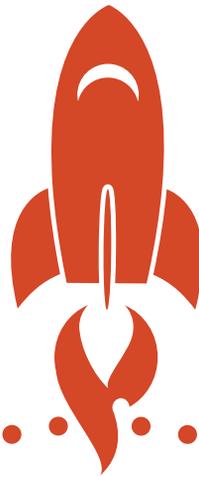


7TH ANNUAL REGIONAL TELEHEALTH CONFERENCE  
SEPT 23-24, 2021 | MANCHESTER NH

PERSON  
+  
VIRTUAL



NETRC 2021

# TELEHEALTH LAUNCHPAD

**REFUELING** FOR SUSTAINABILITY

# NORTHEAST TELEHEALTH

RESOURCE CENTER

Together with our partners, MCD Public Health and University of Vermont, we work to help implement telehealth programs to serve rural and medically underserved areas and populations throughout New England, New Jersey, and New York.

We are proud to be part of the National Consortium of Telehealth Resource Centers funded by the Health Resources and Services Administration's Office for the Advancement of Telehealth. NETRC is one of 12 Regional Resource Centers and works closely with two National Centers – the Center for Connected Health Policy and the Telehealth Technology Assessment Center.

## Our Partners:



The Northeast Telehealth Resource Center has been made possible by grant #G22RH30352 from the Office for the Advancement of Telehealth: HRSA / DHHS.

We offer creative solutions to healthcare challenges through education + collaboration, including:

Short and long term **technical assistance** services for organizations

**Education** for the telehealth workforce

Access to **educational materials**

Access to specialized **tools + templates**

Access to telehealth **experts** willing to share their experiences

Support for **collaboration** that fosters a favorable environment for telehealth

## We help providers:

- ▶ conduct needs assessments and obtain funding
- ▶ design and implement clinical and administrative protocols
- ▶ select and use various telehealth technologies
- ▶ apply telehealth licensure, credentialing and reimbursement laws
- ▶ evaluate programs
- ▶ conduct strategic or business planning
- ▶ obtain third party reimbursement for telehealth services
- ▶ secure Medicaid waivers for telehealth
- ▶ overcome related licensure and credentialing barriers
- ▶ incorporate telehealth in health system reform initiatives
- ▶ leverage HIT and telecommunications infrastructures

Don't know where to start? We can help with that, too! Visit our website for free resources and technical assistance: [www.netrc.org](http://www.netrc.org)

# Welcome to the 2021 Northeast Regional Telehealth Conference!

Many thanks for joining us for the NETRC's 2021 Regional Telehealth Conference! Whether you're with us virtually or in-person, we thrilled to have you!

As in years past, we have an exciting 2-day agenda planned, with a record number of speakers sharing telehealth expertise and lessons learned from around the region and beyond. And unique to this year's event, we've designed a hybrid approach, with a focus on bringing us together for learning and networking that is safe, interactive, and fun! (See pages 4–5 for a full list of presenters or visit our [NETRC 2021 EventMobi app](#) to see speaker bios.)

These past months have been full of challenges associated with the COVID-19 pandemic, however it's also been an incredible opportunity for massive expansion of telehealth utilization and impact. Throughout the conference, you'll hear about the amazing work of regional and national colleagues, including rapid implementation success stories and lessons learned, workforce training efforts, and strategic planning for tomorrow's healthcare landscape, with telehealth as a focal point.

We encourage you to connect with colleagues, ask questions, share your own experiences, and critically assess how telehealth can continue to be best leveraged and integrated into your organization to enhance health access and outcomes moving forward.

As always, please don't hesitate to stop a member of the NETRC team at the event site or post questions and/or discussion points on the EventMobi app. We're honored that you chose to spend your time with us!

Sincerely, The NETRC Team:

Danielle Louder  
Program Director

Terry Rabinowitz, MD, DDS  
Principal Investigator

Reid Plimpton, MPH  
Project Manager

Andrew Solomon, MPH  
Senior Program Manager

Phonse Allen-Laney  
Conference Coordinator

## A Few Important Notes

### Conference App

Access Conference Presentations and Supporting Materials here:

[EventMobi.com/TelehealthLaunchpad2021/](https://EventMobi.com/TelehealthLaunchpad2021/)

### Conference Wi-Fi

Network: [HiltonHonorsMeeting](#)

Password: [NETRC2021](#)

### Conference Evaluation Reminder

In addition to the paper evaluation required for CME applicants, all attendees will receive an email with a link to our electronic conference evaluation. We very much appreciate your feedback!

### CME/CEU Available

This activity has been planned and implemented in accordance with the Essentials and Standards of the Maine Medical Association Committee on Continuing Medical Education and Accreditation through the partnership of Maine Medical Education Trust and Medical Care Development. The Maine Medical Education Trust is accredited by the Maine Medical Association to provide CME activities for physicians.

The Maine Medical Education Trust designates this live activity for a maximum of 3–11 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**If you are requesting CME or CEU, please remember to sign in at the registration desk each day and complete the CME/CEU Evaluation Form.**

LADC AdCare Educational Institute is a recognized sponsor of continuing education activity by the Maine State Board of Alcohol and Drug Counselors. 6 Credit Hours (.6 CEU)

AADAC AdCare Educational Institute is a National Association for Alcoholism and Drug Abuse Counselors (NAADAC) approved education provider. Provider #62201 6 Hours of Continuing Education.



**VEENA CHANNAMSETTY, MD, FFAFP:**  
Best Practices in Building a Sustainable  
Telehealth Care Delivery Environment

*Dr. Channamsetty is a Family Physician and the Chief Medical Officer of Community Health Center, Inc.*



**THOMAS (TJ) FERRANTE, JD:** Telehealth  
2021 Update: How COVID-19 Has Changed  
Telemedicine

*TJ Ferrante is a partner and a board certified health care lawyer with Foley & Lardner LLP.*



**MICHAEL HASSELBERG, PHD, RN,  
PMHNP-BC:** Data-driven approaches  
to telehealth operations planning in  
Primary Health Care Facilities

*Michael Hasselberg is an Associate Professor of Psychiatry, Clinical Nursing, and Data Science at the University of Rochester.*



**JOSEPH C. KVEDAR, MD:** Lessons Learned  
from 2020 Provide a Springboard for  
Increased Telehealth Adoption

*Dr. Kvedar is Chair of the Board of the American Telemedicine Association (ATA), Professor- Harvard Medical School, Senior Advisor- Virtual Care, Mass General Brigham, and Editor, npj Digital Medicine.*



**SHANTANU NUNDY, MD, MBA:** Never  
waste a crisis: reinventing healthcare  
to improve equity and outcomes after  
Covid-19

*Dr. Nundy is a primary care physician, technologist, and business leader who serves as Chief Medical Officer for Accolade & author of "Care after COVID".*

Rachel Alfiero, Program Manager, MaineHealth

Jenny Azzara, MM, Senior Director, Performance Improvement & Organization Development, at Community Care Cooperative (C3)

Doris Barta, MHA Director National Telehealth Technology Assessment Center (TTAC)

Michelle Beane, Program Manager, MaineHealth

Jordan Berg, Technology Assessment Specialist, National Telehealth Technology Assessment Center (TTAC)

CAPT Christopher Bersani, Psy.D., ABPP, Deputy Regional Administrator and Senior Public Health Analyst, HRSA Intergovernmental and External Affairs

Caren Bishop, NETRC Strategist & Founder, Bishop Consulting

Jasmine Bishop, MBA, Telehealth Director, MaineHealth

Tehnaz Boyle, MD, PhD, Assistant Professor of Pediatrics at the Boston University School of Medicine

Deborah Burchfield, DNP-FNP-C, APRN, Franklin Memorial Hospital

Alfred Burger, MD, Senior Associate Program Director Mount Sinai at Beth Israel

Susanne Campbell, RN, MS, PCMH CCE, Senior Program Director, Care Transformation Collaborative of Rhode Island (CTC-RI)

Dr. Veena Channamsetty, MD, FFAFP, Family Physician and the Chief Medical Officer of Community Health Center, Inc.

Christina Cruz, MD, Associate Program Director for Ambulatory Care and an Assistant Professor of Medicine at Icahn School of Medicine at Mount Sinai at Beth Israel

Christina Cutting, Assistant Program Manager, Youth TeleBehavioral Health Program, Heywood Hospital

Katelyn Darling, Sr. Practice Manager in the Department of Connected Care at Dartmouth Hitchcock Medical Center

Kristin David, Psy.D, independently licensed clinical psychologist

Sue Dettling, BS, PCMH CCE, Practice Facilitator & Telehealth Project Manager Care Transformation Collaborative of Rhode Island (CTC-RI)

Maureen Donovan, M.ED, Program Manager, TeleBehavioral Health Counseling Program, Heywood Hospital

Gerard Dubois, MHA, Telehealth Operations Manager, Northern Lights Health & NETRC Strategist

Deborah Fearheller PhD, FACSM, USAW-L1, Clinical Associate Professor of Exercise Science in the Department of Kinesiology, UNH

**Sara Fernandez**, BSN, Critical Care, Northwell Health

**TJ Ferrante**, JD, Partner, Foley & Lardner

**Ann E. Fronczek**, PhD, RN, Telehealth Nurse Educator consultant and co-project Director, Decker College of Nursing, SUNY Binghamton

**Catherine Fulton**, Executive Director, Vermont Program For Quality Health Care, Inc (VPQHC)

**Héctor Garcia**, MPH, Director, Puerto Rico Primary Care Association Network (PRPCAN)

**Sirene Garcia**, MSA, Chief Innovation Officer, Finger Lake Community Health (FLCH)

**Stephanie Gagne**, MPH Program Manager, MaineHealth

**Michelle Hager**, Managing Partner, Blue Cirrus Consulting

**Kylene Halloran**, MD, Cardiac Intensivist at Dartmouth Hitchcock Medical Center

**Michael Hasselberg**, PhD, RN, PMHNP-BC, Associate Professor of Psychiatry, Clinical Nursing, and Data Science at the University of Rochester

**Craig Hertz**, DO, MS, FCCP, FAAEM, FACEP, HEC-C, Medical Director, Tele-ICU, Northwell Health

**Tracy Jalbuena**, MA, MD, Clinical Lead for Quality at PenBay Medical Center and Clinical Lead for Telehealth, MaineHealth

**Sarah Kessler**, Senior Telehealth Program Strategist, University of Vermont Health Network

**Henry Knoop**, MHA Chief Advanced Practice Officer and Associate Chief Medical Officer, Bassett Healthcare Network

**Mei Kwong**, JD, Executive Director, Center for Connected Health Policy (CCHP)

**Joe Kvedar**, MD, Chair of the Board, American Telemedicine Association (ATA), Professor, Harvard Medical School, Senior Advisor, Virtual Care, Mass General Brigham, Editor, npj Digital Medicine

**Maria Fernanda Levis**, MPH, MPA, PCMH CCE, CFRE, CEO & Founder, Impactivo Inc.

**Laurie Levasseur**, MSN, MHA, Independent Consultant

**Danielle Louder**, MCD Public Health Co-Director /NETRC Director

**Melinda Lovering**, Manager of Virtual Health, Androscoggin Home & Health

**Matthew Mackwood**, MD, MPH, Physician, Department of Connected Care, Dartmouth Hitchcock Medical Center

**Bernadette Marson**, PhD, Adjunct Professor, Adelphi University

**Keri Miloro**, MS, CAGS, CCC-SLP, BCS-S, Clinical Assistant Professor University of New Hampshire

**Sally Minkow**, BSN, Practice Transformation Facilitator at the Institute for Health Policy and Practice at the University of New Hampshire.

**Kati Moran**, MPH, Telehealth Program Manager at Community Care Cooperative (C3)

**Laura Mrazik**, MPH, CHES, Telehealth Coordinator, MaineGeneral

**Claire Murphy**, MSN, NP-C, Pulmonary/Allergy, VISN1 New England Healthcare & Clinical Director Allergy/Immunology/Tele Allergy, Boston University School of Medicine, Instructor of Medicine

**Shantanu Nundy**, MD, CMO, Accolade

**Adam Ouellette**, Program Manager, MaineHealth

**James Powell**, MD Chief Advanced Practice Officer, Long Island Select Healthcare

**Lillian Powell**, MPH, Telehealth Program Manager, Department of Connected Care at Dartmouth Hitchcock Medical Center

**Terry Rabinowitz**, MD, DDS, Medical Director, Division of Consultation Psychiatry and Psychosomatic Medicine, University of Vermont Medical Center, Principal Investigator, Northeast Telehealth Resource Center, Professor, Departments of Psychiatry and Family Medicine, Larner College of Medicine

**Nicole Rouhana**, PhD, FACNM, FNP-BC, co-project director for the Decker College of Nursing, SUNY Binghamton

**Mike Senecal**, EMT-P, Director, NorthStar Ambulance Services & Franklin Community Health Network's Emergency Preparedness program

**Jeremy Sherer**, Esq., Digital Health Practice Co-Chair, Hooper Lundy & Bookman

**Ben Smith**, Director of Operational Consulting Woodlands Senior Living

**Stephen Smith**, NRP, ME I/C, AS, Operations Manager, NorthStar EMS

**Andrew Solomon**, MPH, NETRC Senior Program Manager

**Nan Solomons**, PhD, University of New England Center for Excellence in Digital Health

**Lee Staples**, Information Technology Professional, MaineHealth

**Michelle Tyler**, MD, Neonatologist, Children's Hospital at Dartmouth (CHaD)

**Christina Quinlan**, NETRC Strategist & Founder, Christina Rose Consulting

**Delitha Watts**, LSSBB, Practice Transformation Facilitator at the Institute for Health Policy and Practice at the University of New Hampshire

**Matthew Weismann**, MD, Site Chair of the Department of Medicine, Mount Sinai Beth Israel Hospital, & Associate Professor in Internal Medicine and Pediatrics at the Icahn School of Medicine at Mount Sinai

**Sue Woods**, MD, MPH, CEO and Founder, Generated Health LLC

## Thursday Morning: Pre-Conference Workshops

<p>9:00am–12:00pm</p> <p>Pre-Conference Workshop</p> <p>Option 1</p> <p>* Merrimack</p>	<p>► <b>Implementing Systemic Multi-Modal Telehealth Services</b></p> <p>In this pre-conference workshop, the MaineHealth Telehealth team will explore the successes and missteps that eventually led to the implementation of multiple clinical services across patient settings leveraging three telehealth modalities: eConsults, Remote Patient Monitoring and Telemedicine. Topics of focus include how to identify and engage champions at all levels of the organization, the benefits of operational and technical standardization and overcoming common barriers to success. In this workshop, attendees can expect to engage in classroom style presentation as well as in open discussion.</p> <p><i>Maine Health Staff: Michelle Beane, Stephanie Gagne, Adam Ouellette, Tracy Jalbuena, Jasmine Bishop, Lee Staples</i></p>
<p>9:00am–12:00pm</p> <p>Pre-Conference Workshop</p> <p>Option 2</p> <p>* Piscataquoq</p>	<p>► <b>TeleBehavioral Health 201: Exploring the Landscape of Telehealth Based Mental and Behavioral Health via Regional Use Cases</b></p> <p>Over the past year, most of us have utilized video-based care; what comes next? This three-hour session includes valuable perspectives from experts in telemental and telebehavioral health, with Regional Use Cases highlight avenues for the next step in your telehealth integrations.</p> <p>Collectively faculty will cover: key components of a successful telemental health service, identify important ways a telemental health service differs from other telemedicine services, and discuss ways to manage typical challenges to developing a telemental health service. The session will also include a look at the SUPPORT for ME Tele-Medication Assisted Treatment (TeleMAT) CMS Pilot Project, and a discussion about the Integrated Behavior Health Model Efforts happening at Providence Community Health Center (PCHC) in Rhode Island.</p> <p><i>Terry Rabinowitz, MD, DDS- University of Vermont Medical Center; NETRC, CAPT Chris Bersani, USPHS ; Deputy Regional Administrator HRSA Intergovernmental and External Affairs, Christina Quinlan, NETRC, Kayla Cole, Maine Medical Association, Kristin David, Psy.D., Associates in Primary Care Medicine</i></p>
<p>9:00am–12:00pm</p> <p>Industry Partner Technology Showcase</p> <p>* Contoocook</p>	<p>Join our Industry Partners for a Showcase of telehealth Possibilities! All Sponsors participating will be sharing 20-25 minute talks or demos to highlight the work they do and the avenues in which health systems and sites could interact with their companies.</p> <p><i>Sponsors Participating include: AMD Global Telemedicine, Bluestream Health, Blue Cirrus Consulting, Amwell, Iris Telehealth, Allm Healthcare, Tryten, Eagle Telemedicine, Caregility, CDW Healthcare, VeeMed, and Zoom.</i></p>

\* Room locations can be found on the hotel map located inside the back cover ►

## Thursday – Day 1

<p>1:00–1:30pm</p> <p><b>* Armory Ballroom</b></p>	<p><b>Welcome and Opening Remarks</b></p> <p><i>Terry Rabinowitz, MD, DDS- University of Vermont Medical Center; NETRC, and Danielle Louder- Director, NETRC; Co-Director Medical Care Development Public Health Division</i></p>
<p>1:30–2:30pm</p> <p><b>* Armory Ballroom</b></p>	<p><b>Opening Day 1 Keynote: Innovation and Integration of Telehealth into Population Health</b></p> <p>Over the last decade, technology innovation has upended every industry in ways that acknowledge and significantly alter consumer behavior. eCommerce is a prime example of a consumer-centered paradigm that shifts the locus from brick-and-mortar to a digital first marketplace. Consumers now expect convenience, value, and a great experience when shopping for any product. Those same expectations are driving the patient-centered health system of the future. To overcome healthcare’s historical challenges to meeting the growing population and patient expectations, we will be required to harness the power of technology to capture and analyze new data on our patients, autonomously make decisions to intervene, and interact with our patients in ways that we have not been able to before. This presentation will discuss how health organizations from across the county are learning from the retail industry and are taking big strides forward in building a smart health system.</p> <p><i>Michael J. Hasselberg, Ph.D., RN, PMHNP-BC</i></p>

**15 MINUTES TRANSITION TIME**

**BREAKOUTS: CHOOSE FROM 5 ▼**

<p>2:45–3:45pm</p> <p><b>Breakout 1: When the gods of weather, traffic, and parking are against you...</b></p> <p><b>* Contoocook</b></p>	<p>The US arrival of the COVID-19 virus in 2019 was a major catalyst for transforming healthcare delivery into a virtual realm. Providing care virtually is not new, the Veteran’s Administration (VA) has been on this trajectory since the early 1990s. Their innovative approach to accessing care which has grown expeditiously, initially offered Veterans an opportunity to conduct their visit virtually in a secure medical room at a local VA site. A telehealth technician co-located with the patient, would be working in tandem with the Provider, who all though geographically distant, was virtually present and would conduct the visit seamlessly. VA Video Connect (VVC) was implemented in 2018. This technology permitted the Veteran to visit their Provider from their preferred site – be it living room, car, or coffee shop. To address digital inequities among their population, the VA provided an iPad for those who did not have a tablet or a cell phone.</p> <p>Telehealth continues to gain traction, and it’s not just for use during a pandemic. Snowstorms and schlep factors (illness, time, transportation, traffic, parking) make access to care through telehealth a viable option. This presentation will describe the barriers and facilitators for telehealth use among clinicians and patients, particularly older adults. We will solicit your input to develop solutions to entice greater telehealth adoption by patients and clinicians.</p> <p><i>Claire Murphy, R.N., MSN, FNP-BC and Nan M. Solomons, PhD</i></p>
<p>2:45–3:45pm</p> <p><b>Breakout 2: Creative Collaboration &amp; Partnership During a Public Health Crisis: Using Technology to Treat in Place and Improve Patient Outcomes</b></p> <p><b>* Merrimack</b></p>	<p>During Covid-19, one of the most vulnerable populations has been senior citizens living in congregate settings. As the “oldest state” in the country, Maine is also very rural. Delivering care, especially during a national public health emergency, can be a significant challenge. This presentation highlights the creativity and collaboration that can come from a time of critical need within a community. During a senior care facility COVID outbreak, 4 organizations partnered to deliver “care in place” strategies to keep vulnerable residents safe and out of the busy hospital ED and inpatient units. Through the combination of virtual resources such as telehealth and remote patient monitoring, and in-person care with nursing staff and community paramedics, a strong community partnership led to efficient service delivery and meaningful clinical outcomes. Each organization will share their role responsibilities and combined learnings over a 6 week period, and describe how virtual health supported their teams and the collective goals of care.</p> <p><i>Mel Lovering, Deborah Burchfield, DNP-FNP-C, APRN, Stephen Smith, NRP, ME I/C, A, Mike Senecal, EMT-P, Ben Smith</i></p>

<p>2:45–3:45pm</p> <p><b>Breakout 3: Foundations for Successful Telehealth Visits: Preparing Patients to Help Providers Meet Coding and Billing Requirements</b></p> <p><b>* Piscataquog</b></p>	<p>This session offers the foundation for meeting coding, billing and regulatory requirements for a telehealth visits. In addition to providing easy to understand tools and resources for patients to use to set the stage at home for successful telehealth visits. Through our collaboration with several primary care settings, we have developed easy to follow patient-friendly instructions designed to help patients understand telehealth HIPAA requirements, increase their confidence in using telehealth technology, and improve accuracy in self-measurement of vital signs.</p> <p><i>Delitha Watts and Sally Minkow, Institute for Health Policy and Practice at the University of New Hampshire</i></p>
<p>2:45–3:45pm</p> <p><b>Breakout 4: Expanding telehealth access by providing technology: comparing two approaches</b></p> <p><b>* Armory Ballroom</b></p>	<p>The Vermont Program for Quality in Health Care (VPQHC) will discuss the process implemented to distribute over 1,325 digital devices and 550 wifi boosters to promote equitable telehealth access across Vermont through the Connectivity Cares Package program.</p> <p><i>Catherine E. Fulton, CPHQ; Vermont Program for Quality in Health Care and Matthew Mackwood, MD, Dartmouth Hitchcock Medical Center</i></p>
<p>2:45–3:45pm</p> <p><b>Breakout 5: Developing, Implementing and Sustaining a School-Based Tele Behavioral Health Program</b></p> <p><b>* Frost-Hawthorne</b></p>	<p>Since the inception of our Tele Behavioral Health Pilot, Heywood Healthcare has committed to supporting a school based tele behavioral health program in 4 rural school districts. This presentation will discuss the implementation and sustainability process, drill down on the latest data and answer the questions needed to expand this program in rural areas throughout the Northeast. The team from Heywood would like our participants to leave this session with some tips and the passion needed to take this to your community and help the students who are seeking behavioral health services. Sustainability? Return of Investment? Financials? Challenges?</p> <p><i>Maureen Donovan - Telebehavioral Counseling Program Manager at Athol Hospital, Heywood Health Care, and Christina Cutting-Community Healthcare Worker- Athol Hospital, Heywood Health Care</i></p>
<p><b>15 MINUTES TRANSITION TIME</b></p>	
<p><b>BREAKOUTS: CHOOSE FROM 5 ▼</b></p>	
<p>4:00–5:00pm</p> <p><b>Breakout 1: Data-driven approaches to telehealth operations planning in Primary Health Care Facilities</b></p> <p><b>* Contoocook</b></p>	<p>Many primary health care centers have started offering telehealth services to treat patients while sheltering at home. However, maximizing telehealth to further improve health care access, operational efficiencies, financial sustainability, and improve patient outcomes requires a data-driven approach to service planning centered on patients. In this session the Puerto Rico Primary Care Association and Impactivo will provide a situational and contextual background on the Puerto Rico FQHC Network Telehealth program during the pandemic prior to and after integrating IMPACTIVO's self-assessment readiness for care transformation model intervention. The conference will discuss HRSA-Health Center Controlled Network's workplan expectation to improve access to primary care services via Telehealth in Puerto Rico; the planning and development of the telehealth program throughout the FQHC network; the administrative, operational and financial challenges and opportunities for expanding the Telehealth program during and post the pandemic; and IMPACTIVO's proprietary ItrACT™ assessment tool and data-driven model to maximize telehealth for improved operational, financial and human resources efficiencies.</p> <p><i>Puerto Rico Primary Care Association Network (PRPCAN), Héctor I. García-Maldonado, MPH, and María Fernanda Levis, MPH, MPA, PCMH CCE, CFRE</i></p>

**\* Room locations can be found on the hotel map located inside the back cover ►**

<p>4:00–5:00pm</p> <p><b>Breakout 2: Lessons Learned: Launching and Advancing a State-wide Quality Improvement</b></p> <p><b>* Merrimack</b></p>	<p><b>Lessons Learned: Launching and Advancing a State-wide Quality Improvement Telehealth Program</b></p> <p>Two organizations will present key learnings around their experiences with forming state-wide primary care learning communities to advance telehealth implementation and maturity. Strategies around funding and how to engage and support the learning needs of practices and patients across a range of different primary care environments will be discussed as well as future needs for sustainability</p> <p><i>Susanne Campbell CTC-RI, Sue Detting – CTC-RI, Jenny Azzara-C-3, and Kati Moran C-3</i></p>
<p>4:00–5:00pm</p> <p><b>Breakout 3: Leveraging User Design to Address System Needs</b></p> <p><b>* Piscataquog</b></p>	<p>Coordinating a variety of resources with diverse perspectives in digital health program development has gained importance over the last few years. Review user design and its importance to success with two organizations who incorporate the practice into their program and process development.</p> <p><i>Sarah Kessler, Telehealth Program Manager, UVMHN, and Henry Knoop, MHA- Chief Advanced Practice Officer, Associate Chief Medical Information Officer, Bassett Healthcare Network</i></p>
<p>4:00–5:00pm</p> <p><b>Breakout 4: Using Patient Satisfaction Data to Optimize Outpatient Telehealth Roll-Out: A Primary Care Experience</b></p> <p><b>* Armory Ballroom</b></p>	<p>Join Three Providers from various departments of Mount Sinai Health System for lessons learned on assessing patient satisfaction using telehealth services followed by a facilitated discussion on implementing future strategies and what comes next.</p> <p><i>Matthew Weissman, MD, Mount Sinai, Alferd Burger, MD, Mount Sinai, and Christina Cruz, MD, Mount Sinai</i></p>
<p>4:00–5:00pm</p> <p><b>Breakout 5: National and Regional Telehealth Policy Perspectives: Key Trends and Considerations</b></p> <p><b>* Frost-Hawthorne</b></p>	<p>The session will provide a status update on current federal and state telehealth policy and potential trends for the future. Join Mei Kwong for a conversation around the current telehealth policy landscape, as she discusses both the COVID-19 Public Health Emergency (PHE) considerations, and the landscape as we look forward, including states with innovative permanent changes to their telehealth policy, and the proposed 2021 changes for federal telehealth policy (including CMS coverage and reimbursement) as it stands currently. This session will round out with an attempt to forecast telehealth policy in the future, including: where are we headed, and what should providers and healthcare professionals plan for. <i>Mei Kwong, JD; Center for Connected Health Policy</i></p>
<p><b>5:00–6:30PM EXHIBIT HALL GRAND OPENING AND NETWORKING RECEPTION</b></p>	

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## Friday – Day 2

### 7:30–8:15am BREAKFAST AND NETWORKING

<p>8:15–9:00am</p> <p>✳️ Armory Ballroom</p>	<p>Welcome, Opening Remarks &amp; Regional and National Updates from Federal Partners</p> <p><i>Danielle Louder- Director, NETRC; Co-Director Medical Care Development Public Health Division and CAPT Chris Bersani,, USPHS ; Deputy Regional Administrator- HRSA Intergovernmental and External Affairs</i></p>
<p>9:00–10:00am</p> <p>✳️ Armory Ballroom</p>	<p><b>MORNING KEYNOTE: Best Practices in Building a Sustainable Telehealth Care Delivery Environment</b></p> <p>An unintended outcome of the COVID-19 pandemic was an acceleration of practice transformation in the area of Telehealth. With the necessity to meet patient’s needs virtually, care deliver must be re-envisioned. This includes continuing clinical and operational workflows while leveraging a virtual care team, identifying new staff roles and responsibilities, updating policies, procedures, training, and using a data driven approach in refining processes. In addition, building this new system requires workforce flexibility and monitoring patient satisfaction. This presentation will discuss how to leverage health center strengths, build upon those strengths while utilizing technology in moving to a virtual health center with a sustainable telehealth care-delivery model.</p> <p><i>Veena Channamsetty, MD – Community Health Center Inc.</i></p>
<p>10:00–11:00am</p> <p>Plenary Perspectives: 2 Sessions</p> <p>✳️ Armory Ballroom</p>	<p><b>1) Telehealth 2021 Update: How COVID-19 Has Changed Telemedicine</b></p> <p>While the COVID Public Health Emergency did not create the telehealth industry, it certainly accelerated its growth. A major catalyst for the growth in 2020 was a wide variety of expansions on coverage/payment for telehealth services, coupled with waivers on state licensure requirements. Together, the reduction of administrative barriers and the confidence of insurance reimbursement allowed telehealth companies to rapidly scale and grow, as well as experiment with new and different delivery models. While some of these waivers are temporary and will expire when the Public Health Emergency ends, not all waivers will end, and the lessons learned from 2020 might help propel policy arguments, supported by real-world clinical outcomes data, to make permanent many of these waivers. This session will focus on the mainstreaming of telehealth that occurred as a result of the COVID-19 pandemic, and where it will be in the months, and years, to come.</p> <p><i>TJ Ferrante, Esq., Foley and Lardner LLP</i></p> <p><b>2) Lessons Learned from 2020 Provide a Springboard for Increased Telehealth Adoption</b></p> <p>In 2020, telehealth was on the top of a mountain. The virtual visit became a universally understood concept and for the first time in history, patients experienced the convenience of having the doctor’s office brought into their home. However, common themes are emerging that could bring us back to an in-person-dominant care model, including the threat of lower reimbursement for telehealth visits compared to in-person. The choices we make in the next few months will determine the landscape for telehealth in the US for at least a decade. For telehealth to survive, we must create logical, financially sound reasons for providers to pivot long term. Simply saying that telehealth is the right thing to do or that patients demand it does not seem good enough as we look at our future. Healthcare providers, payers, suppliers and innovators, and patients all have a role, a choice to make telehealth part of the solution.</p> <p><i>Joseph C. Kvedar, MD, Chair of the Board, American Telemedicine Association (ATA), Professor, Harvard Medical School, Senior Advisor, Virtual Care, Mass General Brigham, Editor, npj Digital Medicine</i></p>

✳️ Room locations can be found on the hotel map located inside the back cover ►

11:00–11:30am EXHIBIT HALL & NETWORKING BREAK

BREAKOUTS: CHOOSE FROM 5 ▼

<p>11:30am–12:30pm</p> <p><b>Breakout 1: Telehealth Technology Showcase</b></p> <p>✳️ <b>Frost-Hawthorne</b></p>	<p>Explore the world of telehealth technology with hands-on telemedicine hardware demonstrations and an overview of technology assessment strategies.</p> <p><i>Doris T. Barta, MHA, Director and Jordan Berg, Technology Assessment Specialist, National Telehealth Technology Assessment Center and Andrew Solomon, MPH; Senior Program Manager, NETRC</i></p>
<p>11:30am–12:30pm</p> <p><b>Breakout 2-A: Saving Lives in Rural Maine</b></p> <p><b>2-B: Smart Messaging for Patient Self-Care</b></p> <p>✳️ <b>Contoocook</b></p>	<p><b>2-A:</b> Michelle at Blue Cirrus Consulting worked with Laura and the MaineGeneral Health team to conduct a thorough vendor selection to find the best RPM vendor and implement RPM services at MaineGeneral Health. Shortly after go-live, the value for RPM was realized and the program moved from a pilot to a robust RPM service, monitoring about 300 patients in the first year. For Maine, RPM is a critical modality to care for patients given the rural nature of the state, disease burden, and the aging population. RPM has allowed patients to access care on a regular basis, ensuring patient access to timely intervention for their condition(s) and avoiding readmissions to the hospital. During this presentation, Laura and Michelle will demonstrate the key sustainability metrics, reimbursement, and operational process for RPM at MaineGeneral Health.</p> <p><i>Laura Mrazik, MPH Telehealth Coordinator; Maine General and Michelle Hager, Managing Partner Blue Cirrus Consulting</i></p> <p><b>2-B:</b> The session will discuss trends in the use of mobile phones across populations, and how they are an opportunity to engage individuals in their health. Research on texting and automated “smart” messaging will be presented, exploring evidence on chronic care management including comparisons to traditional remote monitoring. A new project among largely rural Maine practices will pilot a novel tool for patient health tracking, and seek to demonstrate the value using protocol-based, smart messaging to engage, change behavior and improve patient outcomes.</p> <p><i>Susan Woods, MD, MPH, Generated Health</i></p>
<p>11:30am–12:30pm</p> <p><b>Breakout 3: New England Regional Disaster Health Preparedness &amp; Response System</b></p> <p>✳️ <b>Piscataquog</b></p>	<p>In 2018, ASPR developed the Regional Disaster Health Response System (RDHRS) concept. An RDHRS is a tiered system to leverage medical expertise across states and regions and deliver a more coherent and comprehensive response to 21st century health security threats. A key RDHRS capability is providing disaster telehealth services to target gaps in healthcare coverage, allowing providers to access disaster-relevant clinical expertise across the U.S. in the immediate aftermath of a catastrophic no-notice event. The Region 1 RDHRS disaster telehealth system, designed with technology partner Bluestream Health, can rapidly mobilize a national pool of volunteer specialists to support overwhelmed local providers at the point of care. This HIPAA-compliant system is flexible to support a range of disasters and easy to navigate without prior training. Join this session to learn more, and to see their pilot test/demo live, in-action!</p> <p><i>Tehnaz Boyle, MD, PhD, Boston University School of Medicine   Boston Medical Center, and Jerry Dubois, MHA, NETRC Strategist, Northern Light Health Telehealth Program Manager</i></p>
<p>11:30am–12:30pm</p> <p><b>Breakout 4: Telehealth Home Visit Program</b></p> <p>✳️ <b>Armory Ballroom</b></p>	<p>The Telehealth Home Visit Program is a care model designed to focus on a (whole patient approach to include SDOH). This program began at the height of COVID as NYS was under a COVID State of Emergency Preparedness. The focus: Provide access to care for those 65 and older, homebound patients and those with no web access. This program was not piloted. We are sharing, how we started, success/challenges to the program, workflow re-design, present data, health equity approach and sustainability to providing access to care. Would like to probe/survey how many at the breakout session have a Telehealth Home Visit Program with a SDOH component. Evaluate whether or not the audience feels these programs are needed? Do they see the value of reducing health care cost and meeting patients’ needs? Do they see a Value with patient engaged care planning.</p> <p><i>Laurie Levasseur MSN/MHA and Sirene Garcia Chief Innovation Officer, Finger Lakes Community Health Center.</i></p>

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<p>11:30am–12:30pm</p> <p><b>Breakout 5: Bridging Academic-Practice Gaps in Telehealth: Successful Strategies</b></p> <p>✳ <b>Merrimack</b></p>	<p>This session will provide an overview of telepractice applications and describe how academic programs can prepare clinicians for both rural and telehealth practice. The University of New Hampshire Telehealth Practice Center (TPC) and the Decker School of Nursing's Rural Telehealth Education Consortium provided key support to education initiatives provided to students in both pre and post-COVID times. Presenters will share examples of how to leverage technology to provide client-centered therapy and educational experiences for students. The session will also describe how HRSA funding has supported rural nursing practice through education and preceptor support, specifically in telehealth. Presenters will describe the effectiveness of targeted student recruitment followed by collaborative matching of the student with a rural health partner to develop rural health competencies.</p> <p><i>Keri Miloro, Deborah Fairheller, Nicole Rouhanam, PhD, FANM, FNP-BC, Ann E. Fronczek, PHD, RN</i></p>
<p><b>12:30–1:50am LUNCH, EXHIBIT HALL &amp; NETWORKING BREAK</b></p>	
<p><b>BREAKOUTS: CHOOSE FROM 5 ▼</b></p>	
<p>1:50–2:50pm</p> <p><b>Breakout 1: Building a Legally Compliant Telehealth Program</b></p> <p>✳ <b>Armory Ballroom</b></p>	<p>This session will cover the legal and regulatory compliance issues that health care providers must consider when operating or launching telehealth programs after the COVID-19 Public Health Emergency Flexibilities, including state-level scope of practice issues, reimbursement, federal and state fraud and abuse laws, privacy considerations, and the corporate practice of medicine prohibition.</p> <p><i>Jeremy Sherer, JD- Hooper, Lundy &amp; Bookman LLP</i></p>
<p>1:50–2:50pm</p> <p><b>Breakout 2: Telehealth Technology Showcase</b></p> <p>✳ <b>Frost-Hawthorne</b></p>	<p>Explore the world of telehealth technology with hands-on telemedicine hardware demonstrations and an overview of technology assessment strategies.</p> <p><i>Doris T. Barta, MHA, Director and Jordan Berg, Technology Assessment Specialist, National Telehealth Technology Assessment Center and Andrew Solomon, MPH; Senior Program Manager, NETRC</i></p>
<p>1:50–2:50pm</p> <p><b>Breakout 3: Strategies to Maximize the Hybrid Model of Care with Value Based Propositions</b></p> <p>✳ <b>Merrimack</b></p>	<p>To succeed with a hybrid model of care, practices will need to quantify the value of all resources and technology at their disposal. This includes the value of Artificial intelligence, remote patient monitoring, chronic care management, and virtual services that include deployable models.</p> <p>Long Island Select Healthcare pivoted during the pandemic. It created a partnership with Ambulnz/DocGo to offer deployable services to the high-risk community members it serves. This includes COVID-19 testing, flu shots, and an ED avoidance program. The paramedic team is equipped with hospital-grade technology and a medication bag for first-dose therapy. We have successfully utilized the program to offer at-home therapy for conditions such as pneumonia, dehydration, wound care, and post-hospitalization follow-up. This program is addressing access, engagement, and fiscal responsibility. This presentation will discuss workflows and data that demonstrate how these opportunities improve care and enhance reimbursement opportunities. It will also explore the rollout of initiatives through the eyes of Acute, Episodic, Chronic and Preventative services.</p> <p>At the conclusion of the session, organizations will understand how to consider their current capacity as they embark on integrative programs. Special emphasis will be placed on the balance between transactional services and value-based propositions now and with an eye on the total cost of care models coming in the near future.</p> <p><i>James Powell, MD</i></p>

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<p>1:50–2:50pm</p> <p><b>Breakout 4:</b>                  “TeleNeonatology;                  Not just for Nurseries”                  “TeleED-ICU; Bridge the                  Acute Care Gap” “Tele-                  Critical Care; More than                  Intensivists”</p> <p>✳️ <b>Piscataquog</b></p>	<p>TeleICN/TeleNICU known as a service that supports labor and delivery units, however, many labor and delivery units closing, pregnant women are traveling farther leading to an increase in births happening in local Emergency departments or en route. Because of this, we have had to find innovative ways to work with EDs to support local providers and the newborns with these precipitous deliveries. Once a patient has reached the ED, it is important that the local site has the resources they need to support the patient locally or, if necessary, to support a smooth transfer. TeleED brings highly experienced MDs and RNs to the bedside to support this need but some critically ill patients require more support from a specialized resource. TeleICU partners with TeleED to help stabilize the patient and initiate treatment early. Realizing critical care (needs) resides with the patient, independent of location, an integrated TeleICU team can provide critical care expertise along the continuum of the patient’s journey.</p> <p><i>Craig Hertz, DO, MS, Northwell Health, Sara Fernandez, Northwell Health, and Michelle Tyler, Katelyn Darling, Lillian Powell, and Kylene Halloran, Dartmouth Hitchcock Medical Center</i></p>
<p>1:50–2:50pm</p> <p><b>Breakout 5: Telemental health surge during COVID-19: Sustaining telemental health post-pandemic</b></p> <p>✳️ <b>Contoocook</b></p>	<p>The outbreak of the COVID-19 pandemic resulted in a major transformation in the way mental health interventions are delivered in the United States. Prior to COVID-19, telemental health services within the public and private sector were slow, due to several barriers to telemental health, some of which included payment for services and privacy. With the suspension of in-person mental health services during the pandemic, telemental health services soared. While expanding access to telemental health services is essential to address the increased mental health issues facing individuals, there are concerns regarding the continuation of the relaxation of telemental health regulations post-pandemic. This presentation would address the increase in telemental health and the future delivery of post-pandemic telemental health care.</p> <p><i>Bernadette C. Marson, PhD, ACSW, LCSW-R Adjunct Professor Adelphi University</i></p>
<p>3:00–4:00pm</p> <p><b>Never waste a crisis: reinventing healthcare to improve equity and outcomes after Covid-19</b></p> <p>✳️ <b>Armory Ballroom</b></p>	<p><b>AFTERNOON/CLOSING KEYNOTE: A Practical Plan for reinventing healthcare in a post-pandemic world</b></p> <p>COVID-19 showed us the constraints and weaknesses of our healthcare system, but as Dr. Nundy shares in this closing session, it has also highlighted how adaptable our system can be in a time of crisis. What we need now is a clear vision for where healthcare needs to go and how to get there. As a nation, the COVID-19 response has ushered in a new era of virtual health that is long overdue; If we take advantage of the gains we’ve made, COVID-19 won’t just be a once-in-a-century pandemic — it will also be the spark for a once-in-a-century reinvention of American health care. In this closing session, Dr. Nundy will share his perspective on healthcare as both a safety net primary care provider in the U.S. and as a CMO of a national health organization, and how both experiences have shaped his thoughts on how we as a country can use this moment as a springboard to a new and more inclusive &amp; accessible healthcare system.</p> <p><i>Shantanu Nundy, MD, Author: Care after COVID</i></p>
<p><b>4:00–4:15pm: CLOSING REMARKS AND ADJOURN</b></p>	

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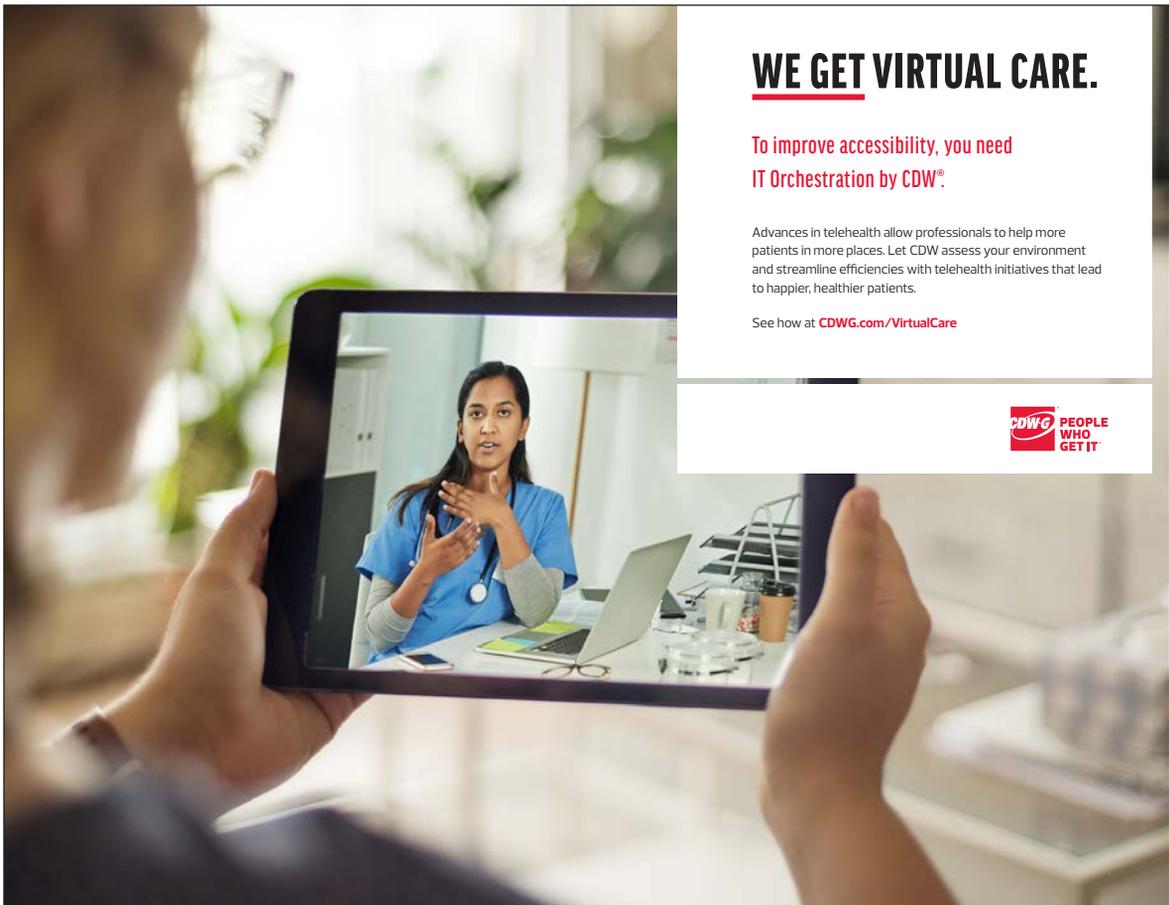
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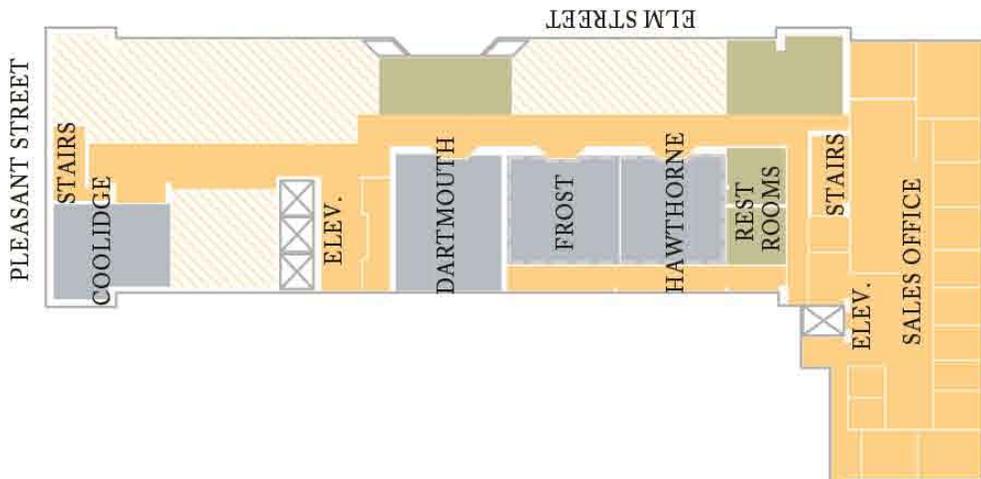
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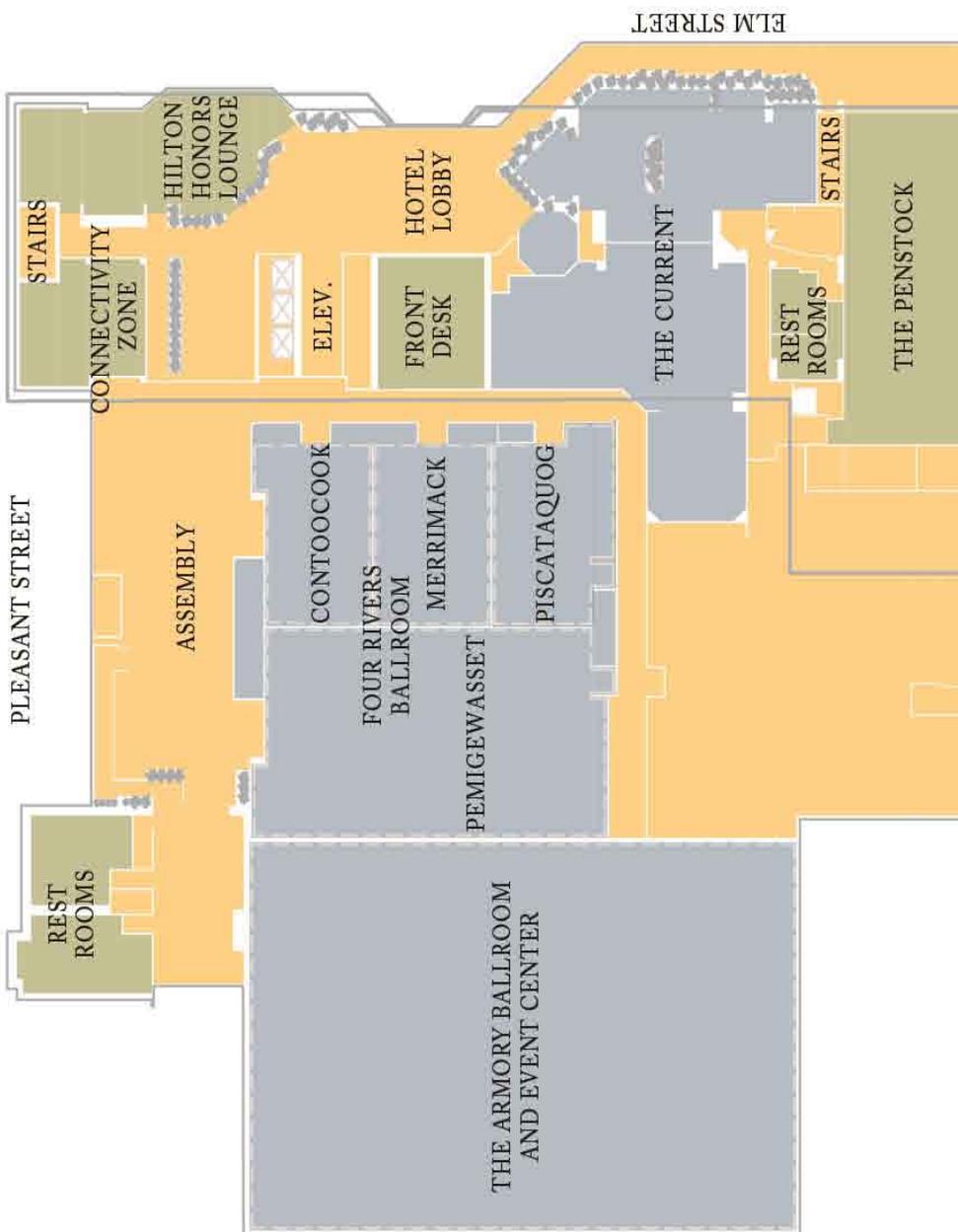


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