2018 TELEHEALTH CONFERENCE

SALT LAKE CITY, UTAH

OCTOBER 1-3

NRTRC
NORTHWEST REGIONAL
TELEHEALTH RESOURCE CENTER

EXHIBITION SPACE LAYOUT

MARRIOTT SALON A-C

CONFERENCE AT-A-GLANCE

ABOUT US

The Northwest Regional Telehealth Resource Center (NRTRC) has a mission to advance the development, implementation, and integration of telehealth programs in rural and medically underserved communities. Our service area includes Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming.

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NRTRC BOARD MEMBERS

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NRTRC STAFF

Deb LaMarche, Principal Investigator / Program Director
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Marz Cesarini, Associate Director, IT

GENERAL INFORMATION

REGISTRATION/INFORMATION DESK: The NRTRC Registration/Information Desk is to your left as you enter the Salt Lake Marriott Downtown at City Creek foyer *(pass the front desk on your left)*. Registration hours are Monday, October 1st, 10:00AM – 5:00PM, Tuesday, October 2nd, 7:00AM – 5:00PM, and Wednesday, October 3rd, 7:00AM – NOON.

NAME BADGES: NRTRC Conference attendees must wear name badges for access to sessions, meals, and the exhibit hall. If you misplace your badge, please obtain a replacement badge at the Registration/Information Desk.

WELCOME RECEPTION & NETWORKING RECEPTION: The receptions will have a cash bar. Guests will need to have cash for the bar as the bartenders will not be able to take a card. There is an ATM in the lobby if guests would like to get cash for the receptions.

PARKING: Guests who utilize the Self-Parking Garage receive a ticket which needs to be validated with a sticker that discounts parking to $5 per day. To receive the discount, bring the parking ticket to the registration desk to get a validation. You can then pay by cash or card at the kiosk by the elevator in the Marriott. The kiosk in the parking garage will take only a card for payment.

SPEAKER SLIDES & HANDOUTS: Speaker handouts and slides *(where speakers have granted permission)* will be posted at **www.nrtrc.org**.

INTERNET ACCESS: Marriott CONFERENCE wireless network / Password: NRTRC2018

MARRIOTT DINING LOCATIONS AND HOURS: Starbucks, 6AM – 6PM / Destinations Lounge, opens at 4PM / Elevations, 6AM – 2PM and 5PM – 10PM.

PRE-CONFERENCE WORKSHOPS

PRE-CONFERENCE WORKSHOPS | MONDAY, OCTOBER 1, 2018

1:00PM-3:00PM

WORKSHOP 1

TELEHEALTH 101: GETTING STARTED

CINDY ROLEFF, MS, BSN, RN-BC
Telehealth Program Development Manager, ANTHC
Alaska Federal Health Care Access Network (AFHCAN)

WORKSHOP 2

FUNDING BROADBAND AND TELEHEALTH: AN INTRODUCTION TO FEDERAL FUNDING PROGRAMS

DEB LAMARCHE
Program Director and Principal Investigator Northwest Regional Telehealth Resource Center (NRTRC), Associate Director of the Utah Telehealth Network (UTN), a service of the Utah Education and Telehealth Network (UETN)

3:00PM-3:15PM BREAK

3:15PM-4:15PM

WORKSHOP 3

BEGINNERS GUIDE TO REIMBURSEMENT AND BILLING

CATHERINE BRITAIN
Executive Director, Telehealth Alliance of Oregon, CSBritain Consulting

KATIE BROWN, MBA, CPC, CPC-I
Manager of Revenue Integrity and University Medical Billing, The University of Utah

WORKSHOP 4

TELEPSYCHIATRY 101

KRYSTEN COSWAY
Account Executive, Iris Telehealth

4:15PM-5:00PM

WORKSHOP 5

HOW TO FIND THE PERFECT TELEHEALTH SPECIALTY SERVICE PROVIDER

KATHY CHORBA, CTRC
Executive Director, California Telehealth Resource Center

5:00PM-7:00PM WELCOME RECEPTION – Meet the Exhibitors

CONFERENCE PLANNING COMMITTEE

CATHERINE BRITAIN *Executive Director, Telehealth Alliance of Oregon, CSBritain Consulting*

SHANNON CHRISTENSEN, MBA *Programs Manager, Northwest Regional Telehealth Resource Center*

KRISTY HAUN, MSN, RN *Manager of Education and Training for the Office of Network Development and Telehealth, The University of Utah*

DEB LAMARCHE *Program Director and Principal Investigator, Northwest Regional Telehealth Resource Center*

ANTHONY TORRES *Information Technology Project Manager, Utah Navajo Health System*

CARA B. TOWLE, RN, MSN, MA *Associate Director, Integrated Care Training Program/Psychiatry Consultation & Telepsychiatry, University of Washington*

BRIAN WAYLING, MBA *Assistant Vice-President Telehealth Services, Intermountain Healthcare*

CONFERENCE SCHEDULE

CONFERENCE DAY 1 | TUESDAY, OCTOBER 2, 2018

7:00AM-8:30AM BREAKFAST AND POSTER PRESENTATION STROLL

8:30AM-9:00AM

KEYNOTE: WELCOME TO UTAH – IMPROVING COMMUNITY HEALTH THROUGH TELEHEALTH

SARAH WOOLSEY, MD, MPH, FAAFP
Medical Director, HealthInsight Utah

9:00AM-10:00AM

PANEL: AVOIDING TRANSFERS AND IMPROVING CARE: TELEHEALTH NEWBORN RESUSCITATIONS IN COMMUNITY AND RURAL HOSPITALS

LORY J. MADDOX, MSN, MBA, RN
Clinical Manager, Connect Care Pro: Pediatrics, Intermountain Healthcare

STEPHEN D. MINTON, MD, FAAP
Chief of Neonatology and Medical Director of the Newborn Intensive Care Unit at Utah Valley Hospital

JORDAN ALBRITTON, PHD, MPH
Sr. Statistical Data Analyst, Intermountain Healthcare

TAUNYA COOK, BSN, RNC-LRN
Unit Education Consultant, Intermountain Healthcare

STEPHANIE MERRELL, MSN, RN
Nurse Manager, Uintah Basin Medical Center

10:00AM-10:30AM

DEVELOPING TELEHEALTH SERVICES WITHIN A PEDIATRIC FEEDING PROGRAM AT SEATTLE CHILDREN'S HOSPITAL TO REACH CHILDREN AND FAMILIES WITH SPECIAL HEALTH CARE NEEDS IN THEIR COMMUNITIES

DANIELLE N. DOLEZAL, PH.D., BCBA-D
Certified Special Education and Early Education Teacher, Child Psychologist, and Board Certified Behavior Analyst at the Doctoral Level
Program Director, The Pediatric Feeding Program at Seattle Children's Autism Center, Seattle Children's Hospital

10:30AM-11:00AM BREAK – Meet the Exhibitors

11:00AM-NOON

FEDERAL & STATE TELEHEALTH POLICY TRENDS IN THE NRTRC REGION: REIMBURSEMENT, STATE COMPACTS, AND OTHER LEGAL AND REGULATORY TOPICS

MEI WA KWONG, JD
Executive Director, Center for Connected Health Policy

NOON-1:00PM LUNCH – Meet the Exhibitors

1:00PM-1:30PM

GUIDING YOUR ORGANIZATION TELEHEALTH CHANGE: THE INTERMOUNTAIN HEALTHCARE EXPERIENCE

WILLIAM DAINES, MD
Medical Director, Intermountain Connect Care, Intermountain Healthcare

1:30PM-2:00PM

QUALITY, TECHNOLOGY AND RURAL HEALTH: LANA'I COMMUNITY HEALTH CENTER EXPERIENCE

JOSEPH HUMPHRY, MD, FACP, CPHIMS
Medical Director and Director of Quality, Lana'i Community Health Center

CONFERENCE SCHEDULE

CONFERENCE DAY 1 | TUESDAY, OCTOBER 2, 2018

2:00PM-3:00PM

PANEL: TELEHEALTH TO HOME (MEETING PATIENTS WHERE THEY ARE)

DELIVERING CONVENIENT CARE TO THE COMMUNITY: REMOTE PATIENT MONITORING (RPM) PROGRAMS

KRISTA STADLER, RN, BSN
Senior Director, Telehealth Services, St. Luke's Health System

DIRECT-TO-PATIENT VIRTUAL FOLLOW UP CARE

TAMMY ARNDT
Director, Northwest TeleHealth (NWTH)

3:00PM-3:30PM BREAK – Meet the Exhibitors

3:30PM-4:15PM

DIRECT-TO-PATIENT TELEMEDICINE LEGAL AND REGULATORY CONSIDERATIONS

KYLE Y. FAGET, J.D.
Special Counsel and Business Lawyer, Foley & Lardner LLP

4:15PM-5:00PM

MAXIMIZING CLINICAL EFFECTIVENESS OVER LIVE VIDEO

JONATHAN NEUFELD, PHD
Program Director, Great Plains Telehealth Resource Center

5:00PM-7:00PM NETWORKING RECEPTION – Meet the Exhibitors

CONFERENCE DAY 2 | WEDNESDAY, OCTOBER 3, 2018

7:00AM-8:30AM BREAKFAST AND POSTER PRESENTATION STROLL

8:30AM-8:45AM WELCOME AND PATIENT STORY

8:45AM-9:30AM

CULTIVATING PHYSICIAN ENGAGEMENT WHILE TRANSFORMING RURAL HEALTHCARE THROUGH TELEHEALTH

DARCY LITZEN, MS, BSN
Business Development Officer, Avera eCARE

KELLY RHONE, MD, FACEP
Avera eCARE's Medical Director of Outreach and Innovation, Avera eCARE

CONFERENCE SCHEDULE

CONFERENCE DAY 2 | WEDNESDAY, OCTOBER 3, 2018

9:30AM-10:30AM

TRACK 1

PANEL: THE RURAL AND FRONTIER EXPERIENCE

TEAM TELEMEDICINE: IMPLEMENTING AND RUNNING A COLLABORATIVE GENERAL TELE-NEUROLOGY CLINIC IN RURAL SOUTHERN UTAH

PETER HANNON, MD
Assistant Professor, Division of Vascular Neurology, Department of Neurology, The University of Utah

RUSSELL PINCOCK, DNP, APRN, NP
Primary Care Provider, Utah Navajo Health System (UNHS

SARAH DEHONEY, PHARMD, BCPS
Neurology Clinic Pharmacist, Clinical Neurosciences Center, The University of Utah

TRACK 2

PANEL: TELESTROKE

TELESTROKE: STAYING RELEVANT IN A COMPETITIVE MARKET

JALEEN SMITH, BS
TeleStroke Program Coordinator, University of Utah Hospital

STAND AND DELIVER: STANDARDIZATION OF TELEMEDICINE TRAINING FOR ACUTE STROKE CARE

LEE S. CHUNG, MD
Assistant Professor of Neurology, School of Medicine, The University of Utah

10:30AM-11:00AM BREAK – Meet the Exhibitors

11:00AM-NOON

TRACK 1

PANEL: THE RURAL AND FRONTIER EXPERIENCE

USING TELEMEDICINE TO KEEP CARE CLOSER TO HOME IN OREGON: A CRITICAL ACCESS HOSPITAL CASE STUDY

TALBOT "MAC" MCCORMICK, MD
President and CEO Eagle Telemedicine

DOUG ROMER, RN, BS
Executive Director Patient Care Services, Grande Ronde Hospital

A NEW MODEL: THE FRONTIER COMMUNITY HEALTH INTEGRATION PROJECT DEMONSTRATION (FCHIP)

KIM SELIGMAN
FCHIP Technical Assistance Coordinator, Montana Hospital

TRACK 2

PANEL: INNOVATIVE MODELS IN TELEHEALTH EDUCATION, CLINICAL CARE, AND RESEARCH

RURAL SUPPORT GROUPS USING TELEHEALTH

GWEN LATENDRESSE, PHD, CNM, FACNM
Associate Professor and Assistant Dean for the Master and DNP Programs, College of Nursing, The University of Utah

KATHERINE P. SUPIANO, PHD, LCSW, F-GSA, FT
Associate Professor Director, Caring Connections: A Hope and Comfort in Grief Program, College of Nursing, The University of Utah

THE APPLICATION OF TELEHEALTH IN EDUCATION, CLINICAL PRACTICE AND RESEARCH (IPE / AHEC)

SUSAN CHASE-CANTARINI, DNP, RN, CHSE
Assistant Professor (Clinical), College of Nursing, The University of Utah

SUSAN HALL, DNP, APRN, FNP-C, WHNP-C
Track Director of Primary Care DNP Family Nurse Practitioner, College of Nursing, The University of Utah

NOON-12:50PM

NRTRC STATE PANEL: SHARING UPDATES

NRTRC ADVISORY BOARD MEMBERS AND STATE EXPERTS

12:50PM-1:00PM

WRAP-UP – CONFERENCE ADJOURNED

DEB LAMARCHE
Program Director and Principal Investigator, Northwest Regional Telehealth Resource Center (NRTRC), Associate Director of the Utah Telehealth Network (UTN), a service of the Utah Education and Telehealth Network (UETN)

SESSION DESCRIPTIONS

PRE-CONFERENCE WORKSHOPS | MONDAY, OCTOBER 1, 2018

WORKSHOP 1

TELEHEALTH 101: GETTING STARTED

Workshop Description:

This workshop will provide information on how to create and/or grow telehealth programs. Tools, tips and lessons learned will be incorporated into a discussion of the various components of setting up a telemedicine program. Components include needs assessment, patient services plan, determining organizational capacity, choosing technology, regulatory and funding environments, outcome measurement, operational planning and training considerations.

WORKSHOP 2

FUNDING BROADBAND AND TELEHEALTH: AN INTRODUCTION TO FEDERAL FUNDING PROGRAMS

Workshop Description:

This workshop will review the most common funding opportunities for the telehealth community. We'll take a close look at three programs: USAC Rural Health Care programs for broadband discounts, USDA RUS Distance Learning & Telemedicine grants for equipment, and HRSA Office for the Advancement of Telehealth for program grants. Other funding sources exist but remain a little more hidden. Tips for submitting successful applications and links to resources will be provided.

WORKSHOP 3

BEGINNERS GUIDE TO REIMBURSEMENT AND BILLING

Workshop Description:

This workshop will provide an introduction to getting paid for delivering care via telehealth. First, there will be an overview of policies and challenges for telehealth reimbursement by Medicare, Medicaid and commercial payers, including a discussion of the emergence of payer parity laws in several states. This will be followed by the fundamentals of billing for telehealth, including system setup, workflow, completing a HCFA 1500 form, and best practices. Q & A will be encouraged through the session.

WORKSHOP 4

TELEPSYCHIATRY 101

Workshop Description:

Telepsychiatry is an innovative solution in behavioral health care that has the potential to give underserved clients, communities and organizations access to high quality care by breaking down geographical barriers. However, it can often seem like an overwhelming initiative—where do you even begin when deciding to use telepsychiatry? This presentation will be about telepsychiatry in general, not about IrisTelehealth, our providers, our partners or our solutions. It will give a bird's eye view of what telepsychiatry is and how to build a successful telepsychiatry program. We will not discuss or recommend any brands, rather identify the type of IT equipment needed e.g. a monitor, a computer, a webcam and a video-conferencing software. We will not discuss our providers or how we work with (workflow) with our partners, rather provide general best practices for hiring a telepsychiatry provider and for integrating a telepsychiatry provider into an existing workflow. Our goal is to provide unbiased and unbranded education to attendees that they can use to build their own telepsychiatry program, regardless of partnerships with telepsychiatry vendors or provider groups.

WORKSHOP 5

HOW TO FIND THE PERFECT TELEHEALTH SPECIALTY SERVICE PROVIDER

Workshop Description:

This workshop illuminates a series of questions that primary care clinics should ask specialty service providers before signing a service agreement. Finding a provider that can meet the needs of your patients and providers and has a business model that meets the needs of your organization is the key to success. Contracting with specialty service providers is more than just asking "how much do you charge" and "are you board certified in your specialty". When we add telemedicine into the mix, we need to think of the other questions, such as "what level of provider is required to be in the room during the consult", "what is your no-show policy", "what type of equipment do I need in the exam room to accommodate your specialty", "can you teach my staff the proper patient presentation techniques required by your specialty", "how will medications be handled", "is your model direct care or consult only", etc. All of these questions and more will be presented along with the logic behind asking each question.

SESSION DESCRIPTIONS

CONFERENCE | TUESDAY, OCTOBER 2, 2018

KEYNOTE: WELCOME TO UTAH – IMPROVING COMMUNITY HEALTH THROUGH TELEHEALTH

AVOIDING TRANSFERS AND IMPROVING CARE: TELEHEALTH NEWBORN RESUSCITATIONS IN COMMUNITY AND RURAL HOSPITALS

Session Description:

A panel discussion assessing the use of telehealth technology to improve the delivery of neonatology services to community and rural hospitals throughout Utah, Idaho, Nevada, and Wyoming. Four panelists bring a diverse set of perspectives to the discussion.

In 2013, a small group of neonatologists, nurses, and respiratory therapists in neonatal intensive care units (NICUs) at Intermountain Healthcare began using webcam-based, secure video connections to augment neonatology consults with newborn bedside teams at level 1 and 2 nurseries. This enabled NICU teams to conduct visual newborn assessments, view live treatments and procedures, and make recommendations to onsite clinical teams.

DEVELOPING TELEHEALTH SERVICES WITHIN A PEDIATRIC FEEDING PROGRAM AT SEATTLE CHILDREN'S HOSPITAL TO REACH CHILDREN AND FAMILIES WITH SPECIAL HEALTH CARE NEEDS IN THEIR COMMUNITIES

Session Description:

The Pediatric Feeding Program delivers interdisciplinary assessment and intervention to children with ASD and related disorders who have avoidant restrictive food intake disorders. Unfortunately, there are various obstacles in delivering services across the state, which result in disparities in access to care. The goals of this telehealth project were 1) to increase access and minimize disparities, 2) to embed telehealth within the continuum of care, and 3) to provide interdisciplinary trainings and support to community providers. We will review outcomes and process.

FEDERAL & STATE TELEHEALTH POLICY TRENDS IN THE NRTRC REGION: REIMBURSEMENT, STATE COMPACTS, AND OTHER LEGAL AND REGULATORY TOPICS

Session Description:

This session will provide attendees with the latest information on federal and state telehealth policy, including reimbursement, legal issues, and substance use disorder policies. A special focus will be paid the states in the NRTRC region with specific information related to those states' individual telehealth laws, regulations and policies.

GUIDING YOUR ORGANIZATION TELEHEALTH CHANGE: THE INTERMOUNTAIN HEALTHCARE EXPERIENCE

Session Description:

Telehealth programs have the potential to help providers and healthcare organizations improve patient access, lower healthcare costs, and improve provider satisfaction and productivity. However, implementing a telehealth program requires more than a business plan and a slick technology. Intermountain Healthcare has implemented numerous successful inpatient and outpatient telehealth programs. In this presentation, we will review the business and clinical motivations for developing telehealth capabilities. We will review clinical, operational, and cultural changes providers and organizations must go through to help telehealth programs succeed. We will review how telehealth program development specifics, including how to define and measures success, how to translate high quality in-person care to the telehealth environment, and how to engage providers in telehealth delivery. We will review how Intermountain prioritizes telehealth programs and links telehealth care with in-person care. Finally, we will review how telehealth leaders can incite, drive, and lead change efforts within their organizations.

QUALITY, TECHNOLOGY AND RURAL HEALTH: LANA'I COMMUNITY HEALTH CENTER EXPERIENCE

Session Description:

For the last 10 years the United States has looked to technology including telehealth to play a major role in health care transformation, but the data shows continued increased cost, little positive impact of Electronic Health Record (EHR) implementation and Meaningful Use (MU), frustration with Patient Centered Medical Home (PCMH), and multiple attempts develop effective pay for performance (MIPs) programs. The value and goal of triple AIM is usually defined as 'cost reduction.' Quality is measured by a large number of individual metrics that fail to improve outcomes. Without a definition of 'quality,' value can only be measured by 'reduced cost.'

Lana'i Community Health Center has charted a different course by developing a model for transforming rural health focused on the delivery of high quality care supported by conventional telehealth, communication technology and health information technology. The Health Center provides integrated behavioral health, high quality prenatal and post-partum

care, preventive dentistry care, early intervention in chronic diseases, chronic disease management, community outreach and prevention. Patient-generated data plays an increasingly important role in both patient management and measuring outcomes. Our self-measured blood pressure program initiated in 2014 will be highlighted as an example of transforming the health care delivery system.

Only fifty percent of patients with hypertension are effectively controlled using traditional office-based hypertension management. The recently released AHA/ACC hypertension guideline now classifies approximately 45% of the adult population with hypertension. The same document states that both the treatment and management of hypertension should be based on out-of-the office blood pressure readings. Self-measured blood pressure (SMBP) is now the standard of care, but this method of care has been very slow to penetrate clinical practice even though hypertension control is a major risk factor for cardiovascular mortality and morbidity. LCHC has transformed our delivery system to support Bluetooth-enabled blood pressure and blood glucose devices. To obtain highly accurate SMBP readings, patients require significant training and support.

Team-based care is an essential component of our program and includes community health workers that are the front-line community-based member of the team providing both technical support and lifestyle self-management training. They are supported by our providers, behavioral health specialists, dietitian, diabetes educator, and pharmacist; they are provided with ongoing training programs. Providers use an established treatment protocol based on national guidelines and shared with our pharmacy partners. Our information system integrates our EHR, data warehouse and cloud-based care management program. Patients upload remote monitoring data into our care management program that analyzes and averages the data providing reports that supports shared decision-making with the patient and the provider team. Patient outcomes are captured and tracked by the CVD risk calculator available in the care management program allowing serial reporting of a risk score. In the value equation, LCHC has focused on improving quality rather than being focused on reducing cost, a model that is out of sync with most health care systems and payment models.

DELIVERING CONVENIENT CARE TO THE COMMUNITY: REMOTE PATIENT MONITORING (RPM) PROGRAMS

Session Description:

Advances in predictive analytics and remote patient monitoring technology enable healthcare provider's opportunities to better identify patients at risk of hospitalization and proactively manage the health of patients with chronic conditions. This telehealth solution can help reduce costs by better engaging and educating patients, promoting adherence to treatment, and facilitating early intervention to reduce the need for emergency department visits and hospital readmissions. Advances in reimbursement for these services are on the rise which enables these programs to be used throughout a variety of patient populations. The benefits of strong RPM programs are vast and directly impact patient and provider satisfaction, clinical outcomes and access to care. There are a variety of obstacles health system should be aware of when planning for and implementing these programs in order to ensure a sustainable and successful program. This presentation will provide an overview of an existing RPM program detailing outcomes, obstacles and high level workflow design considerations. In addition, value proposition and reimbursement models will be reviewed in order to assist the audience with the development of business cases for RPM.

DIRECT-TO-PATIENT VIRTUAL FOLLOW UP CARE

Session Description:

Consumer technology has changed how we communicate, access programs and receive services.

Virtual care has become a reality, as patients are now able to access healthcare providers via their personal devices. Offering direct-to-patient services provides new opportunities and challenges on how best to extend care when and where it is needed. This session will explore decision points for implementing a direct-to-patient program, review workflow for follow-up care in a primary care setting, discuss technology requirements and HIPAA concerns, and consider the value of certifying patient technology prior to receiving virtual care.

DIRECT-TO-PATIENT TELEMEDICINE LEGAL AND REGULATORY CONSIDERATIONS

Session Description:

This session will provide attendees with an understanding of the legal and regulatory issues providers must know when engaging in direct-to-consumer telemedicine services. Explore state and federal prescribing laws, fraud and abuse considerations, and online privacy and e-commerce rules essential to compliant direct-to-consumer telemedicine services. Join me to learn about key legal and regulatory issues, ask the questions you've been eager to have answered, and walk away with sound compliance strategies and insights regarding implementation.

SESSION DESCRIPTIONS

CONFERENCE | TUESDAY, OCTOBER 2, 2018

MAXIMIZING CLINICAL EFFECTIVENESS OVER LIVE VIDEO

Session Description:

Using live video effectively requires a basic knowledge of the elements that go into creating high quality audio and video, the fundamentals of video etiquette, and simple ways clinicians and others can maximize their professional image and the clinical effectiveness of their video presence. This presentation will provide interactive demonstrations and clinical vignettes to help participants understand and experience some of these elements first-hand in ways that will help them increase the effectiveness of live video work of all kinds.

CONFERENCE | WEDNESDAY, OCTOBER 3, 2018

WELCOME AND PATIENT STORY

CULTIVATING PHYSICIAN ENGAGEMENT WHILE TRANSFORMING RURAL HEALTHCARE THROUGH TELEHEALTH

Session Description:

Physician engagement is critical to successful programs in health care, and telemedicine is no exception. According to The Advisory Board Company's Annual Health Care CEO Survey, hospital and health system CEOs were twice as likely to rate physician engagement as their best opportunity to improve performance compared with other options. Physician engagement has been proven to improve quality, lower costs and better performance overall, but how exactly does a facility achieve this?

Setting up a telemedicine program is complex; leaders have to consider technology, reimbursement, compliance, staffing, and much more. Too often the change management or people component of launching programs are pushed to the bottom of a long implementation task list. New ideas and technologies can create uncertainty and challenge the most innovative and flexible health care organizations.

In telemedicine, particularly Emergency Room or hospital-based telemedicine, the stakes can be twice as high as there are physicians to engage at both the spoke/originating site and the hub/distant site. Spoke physicians must have comfort with the technology, see how it benefits their patients and practice, learn to fit telemedicine into their work day, and have confidence that their patients will receive high quality care. Likewise, hub providers must adapt their practice to work effectively with remote colleagues. Managing the change, building trust and demonstrating the mutual benefits of telemedicine are core strategies to gaining physician buy-in.

Telehealth has proven to be a crucial lifeline in communities served, helping to address workforce shortages, reducing the burden on patients who travel for specialty care, lowering costs and improving patient outcomes.

Telemedicine redefines healthcare by focusing on new models of care and collaborative relationships. Such strategies have the potential to reshape the health care delivery system to better meet the needs of the nation's sickest and most vulnerable patients.

Bedside clinicians are supported in telehealth through the delivery of high-quality care, resulting in earlier patient interventions and improved use of evidence-based medicine. Quality initiatives such as intubation, chest pain, sepsis and antimicrobial stewardship are specific performance improvement (PI) projects that can be monitored through a telehealth program.

TEAM TELEMEDICINE: IMPLEMENTING AND RUNNING A COLLABORATIVE GENERAL TELE-NEUROLOGY CLINIC IN RURAL SOUTHERN UTAH

Session Description:

This presentation will describe the design and implementation of a collaborative tele-neurology clinic in rural Utah, barriers we've overcome and lessons we've learned along the process.

TELESTROKE: STAYING RELEVANT IN A COMPETITIVE MARKET

Session Description:

The University of Utah is in its 15th year providing Telestroke services, and has expanded to over 20 sites in 6 states. During this time, The University Telestroke Program has seen vast changes in the services provided, and market for such a

program. Program growth no longer is coming from huge increases in the number of spoke sites. In the mature market of Telestroke, it is not enough to simply "provide" the service any longer.

The University of Utah's Telestroke program has looked to keep a competitive edge through focusing on outreach, education, and quality opportunities. The work that has been done in each of these three areas has given us a better understanding of our spoke site needs, and allowed us to engage them as active members in our network.

The University has been successful in strengthening the TeleStroke network and deepening those relationships. This has directly translated into growth in consult volumes despite few expansion opportunities. Staying relevant has been key to the success of the University of Utah's Telestroke program in the current market.

STAND AND DELIVER: STANDARDIZATION OF TELEMEDICINE TRAINING FOR ACUTE STROKE CARE

Session Description:

For almost 20 years, telestroke has been implemented to address the many barriers in providing optimal acute stroke treatment to rural and underserved populations. Despite widespread utilization, there are very few training guidelines to ensure providers are up to the task of delivering timely and personalized acute stroke treatment. Although the number of neurologists involved in telemedicine is increasing, many training programs still offer little exposure to the skillsets necessary for clinical care via telemedicine, and telemedicine experience is not required by the ACGME in neurology residencies and fellowships. Telestroke is among the oldest uses for neurological care via telemedicine, yet little is known about the efficacy or standardization of current training methods for telestroke providers. Furthermore, the number of providers at spoke hospitals with telestroke coverage is increasing, yet there are no training standards for staff on how to facilitate a telestroke encounter. The University of Utah has been conducting training throughout its telestroke network since 2003, which now includes 26 sites over 6 states throughout the Western region. In this presentation we will discuss the importance of utilizing multi-modality training tailored for both the hub and spoke site providers. Our program includes formalized telestroke provider training within our vascular neurology fellowship. For our spoke sites, we offer a program that includes standardized stroke protocols, on-site and remote simulations, formalized encounter feedback, technical training, online learning modules, and the Project ECHO tele-mentorship program. Through this multi-modal approach we have seen both utilization and process metric improvement in our telestroke network, and this approach could serve as a model for moving towards formal training standards among telemedicine providers.

USING TELEMEDICINE TO KEEP CARE CLOSER TO HOME IN OREGON: A CRITICAL ACCESS HOSPITAL CASE STUDY

Session Description:

The value equation telemedicine offers—the ability to admit more patients and keep them in local community hospitals—never fails to resonate with administrators and clinicians concerned with keeping critical access hospitals economically viable. By helping them adopt new staffing models that address the worsening physician shortage in a cost-effective and sustainable fashion, telemedicine offers value that is increasingly critical to these facilities nationwide. In addition to solving staffing needs, telemedicine offers other big-picture benefits for critical access hospitals, among them, helping Nurse Practitioners (NPs) and Physician Assistants (PAs) move into leadership roles in clinical settings where physicians might be hard to find and reducing the number of patient transfers to tertiary facilities.

A real-life case study involving Grande Ronde Hospital will be presented and discussed. Grande Ronde Hospital is a 25-bed critical access hospital in La Grande, Ore. Neurologists, cardiologists, and other specialists working in 10 hospital-operated clinics were available to treat patients, but nocturnist coverage and ER support were ongoing challenges as was physician burnout. In 2015, the Hospital implemented a new approach to clinical care using two teams~~ea~~ch consisting of a hospitalist and a nurse practitioner~~w~~ho would provide daytime coverage on alternating weeks at the hospital. At night, from 5 p.m. to 5 a.m., a telemedicine team consisting of six telehospitalists and onsite nursing staff would be on duty. Key outcomes from the telemedicine program include improved throughput, newfound ER cross-coverage support, reduced stress among ER physicians, and higher patient satisfaction scores.

A NEW MODEL: THE FRONTIER COMMUNITY HEALTH INTEGRATION PROJECT DEMONSTRATION (FCHIP)

Session Description:

The FCHIP demonstration aims to develop and test new models of integrated, coordinated health care in the most sparsely-populated rural counties in three states with the goal of improving health outcomes and reducing Medicare expenditures. Under a cooperative agreement funded by FORHP, MHREF provides technical assistance to the participating CAHs to assist in achieving the goals of the Demonstration, including creating linkages with tertiary providers, supporting strategic planning to integrate and coordinate services, and lowering overall costs while maintaining or improving quality of care.

SESSION DESCRIPTIONS

CONFERENCE | WEDNESDAY, OCTOBER 3, 2018

The Demonstration is currently in its third and final year. During the first two years, the Critical Access Hospitals participating in the Demonstration faced similar challenges as they worked to develop their Telemedicine programs. This presentation will discuss these challenges and what can be done to address concerns around implementation, integration, and capability when building your own Telemedicine program. There are a number of challenges and hurdles in the early stages of incorporating such technology into every day patient care. Examples of implementation success will be provided as well as key observations and lessons learned throughout the life of the FCHIP Demonstration.

INNOVATIVE MODELS IN TELEHEALTH EDUCATION, CLINICAL CARE, AND RESEARCH: RURAL SUPPORT GROUPS USING TELEHEALTH & THE APPLICATION OF TELEHEALTH IN EDUCATION, CLINICAL PRACTICE AND RESEARCH (IPE / AHEC)

Session Description:

Since 2013, the University of Utah College of Nursing (CON) has been employing telehealth concepts and technology to provide interprofessional education (IPE) to health science students, deliver distant health care to clients in rural Utah, and study the effectiveness of telehealth and tele video conferencing (TVC) in the delivery of health care to rural clients. The purpose of this panel is to present the different utilizations of telehealth at the CON to provide education, patient care and research.

The first utilization of telehealth and tele video conferencing (TVC) was to introduce IPE to health science students enrolled at the University of Utah. The students were from nursing, medicine, social work, nutrition, and wellness coaching. Partnership with Utah Telehealth Network (UTN) and utilization of TVC allowed the CON to teach the students and allow them to apply telehealth concepts and etiquette, interprofessional practice competencies, and the quadruple aim model. Students then applied the knowledge by role playing professionals using a case study via TVC. During the simulated case, students were able to apply IPE and telehealth concepts in a safe environment.

A second utilization of telehealth and TVC occurred when the CON collaborator with Utah Area Education Health Center and UTN to investigate teaching interprofessional health care to health science students enrolled at multiple different state support universities and colleges in one session using Telehealth concepts and TVC. Four students from three different state universities and colleges participated in an interprofessional team to create a plan of care for a simulated case. The students appreciated participating in an interprofessional team utilizing TVC to care for a patient.

A third utilization was the development, implementation and evaluation of telehealth distant technology to provide grief support group program for grieving persons in underserved rural/frontier communities in Utah. Caring Connections partnered with Utah Telehealth Network and several hospice organizations serving underserved/rural-frontier communities to assist with a web-based platform and multi-point bridge in live synchronous groups sessions bringing together a lead facilitator and group members joining from home (using iPad and appropriate "hot spot" cellular internet devices). This technology benefited remotely located caregivers by increasing access to care and eliminating travel burden. Research is currently being conducted on the effectiveness of providing support group program for grieving persons in underserved rural/frontier communities in Utah.

The fourth utilization was the development and evaluation of implementing an 8-week facilitated group videoconference intervention and mindfulness-based cognitive behavioral therapy (VCI-MBCBT) on perinatal depression (PD) and anxiety to women with limited access to health care in Utah. The Certified Nurse Midwifes group partnered with Utah Telehealth Network and several behavioral health faculty to provide group VCI-MBCBT one hour, once weekly, for 8 weeks. The women expressed enthusiasm for the group VCI-MBCBT and would highly recommend the program to other perinatal women in need of support.

The CON has utilized telehealth and TVC to educate, provide patient care and evaluate the care. The work has been done to improve the knowledge and health of the citizens of Utah.

NRTRC STATE PANEL: SHARING UPDATES

Session Description:

NRTRC Advisory Board Members and State Experts will provide an overview of updates in each of the seven states within the NRTRC region.

JORDAN ALBRITTON, PHD, MPH

Sr. Statistical Data Analyst, Intermountain Healthcare

Dr. Albritton joined Intermountain Healthcare in 2016 after completing his PhD in Health Policy and Management at the University of North Carolina at Chapel Hill. He is a Sr. Statistical Data Analyst and a key member of the business intelligence team for TeleHealth Services at Intermountain Healthcare. In addition to developing key value metrics for new and existing services, Dr. Albritton conducts program evaluations and supports other TeleHealth-related research activities.

TAMMY ARNDT

Director, Northwest TeleHealth (NWTH)

Tammy Arndt is Director of Northwest TeleHealth, a regional video conference network, providing a platform of connectivity to thirty-three communities in Eastern Washington and Northern Idaho. Utilizing collaborative tools and established protocols, Northwest TeleHealth facilitates and supports healthcare administration, distance education, and clinical services to improve access to healthcare and promote healthy communities.

With over 20 years' experience in the healthcare industry, Tammy has a pragmatic approach to program development and delivery. Focusing on workflow integration of virtual services, she has facilitated the successful launch of multiple telemedicine programs, extending care to rural hospitals, clinics, and patient's homes. Tammy is proud to represent Northwest TeleHealth, a founding organization of the NRTRC, and Eastern Washington on the advisory board.

JUSTIN BENSON, M ED, CCC-SLP

Speech-Language Pathologist, Ashley Regional Medical Center

Justin Benson is an ASHA certified Speech-Language Pathologist currently working with children and adults in the medical setting and in early intervention in Vernal, UT. Moving to Vernal just under two years ago, Justin has developed the hospital's speech therapy department and guided it through its infancy into a great resource in the Uintah Basin. He received his Bachelor's Degree in Communication Disorders from Brigham Young University and his Master's Degree in the same field from the University of Virginia. Justin enjoys spending time with his family exploring the small town experiences Vernal has to offer.

AMY BOYNTON

Program Coordinator, Developmental Assessment Clinics, School of Medicine, The University of Utah

Amy Boynton is the Program Coordinator for the The University of Utah School of Medicine Developmental Assessment Clinics (UDAC). She has worked for the Department of Pediatrics for 11 years as the URLEND coordinator, administrative assistant and currently as the Telehealth coordinator for the UDAC clinic.

CATHERINE BRITAIN

Executive Director, Telehealth Alliance of Oregon, CSBritain Consulting

Catherine Britain is a co-founder and a past president of the Telehealth Alliance of Oregon (TAO) and currently serves as the Executive Director. She is the principal and owner of CSBritain Consulting. Catherine served as the chair of the TAO reimbursement workgroup which was responsible for developing Oregon's telehealth reimbursement legislation in 2009 and 2015.

KATIE BROWN, MBA, CPC, CPC-I

Manager Revenue Integrity and University Medical Billing, The University of Utah

Katie Brown is the Manager of Revenue Integrity and University Medical Billing, which supports coding and billing for the majority of departments in the School of Medicine, in addition to other health sciences colleges at the University. In this role, Katie leads a team that assesses the revenue cycle to mitigate risk of incorrect billing, revenue leakage and revenue cycle inefficiencies. Katie has more than nine years of experience in billing, coding and auditing in the academic medical setting, and she has spent five years

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in her current position. Prior to joining University Medical Billing, she spent four years working with the Billing Compliance Office as an auditor. Katie is highly dedicated to ensuring correct and efficient documentation practices, coding and billing so that academic institutions remain sustainable and can provide excellent quality care for years to come.

LAURA CARTER, MSN, RN

Nurse Manager, Intermountain – Primary Children's Hospital

Laura started her nursing career 29 years ago, at Primary Children's Hospital and has worked in the CVICU/PICU for 26 years. The last 12 of which she has been one of the Nurse Managers in the units. In 2015 she attended a conference about Telehealth and was very excited about the possibilities of improving the quality of care delivered to the Pediatric critical care patient by utilization of a Telehealth platform. In 2017 an opportunity presented to be part of the management over the Pediatric Telecritical Care pilot and program at Primary's. Laura has been part of an extraordinary opportunity to see benefits and rewards of the program, related to improving patient safety, outcomes, and staff support.

SUSAN CHASE-CANTARINI, DNP, RN, CHSE

Assistant Professor (Clinical), College of Nursing, The University of Utah

An Assistant Professor (Clinical) at the University of Utah College of Nursing, Dr. Chase-Cantarini joined the faculty in 1998 and has served in multiple capacities teaching across the curricula, holding various administrative positions and leading special projects. Most recently her teaching and scholarship has resided in interprofessional education, simulation, transition to professional practice and innovative teaching strategies. In 2016, she completed leadership of a 3 year Advanced Nursing Education HRSA grant "An Interprofessional Education Model for Telehealth Management of Multiple Chronic Health Conditions in Rural Populations" introducing best practices of interprofessional collaboration and telemedicine technology. Dr. Chase-Cantarini is a Fellow in the Academy of Health Science Educators at the University of Utah and certified as a Healthcare Simulation Educator.

MARJAN CHAMPINE, MS, MBA, LCGC

Associate Clinical Director, Huntsman Cancer Institute

Marjan Champine is a board-certified and licensed genetic counselor with a MS in Genetic Counseling from Brandeis University and MBA from the University of Utah. She has 10 years of clinical experience in prenatal and oncology genetic counseling. Marjan currently serves as the Associate Clinical Director of Genetic Counseling services at Huntsman Cancer Institute (HCI). In this role, she is actively engaged in the development of the Institute's Telegenetics program and works closely with health care providers, administrators, and patients across the Intermountain West to improve access to genetic counseling services. Under her leadership, the HCI Telegenetics program has grown from a single site to a network of hospital systems serving patients residing in parts of Idaho, Wyoming, Oregon, and Nevada.

CHRISTINA CHOATE, BS

Program Coordinator, Project ECHO®, University of Utah Health

Christina Choate is a Program Coordinator for Project ECHO® at The University of Utah. Within this role, she develops and manages programs that provide best practice and case-based learning opportunities for primary care providers throughout the Mountain West. Additionally, she has experience in patient advocacy at both the federal and industry levels—previously she lobbied on behalf of those impacted by type 1 diabetes in Washington, D.C. Her passion lies in working towards improved outcomes for those living with chronic disease, by engaging with policy makers, health care leaders, and patients to tackle health care challenges. Christina graduated from the University of Iowa in 2014 with a Bachelor of Science in Health and Human Physiology.

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KATHY CHORBA

Executive Director, California Telehealth Resource Center

Kathy Chorba's background includes 21 years of telemedicine and health informatics experience, gathered from her current role with the California Telehealth Resource Center (since 2012), as well as previous roles at the Center for Connected Health Policy, the University of California Davis, in the Center for Health and Technology, and the Health Informatics Program. In her current role as Executive Director (2012 to present) for the California Telehealth Resource Center, Ms. Chorba has completed over 300 on-site telehealth implementation, equipment and patient presentation technique training sessions throughout the state, facilitated 24 multi-site implementation workgroups, and participated as panel and workshop presenter at over 75 state- and nation-wide conferences and events.

LEE S CHUNG, MD

Assistant Professor of Neurology, School of Medicine, The University of Utah

Lee S. Chung is a stroke fellowship trained academic neurologist with an interest in clinical stroke education. His areas of focus include pre-hospital and ED management of acute ischemic stroke, as well as acute neuroimaging of stroke penumbra and selection for reperfusion therapies. Dr. Chung is a telestroke liaison with the University of Utah Comprehensive Stroke Center and has worked with many of the University of Utah's 25 spoke sites to develop acute stroke routing protocols and training paradigms. He co-developed with Dr. Peter Hannon the Stroke Project ECHO, a tele-mentorship program to optimize recognition and treatment of acute stroke in the community setting. He is also one of the first telestroke consultants with the new VA National TeleStroke Program and directs the Scan ECHO tele-education series. Dr. Chung also founded and directs the Fourth Street clinic for the homeless and unfunded population in downtown Salt Lake City.

JENNIFER COLARUSSO, BSN, RN, CCRN-K

TeleICU Program Coordinator, University of Utah Hospital

Jeni has worked at the University of Utah Hospital for 18½ years. 12 of those years were spent on the Surgical ICU caring for cardiovascular, trauma, transplant and surgical patients. During this time, she also managed the Critical Care Internship Program for one year. Jeni's next 4 years were spent as a member of Cardiac Mechanical Support Team (VAD team). She worked with critically ill patients from pre-op evaluation, to the OR and through the entire process of their cardiac medical device care. In her current role, Jeni is the TeleICU Program Coordinator. During her 2½ years in this position, she has grown the program from 1 to 10 sites, started the weekly didactic offerings, developed the Nursing Support Center, implemented the clinical hands-on experience and built the structure for day-to-day program management.

She excels in developing and teaching patient care methodologies and protocols, building education programs for hospitals and providers, and conducting outreach education and training programs for providers and first responders.

Jeni is married to her college sweetheart from BYU and has 4 children—3 boys and 1 girl. She has a passion for traveling, skiing, cooking, hiking and exploring with her family, and humanitarian relief initiatives.

TAUNYA COOK, BSN, RNC-LRN

Unit Education Consultant, Intermountain Healthcare

Ms. Cook is the Unit Education Consultant for Newborn Intermediate Care at American Fork Hospital. She is an early adopter and champion of telehealth technologies to support newborn resuscitations and quality improvement projects. She is a key stakeholder in newborn quality improvement initiatives that have been adopted throughout Intermountain and foundational to newborn outreach services.

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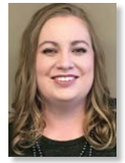
KRYSTEN COSWAY

Account Executive, Iris Telehealth

Krysten Graduated from McGill University in Montréal, Quebec, Canada with a BSc in Physiology and completed a Post-Baccalaureate Pre-Medical program at Cornell University in Ithaca, NY. She loves helping care organization and health systems learn how to leverage innovative solutions to help provide comprehensive and compassionate care to their communities. She has been with Iris Telehealth since September 2017 and has been consulting in behavioral health and neurology for the past 4 years. She enjoys spending time with her parents, sisters and her family's two Boston Terriers out on Lake Travis, listening to true crime podcasts and knitting.

SARAH E. CURTRIGHT, DNPS, FNP-ED, CLNC



Old Dominion University

Sarah Curtright is the Performance Improvement Coordinator for Mortality at St. Luke's Health System. She is also a part-time Nurse Practitioner in a Direct Primary Care Clinic. Previously, she worked for three years for Veteran's Health Administration as a direct care provider, clinician manager, and the subject matter expert for interdisciplinary telehealth primary care services through their V-IMPACT program. Ms. Curtright graduated with her FNP and Educator Certificate from St. Louis University in Missouri in 2013. Currently, she is a DNP Candidate at Old Dominion University in their Nurse Executive Tract. Ms. Curtright's research interests include access to care in rural areas via telehealth modalities, student-centered graduate education, healthcare for Deaf community, and education techniques for illiterate patients.

WILLIAM DAINES, MD

Medical Director, Intermountain Connect Care, Intermountain Healthcare

Dr. William Daines is a primary care internist in Salt Lake City, Utah and Medical Director of Connect Care, Intermountain Healthcare's direct-to-consumer telehealth program. Dr. Daines received his medical degree from Weill Cornell Medical College. He completed an internship at the University of Utah and a residency in Internal Medicine at Stanford University. Following residency, Dr. Daines worked as a hospitalist at Stanford Hospital and held academic appointments at Stanford University. Dr. Daines joined Intermountain in 2014. He was appointed Medical Director of Intermountain Connect Care in 2015 and maintains an active primary care practice in Salt Lake City.

SARAH DEHONEY, PHARMD, BCPS

Neurology Clinic Pharmacist, Clinical Neurosciences Center, The University of Utah

Sarah received her Doctor of Pharmacy degree from Texas Tech University Health Sciences Center School of Pharmacy in 2006. She then completed 2 years of residency at the Medical University of South Carolina. She has practiced in many settings including the emergency department, ICU, inpatient, and outpatient areas. Sarah is a full-time clinical pharmacist caring for outpatients with a variety of neurological conditions. She regularly participates in 2 separate neurology teleclinics.

KATHLEEN DELAPP-COHN, MS, CCC-SLP

Speech-Language Pathologist, Rock Creek Therapy, LLC

Kathleen is an ASHA certified Speech-Language Pathologist. Kathleen developed and implemented one of the first telepractice programs in the state of Montana. She founded her company to fulfill a mission to provide access to quality therapy in rural and under served areas of the state. Kathleen earned her bachelors degree from the University of Kansas and a Master's degree from Texas State University. Kathleen is a certified provider of LSVT eLoud a voice and speech treatment for people with Parkinson's Disease, and is a certified provider of Vital Stim for swallowing disorders with her "on ground" patients. With vast experiences in a variety of settings, including brain injury rehabilitation centers, hospitals, home health, skilled nursing facilities and schools, Kathleen continues to serve clients in the 5 states she is licensed and internationally by telecommunications. Kathleen and her staff at Rock Creek Teletherapy, LLC provide speech, physical and occupational therapy services via telecommunications to over 200 students and clients a week.

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DANIELLE N. DOLEZAL, PHD, BCBA-D

Certified Special Education and Early Education Teacher, Child Psychologist, and Board Certified Behavior Analyst at the Doctoral Level

Program Director, The Pediatric Feeding Program at Seattle Children's Autism Center, Seattle Children's Hospital

Danielle N. Dolezal is a certified special education and early education teacher, licensed Child Psychologist and licensed Behavior Analyst at the doctoral level in the State of Washington. She received her Ph.D. from the University of Iowa in 2006. From 2005-2007 she completed predoctoral internship and a postdoctoral fellowship at The Johns Hopkins University School of Medicine and the Kennedy Krieger Institute. Following her fellowship, she remained on as a faculty member at the Kennedy Krieger Institute for two years as part of the Pediatric Feeding Program. Dr. Dolezal then moved to her current position and created and directs the Pediatric Feeding Program at Seattle Children's Autism Center. This program includes an interdisciplinary team of psychology, behavior analysts, medical, dietitians, and speech and language pathologists who help children with significant feeding disorders across a continuum of care intake, outpatient therapy and day treatment services. She's also a Clinical Assistant Professor in the Department of Education at the University of Washington. Dr. Dolezal's research and clinical practice focuses on the use of Applied Behavior Analysis and biologic variables to assess and treat individuals with autism and other developmental disabilities who engage in severe food refusal, gastrostomy tube dependence, and disruptive behavior. She is also highly committed to increasing access to specialty care programs in underserved regions by using telehealth models. The Pediatric Feeding Program uses telehealth throughout the continuum of care through intake clinic, outpatient therapy using clinic-to-clinic and clinic-to-community/home models, and telehealth classes for parents or community providers.

KYLE Y. FAGET, JD

Special Counsel and Business Lawyer, Foley & Lardner LLP

Kyle Faget is a special counsel and business lawyer with Foley & Lardner LLP. She is a member of the firm's Government & Public Policy Practice. Her practice focuses on advising clients regarding regulatory and compliance matters involving the Food, Drug & Cosmetic Act, the False Claims Act, the Anti-Kickback Statute, the AdvaMed Code, and the PhRMA Code.

She has extensive experience in health law, life sciences, and a range of Food and Drug Administration (FDA) corporate and regulatory areas within the medical device and pharmaceutical industry. Additionally, she has provided clients with strategic and tactical advice regarding government and internal investigations. Her experience includes operationalizing and monitoring compliance with Corporate Integrity Agreements and Deferred Prosecution Agreements and managing Independent Review Organizations.

Prior to joining the firm, Ms. Faget held several in-house positions. She has experience in all health care regulatory and compliance matters, including medical affairs, sales, marketing and promotion issues, health care provider grants and charitable donations, and health care professional research grants. She also has extensive experience drafting and negotiating agreements commonly utilized in the life science industry, including health care professional consulting agreements, informed consents, pre-clinical and investigator initiated and sponsor initiated clinical trial agreements.

SARAH GALLANT, MS, CCC-SLP

Speech-Language Pathologist, The University of Utah

Sarah Gallant is an ASHA certified Speech-Language Pathologist specializing in neurogenic speech, language, cognitive and swallowing disorders. Sarah is a certified provider for the Lee Silverman Voice Therapy program and the McNeill Dysphagia Therapy Program. She received her Master's Degree in Communication Sciences and Disorders from the University of Utah, and has worked in the acute care, inpatient rehabilitation, and outpatient rehabilitation settings. Sarah has been a clinical fellowship supervisor for new speech-language pathologists and has mentored student-clinicians. Her professional interests include community integration after TBI or stroke, improved outcomes with intensive swallow therapy programs, and educating speech students. In her free time, Sarah enjoys alpine skiing, camping and trail-running with her German Shepherd.

MICHELLE L. HALGREN, MHA

Program Coordinator, Intermountain Healthcare, Telehealth Pediatrics

Michelle has always been passionate about healthcare and started working in hospitals several years ago as a CNA. She has loved being a part of the Intermountain Healthcare Telehealth Team for the last year. Through her experiences she has gained an enthusiasm for telehealth and its potential to use technology to better patient care. Michelle is a proud Alumni of Weber State University, where she earned a graduate degree in

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Healthcare Administration. As a Project Coordinator for TeleHealth Pediatrics at Intermountain Healthcare, she has had the opportunity to work with incredible teams across the Intermountain Healthcare enterprise, including teams at Primary Children's Hospital, on telehealth program implementation and expansion.

SUSAN HALL, DNP, APRN, FNP-C, WHNP-C

Track Director of Primary Care DNP Family Nurse Practitioner, College of Nursing, The University of Utah

Susan Hall is an Assistant Professor-Clinical and Track Director of Primary Care DNP Family Nurse Practitioner program at the University of Utah, College of Nursing. Dr. Hall earned her Bachelors of Nursing Science from Montana State University. In addition, she has earned a Masters of Nursing Sciences in Community Health Nursing, a Post-Masters Certificate as a Women's Health Nurse Practitioner, a Doctorate of Nursing Practice, and a Post-Doctoral Certificate as a Family Nurse Practitioner from the University of Utah. Her Doctor of Nursing Practice focused on delivery of evidence based prenatal care for Hispanic Women in inter-city areas. Currently, Dr. Hall's focuses are women's health, vulnerable populations, community health, interprofessional education, and usage of telehealth in rural health care.

PETER HANNON, MD

Assistant Professor, Neurology, The University of Utah

Dr. Hannon's Academic career has been shaped by his passion for clinical stroke care and research, medical education, quality improvement and outcomes, and investigating novel methods of care delivery. He has been involved with neurology-specific medical education since medical school, and has taught nationally and internationally. Dr. Hannon was Co-Director of the core Brain and Behavior unit for 2nd year medical students in 2015 and has been an active member of the School of Medicine Curriculum Committee for 2 years. He is core faculty of the School of Medicine MS1/2 Clinical Methods Curriculum (CMC), and is involved in interprofessional education (IPE) both as a facilitator of IPE small group sessions and as a member of the IPE Curriculum Subcommittee. Dr. Hannon is a Director of the Neurology Clerkship, Associate Program Director of the adult neurology residency program, and member of the American Academy of Neurology (AAN) Undergraduate Education Subcommittee. He lectures regularly to medical students and PA students both in large group and small group settings, and has presented at regional and national meetings on topics in the areas of neurology, stroke care and quality improvement. He is integrally involved in 'tele-education', and co-produces and presents quarterly live and interactive 'Stoke ECHO' sessions. Additionally, he has been involved in the development of online education modules related to acute stroke telemedicine training.

He has been involved with quality improvement (QI) initiatives since residency. In fellowship, he took part in two LEAN Methodology training projects, one of which resulted in him starting a novel tele-follow-up clinic at a community health center in 2014 for stroke patients after discharge from the hospital. In 2015 he developed and implemented a general Neurology teleclinic in rural southern Utah, in which he teams with a Nurse Practitioner Primary Care Provider over the camera to provide specialty Neurology care to a population would otherwise have significant barriers to this type of care.

Additionally, he has investigated rounding patterns on the Neurology Acute Care (NAC) floor and developed a novel electronic rounding checklist to improve patient outcomes and satisfaction, resulting in presentation of this project at the national Neurohospitalist Society meeting in 2016.

Finally, Dr. Hannon is active and engaged in research in his department, and has the honor of being the first StrokeNet Fellow at the University of Utah. He has been author on multiple publications within the fields of stroke and telemedicine. He is the University of Utah site PI for NN104 Rhapsody, a NIH NeuroNEXT funded study investigating novel medications in acute stroke care, and will be site PI for ARCADIA stoke trial, a NIH StrokeNet trial investigating novel oral anticoagulant use in patients with cryptogenic stroke and atrial cardiopathy. Dr. Hannon currently serves as co-investigator on multiple NIH and industry sponsored trials including; SHINE, GAMES, ATHERSYS, DEFUSE-3, NAVIGATE-ESUS, CREST 2 and PRISMS. Thus, his background and experiences provide him with the motivation and background to collaborate with the UT StrokeNet team as a Co-Investigator, to advance translational stroke research.

JOSEPH HUMPHRY, MD, FACP, CPHIMS

Medical Director and Director of Quality, Lana'i Community Health Center

Dr. Joe Humphry is an internist with special interest in diabetes and chronic disease management and the Medical Director of the Lana'i Community Health Center. He is a founding member of the NRTRC Board of Directors, a tech doc with 20 years of telehealth experience and more than 30 years' experience in health information technology. Under his leadership, Lana'i Community Health Center was awarded a HIMSS Davies Award for 2017.

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In April 2013 he accepted the additional role of the LCHC Medical Director. He has spent the majority of his clinical career working with minority and underprivileged patients including Native Hawaiians and Pacific Islanders. He has worked within the FQHC health care system for over 25 years. He is a graduate of the University of California at San Francisco School of Medicine and completed his internship at San Joaquin Medical Center in Stockton, California, and completed an internal medicine residency at the University of Rochester and UCLA. He retired in December 2011 as part time Medical Director for the last 22 years with HMSA. His interest in computers and medicine date back to the late 80's when he programmed a diabetes registry program for the Hawaii State Diabetes Control Program. In 2000, he developed Ohana Health Project for monitoring diabetes. In 2005, he joined the Joslin Diabetes Center team developing the Chronic Disease Management Program (CDMP).

MEI WA KWONG, JD

Executive Director, Center for Connected Health Policy

Mei Wa Kwong, JD has over two decades of experience in state and federal policy work. She is the Executive Director for the Center for Connected Health Policy (CCHP), the federally designated National Telehealth Policy Resource Center. She has written numerous policy briefs, crafted state legislation and led several coalition efforts on a variety of issues. Ms. Kwong has published articles on telehealth policy, is recognized as an expert in her field and has been consulted by state and federal lawmakers on telehealth legislation and policy. Ms. Kwong is a graduate of the George Washington University Law School.

DEB LAMARCHE

Program Director and Principal Investigator, Northwest Regional Telehealth Resource Center (NRTRC), Associate Director of the Utah Telehealth Network (UTN), a service of the Utah Education and Telehealth Network (UETN)

Deb LaMarche is Program Director and Principal Investigator for the Northwest Regional Telehealth Resource Center, and Associate Director of the Utah Telehealth Network, a service of the Utah Education and Telehealth Network (UETN). Deb has been with telehealth since its inception at the University of Utah in 1996. She worked with health care providers to implement diverse telehealth applications such as telestroke, prison telemedicine, and distance education for nursing Ph.D. programs. During her tenure, the telehealth network has grown from a single site to an extensive network connecting rural and critical access hospitals, clinics, community health centers and local health departments throughout Utah. Deb has successfully filed for broadband and telecommunications discounts for eligible Utah health care providers through the Rural Health Care Program since the late 1990s.

GWEN LATENDRESSE, PHD, CNM, FACNM

Associate Professor and Assistant Dean for the Master and DNP Programs, College of Nursing, The University of Utah

Gwen Latendresse is an associate professor and Assistant Dean for the Masters and DNP Programs at the University of Utah, College of Nursing. Dr. Latendresse engages in interdisciplinary research and is the PI on a current research project funded by the Utah Department of Health: Telementalhealth: A Promising Approach to Reducing Perinatal Depression in Utah's Rural and Frontier Communities. The project provides mental health services to childbearing women in rural and frontier counties in Utah. Dr. Latendresse is the Chair for the Maternal Mental Health Committee for the Utah Women and Newborns Quality Collaborative (UWNQC) supported by the Utah Department of Health.

LAURIE LESHER RN, MBA

Director of Operations, University Developmental Assessment Clinics, University Health

Working with University Health in several capacities over the past 35 years has afforded Laurie Lesher opportunities of involvement, growth and quality initiatives in multiple arenas. After over 22 years working in the Newborn ICU and 10 years directing research for OBGYN, she is currently the director of operations for the University Developmental Assessment Clinics (UDAC), The UDAC provides state

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of art developmental exams and diagnosis of Utah's children with or at risk for developmental delays. Clinics include the Neonatal Follow-up Program, Heart Center Neurodevelopmental Program, and the Child Developmental Program. These services were implemented under her leadership in 2015 and utilize a full multidisciplinary team. To provide more efficient care, especially to rural Utah's children, the UDAC begun telehealth services (TH). These services have shown tremendous success with patients and providers and quickly became a University leader in TH. Projections for 2018 will reach over 500 TH appointments.

DARCY LITZEN

Avera eCARE Business Development Officer, Avera eCARE

Darcy is responsible for telemedicine expansion, service implementation and customer retention. Darcy has over 23 years of experience in a variety of settings including clinical patient care, business development, marketing and sales. She has also held leadership positions in hospitals and health care organizations.

Her educational background includes a Masters of Science in Business Management from the University of Mary, (Bismarck, ND) and a Bachelor of Science in Nursing from the University of Sioux Falls (Sioux Falls, SD). Darcy joined the eCARE team in November 2010.

BECKY LOWE, BSN, RN

Pediatric TeleCritical Care Expanded Role RN, Primary Children's Hospital

Becky has been a nurse for 13 years, and a Pediatric Intensive Care nurse for 10 years. Adventure called and she took a brief 2 year break from pediatrics to work in a small rural community hospital in an adult ICU. Intermountain Healthcare's Adult TeleHealth Critical Care team began monitoring her patients during this time. She immediately came to respect and appreciate the value of having additional help from experienced intensive care nurses and physicians via telehealth technology. All the while, Becky was missing her pediatric patients. Upon returning to Primary Children's Hospital, the opportunity arose to implement internal monitoring of pediatric patients in their Pediatric and Cardiac intensive care units using telehealth equipment. She could certainly speak to the value of adding an extra set of experienced eyes on their critically ill patients, particularly during respiratory season and looked forward to the chance to implement a program that increased safety for their patients and their staff.

BRENDA K. LYMAN, OTD, OTR/L

Associate Dean/Professor, Division of Allied Health, Division of Health Professions, School of Health Sciences, Salt Lake Community College

Brenda is an occupational therapist of 35+ years and college educator and administrator for 20 years. As the Associate Dean, Brenda wrote and secured two grants for the Salt Lake Community College to implement a telehealth clinic for the Occupational and Physical Therapy Departments. Since then, the Salt Lake Community College has been on the forefront of implementing therapies via telehealth to both adult and pediatric clients throughout Utah. Around 100 students thus far have had the opportunity to learn how to deliver therapy services as part of their education at the Salt Lake Community College.

TALBOT "MAC" MCCORMICK, MD

President and CEO, Eagle Telemedicine

A board-certified internist, Talbot "Mac" McCormick, M.D., began as a hospitalist in 2003, and has since served in various physician leadership roles, most recently at Eagle Hospital Physicians. As the current President and CEO of Eagle Telemedicine, Dr. McCormick is responsible for oversight of clinical operations, comprehensive best practices, leadership development and innovation. Eagle Telemedicine was one of the first companies to emerge in the telemedicine physician service arena, and is still pioneering the industry nearly a decade later, providing telemedicine programs to health systems, critical access hospitals, acute care hospitals, micro-hospitals, and long-term acute care hospitals (LTACHs). Dr. McCormick has spoken at numerous healthcare conferences across the country on a variety of telemedicine topics and is often cited in trade and industry news articles and has appeared as a guest expert on various broadcast programs.

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LORY J. MADDOX, MSN, MBA, RN

Clinical Manager, Connect Care Pro: Pediatrics, Intermountain Healthcare

Ms. Maddox joined Intermountain Healthcare in 2007 after working in military and academic healthcare settings. She is a founding member of the TeleHealth team and currently works as a Clinical Manager for Connect Care Pro supporting women, newborn and pediatric initiatives. A lifelong learner, she is currently a PhD candidate within the College of Nursing, University of Utah with a research focus on newborn telehealth program evaluation.

STEPHANIE MERRELL, MSN, RN

Nurse Manager, Uintah Basin Medical Center

Ms. Merrell is the nurse manager for labor and delivery, postpartum and newborn nursery at Uintah Basin Medical Center in Roosevelt, Utah with 20+ years' experience. She loves being a nurse and the joy of helping mothers bring a new baby into the world. The past two years Stephanie has been working to bring TeleHealth: Newborn Critical Care to UBMC. Her goal is to keep babies with their moms at UBMC.

Stephanie earned her Associates of Science in nursing from Weber State University, her Bachelor of Science degree from University of Phoenix, and her Masters of Science in nursing from Westerns Governors University. As a wife and mother of four, Stephanie loves to spend her free time with her husband and children sitting on the beach in Playa Del Carmen reading a murder mystery and drinking a coke.

NATALIA MARTINEZ-PAZ, MPA, MA

Program Manager, University of Washington Tele-Antimicrobial Stewardship Program (UW TASP)

Natalia Martinez-Paz is the Program Manager for the University of Washington Tele-Antimicrobial Stewardship Program (UW TASP), a collaborative project that builds and supports antimicrobial stewardship programs across hospitals in WA state. UW TASP's high quality, high impact, Infectious disease education empowers healthcare frontline providers to invest in and expand AMS implementation. Before working in the stewardship telehealth field, Ms. Martinez-Paz managed the University of Washington HIV ECHO project for seven years.

STEPHEN D. MINTON, MD, FAAP

Chief of Neonatology and Medical Director of the Newborn Intensive Care Unit at Utah Valley Hospital

Stephen D. Minton, MD, FAAP is the Chief of Neonatology and Medical Director of the Newborn Intensive Care Unit at Utah Valley Hospital which includes rural hospitals in the south region of the State of Utah; Medical Director, Intermountain Healthcare Newborn Services, as well as the Director of Neonatal LifeFlight.

In 1979, he opened the first non-academic Newborn Intensive Care Unit in the United States. Dr. Minton and his colleagues were instrumental in changing the platform for neonatal ventilation and have taught over 900 physicians throughout the world high frequency ventilation. He was influential in the initiation of the Intermountain Healthcare Clinical Integration Program for Women and Newborns. Dr. Minton has been a leader in NICU Redesign. He has been involved with the development of the iCentra Medical Record for NICU patients. He is a recipient of Intermountain Healthcare's Osler Cloak Award for Excellence in Caring and Curing.

He is active in research in areas such as neonatal high frequency oscillation for the prevention of lung injury, early lung recruitment with non-invasive ventilation, neonatal abstinence syndrome, hypoglycemia in newborns, neonatal cerebral perfusion and cardiac function, premature adrenal/thyroid function, and neonatal health care quality improvement and redesign, and TeleHealth.

JONATHAN NEUFELD, PHD

Program Director, Great Plains Telehealth Resource Center

Jonathan Neufeld, PhD, is Program Director of the Great Plains Telehealth Resource and Assistance Center. Dr. Neufeld joined gpTRAC in February of 2017, having previously served as the Clinical Director of the Upper Midwest Telehealth Resource Center in Indianapolis. He has consulted on a wide range of projects related to rural health and telehealth over the past 15 years. He has presented at numerous regional and national conferences and published peer-reviewed articles in the fields of telemedicine,

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clinical decision support, mental health services evaluation, and clinical outcomes.

Dr. Neufeld was formerly the Vice President of Information Technology and Integrated Care at Oaklawn Psychiatric Center in Goshen, Indiana. In this role, he oversaw the IT programs and services at Oaklawn as well as leading a team of clinicians providing mental and behavioral health services in primary care settings across Elkhart and St. Joseph Counties. Oaklawn has been using telehealth technology since 2011.

Dr. Neufeld received his PhD in Clinical Psychology from Ohio University and completed a Postdoctoral Fellowship in Integrated Primary Care in the Department of Family and Community Medicine at UC Davis Medical Center in Sacramento, California.

RUSSELL PINCOCK DNP, APRN, NP-C

Primary Care Provider, Utah Navajo Health System (UNHS)

Mr. Russell Pincock grew up in Blanding, Utah. He worked as an emergency room and trauma Registered Nurse before going back to school for his Doctorate of Nursing Degree. He graduated with his DNP from The University of Utah College of Nursing in 2011. Since graduation he has worked as a primary care provider with UNHS in Blanding and on the Navajo Indian Reservation in Southeastern Utah.

KELLY RHONE, MD, FACEP

Avera eCARE's Medical Director of Outreach and Innovation, Avera eCARE

Dr. Rhone serves as Avera eCARE's Medical Director of Outreach and Innovation. In this role, she is responsible for physician engagement and retention, program development of telemedicine services, and educating medical professionals on telemedicine and change management. Dr. Rhone has been practicing emergency medicine for over 10 years and joined Avera eCARE to help bring cutting-edge emergency and critical care to the patient's bedside, regardless of location.

She serves as an Assistant Professor at the University of South Dakota Sanford School of Medicine and is a Fellow of the American College of Emergency Physicians. Dr. Rhone completed her medical education at the University of South Dakota in Vermillion, SD and her emergency medicine training at HealthPartners-Regions Hospital in St. Paul, MN.

CINDY ROLEFF, MS, BSN, RN-BC

Telehealth Program Development Manager, ANTHC, Alaska Federal Health Care Access Network (AFHCAN)

Cindy is the Telehealth Program Development Manager for the Alaska Native Tribal Health Consortium (ANTHC). ANTHC is a non-profit Tribal health organization that serves over 158,000 Alaska Native and American Indian people throughout the state of Alaska. The system includes approximately 200 telemedicine access locations.

Cindy has worked in telehealth for the past seven years and has a total of more than 30 years of nursing experience. Cindy's team currently offers telehealth consultation and training services to all of the Tribal organizations and clinics throughout Alaska. Her team provides support for video and store & forward telehealth which is used broadly in primary care and in over 30 specialty care services. Cindy has also designed, coordinated and taught classes and courses on dozens of clinical and technical topics to local, national and international audiences.

Cindy holds a Bachelor of Arts in Child Psychology and a Bachelor of Science in Nursing from the University of Minnesota. She also holds a Master of Science in Business Organizational Management from the University of LaVerne. Her board certification is in Nursing Professional Development.

DOUG ROMER, RN, BS

Executive Director Patient Care Services, Grande Ronde Hospital

Doug is the Telehealth Director for Grande Ronde Hospital. Grande Ronde is a 25 bed critical access hospital which provides a wide variety of inpatient, outpatient and specialty services. Doug has been involved with telehealth for ten years and has developed a robust remote presence healthcare system for its community and region. As a result of these accomplishments Grande Ronde Hospital has been honored with multiple awards including Outstanding Rural Health Organization from the NRHA, ECRI Health Devices Achievement Award, the 2017 NRHA Top 20 CAH and the 2017 Most Wired Award. Doug holds a bachelor's degree in Liberal Arts from Eastern Oregon University.

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KIMBERLY SELIGMAN

FCHIP Technical Assistance Coordinator, Montana Hospital Association

Kimberly Seligman is the FCHIP Technical Assistance Specialist for the Montana Health Research and Education Foundation at the Montana Hospital Association. A graduate of Montana State University, Billings, she completed her Bachelor's Degree in Organizational Communications and Health Administration. Kim has ten years of professional experience in healthcare project management as well as data analytics for quality improvement. She is also an active member of the Montana Telehealth Alliance working to advance telehealth knowledge, advocate for policy change, and improve healthcare through telecommunications throughout the state of Montana.

JALEEN SMITH, BS

TeleStroke Program Coordinator, University of Utah Hospital

Jaleen Smith was born and raised in Bountiful, UT. She graduated from Southern Utah University in 2010 with a Bachelor's in Public Relations and political science. She began working for the University of Utah in 2011, and has been the telestroke program coordinator since 2014.

KRISTA STADLER, RN, BSN

Senior Director, Telehealth Services, St. Luke's Health System

Krista M. Stadler is a Registered Nurse who is passionate about improving a patient's access to quality, cost effective care regardless of their geographic location. She currently serves as Senior Director of Telehealth Services at St. Luke's Health System in Boise, Idaho.

Prior to relocating to Idaho in 2015, Krista spent 7+ years building one of the largest Telehealth programs in the country. Her experience in Telehealth includes the design and implementation of a variety of programs including TeleICU, Teleneurology, Telebehavioral Health, Telepharmacy, Remote Patient Monitoring, and other applications in the acute, post-acute and ambulatory settings.

In her current role she is responsible for the development and execution of the overall Telehealth strategy supporting St. Luke's Health System. She has direct oversight of the implementation and support of new and existing Telehealth programs including Transfer Center Operations.

Krista is optimistic about the future of healthcare and passionate about Telehealth as one way to transform the care delivery model. She sees telehealth and virtual care as mechanisms that ensure patients have access to quality, cost effective and convenient healthcare regardless of geographical location.

KATHERINE P. SUPIANO, PHD, LCSW, F-GSA, FT

Associate Professor Director, Caring Connections: A Hope and Comfort in Grief Program, College of Nursing, The University of Utah

Kathie Supiano, PhD, LCSW, F-GSA, FT, is an Associate Professor in the College of Nursing, and the director of Caring Connections: A Hope and Comfort in Grief Program at the University of Utah College of Nursing. She teaches Interdisciplinary Approaches to Palliative Care for graduate students in Pharmacy, Social Work and Nursing, and Geriatric Care Management. Dr. Supiano's research is in clinical interventions in complicated grief, prevention of adverse grief outcomes, suicide survivorship and prison hospice. She has been a practicing clinical social worker and psychotherapist for over 35 years. Her clinical practice has included care of older adults with depression and multiple chronic health concerns, family therapy, end-of-life care, and bereavement care. Dr. Supiano is a Fellow in the Gerontological Society of America, a Fellow of Thanatology, and a founding member of the Social Work Hospice and Palliative Care Network. She received her PhD in Social Work at the University of Utah as a John A. Hartford Foundation Doctoral Fellow.

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ROBYN THOMPSON, PHD, OTR/L

Assistant Professor and Program Director, Salt Lake Community College

Robyn Thompson is the Assistant Professor and program director in the occupational therapy assistant (OTA) program at Salt Lake Community College (SLCC). Robyn holds a Master's degree and PhD in special education from the University of Utah (UofU). While attending the UofU, she was also employed by the division of occupational therapy as an adjunct and full-time faculty member. She also developed a pediatric outpatient occupational therapy program at the UofU, that continues to be in operation. At SLCC, Robyn oversees the operation of the OTA program, including the occupational therapy pro bono clinic that serves community clients during fall and spring semesters. Robyn helped design and implement the telehealth occupational therapy program at SLCC and was among the first occupational therapy practitioners in the state of Utah to provide occupational therapy via telecommunications.

REBECCA UTZ, PHD

Associate Professor, Sociology & Gerontology, The University of Utah

Rebecca Utz is an associate professor at the University of Utah. Her research interests are focused on supporting families who are facing end-of-life health care and caregiving responsibilities

SARAH WOOLSEY, MD, MPH, FAAFP

Medical Director, HealthInsight Utah

Sarah Woolsey, MD, is board-certified in Family Medicine and a current Medical Director with HealthInsight, Utah's Quality Improvement Network, and Regional Health Improvement Collaborative. She is passionate about patient engagement in care and preventing chronic disease. She is actively engaged in the advancement of community quality and cost metric to improve care through the Transparency Advisory Group. She has worked in primary care for 20 years with underserved populations in Salt Lake City as a full-spectrum family doctor. She believes telehealth can democratize the delivery of health care for Utah patients.

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MEET THE AUTHORS AT THE BREAKFAST AND POSTER PRESENTATION STROLL

Tuesday and Wednesday from 7:00AM to 8:30AM in the Grand Ballroom.
Poster number indicates poster location in the Grand Ballroom.

1. EXPANDING HEALTH CARE PROVIDER CAPACITY TO TREAT MENTAL HEALTH DISORDERS VIA INTERACTIVE TELE-EDUCATION

CHRISTINA CHOATE, BS *Office of Network Development and Telehealth, University of Utah Health*

BACKGROUND: At least one-in-five patient visits to primary care has a mental health component. Meanwhile, health care providers report a lack of resources and confidence in treating conditions such as depression, anxiety, sleep disorders, and addiction. Project ECHO® offers the potential to reduce these disparities for health care providers of all levels by promoting lifelong learning through the use of tele-education and guided practice.

METHODS: Behavioral Health ECHO at The University of Utah was created with the following objectives: (1) to provide a collaborative setting for providers throughout the Intermountain West to discuss mental health treatments; (2) to disseminate best-practice guidelines for treatment; (3) to catalogue resources for providers; and (4) to provide a forum for case-based learning. The sessions were held on a weekly basis, attendance was recorded, and provider-level surveys measured change in knowledge and confidence level in treating various mental health disorders.

RESULTS: There were 31 sessions held between October 2017 and June 2018, with a total of 104 unique attendees. Twelve patient cases were presented including diagnoses of MDD, schizophrenia, dementia, insomnia, etc. Provider-level surveys (n=35) demonstrated a 41% increase in knowledge of mental health diagnoses and treatment and a 32% increase in comfort level with treating mental health disorders. "Module 2: Mood Disorders" resulted in the biggest increase in provider knowledge (78%) and confidence level (50%). Participants self-reported that they plan to use scales and checklists more frequently in their practice and that they intend to be more collaborative when making treatment decisions.

CONCLUSION: Behavioral Health ECHO is an effective means of bringing providers together to discuss best-practices for diagnosing and treating mental health disorders.

2. NEEDS ASSESSMENT FOR ACCESS TO HEALTHCARE IN THE DEAF COMMUNITY

SARAH CURTRIGHT, FNP-ED, DNP *Old Dominion University*

BACKGROUND: In the United States, there are an estimated 26.9 million Deaf and hard of hearing individuals. This vulnerable population has been identified as being at risk for marginalization of healthcare due to communication challenges. Specific to the Deaf population, little is known about their ability to access and receive healthcare services via Telehealth and Video Remote Interpreting based on residence geographical location. What is not known based on a literature review is whether the Deaf population experiences barriers to their ability to access healthcare, what technology Deaf patients utilize when they consider accessing healthcare, what resources are provided by healthcare facilities to improve Deaf patient access, and what safety concerns the Deaf community has when seeking care.

METHODS: The needs assessment survey will be sent through Qualtrics to each states' respective Deaf council to distribute to their states' Deaf members. This needs assessment will not have randomization, a control group, or an intervention. Consent will be obtained from the state prior to their inclusion of being sent the survey. The survey will contain definition of implied consent by participating and detailed information on the use and protection of gathered information. Data will be assessed by SPSS version 25.

RESULTS: Data currently being collected with preliminary results anticipated by October.

CONCLUSION: Currently, state Deaf Councils believe more Deaf would have responded if questions had been signed by medical interpreters and imbedded into survey; it was not possible to do that for this survey due to lack of time for cross-validation of languages. Anticipated outcomes: Deaf respondents will be able to identify and define barriers, experienced when accessing healthcare.

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3. RELIABILITY OF TELETHERAPY AS A SERVICE DELIVERY MODEL FOR SCHOOL BASED OCCUPATIONAL THERAPY

KATHLEEN DELAPP-COHN, MS, CCC-SLP *Speech-Language Pathologist, Rock Creek Therapy, LLC*

BACKGROUND: Rural healthcare lacks the availability of healthcare services, lack of skilled providers, and socioeconomic status is a factor to pay for these services. In rural school systems, students who qualify for services may have limited or no access to specialists, and families may not have funds to travel the distance to the specialist to receive care. These barriers prevent families and their children from beneficial treatments and interventions they need, to maximize their participation in daily living and success in school, especially in rural states.

METHODS: Search terms were developed by researchers and implemented. The articles identified using the specific search terms were then subject to inclusion and exclusion criteria.

RESULTS: Based on the inclusion and exclusion criteria, 5 articles were approved. Due to recent technology advances, this delivery model is new and minimal research has been done on the model, hence the limited number of articles identified.

In all the studies, researchers found that all measured outcomes were increased. Functionally, fine motor and gross motor abilities, and even participation in daily activities demonstrated a significant increase. Using this technology to provide additional caregiver training, increased caregiver confidence in caring for these children.

CONCLUSION: The findings in these studies indicate that this delivery model can be utilized successfully within the OT scope of practice for clinical and community-based practice of occupational therapy.

4. UNIQUE TELEICU MODEL IMPROVES RURAL CRITICAL CARE

JENNIFER COLARUSSO, BSN, RN, CCRN-K *TeleICU Program Coordinator, University of Utah Health*

BACKGROUND: The University of Utah Health (UUH) TeleICU model was created in response to the unique needs of rural and frontier hospitals in the Intermountain West. Our model was designed to increase the capacity of rural and frontier hospitals to care for critically ill patients. Our non-traditional approach allowed for cost reduction related to the set-up and continuous monitoring of infrequently utilized ICU beds, and minimize low acuity transfers.

METHODS: The UUH consultation-driven model focuses on acute patient care and building the clinical capacity of partner sites. This was accomplished through: 1) Clinical support provided by board certified intensivists for acute consultation. 2) A continuously staffed nursing support line makes available, in real-time, a nursing peer. 3) Didactic education offered through weekly online lectures and hands on training for nurses and affiliated staff at the UUH. 4) An analysis of current resources and capabilities using the UUH Critical Care Capacity Index (3CI) helps identify the clinical capacity for managing critically ill patients and identifies unique growth opportunities for each facility.

RESULTS: Growth was measured by enrollment of partner sites, their increased ability to care for critically ill patients and a reduction in low acuity transfers. Since inception in 2015, we have added 10 partner sites and fielded 216 patient consultations. Capacity building is monitored by tracking hospital capability according to the 3CI, and by partner site reports of consult patients they have retained with TeleICU support. Our first partner site reported that in one year, they retained 25 patients that would have otherwise been transferred. Low acuity transfers to our facility that were discharged within 48 hrs were decreased 77% and 70% from the 2 TeleICU sites where data was available.

CONCLUSION: Based on our experience the evidence is in favor of a consultative model. We have been successful in increasing the clinical capacity of our partner sites and reducing low acuity transfers. This has translated into more patients staying in their communities and local facilities for critical care services. This program has aided UUH to ensure that scare specialty beds and providers are made available to the most critically ill patients across the region.

5. MANAGING SURGE CENSUS WITH PEDIATRIC TELEHEALTH MONITORING AND SUPPORT

JORDAN ALBRITTON, PHD, MPH *Sr. Statistical Data Analyst, Intermountain Healthcare*
LAURA CARTER, MSN, RN *Nurse Manager, Intermountain, Primary Children's Hospital*
MICHELLE L. HALGREN, MHA *Project Coordinator, Intermountain Healthcare, Telehealth Pediatrics*
BECKY LOWE, BSN, RN *Pediatric TeleCritical Care Expanded Role RN, Primary Children's Hospital*
LORY MADDOX, MSN, MBA, RN *Clinical Manager, Connect Care Pro: Pediatrics, Intermountain Healthcare*

BACKGROUND: Pediatric Critical Care Services (PCCS) at Primary Children's Hospital consists of 2 units, a 28 bed Pediatric Intensive Care Unit (PICU) and a 16 bed Cardiac Intensive Care Unit (CICU). Approximately 172 full time, part time and "as needed" staff provide baseline coverage of 25 registered nurses (RNs) per shift. During winter seasons, staffing needs surge to 35 to 40 RNs per shift, frequently employing float and travel RNs to close this coverage gap. The goal of the PCCS staff is safe, quality care for every child in their unit. Providing this care to complex patients requires a high degree of concentration supported by knowledge and skills. PCCS leadership appreciated the hands-on help provided by traveler and floater RNs, but were concerned about the number of interruptions to their experienced PICU staff.

METHODS: PCCS TeleHealth program was implemented in January of 2017. Experienced PCCS RNs actively monitor patients and support nurses providing direct patient care. The TeleHealth RN focuses on patients assigned to traveler, float, and newly trained PCCS RNs as well as higher acuity patients. TeleHealth program protocols and measures adopted from the adult program and were modified for pediatric patients.

RESULTS: Since inception, PCCS TeleHealth RNs have had over 33,000 TeleHealth interactions. Predefined categories of nursing intervention have been described. Video rounding is the most documented activity.

CONCLUSION: Experienced RNs can educate and coach bedside staff in Pediatric Critical Care units using telehealth technologies. Patient safety is enhanced when patient and staff have additional subject matter experts available for consultation and questions. Sick call and absenteeism are reduced when staff have experienced critical care RNs as a backup resource. Providing telehealth services within the unit setting increases the likelihood of the telehealth RN getting asked to assist on the unit.

6. LEVERAGING THE POWER AND CONNECTIONS OF TELEHEALTH TO SUPPORT FAMILY CAREGIVERS

REBECCA UTZ, PHD *Associate Professor, Sociology & Gerontology, The University of Utah*

BACKGROUND: Approximately 43.5 million Americans provide close to 20 billion hours of unpaid financial, medical, social, and instrumental support to chronically ill and disabled family members. These substantial contributions often come at a cost to the family caregivers' personal health and well-being, as many report feeling unprepared, unsupported, and strained by the caregiving role. The annual economic value of unpaid family-provided care is estimated at $232 billion, a cost savings to the healthcare system that is nontrivial. There exist many interventions to support family caregivers, most of which have relied on high levels of staff involvement to achieve fidelity and effect (i.e., support groups). Clinical providers may simply lack time and resources to provide this type of support and training to the family members. Furthermore, caregiver support is a non-reimbursable service and not usually a priority for traditional patient-oriented providers. This is even more emphasized in rural areas, where access to existing support programs is challenging and coordinated services may be lacking altogether. A potential solution to this problem is presented in telehealth. While telehealth has become increasingly and successfully used to deliver patient-oriented care, there has been little coordination of telehealth services to support the family caregivers.

METHOD/RESULTS: We will review the types of online and self-administered caregiver support programs that are available and explore the ways in which clinical providers can leverage telehealth resources and telehealth networks to provide effective, yet cost-efficient, support programs for caregivers.

CONCLUSION: By discovering and sharing the capabilities, connections, and existing efforts of individual health care providers within the NRTRC network, we believe we are in the position to begin creating and implementing a shared and sustainable solution for delivering supportive services to family caregivers in rural areas.

7. TELEGENETICS: INCREASING ACCESS TO GENETIC COUNSELING SERVICES ACROSS THE INTERMOUNTAIN WEST

MARJAN CHAMPINE, MS, MBA, LCGC *Associate Clinical Director, Huntsman Cancer Institute*

BACKGROUND: In an era of personalized medicine and direct-to-consumer genetic testing, there is an obvious and growing demand for genetic service providers. As trained specialists, genetic counselors are uniquely positioned to address these demands in healthcare. A national shortage of genetic counselors has highlighted telegenetics as an attractive tool to improve access to care. While independent companies that offer genetic counseling via telegenetics

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are working to meet this growing need; partnering with a local hospital can be especially useful to ensure the long-term care of high-risk patients and their families. This partnership can introduce exceptional alignment across healthcare systems and offer unique opportunities for engagement both clinically and in research.

METHODS: The purpose of this review is to discuss the key components required to launch a telegenetics service line in partnership with a hospital system, and to share successes and challenges in starting and expanding a multi-site oncology telegenetics program.

RESULTS: Since 2016, over 400 people across the Intermountain West have been referred for oncology genetic counseling services through contracts set up with Huntsman Cancer Institute in Salt Lake City, UT. Over half were seen via telegenetics (telephone or video). A major barrier to scheduling appointments included delays in site contracts leading to patients on hold being lost to follow-up.

CONCLUSION: Much of the demand for genetic counseling can arguably be met with telegenetics services. Launching this service in partnership with a local hospital system can help increase patient volumes and appropriate referrals over time. Streamline development of process flows and contracts are necessary to sustain momentum and engagement of patients and providers. Future directions include achieving more frequent engagement with providers at the originating site in order to improve services rendered and ensure appropriate follow-up of high risk patients.

8. IMPROVING CARE FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES USING TELEHEALTH

LAURIE LESHER RN, MBA *Director of Operations, University Developmental Assessment Clinics, University of Utah Health*

AMY BOYNTON *Program Coordinator, University Developmental Assessment Clinics*

BACKGROUND: Families of children with developmental disabilities (DD) living in rural areas have poor access to specialized care. Telehealth (TH) offers the potential to provide care for children with DD for visits not requiring in-person examination.

METHODS: Two types of TH visits began in April 2016, one for psychologists to provide diagnostic summaries after in-person evaluations and another with pediatricians for follow-up visits. Process changes included adoption of new TH software and enhanced TH care coordination. Monthly proportion of TH visits for families living in rural areas was assessed using P-charts from statistical process control methodology. We obtained patient and family characteristics by chart review of TH visits and we compared reimbursement rates between TH visits and similar in- person visits. Family perception of TH visits was assessed with a post visit survey.

RESULTS: The combination of a new TH software and TH care coordination was associated with an increase in the proportion of completed TH visits in children from rural areas. Of 249 TH visits, the majority involved children with autism spectrum disorder (56%) and 81% were with families living in rural/frontier counties. Within pediatrician visits, psychotropic medication management was common (47%), with anxiety the most common condition treated (47%). The reimbursement rate was similar between TH and in-person visits (41% versus 40%). Among the 33% of families who completed a post visit survey, the majority were seen at home (83%), felt it was "very easy" to see (83%) and hear (63%) the provider, and "strongly agreed" that TH saved time (86%) and money (80%). Most felt the care delivered in TH visits was the same compared to in-person visits (75%).

CONCLUSION: New TH software and TH care coordination were associated with an increase in the proportion of children with DD from rural areas seen for TH visits by providers within a multidisciplinary child development clinic. TH visits were similarly reimbursed compared with in-person visits and were well received by families.

9. TELEHEALTH, THE NEW SERVICE DELIVERY MODEL FOR CHILDREN AND FAMILIES: PROVIDING OCCUPATIONAL THERAPY THROUGH TECHNOLOGY

BRENDA K. LYMAN, OTD, OTR/L *Associate Dean/Professor, Division of Allied Health, Division of Health Professions, School of Health Sciences, Salt Lake Community College*

ROBYN THOMPSON, PHD, OTR/L *Assistant Professor and Program Director, Salt Lake Community College*

BACKGROUND: We believe that it is essential for occupational therapy educational programs to examine the use of telehealth as a method for providing occupational therapy services to prepare students for the future of health care.

By providing applied learning opportunities, students have an opportunity to experience the provision of telehealth services in preparation for the demands and expectations of working in tomorrow's contemporary occupational therapy practice settings. The Salt Lake Community College has implemented three semesters of telehealth training for students in the two-year Associate of Applied Science Occupational Therapy Assistant Program. Faculty serve as mentors and supervisors as student implement interventions under their direction. This poster focuses on telehealth intervention focused on children and families.

METHODS: A new model for telehealth service delivery for pediatric occupational therapy is introduced. Data-driven decision-making is applied as the research method. Quality indicators and outcomes for student learning are being measured by the department, as well as client satisfaction and goal completion.

RESULTS: Preliminary findings support that occupational therapy through the use of telehealth offers a successful way to provide health care in pediatric occupational therapy.

CONCLUSION: Telehealth is part of health care's future by offering an alternative method to traditional service delivery especially for clients who are homebound, geographically remote, or who require specialization.

10. TELEHEALTH SERVICES AT THE SALT LAKE COMMUNITY COLLEGE

BRENDA K. LYMAN, OTD, OTR/L *Associate Dean/Professor, Division of Allied Health, Division of Health Professions, School of Health Sciences, Salt Lake Community College*

ROBYN THOMPSON, PHD, OTR/L *Assistant Professor and Program Director, Salt Lake Community College*

BACKGROUND: The Salt Lake Community College (SLCC) values community-based, experiential learning. The occupational therapy assistant program at SLCC has embraced these values, and provides a student-based pro bono occupational therapy clinic for adult and pediatric members of the community. In the fall of 2016, the occupational therapy assistant program expanded their clinic to include telehealth occupational therapy services for adult and pediatric clients who live in rural areas, or who are home bound and cannot access traditional out-patient services. These clients may also be underserved, uninsured or underinsured in relation to therapy services. The pro bono occupational therapy telehealth clinic at Salt Lake Community College utilizes synchronous video conferencing over a secure electronic platform to provide various types of therapy services including evaluation, treatment intervention, consultation, and parent and caregiver education and training.

This poster and discussion by presenters will highlight the pragmatics of setting up a telehealth clinic, and establishing a student-to-student mentoring model for providing occupational therapy services.

METHODS: The presenters will share a process for collecting on-going outcome data, and adjusting treatment services based on that data.

RESULTS: Preliminary data that suggests pro bono occupational therapy services delivered by occupational therapy assistant students via telehealth is effective.

CONCLUSION: The presenters will reveal outcome data related to student and client perceptions of telehealth, and the effectiveness of treatment.

11. SPEECH THERAPY SERVICES MADE POSSIBLE IN A RURAL COMMUNITY VIA TELEHEALTH SUPERVISION AND MENTORSHIP

JUSTIN BENSON, M ED, CCC-SLP *Speech-Language Pathologist, Ashely Regional Medical Center*

SARAH GALLANT, MS, CCC-SLP *Speech-Language Pathologist, The University of Utah*

BACKGROUND: Many rural hospitals struggle to recruit speech-language pathologists due to limited access to mentorship opportunities for new clinicians. The University of Utah and Ashley Regional Medical Center (ARMC) in Vernal, Utah partnered in January 2017 to provide supervision and mentorship to ARMC's newly-hired speech-language pathologist.

METHODS: The use of telehealth connections provided a nationally-approved (ASHA) means of direct supervision for a clinical fellow (Justin) to complete his clinical fellowship and receive full state and national accreditation. Additionally,

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ARMC saved on travel expenses as the University supervisor was able to observe one or two sessions at a time without the time commitments of traveling to Vernal.

RESULTS: The direct supervision provided through telehealth gave ARMC an opportunity to recruit and hire a clinical fellow who developed a thriving speech therapy program. His presence and development of the speech program provided access to 542 pediatric and adult patients who would have otherwise had to travel to Provo or Salt Lake City, Utah for the nearest clinician.

CONCLUSION: Rural hospitals often struggle to recruit full-time therapists to their facilities. Hiring clinical fellows also proves difficult as fellows require a clinical supervisor to provide direct supervision. Offering a clinical fellowship through telehealth supervision provides rural hospitals with a wider field of applicants as well as provides more occupation opportunities in a hospital setting for clinical fellows. Access to direct supervision via telehealth services was a viable solution and provided Justin access to a supervisor without travel needs or expenses. The opportunity for a clinical fellow to begin a speech therapy program in a rural community was made possible by telehealth services and has resulted in a significant health benefit to the Vernal community.

12. UW TASP: IMPLEMENTING ANTIMICROBIAL STEWARDSHIP IN CRITICAL ACCESS HOSPITALS IN WA STATE

NATALIA MARTINEZ-PAZ, MPA, MA *Program Manager, University of Washington Tele-Antimicrobial Stewardship Program (UW TASP)*

BACKGROUND: In January 2017 The Joint Commission mandated antimicrobial stewardship (AS) for critical access hospitals (CAHs). In July 2017, Medicaid included AS in its quality incentive program. The Centers for Disease Control and Prevention (CDC) have outlined core elements of effective antimicrobial stewardship programs (ASPs). Many CAHs lack resources to fully implement ASPs. Tele-antimicrobial stewardship is highlighted in the Federal Register as a potential solution.

METHODS: Launched in January 2017, UW TASP ECHO is tele-conference solution to the problem of limited resources for ASPs at CAHs. This interdisciplinary collaboration involves infectious diseases (ID) faculty and fellows, ID pharmacists, and microbiologists from UW Medicine; epidemiologists from Washington State Department of Health; program/technical support staff; and AS teams from participating institutions, forming one large ASP in Washington (WA) State. Using the ECHO model, interactive weekly meetings provide CME via didactics and facilitate peer-to-peer case reviews and sharing of policies, procedures, and protocols. Site visits to participating hospitals allow understanding of local workflow and customized interventions.

RESULTS: 22 of 39 CAHs participate. Gap analysis for the CDC Core Elements reveals areas for improvement at many sites; specific remediation plans are being formulated. Clinical and programmatic toolkits have been developed and shared across the network. Participants share antibiotic formularies and antibiograms where available and discuss challenges unique to CAHs. Providers report a high degree of satisfaction with the program due to AS improvements, knowledge gained, and community enhanced interprofessional communication. Public health benefits include improved local data sharing. National data reporting to NHSN's antibiotic use and resistance options is encouraged. Impact on antimicrobial use and resistance is being tracked, although it is too early to measure effects.

CONCLUSION: UW TASP has effectively facilitated inter-hospital engagement and collaboration among 56% of WA CAHs, effectively supporting AS programs in smaller hospitals across large geographic regions.

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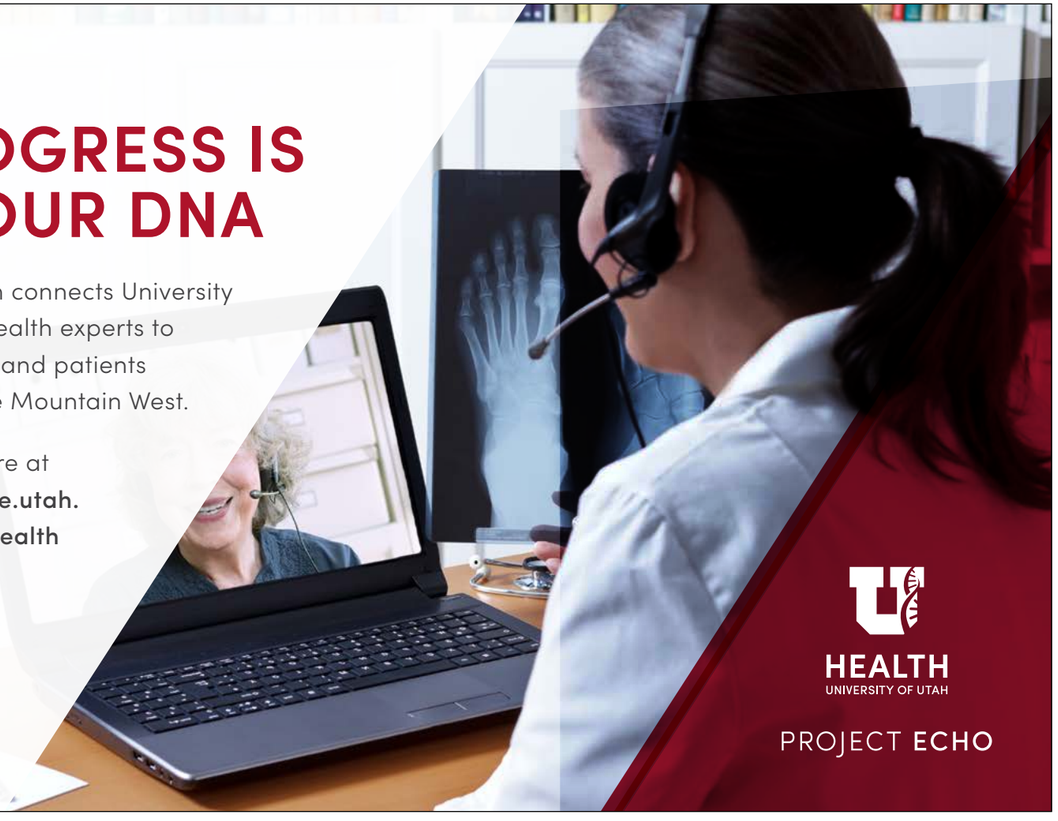

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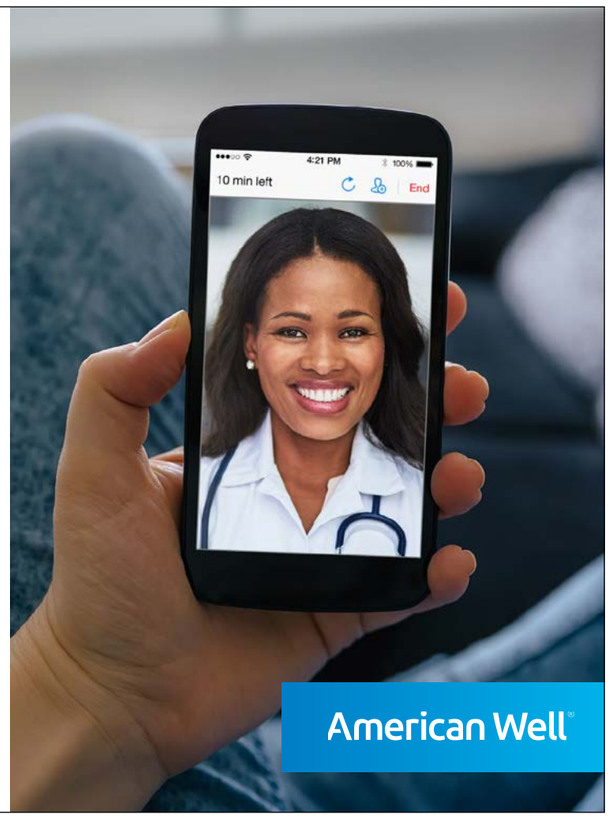

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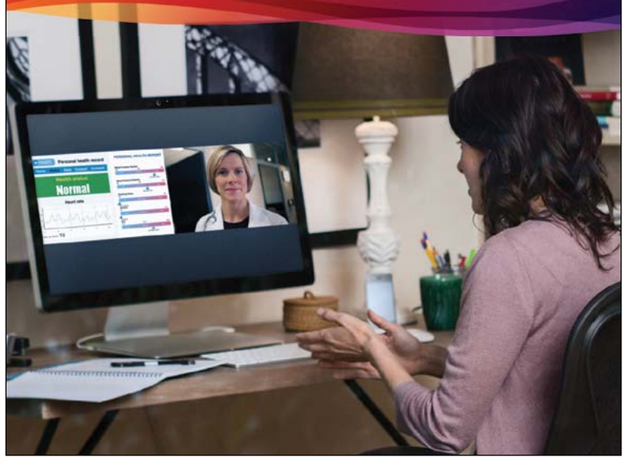

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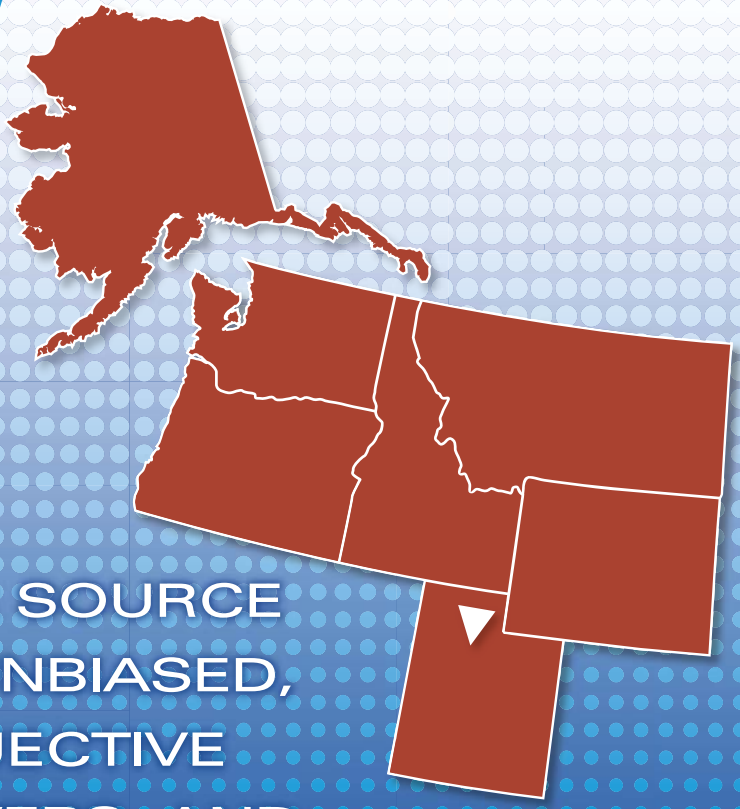

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