealth Resource Center Advisory Board
- Instructor & Program Director, Advanced Telehealth Coordinator certificate program at the University of Delaware

Delaware Telehealth Coalition Mission:

“To facilitate the use of telehealth to improve access to high quality healthcare throughout Delaware.”



Helping people find their path to growth and independence

Beverly Lawson, LPCMH

blawson@peoplesplace2.com

Director of Treatment Services, People's Place Behavioral Health Centers



MID-ATLANTIC
BEHAVIORAL HEALTH

Traci Bolander, PsyD

tbolander@midatlanticbh.com

CEO, Licensed Psychologist
Mid-Atlantic Behavioral Health



Questions? Comments?



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uuchendu@healthmanagement.com



<https://www.healthmanagement.com/>

HEALTH MANAGEMENT ASSOCIATES

■ NEXT STEPS

- Contact us to get on our list for future communication.
- Reach out to the speakers to request additional assistance.
- Look for a follow-up email:
 - Provide input for this and future sessions using the evaluation form
 - Visit out our website for more information
- Check out the archives for recorded webinars in the series.
<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

Thank you!

YOUR INPUT IS REQUESTED!

What is your current process for medication dispensing and/or administration at the originating healthcare facility/site, when the prescribing clinician is at a distant/remote site?

SEND YOUR RESPONSE TO:

UCHE S. UCHENDU, MD

uuchendu@healthmanagement.com

<https://www.healthmanagement.com/>

Thank you!

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