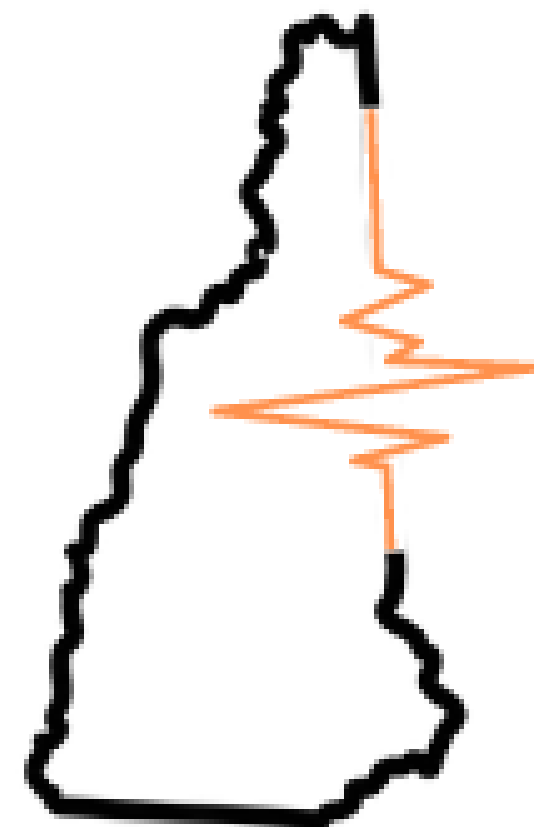


*New Hampshire*  
**telehealth**  
alliance



**Jim Monahan**

Founder, NH Telehealth  
Alliance





# How to Participate:

- Questions will be addressed at the end of each segment of the webinar.
- Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.
- Only questions submitted via Q&A will be read by our host for the panelists to address.
- A recording of this webinar will be made available to members.





## Digital Equity Beyond Demographics

*with*

Sarah Swank, Counsel, Nixon  
Peabody LLP



VIRTUAL SEMINAR NOVEMBER 17, 2022

# **DIGITAL EQUITY BEYOND DEMOGRAPHICS**

**NH TELEHEALTH ALLIANCE  
KEYNOTE ADDRESS**

**Sarah Swank**



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# TODAY'S DISCUSSION

## Where Policy, Law and Operations Meet

1. What is health equity
2. The digital landscape
3. Current barriers
4. Legal pitfalls and opportunities
5. Steps to take to improve equity
6. What's on the horizon
7. Questions





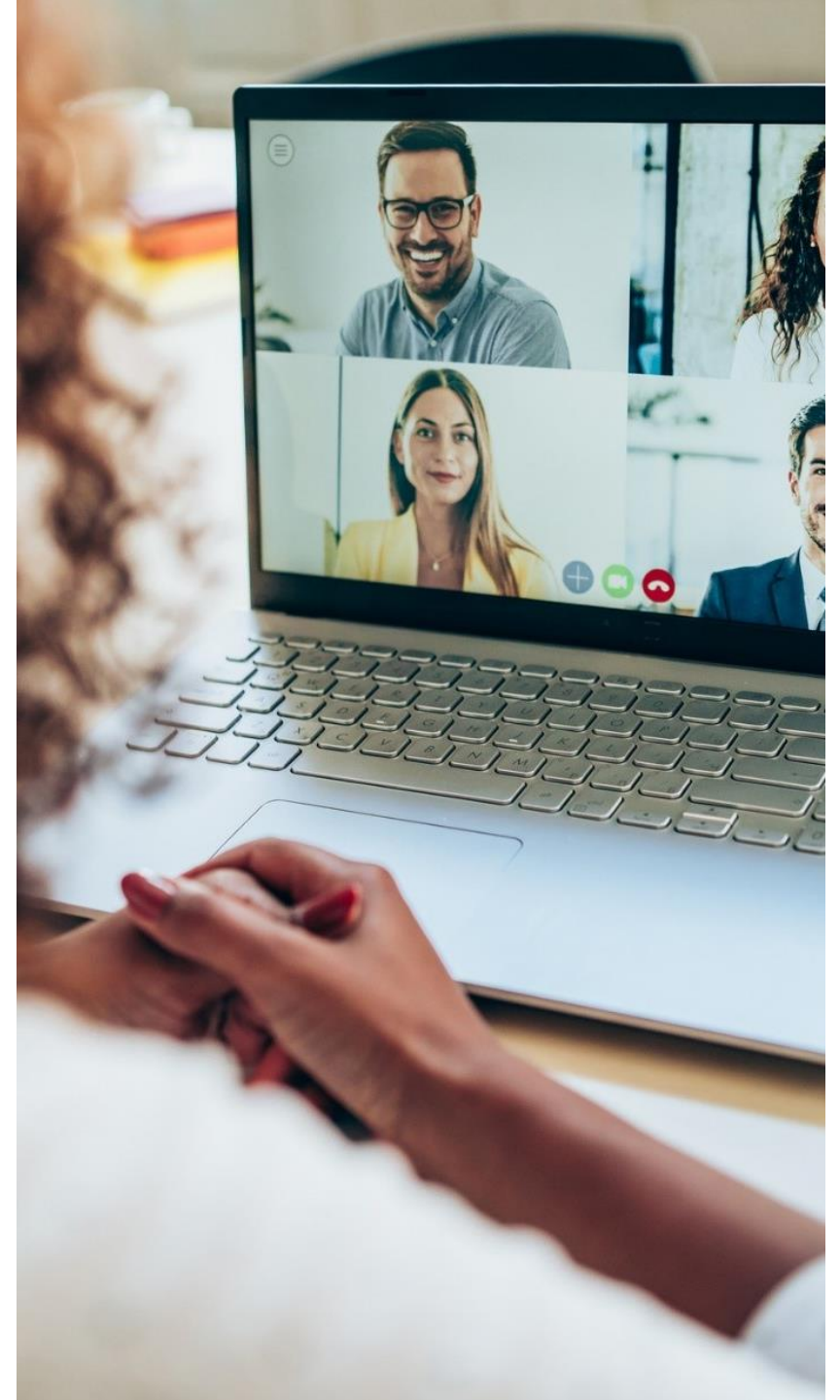
# WHAT IS HEALTH EQUITY

# HEALTH EQUITY

- Often defined as **outcomes** based and data that shows shorten life expectancy or outcomes that are often life or death
- **Disparities** or differences
- **Underserved communities** as a need definition
- **Social determinants of health**

# **CMS FRAMEWORK FOR HEALTH EQUITY**

**CMS defines as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.**



# UNDERSERVED COMMUNITIES

This framework comes from Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.

The term “underserved communities” is defined as populations sharing a particular characteristic, including geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified in the definition of “equity.”

This includes members of racial and ethnic communities; people with disabilities; members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; individuals with limited English proficiency; members of rural communities; and persons otherwise adversely affected by persistent poverty or inequality.



# THE CMS EQUITY PLAN FOR IMPROVING QUALITY IN MEDICARE

**Priority 1:** Expand the collection, reporting, and analysis of standardized data

**Priority 2:** Assess causes of disparities within CMS programs and address inequities in policies and operations to close gaps

**Priority 3:** Build capacity of healthcare organizations and the workforce to reduce health and healthcare disparities

**Priority 4:** Advance language access, health literacy, and the provision of culturally tailored services

**Priority 5:** Increase all forms of accessibility to healthcare services and coverage

# **TECHNOLOGY PLAYS INTO HEALTH EQUITY**

**Technology plays into health equity. –  
How it is developed and how it is used –  
or not used – impacts health outcomes.**

# DIGITAL ACCESS

**Redefine access in a digital age. Virtual care is now integrated into the care delivery system. We do not want to leave anyone behind. If we do, we create a digital divide.**

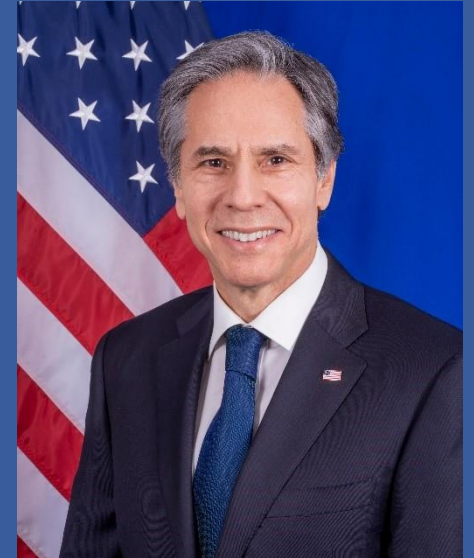


# THE DIGITAL LANDSCAPE



“

A global technology revolution is now underway. The world's leading powers are racing to develop and deploy new technologies like artificial intelligence and quantum computing that could shape everything about our lives—from where we get energy to how we do our jobs to how wars are fought. We want America to maintain our scientific and technological edge, because it's critical to us thriving in the 21st century economy.



Antony J. Blinken  
Secretary Of State

# RIPPED FROM THE HEADLINES

<https://www.nytimes.com/topic/subject/artificial-intelligence>

A.I./REAL LIFE

## 'No-Code' Brings the Power of A.I. to the Masses

A growing number of new products allow anyone to apply artificial intelligence without having to write a line of computer code. Proponents believe the "no-code" movement will change the world.



A.I./REAL LIFE

## Can A.I. Help Casinos Cut Down on Problem Gambling?

The opportunities seem endless. The reality is much more complicated.

By BRADFORD PEARSON



TRILOBITES

## When Pigs Cry: Tool Decodes the Emotional Lives of Swine

An algorithm built by European researchers could help farmers "speak pig" to improve the animals' welfare.

By CORINNE PURTILL



THE MEDIA EQUATION

## How TikTok Reads Your Mind

It's the most successful video app in the world. Our columnist has obtained an internal company document that offers a new level of detail about how the algorithm works.

By BEN SMITH



# WHAT'S IN A NAME?

Terms in healthcare sometimes do not have definitions under the law. Sometimes the law ends up defining or narrowing a term in healthcare.

## Telemedicine

Focus on  
physicians in the  
hospitals.

## eHealth

Bigger term as  
technology grows.  
Reimbursement  
limited.

## Telehealth

Broader term to  
show opportunities  
beyond physicians.

## Digital Health

General definition  
that covers a lot  
but not a definition  
under the law.  
Free from a care  
setting. Direct to  
consumer.

## Remote Patient Monitoring and Remote Patient Therapy

Codes expanded  
during the  
pandemic driving  
new definitions.

# HOW A PANDEMIC PUSHED US INTO THE FUTURE





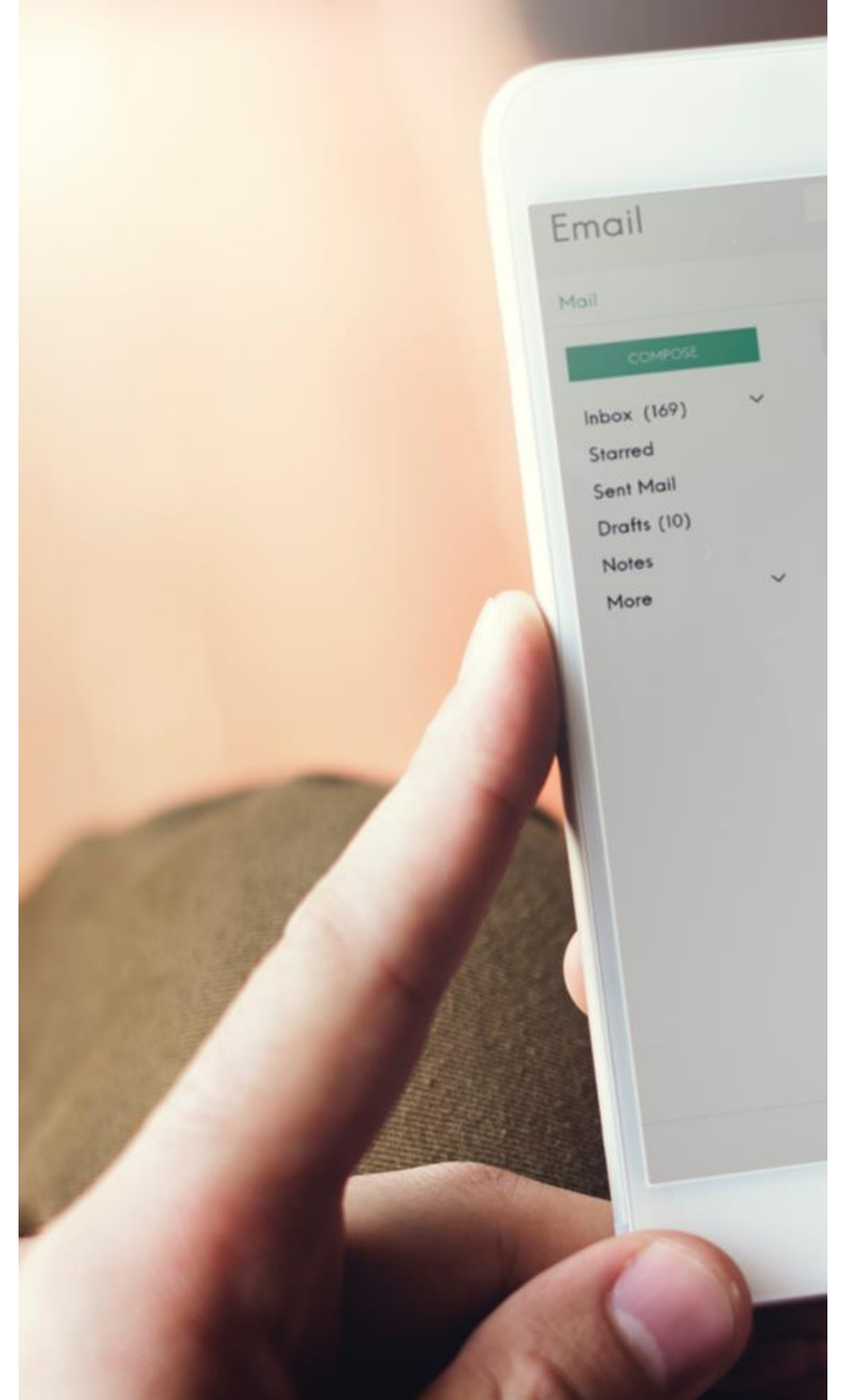
A surgical robot arm with white and black joints is positioned over a patient lying on a table covered with blue drapes. The patient's head is visible, wearing a yellow headband. To the right, a patient monitor displays vital signs: a large number 72, a heart rate of 112, a blood pressure of 68, and a temperature of 100. The monitor also shows a green waveform and various icons. The background is a blurred operating room environment.

**Technologies application to health care  
could be endless but does it cause a  
digital divide?**

# CURRENT BARRIERS

# BARRIERS

- Lack of access to technology or broad band
- Digital health literacy (the ability to use the technology)
- Access barriers
- Creates what some call a “ ” or the “digital divide”



# THE REAL LIFE BARRIERS

**You cannot get to the physician's office.**

**Great news! We can offer you a telehealth appointment and you don't have to leave where you are and you can take it from anywhere.**

**Telephonic back up is one solution and development of inclusive technology is another.**

**Why couldn't the person get to the office?**

## THE WHAT IF'S

...

**What if the technology is not built with an interpretive service in your primary language?**

**What if it is built with buttons you need to see to push?**


**But what if you don't have a phone? Or have a hard time using it?**

**Or broad-band or cell services?**

**What if "health care" is just not easy for you to use?**

# LEGAL PITFALLS AND OPPORTUNITIES



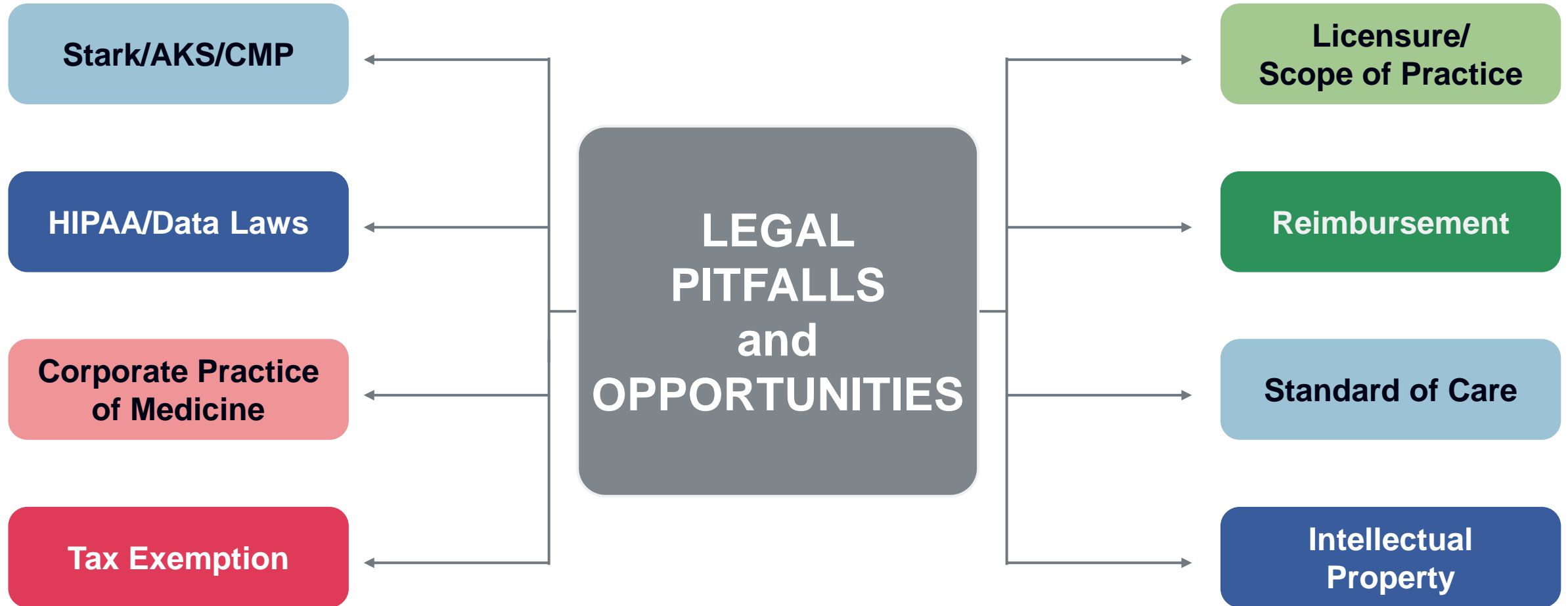


**“It takes a lot less time to  
do the right thing, than to  
explain why you did it wrong.”**

HW Longfellow

# LEGAL CONSIDERATIONS

These likely look familiar and they are familiar to health care.



# Data

**“The world’s most  
valuable resource  
is no longer oil, but  
data.”**

# BIG DATA

Too big or not big enough?

- / De-identified data?
- / What's the proposed use? Clinical research? Marketing?
- / Common Rule and FDA regulations
- / Is it research? Does it need IRB review?
- / Do you have enough data? FDA review? Bias?
- / Is it a messy data jungle or a firing hose?

Consumer protections.

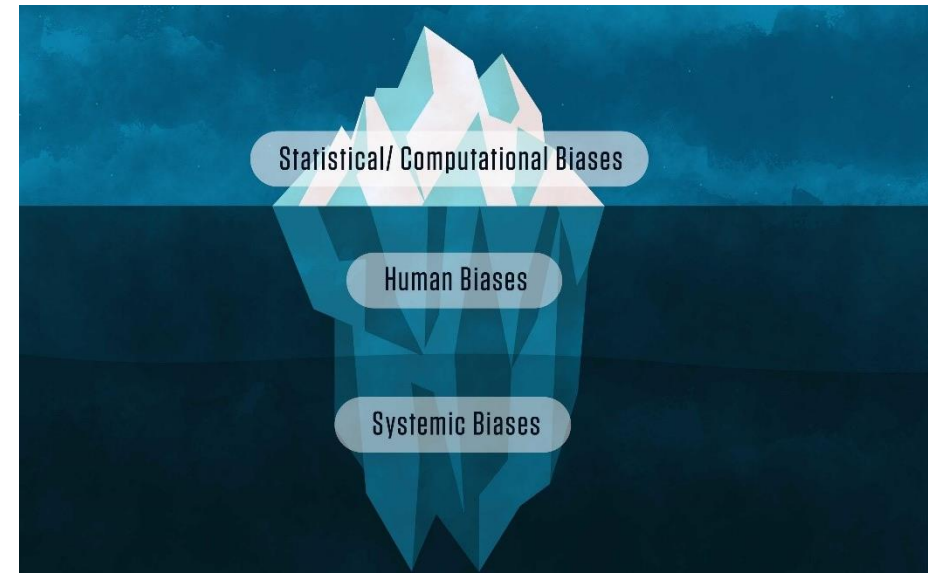


# BIAS: IS AI BIAS REAL

## Towards a Standard for Identifying and Managing Bias in Artificial Intelligence (March 15, 2022)

*Concepts and behavior that are ambiguous in nature are captured in this environment, quantified, and used to categorize, sort, recommend, or make decisions about people's lives. While many organizations seek to utilize this information in a responsible manner, biases remain endemic across technology processes and can lead to harmful impacts regardless of intent. These harmful outcomes, even if inadvertent, create significant challenges for cultivating public trust in artificial intelligence.*

- What is bias?
- What are the challenges to bias?
- Is it just data bias that impacts AI? Do humans play a part? What about systems?
- What does that look like in health care?
- NIST Standards: Sought comments and continues to seek comments.



Credit: N. Hanacek/NIST



# **AI BILL OF RIGHTS**

**he White House Office of Science and Technology Policy (OSTP) released the Blueprint for an AI Bill of Rights set up as a guide for the design, development, and deployment of artificial intelligence (AI) in healthcare.**

**OSTP says it is one of the great challenges posed to democracy today is the use of technology, data, and automated systems in ways that threaten the rights of the American public.**

**The report cites that systems used to support patient care can be unsafe, ineffective, or biased. At the same time, these same systems can support the growth, development, and innovation of care delivery.**

**We act now or we may  
bake in the bias into our  
health care system.**

# VALUE BASED PAYMENTS

My favorite animal the Unicorn ... ACOs



ACO reach



Z codes are already there



SNF and other rules track equity plans



# NAVIGATING FEDERAL LAW BARRIERS – SPRINT RULES

Virtually all relationships in the healthcare industry implicate one of these laws:

- / the Anti-Kickback Statute (AKS)
  - / the beneficiary inducement provisions of the Civil Monetary Penalties Law (CMPL)
  - / the physician self-referral law (“Stark” Law)
- 
- **Waivers were key to innovation, did we “sprint” far enough**
  - **Remember the “fruit salad” problems**

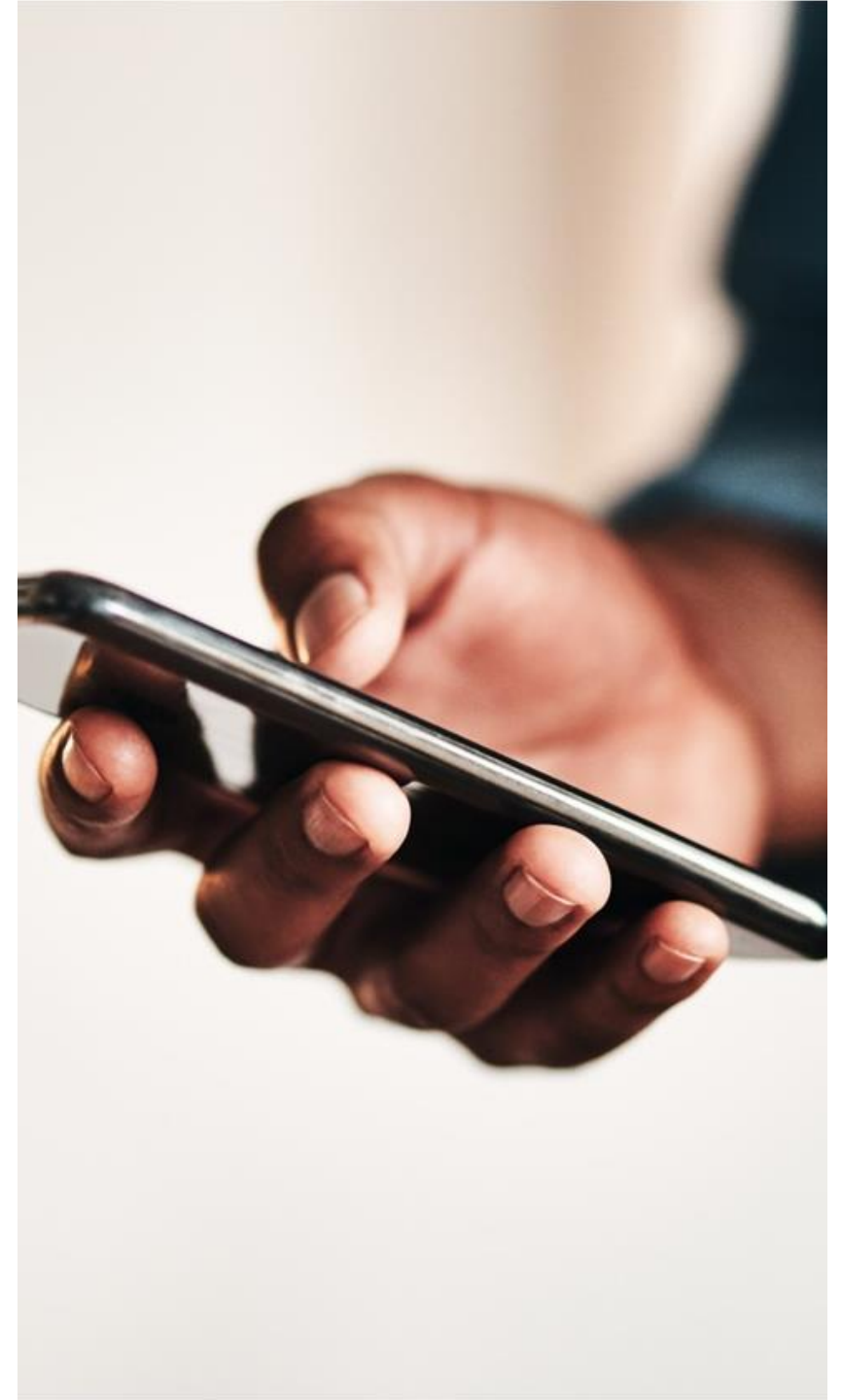
So, can I give away technology?  
What does the law allow me to do?

# SOFTWARE AS A MEDICAL DEVICE

**21st Century Cures Act provided that certain software is not regulated by the FDA as a medical device if:**

- ✓ Software that allows user to record data such as weight, blood pressure, blood glucose, or other data from the device
- ✓ Software that allows the patients and provider to communicate and workflow

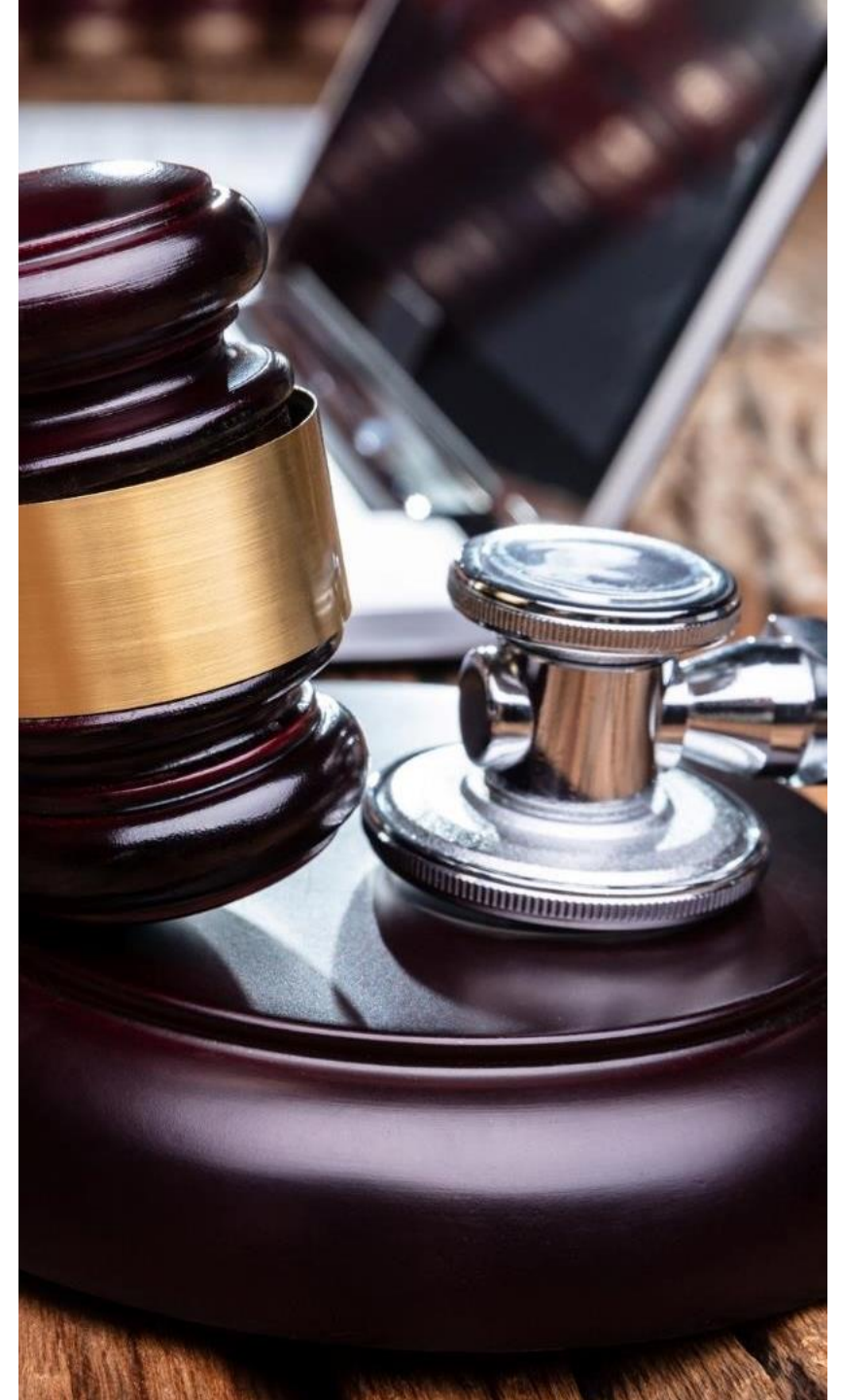
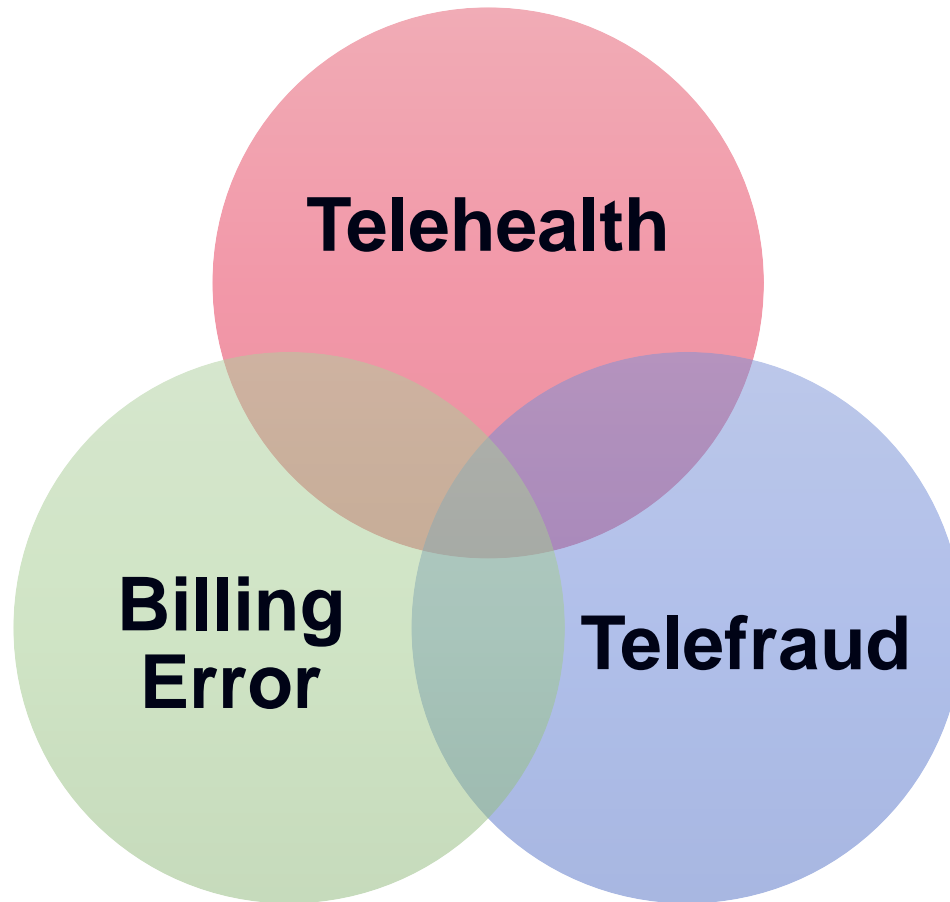
**Enforcement discretion during the pandemic**





# OIG ENFORCEMENT

Enforcement Actions



# CYBER SECURITY SECURITY, INTEGRATION AND EXCHANGE



# STEPS TO IMPROVE EQUITY



# HEALTH EQUITY

- / **Use technology designed with equity in mind** when it comes to speech recognition and health prediction algorithms
- / **Encourage all patients to get involved in planning and implementing health equity.** This could include:
  - Sitting on a board or committee
  - Providing input on materials or procedures
  - Conducting sensitivity training

- / **Look for skills and experiences** within your team, including:
  - Cultural competency
  - Connections to the local community
  - Experience working with underserved patient groups
  - Fluency in languages other than English

*Sample best practice from  
[Telehealth.hhs.gov](https://www.hhs.gov/telehealth)*

# STANDARD OF CARE/MALPRACTICE

- **Standard of care differs from community to community**
- Changes in technology has changed standard of care
- Changes in evidenced-based medicine has changed standard of care
- Adoption embraced by some and feared by others

## Best Practices

- Involve clinical staff and medical staff leadership
- Integration into compliance audit, peer review and other processes
- Create interdisciplinary committees for review
- Review technology agreement
- Ensure diversity in your clinicians and workforce



# WHAT CAN YOUR ORGANIZATION DO?

Review procurement process of software and other technology

Training and education, including the Board

Innovate but ensure compliance with laws

Watch what enforcement actions are occurring

Understand new payment models and quality indicators

Look at your leadership team and board composition

## WHAT CAN YOU DO?

- Look at your team
- Educate yourself on implicit bias
- Look at the community organizations where you volunteer your time
- Speak up. Ask questions. Learn.

# GROWING YOUR PROGRAM

## People

- / Clinicians and clinical pathways and models
- / Navigation and care coordination
- / Back office services

## Technology

- / AI, telehealth, medical records, care coordination apps, and other solutions
- / Cross borders solutions with some legal barriers with scope of practice, licensure, and reimbursement

## Data

- / Data used to ensure real time information for clinicians
- / Data to demonstrate resolute
- / Aggregation of data
- / Secondary use of data

## Growth Strategy

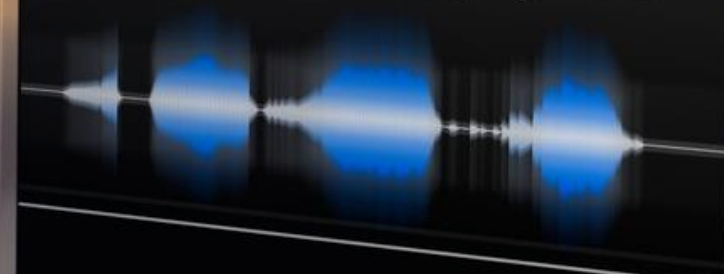
- / Management services/back office, payors, acquisitions, affiliations, staying independent, white label, investing in digital solutions, buy, sell, or own? What markets, across state lines, tri-state?

# WHAT'S ON THE HORIZON

**Does your fridge  
know you will have  
a heart attack in  
five years?**

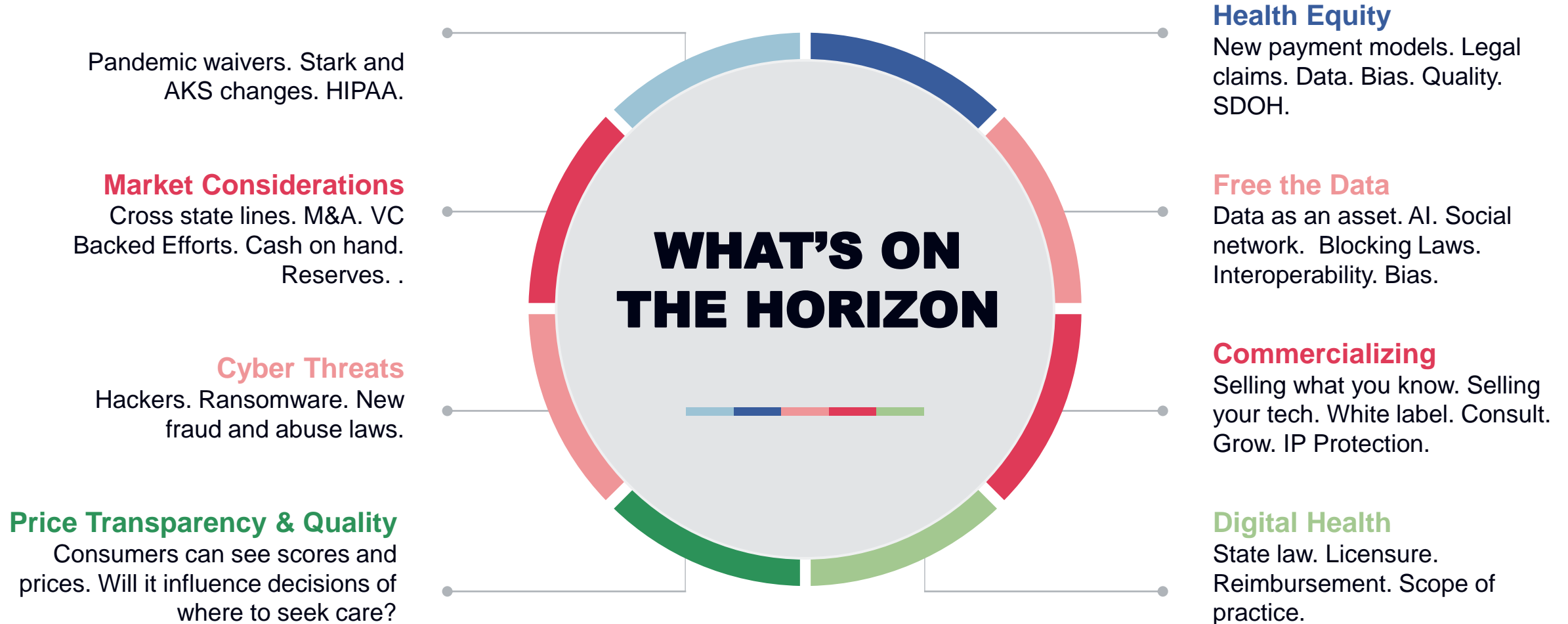


How can I help you?



# WHAT'S ON THE HORIZON?

Where do we head from here ...



# TAKEAWAYS

- ✓ Technology drove positive changes and new risks during the pandemic
- ✓ We don't want to leave others behind
- ✓ Navigating the law is possible
- ✓ Look to your organization, your department and yourself





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VIRTUAL SEMINAR | NOVEMBER 17, 2022

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## Q&A

Submit a question  
via the “Q&A”  
feature in the black  
toolbar located at  
the top or bottom  
of your screen.

# The State of Broadband Deployment in NH

*with*

Commissioner Taylor Caswell,  
Department of Business and  
Economic Affairs





## Q&A

Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



*with*

Matthew Mishkind, Director of Strategic Facilitation,  
Office of Telehealth and Technology  
Implementation for Behavioral Health Practice and  
Science, University of Colorado School of Medicine,  
Anschutz Medical Campus

Jessica Thackaberry, MD, Associate Clinical  
Professor, Lead for TeleMental Health and  
Psychiatry Informatics, University of California, San  
Diego

Michelle Turner, Vice President, Clinical Talent and  
Delivery, Hazel Health





## Q&A

Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

## NH Perspective on Telehealth

*with*

Marguerite Corvini, Project Director, UNH  
Telehealth Practice Center & Adjunct Professor,  
UNH Social Work Department

Sarah Smith, DSc, OTR/L, Assistant Professor,  
Department of Occupational Therapy, University  
of New Hampshire

Jennifer Chadbourne, MS, RDN, LDN, CDCES,  
Clinical Assistant Professor, University of New  
Hampshire

Sajay Arthanat, Professor, Occupational Therapy,  
University of New Hampshire



# New Hampshire Perspective on Telehealth

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**University of New Hampshire**  
Telehealth Practice Center





# UNH Telehealth Practice Center

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*Interdisciplinary center for telehealth learning and innovation*

## **Focus Areas**

- Community Engagement
- Student Learning and professional training
- Research and evaluation



# Departments

UNH Cooperative  
Extension

Department of  
Communication  
Sciences and  
Disorders

Department of  
Health  
Management and  
Policy

Institute on  
Disability

UNH Institute for  
Health Policy and  
Practice

Department of  
Nutrition

Department of  
Nursing

Department of  
Occupational  
Therapy

Department of  
Psychology

Department of  
Social Work



# Upcoming offerings

- Upcoming Telehealth Workshop
- DECEMBER 12<sup>th</sup>
- Sign up here: <https://training.unh.edu/TelehealthWorkshop>

## Telehealth Workshop!

Telehealth in Practice: A Virtual Workshop

December 12, 2022

10AM-12PM

[Register Here](#)

Contact:

[unh.telehealth@unh.edu](mailto:unh.telehealth@unh.edu)



This 2-hour virtual workshop will introduce key telehealth concepts with a sampling of material from the upcoming UNH Telehealth Certificate Course. The workshop will include the following topics:

- Telehealth etiquette
- Telehealth benefits, challenges and opportunities

**Learn More about the  
UNH Telehealth  
Certificate**

*For continuing education information for social work, nursing, physician, and physician assistants, please contact Laura Remick*  
[lremick@nchnh.org](mailto:lremick@nchnh.org)

*For other professional CEUs contact*  
[unh.telehealth@unh.edu](mailto:unh.telehealth@unh.edu)

### Who Should Attend?

Health and allied health professionals who are interested in or currently practicing telehealth and seek to expand their knowledge and application of telehealth. These professions include, but are not limited to community health workers, dietitians, mental health counselors, nurses, occupational therapists, physicians, and more.



**University of New Hampshire**  
Telehealth Practice Center



# Presenters

---



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Telehealth Practice Center  
University of New Hampshire  
Jennifer.chadbourn@unh.edu



# Telehealth Utilization Strategies

*How do we replace an  
in-person visit with a  
virtual visit?*

*How do we surround  
people with the care  
they need, when  
they need it?*



# The Space Between Visits

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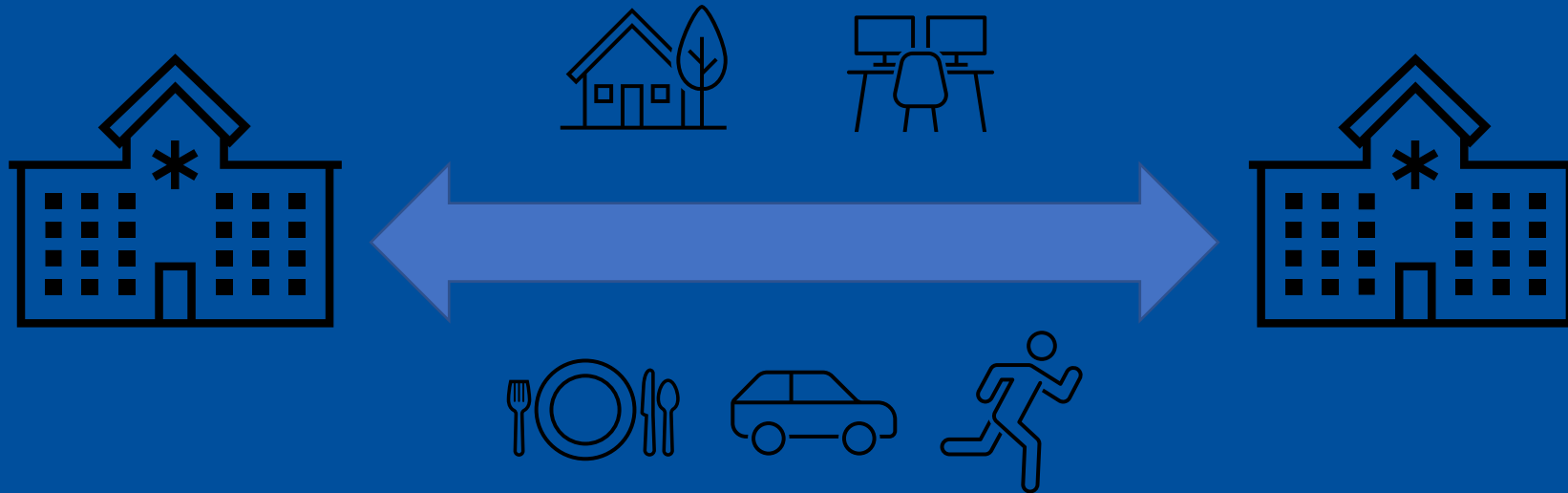
*Most chronic care management decisions are made outside of a provider's office*



# The Space Between Visits

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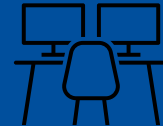
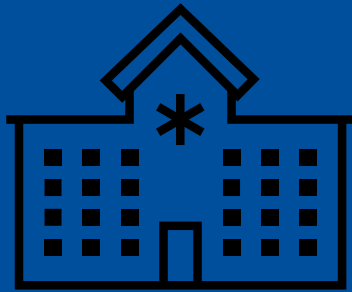
*Most chronic care management decisions are made outside of a provider's office*



# The Space Between Visits

*Most chronic care management decisions are made outside of a provider's office*

I woke up feeling ill. How do I adjust my diabetes care plan today?



I forgot my insulin at home. What do I eat for lunch?



My co-workers want to grab a drink after work. How do I participate without experiencing hyper or hypoglycemia?



My post-prandial blood glucose is 359 mg/dL. What should I do?



# Virtual Care Model: *Person Centered Care*

---

Access to a clinic  
team from  
anywhere

Health education  
and resources

Remote patient  
monitoring with  
integrated devices

Frequent touch  
models of care





# Opportunity

---

**Meet people where they are *when they are there***

*“Hi Amit, Great job completing a paired check with your breakfast! What are your thoughts on how that meal affected your blood sugar?”*

*“Hi Sasha, How did you treat the low blood sugar reading this morning?”*



# Opportunity

---

*Bring attention to what's working well*

*“Wow! I noticed you reached 20 hours in range yesterday. What worked well for you?”*





# Healthy Families Research Program

Sarah Smith, DSc, OTR/L

Assistant Professor, Department of Occupational Therapy



# Families of children and youth with special health care needs (CYSHCN)

---

Almost 20% of child population in US (Child and Adolescent Health Measurement Initiative, 2020)

Families may need more robust health & community services (Coller et al., 2020)

More likely to experience unmet needs (Graaf et al., 2021)





# Family Activity Participation

---

Doing everyday activities

Promotes opportunities for family connection and collaboration

(Bonsall, 2014; Boyd et al., 2014)

Often requires intentional planning for member inclusion (Van keer et al., 2019)





# Healthy Families Flourish Program

---

## Purpose

- Support family activity participation
- Promote family cohesion, adaptability, and communication

## Pilot Intervention

- 11 NH families of children with special health care needs, parents and children
- 10 telehealth sessions via Zoom, 45-60 minutes each
- Welcome, Family Health topic, Strategizing toward goals
- Parent Coaching Principles





# Healthy Families Flourish Program cntd.

---

## Telehealth Measures

- Telehealth Usability Questionnaire (Parmanto et al., 2016)
- Interview about telehealth experience (Wallisch et al., 2019)

## Family Measures

- Family Adaptability & Cohesion Evaluation Scale (Olson et al., 2006)
- Canadian Occupational Performance Measure (Law et al., 2004)
- Goal Attainment Scaling (Kiresuk et al., 1994)



# Telehealth Satisfaction Results

---

## Telehealth Usability Questionnaire Average Scores

- Useful (6.62)
- Easy to use (6.82)
- Effective (6.4)
- Reliable (5.18)
- Satisfactory (6.6)



# Telehealth Satisfaction Interview Theme 1

## Convenience for our needs: To just be at home

*"I think it's the convenience of it [telehealth], of not having to say OK, this was one more thing that I have to get up and get dressed for. I literally, I'm sitting here my pajamas. So, I think for me where my schedule is always different, I homeschool, I do therapies with my child, that it was more convenient for me to be able to just be at home. So I'd say the convenience of it and just the being in the environment of my own home."*

*Mother of CSHCN*



# Telehealth Satisfaction Interview Theme 2

## Enhanced Parent-Provider Communication: I can be me

"This way, I am me. I feel like if I were in person, I would probably try to put a fake face on and always be on my game. And here, I feel like I'm in my house and I can be me. I don't have to fake anything. I can be who I am and you accept me. Not saying that if I were in person, you wouldn't accept me, but you wouldn't know that you wouldn't know me. I think that I would be a totally different person. I am totally different in-person. I'm funnier in person because I don't want people to know the real hard stuff in me. Here, I feel like I'm more me and I'm not going to put on a fake front."

Mother of CSHCN



# Telehealth Satisfaction Interview Theme 3

## Shared Involvement: Instead of Just One of Us

Father: We're all involved. We can all attend. We all get the benefit of the therapist and so we all get to hear your message at the same time versus having us relay it to somebody else or trying to summarize what you said in the meeting and then trying to give that to somebody else later. It's not that it gets that distorted, but I mean, it's not the same message.

Mother: I definitely have left [therapy] sessions where they've said something to me and then I get home to tell my husband and I'm like, I don't remember what [the provider] told me.





# Measuring Telehealth Patient Satisfaction

Measure	Telehealth Areas Assessed	Items	Administration Time	Cost	Access
Telehealth Usability Questionnaire (Parmanto et al., 2016)	Usefulness, Ease of Use, Effectiveness, System Reliability, Satisfaction	21 items  1-7 agreement scale	5 minutes	Free	<a href="https://ux.hari.pitt.edu/v2/api/download/TUQ_English.pdf">https://ux.hari.pitt.edu/v2/api/download/TUQ_English.pdf</a>
Telemedicine Satisfaction Questionnaire (TSQ) (Yip et al., 2003)	Quality of care, quality of virtual visit, interpersonal interactions	14 items 4 point Scale  1 (poor) 2 (fair) 3 (good) 4 (excellent)	5 minutes	Free	<a href="https://journals.sagepub.com/doi/10.1258/135763303321159693">https://journals.sagepub.com/doi/10.1258/135763303321159693</a>

Hajesmaeel-Gohari, S., Bahaadinbeigy, K. The most used questionnaires for evaluating telemedicine services. *BMC Med Inform Decis Mak* **21**, 36 (2021). <https://doi.org/10.1186/s12911-021-01407-y>

# FUTURE OF HOME HEALTH AND AGING-IN-PLACE: FROM TELEPRESENCE TO AI-BASED ROBOTS

SAJAY ARTHANAT, PHD., OTR/L., ATP

PROFESSOR

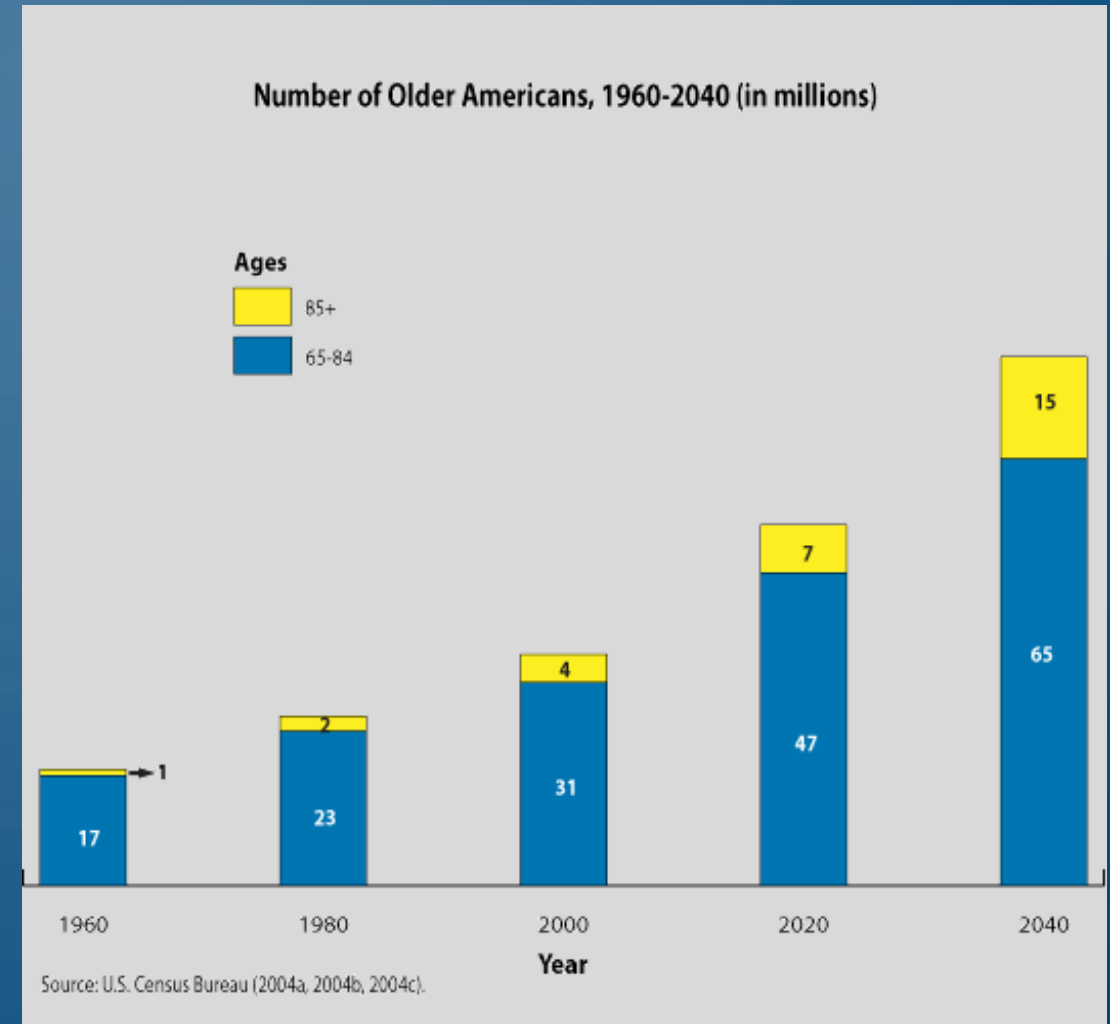
DEPARTMENT OF OCCUPATIONAL THERAPY

UNIVERSITY OF NEW HAMPSHIRE



# AGING DEMOGRAPHICS

- Older adult population in the US to grow from 55 million to 80 million by 2040
- NH, ME & VT are among the leading states with highest percentage (43%, 63% & 65% respectively) with vast majority in rural regions



# HOME HEALTH & AGING IN PLACE

- 75-90% of older adults wish to age in place (AARP)
- Avg. Monthly cost of supervised living is staggering (Genworth, Inc)
  - Assisted Living- \$4,500
  - Nursing home- \$7,800-\$9,000
- 33% projected shortage in home health aides in NNE region (Alz. Association)
- How do we fill the gap?

# ROBOTS & AGING



## Future of Care (What can robots do?)

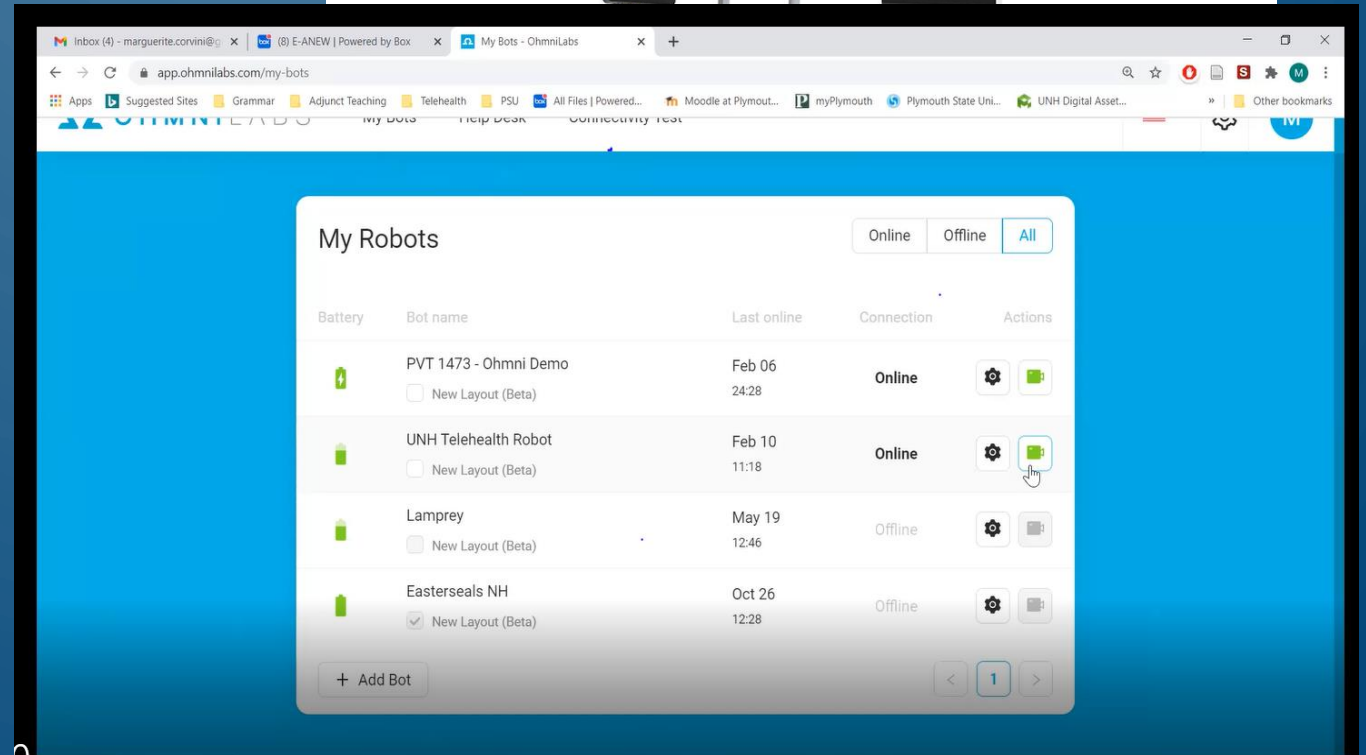
- Offer companionship
- Help engage the person in routines
- Safety and emergency response
- Remain linked with the care partner or family

## Facilitate Telehealth?



# TELEPRESENCE ROBOTS

- Remotely operated
- Some have autonomous capabilities
- Offers “virtual meeting on wheels”
- Controlled through a dashboard



# PILOT STUDY ON TELEPRESENCE ROBOTS

- Initiated during COVID-19 at a retirement facility in the NH Seacoast area
- To examine facilitators and barriers to implementation
- Student-led intervention/training sessions on wellness, fall prevention and technology [3 in-person and 3 robot-assisted]
- Included “ambassadors” at the facility to facilitate the meetings
- Interviews with all stakeholders following the protocol

# FINDINGS

## • Residents

### Ideation

“*Maxine* is a lovely person; I feel very comfortable around her”

### Digital Divide

“Technology is so sped up you think ‘oh hey I got this’, but nope, you don’t”

### Comfort

“The availability of it being here made it easy, I didn’t have to go anywhere, drive, park, just had to be here at whatever time”

### Familiarity

“I was a little nervous at first (*regarding Maxine's movements*), and then I became very comfortable with it”

### Acceptance

““*Maxine* worked for the intended purposes, but I would still prefer in person””

# FINDINGS

- **Trainers, Ambassadors, and Staff**

## Role Identity

“I would like it if there were a little more involvement on our part” [A]

## Applications

““I think there are a ton of opportunities. Doctors’ appointments, providers being able to see the residents’ home, social connections, attending social events, touring, guest speakers/lecturers” [S]

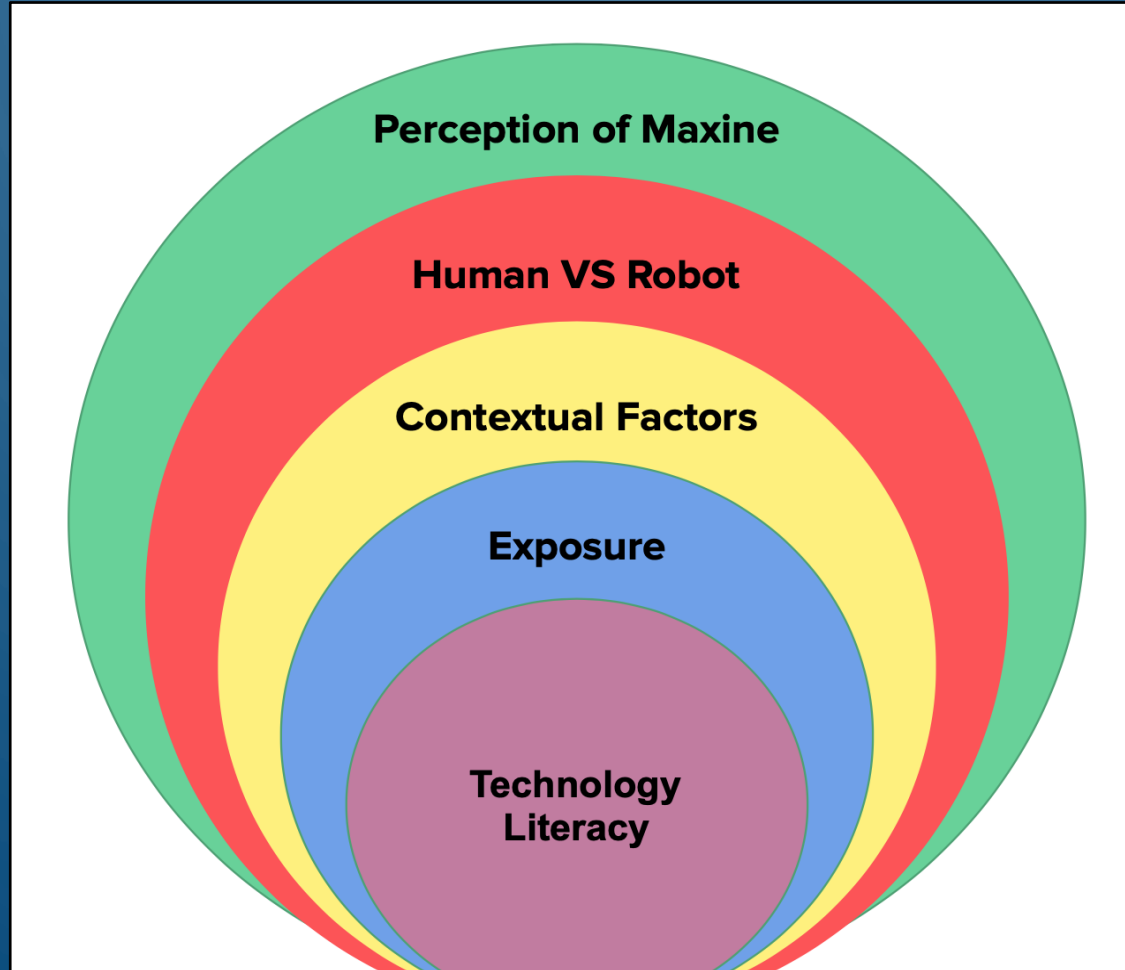
## Connectivity

“Each time I took her to an apartment there would be a disconnect and I would have to reconnect.” “Still loses connection in elevators and loses connectivity” [A]

## Usability

““I think that the clients and participants really appreciated the intervention nevertheless (despite tech malfunctions)” [T]

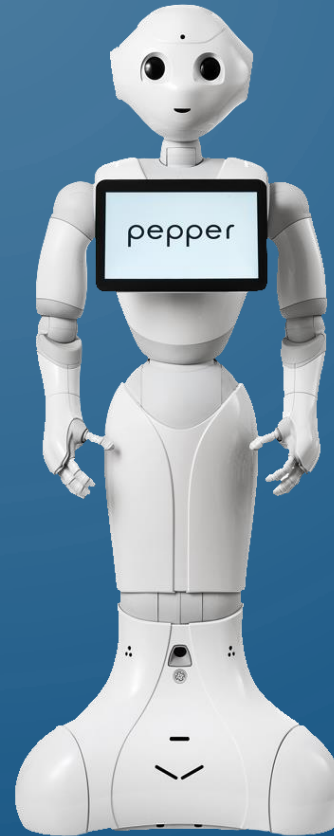
# CONCLUDING THEMES





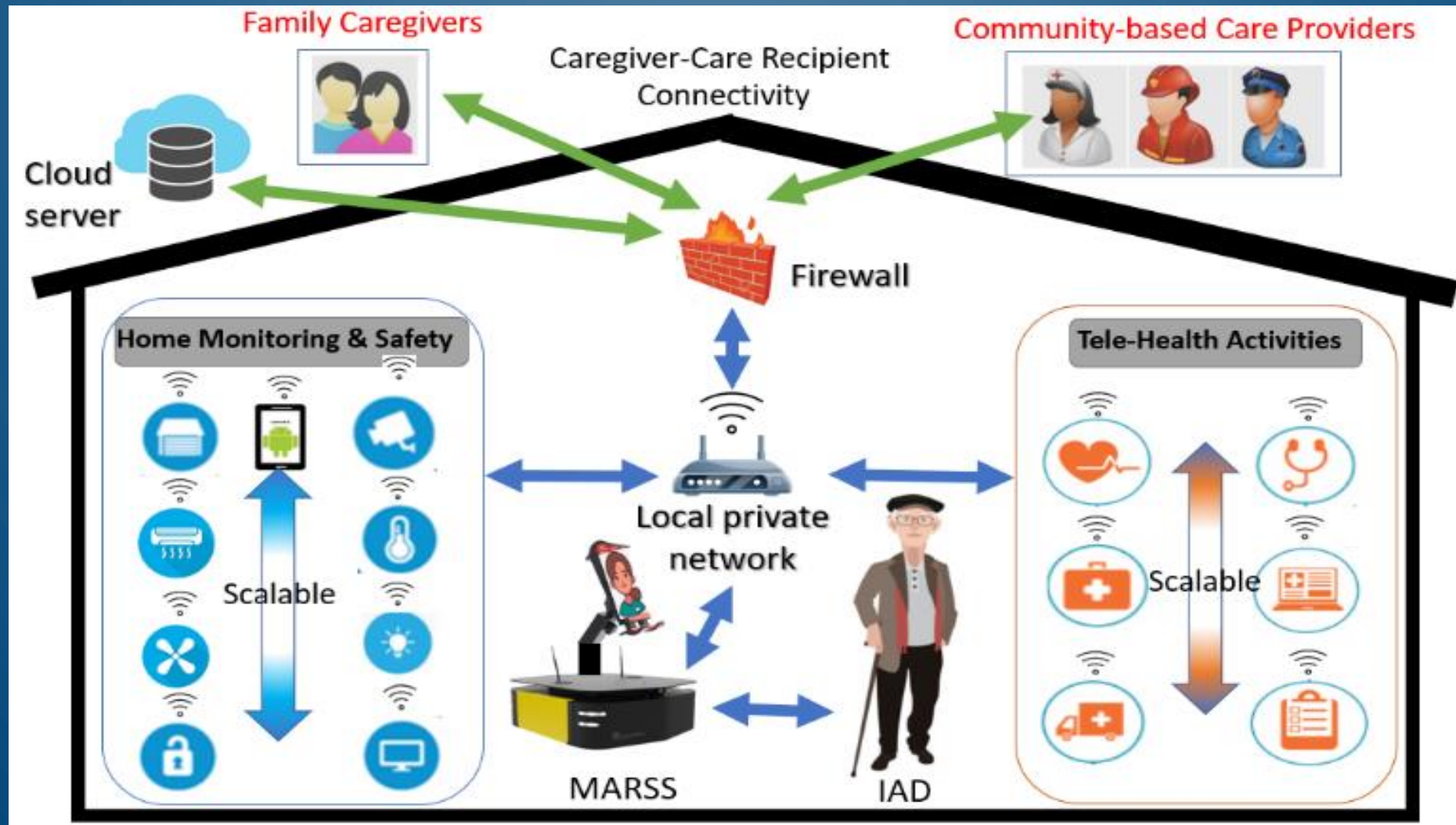
# PROGRAMMABLE ROBOTS

- Platforms to develop autonomous robots
- Employs Robot Operating System (ROS) for programming
- Potential to create custom care protocols



Clearpath Robotics, Generation Robots, Softbank Robotics

# MOBILE ASSISTIVE ROBOT WITH SMART SENSING [MARSS]



# MARSS- CARE PROTOCOL FROM FEASIBILITY STUDY

Figure 2: Flowchart of the SAR Protocols

Figure 2a: Reminder- Medication intake at 8 am

	<u>Care Recipient (CR)</u>	<u>IoT-Motion Sensor</u>	<u>SAR</u>	<u>Caregiver</u>
Scenario 1	Medication taken at 8 am	Motion detected at 8 am	No Action Needed	No Action Needed
Scenario 2	Medication not taken by 8.05 am	No motion detected at 8.05 am	-Drive to the CR -Identify CR -Play an automated message reminder -Guide the CR to the medication bottle	No Action Needed
Scenario 3	Ignores automated reminder	No motion detected at 8.10 am	-Drive to the CR -Identify CR - Play a pre-recorded video reminder by the caregiver -Guide the CR to the medication bottle	No Action Needed
Scenario 4	Ignores pre-recorded video reminder	No motion detected at 8.15 am	-Drive to the CR -Identify CR -Call the caregiver on video	Remind the CR and ensure the medication is taken

DISABILITY AND REHABILITATION: ASSISTIVE TECHNOLOGY

<https://doi.org/10.1080/17483107.2020.1753831>



Taylor & Francis  
Taylor & Francis Group

ARTICLE

Check for updates

## Caregiver perspectives on a smart home-based socially assistive robot for individuals with Alzheimer's disease and related dementia

Sajay Arthanat<sup>a</sup>, Momotaz Begum<sup>b</sup>, Tianyi Gu<sup>b</sup>, Dain P. LaRoche<sup>c</sup>, Dongpeng Xu<sup>b</sup> and Naiqian Zhang<sup>b</sup>

<sup>a</sup>Department of Occupational Therapy, University of New Hampshire, Durham, NC, USA; <sup>b</sup>Department of Computer Science, University of New Hampshire, Durham, NC, USA; <sup>c</sup>Department of Kinesiology, University of New Hampshire, Durham, NC, USA

**ABSTRACT**

**Purpose:** Innovative assistive technology can address aging-in-place and caregiving needs of individuals with Alzheimer's disease and related dementia (ADRD). The purpose of this study was to beta-test a novel socially assistive robot (SAR) with a cohort of ADRD caregivers and gather their perspectives on its potential integration in the home context.

**Methods:** The SAR involved a programmable research robot linked with commercially available Internet of things sensors to receive and respond to care recipient's behaviour. Eight caregivers observed the SAR perform two care protocols concerning the care recipient's daily routine and home safety, and then participated in a focus group and phone interview. The researchers used grounded theory and the Unified Theory of Acceptance and Use of Technology as a framework to gather and analyse the data.

**Results:** The caregivers' asserted the potential of the SAR to relieve care burden and envisioned it as a next-generation technology for caregivers. Adoption of the SAR, as an identified theme, was subject to the SAR's navigability, care recipient engagement, adaptability, humanoid features, and interface design. In contrast, barriers leading to potential rejection were technological complexity, system failure, exasperation of burden, and failure to address digital divide.

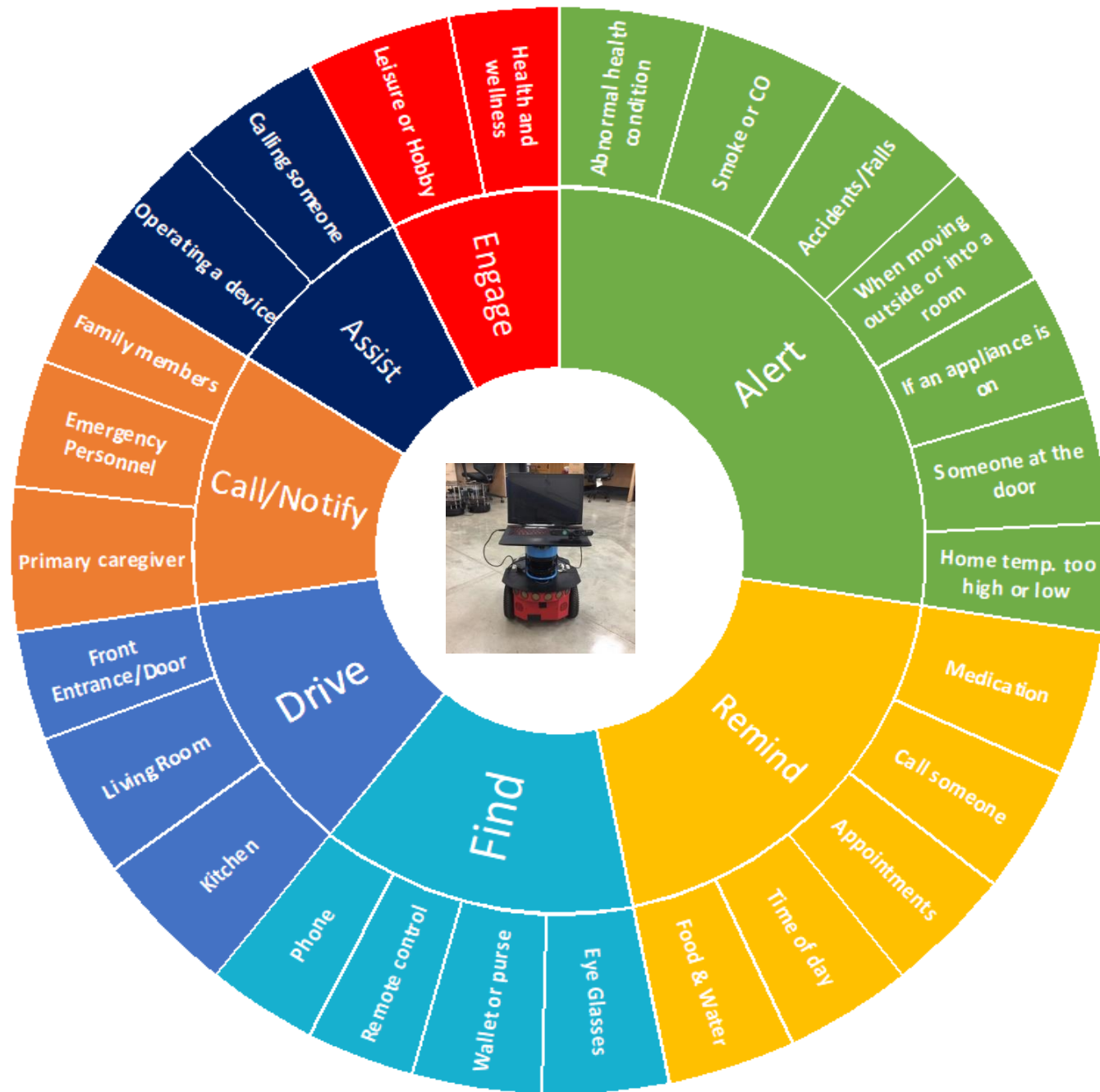
**Conclusion:** From a broader outlook, success of SARs as a home-health technology for ADRD is reliant on the timing of their integration, commercial viability, funding provisions, and their bonding with the care recipient. Long-term research in the home settings is required to verify the usability and impact of SARs in mediating aging-in-place of individuals with ADRD.

**ARTICLE HISTORY**

Received 17 January 2020  
Revised 5 April 2020  
Accepted 6 April 2020

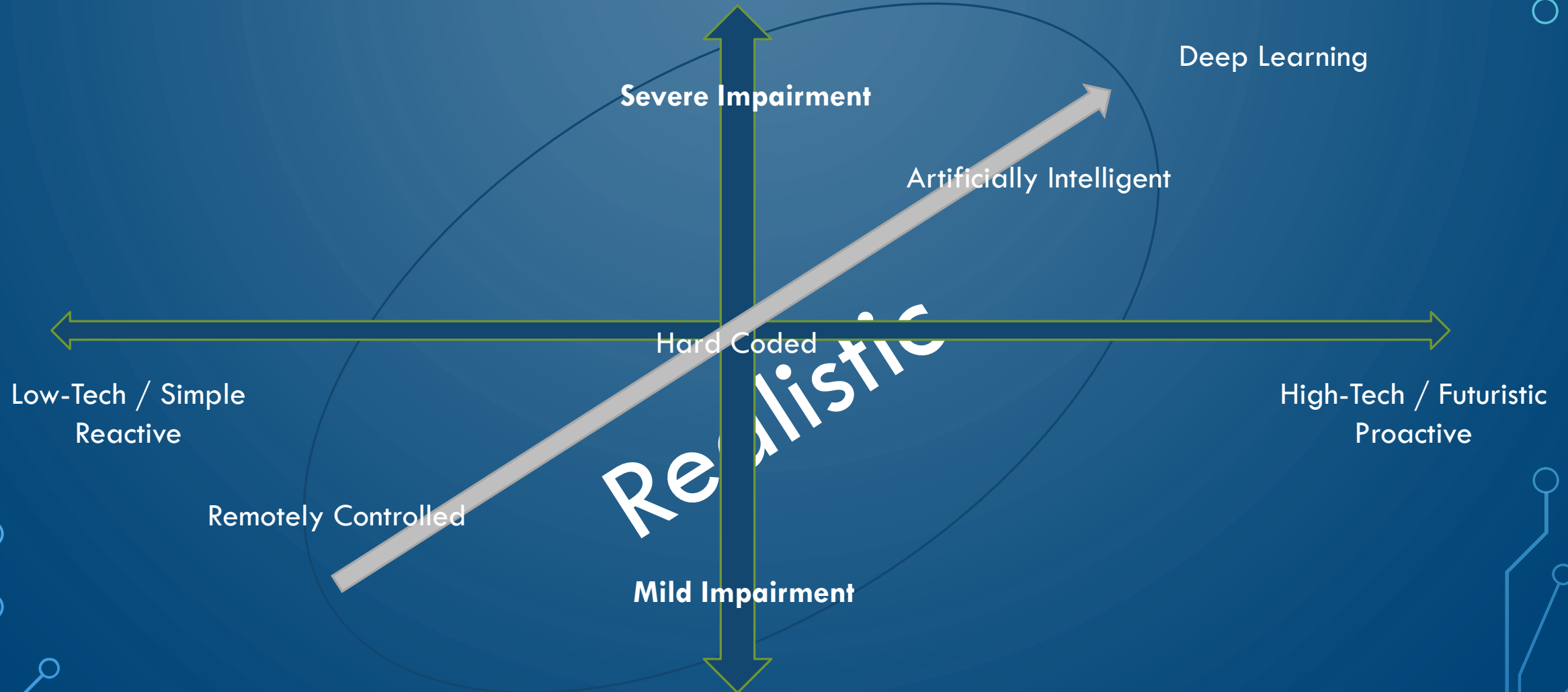
**KEYWORDS**

Socially assistive robot; assistive robotics; Alzheimer's disease; dementia; smart home; internet of things; aging-in-place





# FUTURE OUTLOOK OF ASSISTIVE ROBOTS



# Thanks / Questions

## Acknowledgement & Thanks:

UNH- Occupational Therapy Students

UNH- Center for Aging & Community Living



For Information:

[Sajay.arthanat@unh.edu](mailto:Sajay.arthanat@unh.edu)







# Questions?



# References

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## Q&A

Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



**Telehealth Policy  
Developments: New England  
States and Federal**

*with*

Reid Plimpton, MPH,  
Program Manager, Northeast  
Telehealth Resource Center

**NORTHEAST  
TELEHEALTH**

RESOURCE CENTER **NETRC.org**



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

Reid Plimpton, MPH  
Program Manager- Northeast Telehealth Resource Center  
([www.netrc.org](http://www.netrc.org))

## Telehealth Policy Landscape: Northeast and Federal Considerations

# Northeast Telehealth Resource Center



## Disclosures and Acknowledgements:

- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
- Neither NETRC or Reid have any financial interest, arrangement, or affiliation with any organizations related to telehealth commercial products or services

*NETRC is made possible by cooperative agreement 1 U1UTH42523-01-00 from the [Federal Office for the Advancement of Telehealth](#), Health Resources and Services Administration, DHHS.*

## About Us:

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.

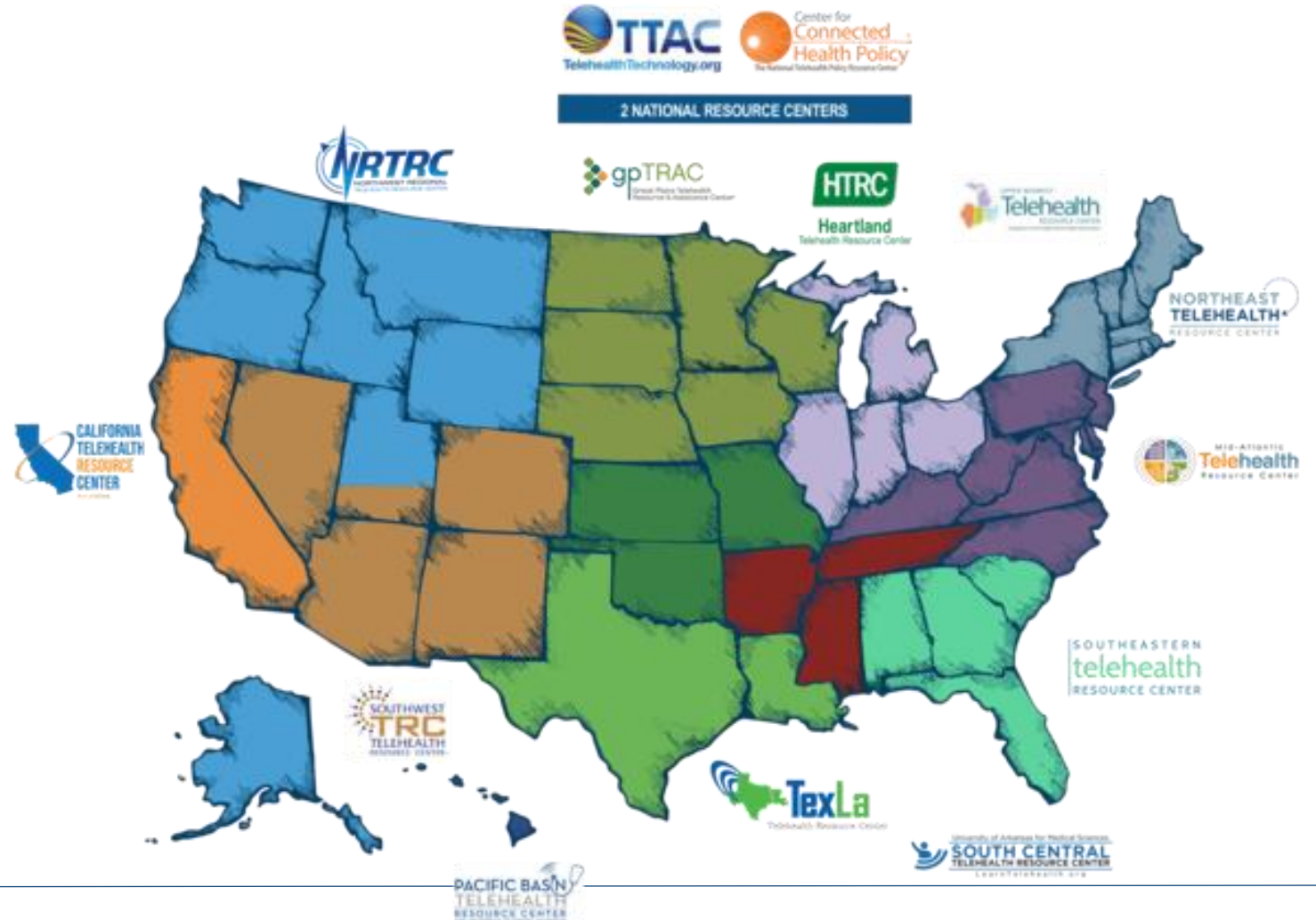


## Our Mission

Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.

## Our Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.



# Key Policy Changes During PHE

Medicare	During PHE
Geographic Limit	Waived
Site Limitation	Waived
Eligible Provider List	Expanded
Eligible Services	Expanded (80 addtl codes)
Visit Limits	Waived certain limits
Modality	Live video, Phone for some services
Supervision	Relaxed – allowing via video
Licensing	Relaxed requirements
Tech-enabled/Comm based	More codes eligible for phone & addtl. providers allowed

State Medicaid	During PHE
Modality	Phone allowed
Location	Home allowed
Consent	Consent requirements relaxed
Eligible Services	Additional types of services eligible
Eligible Providers	Additional provider types allowed (OT, PT, SLP, etc)
Licensing	Some requirements waived

- DEA: Prescribing exception - allowing phone for suboxone for Opioid Use Disorder
- HIPAA: Office of Civil Rights will not fine during PHE

- State Exec. Orders for private payers range from explicit mandates to encouragement to expand telehealth coverage
- Relaxed some health information protections

# CMS PFS 2022

- <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>
- <https://www.cchpca.org/resources/proposed-physician-fee-schedule-pfs-cy-2023/>
- <https://www.foley.com/en/insights/publications/2022/11/2023-medicare-physician-fee-schedule-access>



# Preparing for the End of the Federal PHE

Anticipated key dates:

**Oct. 13, 2022**

PHE Waiver  
Extended

until January 11, 2023

[Link](#)

**Nov. 12, 2022**

White House did  
not give 60 day  
notice of end of PHE

**April 11, 2022**

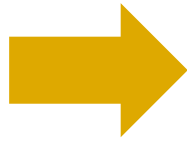
Likely new PHE  
Expiration Date  
Telehealth flexibilities extend  
151 days after end of PHE\*

\*Established by Consolidated Appropriations Act, Signed March 2022

# Preparing for the End of the Federal PHE

Anticipated key dates:

**December 2022**  
CMS releases final  
CY23 PFS  
PHE still in effect



**Jan. 1, 2023**  
CY23 PFS Effective  
PHE still in effect



# Preparing for the End of the Federal PHE

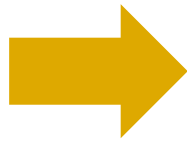
CORRECTED key dates:

**Nov. 2, 2022**

CMS released final  
CY23 PFS

PHE still in effect

[See Announcement](#)



**Jan. 1, 2023**

CY23 PFS Effective

PHE still in effect

[List of Telehealth Services for Calendar Year 2023 \(ZIP\)](#) – Updated 11/02/2022

<https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

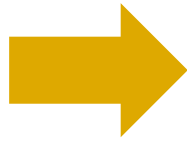
# Preparing for the End of the Federal PHE

Anticipated key dates:

**April 11, 2023**

PHE may end and  
151 day telehealth  
waiver extension  
begins

[Reference](#)



**April 11, 2023**

HIPAA waiver ends

Providers must use HIPAA  
secure, BAA-covered video  
platform

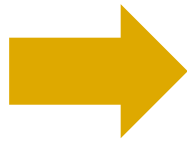
# Preparing for the End of the Federal PHE

Anticipated key dates:

**September  
2023**

151 Day flexibilities  
extension ends

PFS CY23 rules now apply but  
some PHE codes remain in  
effect\*



**Dec. 31, 2023**

Last remaining  
telehealth waiver  
codes expire

PFS CY24 goes live tomorrow

\*See CY2023 List of Telehealth Services

## Preparing for the PHE End Telehealth Key Dates

### Provider Communication

All dates below are anticipated

**Oct. 13, 2022**  
**PHE Waiver  
Extension**  
PHE extended  
until Jan. 11, 2023.  
*Let your providers know you  
are on top of this and will  
keep them posted!*

**Nov. 12, 2022**  
**White House  
Notification  
of PHE End**  
Providers may be worried  
this means the end of  
telemedicine-remind them  
of the 151-day extension!

**December 2022**  
**CMS Releases  
PFS CY23 Final**  
Providers unsure if this means  
telehealth is still permissible in  
the home for Medicare pts.  
*Send a memo!*

**Jan. 1, 2023**  
**PFS CY23 Effective**  
What does this mean?  
*Reassure providers that home is  
a Medicare-covered service  
under the waiver AND of the  
151-day extension. Give them  
a heads up about any  
modifiers or workflow changes.*

**Jan. 11, 2023**  
**PHE ends -  
151-Day  
Flexibilities Begin**  
Reassure providers that  
nothing changes right now  
except perhaps their video  
platform. *Double check your  
allowable Medicare provider  
types.*  
*Here is a handy grid.*

**Jan. 11, 2023**  
**HIPAA Waiver  
Ends**  
Providers must use HIPAA  
secure, BAA covered video  
platforms and patient  
communication.  
*See OCR FAQs.*

**June 2023**  
**151-Day  
Flexibilities  
End**  
PFS CY23 rules now apply  
but some PHE codes remain  
in effect.  
*Check the CMS list.*

**Dec. 31, 2023**  
Last remaining telehealth  
waiver codes expire. PFS  
CY24 goes live tomorrow.

The information and tools presented on the National Consortium of Telehealth Resource Centers (NCTRC) website should not be considered as legal advice or interpretation of laws, regulations and policies. NCTRC is providing this for informational and educational purposes only. NCTRC strongly encourages you to check with the appropriate state agency or other applicable authority for further information and direction and to seek the advice of legal counsel if you are in need of a legal opinion.

10.14.22

RESOURCE CENTER

# New NCTRC Collection: “Preparing for the end of the PHE”

1<sup>st</sup> Resource and Blog Post now available!

<https://telehealthresourcecenter.org/news/preparing-for-the-end-of-the-phe-provider-communication/>

# What to do next:

- Develop your communications plan.
- Draft brief communications language based on key dates, and get it approved if needed.
- Identify vehicles for communications.
- Set your calendar reminders!
- Be ready to change both the communications and calendars should key dates or legislation shift.
- Stay tuned to: <https://telehealthresourcecenter.org/news/>

# Moving Forward: Federal Policy

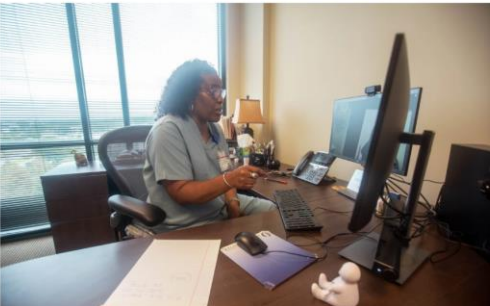
## Well Over 100 Telehealth Related Bills – see CCHP’s [Federal Policy Tracker](#) for Details and Status of Pending Legislation and Regulation

[CONNECT Act](#) (re-introduced) – would remove long-standing barriers to telehealth and promotes program integrity. See CCHP [CONNECT Fact Sheet](#).

[KEEP Telehealth Options Act](#) (re-introduced) - bill would require several federal entities to study all of the telehealth actions taken during the PHE.

### ***Biden Administration Seeks to Expand Telehealth in Rural America***

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation’s oldest and sickest patients live.



[TH Modernization Act](#) – would remove originating/geographic site restrictions; give HHS secretary authority to expand provider types; allow TH to meet face-to-face requirements for hospice care and home dialysis, enable CMS to continue to use sub-regulatory authority to add telehealth services; extend FQHC and RHCs distant site ability



[S. 3593: Telehealth Extension and Evaluation Act](#) (new Feb '22) – would amends titles XI and XVIII of the Social Security Act to extend certain telehealth services covered by Medicare and to evaluate the impact of telehealth services on Medicare beneficiaries. Key areas include FQHCs/RHCs, CAHs and Prescribing.

In 2022, trend toward extension of policy flexibilities and allowing more time to study affects vs. permanent change



# Legal and Regulatory Factors to Consider\*

- Licensure
- Malpractice
- Informed Consent
- Documentation
- Insurance Coverage and Billing
- Privacy & Security (HIPAA)

*\*For educational purposes only. The Northeast Telehealth Resource Center recommends that providers should consult with legal counsel before launching a telehealth service.*

# CCHP Updates

Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

## State Telehealth Laws and Reimbursement Policies

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around interstate compacts and consent based on information gathered between July and early September 2022. For further details, and additional categories, see each state's section on CCHP's [telehealth policy finder](#) tool. The information in this chart is based on research conducted between July and early September 2022.

**FALL 2022 SUMMARY CHART**  
of Key Telehealth Policy Areas

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	INTERSTATE COMPACTS (see key)	CONSENT REQUIREMENT
ALABAMA	✓	✗	✓	✗	✗	✗	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	✓
ALASKA	✓	✓	✓	✓	✓	✗	-	✓
ARIZONA	✓	✓	✓	✓	✓	✓	IM/IC, NLC, OT, PSY, PTC	✓
ARKANSAS	✓	✗	✓	✓	✓	✗	NLC, PSY, PTC	✓
CALIFORNIA	✓	✗	✗*	✓	✓	✓	-	✓
COLORADO	✓	✗	✓	✓	✓	✗	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	✓
CONNECTICUT	✓	✗	✗	✓	✓	✓	IM/IC, PSY	✓
DELAWARE	✓	✗	✗	✗	✓	✓	APRN, ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	✓
DISTRICT OF COLUMBIA	✓	✗	✗	✓	✓	✗	IM/IC, PSY, PTC	✓
FLORIDA	✓	✗	✗	✗	✓	✗	CC, NLC	✗
GEORGIA	✓	✓	✗	✗	✓	✓	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	✓
HAWAII	✓	✓	✗*	✗	✓	✓	-	✗
IDAHO	✓	✗	✗	✗	✗	✗	ASLP-IC, EMS, IM/IC, NLC, OT, PSY, PTC	✓

- CCHP Continues to monitor the State level efforts and updates their documents regularly:
- <https://www.cchpca.org/policy-trends/>
- Regional Legislation and Regulation Tracker here:  
<https://track.govhawk.com/reports/2zV8Y/public>

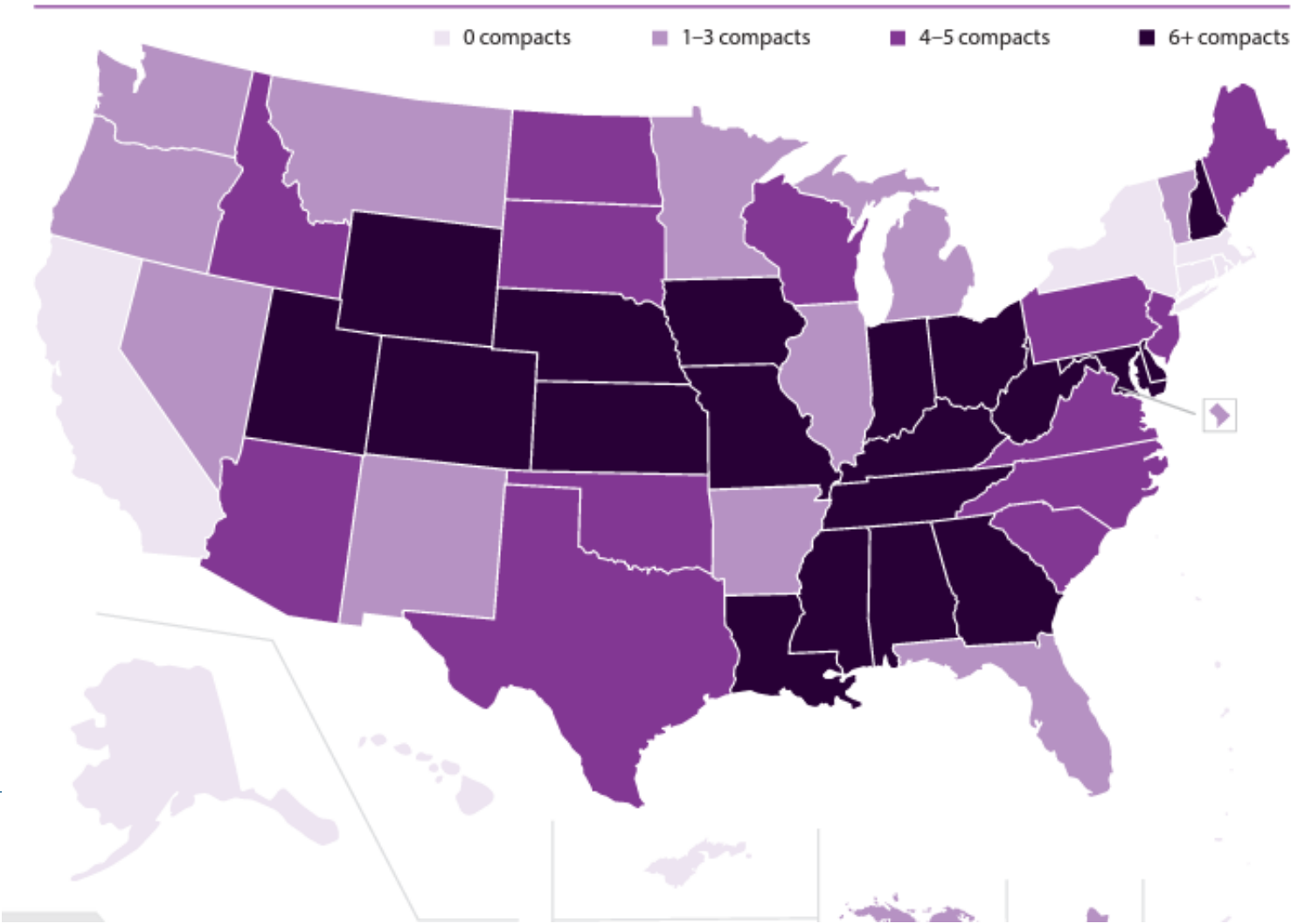
# Legal and Regulatory Factors to Consider\*

- Licensure
- Malpractice
- Informed Consent
- Documentation
- Insurance Coverage and Billing
- Privacy & Security (HIPAA)

*\*For educational purposes only. The Northeast Telehealth Resource Center recommends that providers should consult with legal counsel before launching a telehealth service.*

# Licensure Compacts

Interstate Licensure Compacts



# What is an Interstate Compact?



Legislatively enacted agreement among states



Cooperatively addresses shared problems

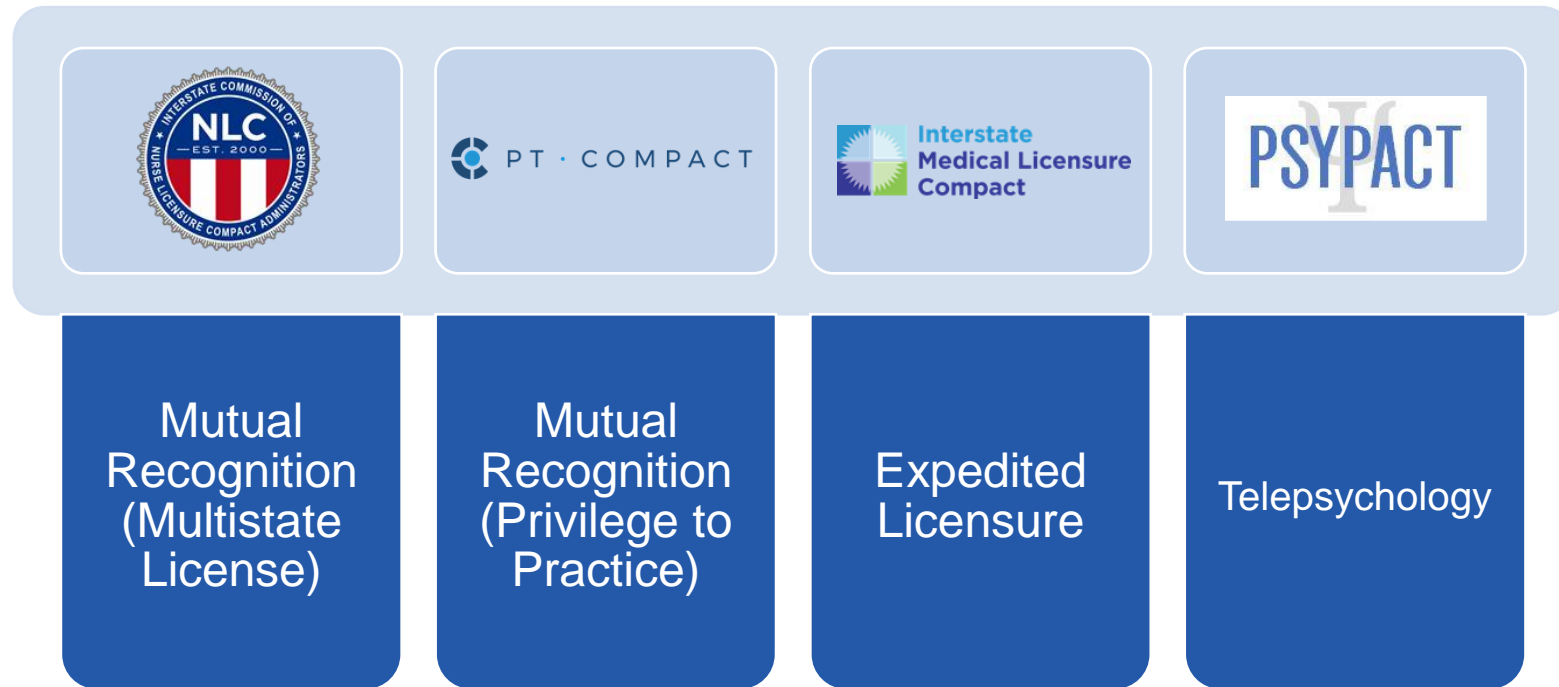


Versatile and proven policy tool



Applicable across policy areas, including occupational licensure

# Interstate Compact Models







## **Operationalized Licensure Compacts**

- Emergency Medical Services Personnel
- Nurses
- Psychologists
- Physical Therapists
- Physicians

# **Compacts Available to States**

- Advanced Practice Registered Nurses
- Audiology and Speech-Language Pathology
- Counseling
- Occupational Therapy

## **Compacts Under Development**

- Cosmetology
- Dentistry and Dental Hygiene
- Dieticians and Nutritionists
- Massage Therapy
- Physicians  
Assistants/Associates
- School Psychology
- Social Work
- Teaching

# Current Licensure Compacts

**Interstate Medical  
Licensure Compact**

- 39 states

**Nurse Licensure  
Compact**

- 39 states

**Physical Therapy  
Compact**

- 34 states

**Psychologists  
Compact**

- 34 states

**Audiology and  
Speech-Language  
Pathology Compact**

- 23 states

**Emergency Medical  
Services Compact**

- 22 states

**Occupational  
Therapy Compact**

- 22 states

**Counseling Compact**

- 17 states

**Advanced Practice  
Registered Nurse  
Compact**

- 3 states



# Compacts Resources

- **Council of State Governments, National Center for Interstate Licensure (NCIC)**
- <https://compacts.csg.org/>
- <https://compacts.csg.org/wp-content/uploads/2020/11/Compact-Resource-Guide-1-1.pdf>
- [https://compacts.csg.org/wp-content/uploads/2020/11/OL\\_Compacts\\_InAction\\_Update\\_APR\\_2020-3.pdf](https://compacts.csg.org/wp-content/uploads/2020/11/OL_Compacts_InAction_Update_APR_2020-3.pdf)



# Emergency Broadband Benefit Program -> Affordable Connectivity Program

The Affordable Connectivity Program (ACP) is a [Federal Communications Commission \(FCC\) program](#) that replaces the Emergency Broadband Benefit Program (EBB Program) to help low-income households pay for internet service and connected devices.

If a household is [eligible](#), you can receive:

Up to a \$30/month discount on your internet service

Up to a \$75/month discount if your household is on qualifying Tribal lands

A one-time discount of up to \$100 for a laptop, tablet, or desktop computer (with a co-payment of more than \$10 but less than \$50)

Only one monthly service discount and one device discount is allowed per household. To receive the connected device discount, consumers need to enroll in the ACP with a [participating provider that offers connected devices](#) (Note: not all internet company offer device discounts.) The internet company will provide the discount to the consumer.

Learn More at: <https://acpbenefit.org/>

**Additional ISP's added +POTUS Public Support/Announcement (5/10/22)**

*"the Biden-Harris Administration has secured commitments from 20 leading internet providers to offer ACP-eligible households a high-speed internet plan for no more than \$30 per month."*

[https://www.whitehouse.gov/getinternet/?utm\\_source=getinternet.gov](https://www.whitehouse.gov/getinternet/?utm_source=getinternet.gov)

<https://www.educationsuperhighway.org/no-home-left-offline/> **NEW USEFUL RESOURCE FOR CONNECTING COMMUNITIES AND PATIENTS**





# National Rural Health Day 2022



<https://www.powerofrural.org/promotional-toolkit/>

# Want to Learn More?



**Danielle Louder**  
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# Thank You!

[www.netrc.org](http://www.netrc.org) | 800-379-2021

# General TH Resources

- [Telehealth.HHS.gov](https://www.telehealth.hhs.gov)
- [National Telehealth Resource Center website](https://www.ntrc.org)
- [Telehealth Technology Assessment Center \(TTAC\)](https://www.ttac.org)
  - [Telehealth Toolkits](#)
  - [Telehealth and Telemedicine for Public Health Video](#)
- [MATRC Telehealth Resources for COVID-19](#)
- [NRTRC Quick Start Guide to Telehealth](#)
- [CMS General Provider Telehealth & Telemedicine Toolkit](#)
- [AMA: A Physician's Guide to COVID-19](#)
- [FAIR Health: Monthly Telehealth Regional Tracker](#)

Customized Toolkits, Guides, Trainings, etc.



# Resources: ADA and Accessible Care

## **ADA National Network**     **1-800-949-4232 (voice/TTY/relay)**

- Information, guidance and training to “make it possible for everyone with a disability to live a life of freedom and equality.”
- Customized [regional and national trainings](#) on the ADA
- **Accessible Health Care** - [www.adata.org/factsheet/accessible-health-care](http://www.adata.org/factsheet/accessible-health-care)
- **Health Care and the ADA** - [www.adata.org/factsheet/health-care-and-ada](http://www.adata.org/factsheet/health-care-and-ada)
- **ADANN Webinar Series: Health Care and the ADA - Inclusion of Persons with Disabilities** - [www.adapresentations.org/healthcare/schedule.php](http://www.adapresentations.org/healthcare/schedule.php)
- National Assistive Technology Act TA and Training Center (AT3) - <https://at3center.net/>

# Patient/Consumer Resources



HHS Telehealth Webpage for Patients/Consumers: <https://telehealth.hhs.gov/patients/>

TRC and Other Consumer Resources: [How Patients Can Engage Telehealth](#), [Telebehavioral Health](#), [Tips to Keep Your Telehealth Visit Private](#), [Downloadable Tech Guides](#), [Virtual Healthcare for Patients/Consumers](#), [How to Prepare for a Video Visit with Your Mental Health Provider](#)

## Devices/Connectivity:

FCC [LifeLine Program](#) and FCC [Affordable Connectivity Program](#) - provides devices and subsidies on monthly voice and data fees for low income consumers and those impacted significantly by COVID-19. There are eligibility requirements (see webpages) and an application process.

[National Digital Equity Center](#) - provides communities at all levels the expertise needed to mobilize broadband technologies through digital inclusion, literacy efforts, education, resource planning, funding research, infrastructure leveraging and stakeholder engagement

[National Digital Inclusion Alliance](#) - advances digital equity by supporting community programs and equipping policymakers to act



# Policy and Reimbursement Resources

## Center for Connected Health Policy

- [CCHP Video Learning Series: Telehealth Policy 101, 201 & 301](#)
- [State Policy Finder Tool](#)
- [Billing For Telehealth Encounters](#) – CCHP 2022 Updated Guide on Fee-for-Service



## CMS/Medicare – [Coronavirus Waivers and Flexibilities](#) (updated 8/2022)

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Medicare Learning Network \(MLN\) Telehealth Services Booklet](#) – Updated June, 2021
- [Medicare - Covered Telehealth Services CY2022](#)

## Office of Civil Rights and HHS

- [Guidance on How the HIPAA Rules Permit Health Plans and Covered Health Care Providers to Use Remote Communication Technologies for Audio-Only Telehealth](#)
- [Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons](#)



# Policy and Reimbursement Resources

## **OIG – New and upcoming reports on fraud/misuse of telehealth in Medicare program**

- [OIG Report on Program Integrity Risk in Medicare Telehealth Billing during First Year of COVID](#)

## [DEA COVID-19 Information Page](#)

## [SAMHSA COVID-19 Page](#)

- [Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders](#)
- [CCBHCs Using Telehealth or Telemedicine](#)

## [Federation of State Medical Boards – Board by Board Review](#)

- [U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19](#)

# Telebehavioral Health and SUD Resources

- **HHS Best Practice Guide:** [Tele-treatment for substance use disorders](#)
- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE):** <https://tbhcoe.matrc.org/>
- **National Institutes of Health (NIH)- Ask Suicide Screening Questions (ASQ) Model** <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource> ; NIH ASQ [Patient Resource List](#).
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA) Operated by the National Council for Behavioral Health) <https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- **National Alliance on Mental Illness (NAMI)- Mental health Training for Providers** <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider>

# Telebehavioral Health Resources

- **US Center for Disease Control and Prevention (CDC)** - Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>
- **Kaiser Family Foundation (KFF)** White Paper: <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>
- **Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCH)**- MCH Navigator Online Training:  
<https://mchb.hrsa.gov/training/mch-navigator-description.asp>
- **Suicide Prevention Resource Center (SPRC)** - Treating Suicidal Patients During COVID-19: Best Practices and Telehealth  
<https://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth>
- Search the [NETRC Telehealth Resource Library](#) for additional resources!



## Q&A

Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

**Thank you for joining  
us!**

*A recording of this webinar will  
be made available to NH  
Telehealth Alliance members.*

