NATIONAL ASSOCIATION OF
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TRC

Summary Report

Health Centers Telehealth TTA Partners Roundtable Forum

2020 - 2021

Background

The COVID-19 pandemic pushed Community Health Centers (CHCs) to quickly accelerate the adoption of telehealth and other forms of virtual care, an opportunity that many had been contemplating for years. Despite the acknowledged benefits of telehealth, even prior to the pandemic, there were significant barriers to its widespread adoption. When the pandemic hit in March 2020, the stakeholder cost-benefit equation changed overnight. Within weeks, past misconceptions and concerns were set aside to meet emergency needs of patients "locked down" and unable to access healthcare providers in traditional physical settings. CHC early adopters, telehealth resource centers (TRCs), and a range of primary care associations (PCAs), health center-controlled networks (HCCNs), and national training and technical assistance partners (NTTAPs) began developing and disseminating materials and services to aid the rapid transition to virtual care. Despite a variety of unknowns, the safety net community galvanized around this crisis, and stakeholders of all types, including funders, stepped up to support the telehealth effort.

Learning from the Rapid Adoption of Digital Health in Community Health Centers

Because not all CHCs were prepared to implement virtual care services as rapidly as was needed during the pandemic, early adopters and training and technical assistance (TTA) providers came to the assistance of health centers, developing and providing resources the health centers needed to accomplish rapid practice transformation for telehealth delivery.

The process of rapid telehealth implementation on a mass scale revealed much about how the training and technical assistance (TTA) ecosystem currently functions and where there are opportunities for improvement.

This document, along with accompanying deliverables mentioned below, captures and records the collective learning from TTA providers and partners who participated in The National Federally Qualified Health Center (FQHC) Telehealth TTA Partners Roundtable (Roundtable) project, 2020-2021.

Based on their shared learning, Roundtable participants reimagined how TTA and the operating environment could be strengthened to build a sustainable future for telehealth across the health center community.

The Project

The Roundtable project was sponsored jointly by the National Association of Community Health Centers (NACHC) and the National Consortium of Telehealth Resource Centers (NCTRC). The project focused on achieving the following outcomes:

- Promoting collaboration and coordination across U.S. Health Resources and Services Administration (HRSA) funded training and technical assistance (TTA) awardees charged with assisting health centers;

- Supporting the broadest possible awareness and implementation of telehealth-related TTA across the health center community; and

- Providing insight to funders and other stakeholders about how to move telehealth forward in a health center setting in order to sustain access to services for health center patients.

These outcomes were supported by three primary deliverables:

Three Roundtable Events with representatives from PCAs, HCCNs, NTTAPs and TRCs

A National TTA Asset Inventory (included in this document); and

A Final Recommendations Report (this document) representing key themes harvested from participating TTA providers.

Summary Findings and Recommendations

Coordination, collaboration and expanded partnerships are required for future success in Telehealth

The pandemic crisis enabled new partnerships and collaborations to surface and evolve. These collaborations extended across a wide spectrum of stakeholders whose collaboration fueled swift system-wide telehealth implementation. To continue this success, expanding partnerships and collaborations to an even greater degree will be critical.

At the same time, there is an equally important need to become more efficient and streamlined in how these relationships are approached. In both the Asset Inventory and this report, coordinated and systematized curation are identified as requirements for greater effectiveness, and to further reduce unnecessary duplication of effort. In the paraphrased words of participants, "We can't all be experts at everything. We must find clearer ways to divide and conquer."

A shared national vision and plan for the use of telehealth to fulfill the health center mission of providing equal access to all is critical to sustaining and expanding telehealth adoption

A unified, long-term, national vision for telehealth that acknowledges it as foundational to promoting equitable access and care delivery must be supported through clear policies and sufficient funding. This convergence of vision, funding, and policy is necessary to guarantee the success of telehealth and advance health equity by improving access for all. Currently, there are misaligned policies and funding gaps that blunt telehealth growth. Until these are resolved, no amount of TTA will overcome these inherently limiting factors.

Implementing telehealth is challenging at best. The resources required to properly plan for successful implementation are significant. Roundtable participants expressed that there is a considerable need to provide educational materials to health centers and health center program stakeholders regarding the multi-dimensional value of developing competency in virtual care delivery. To create a unified vision and assure adequate funding and policy support, payers, vendors, and policy makers will also need continuing education to understand the important role that health centers play and the necessity of full adoption of telehealth as a means to provide more equitable and cost-effective health care.

New approaches and increasing TTA partnership will aid efficiency and reduce duplication of effort

To create more effective TTA, alternative TTA strategies are required. Consideration should be given to developing better ways to bring resources and resource providers together to synchronize the efforts of trainers and learners. One strategy is to invest in human resources and technologies that support direct, real-time consultation and rapid resource finding and delivery. A first and much needed step in this direction is the funding of a specially-curated Telehealth TTA resource library and registry.

Finally, TTA stakeholders underscored the value of an intentional and coordinated design and structure for TTA programs intended to support health centers. Developing such a design and structure would require collaborative effort and input from TTA providers to help build programs that are practical, effective, and reflective of the needs of those who are dedicated to their success.

Project Focus

- Promoting collaboration and coordination across U.S. Health Resources and Services Administration (HRSA) funded training and technical assistance (TTA) awardees charged with assisting health centers;

- Supporting the broadest possible awareness and implementation of telehealth-related TTA across the health center community; and

- Providing insight to funders and other stakeholders about how to move telehealth forward in a health center setting in order to sustain access to services for health center patients.

Three Primary Deliverables

- Three "Telehealth Roundtables" with representatives from Primary Care Associations (PCA), Health Center Controlled Networks (HCCN), National Training and Technical Assistance Partners (NTTAP), and Telehealth Resource Centers (TRC)

- A National TTA Asset Inventory (included in this document); and

- A Final Recommendations Report (this document) representing key themes harvested from participating TTA providers.

This project was co-sponsored by the National Association of Community Health Centers (NACHC) and the National Consortium of Telehealth Resource Centers (NCTRC).

The NCTRC is a collaborative of 12 regional and 2 national Telehealth Resource Centers (TRCs) committed to supporting the implementation, expansion, and sustainability of telehealth programs at healthcare providers of all types serving rural and underserved communities. TRCs across the nation provide timely and accurate information on telehealth and training in its effective use.

The NACHC Training and Technical Assistance (TTA) Program assists existing and potential health centers in addressing operational demands while sustaining their health care access missions, community governance models, and commitments to cultural and linguistic competence in healthcare delivery to underserved and vulnerable populations. The TTA Program also convenes and promotes collaboration amongst TTA providers, including NTTAPs, PCAs and HCCNs.

The project leadership team, which led and coordinated the work, included:

Gina Capra, Senior Vice President, Training and Technical Assistance, NACHC

Jonathan Neufeld, Director, Great Plains Telehealth Resource and Assistance Center (gpTRAC)

Ted Boesen, Advisor and retired CEO of the Iowa Primary Care Association and its HCCN, InConcertCare.

This project was delivered with facilitation and design consultation from Integrated Work.

Our Steering Committee (SC) consisted of leaders from CHCs, HCCNs, PCAs, TRCs and NTTAPs, who are passionate about the value of telehealth in advancing access to care and delivery in a health center setting. The SC provided valuable input on Roundtable direction and planning, as well as recommendations for this project, included:

Fred Rachman, M.D.
Alliance Chicago
HCCN

Jennifer Stoll
OCHIN
HCCN

Sally Trnka
Breakwater Health Network
HCCN

Joan Tulk
Community Health Resource Network (CHAN) HCCN

Helen Labun
Bi-State Primary Care Association (NH/VT)

Ambrish Sharma
Association for Utah Community Health (AUCH) PCA

Dev Watson
Georgia PCA

Jonathan Chapman
Capital Link
NTTAP

Jillian Maccini
HITEQ
NTTAP

Colleen Reinert
MHP Salud
NTTAP

Andrea Shore
School-Based Health Alliance NTTAP

Kathy Chorba
California TRC

Mei Kwong
Center for Connected Health Policy (CCHP) TRC

Danielle Louder
Northeast TRC

Kathy Hsu Wibberly
Mid-Atlantic TRC

Dr. Kemi Alli, M.D.
Henry J. Austin Health Center

Scott Weatherill
Horizon Health Care Health Center

Mary Zelazny
Finger Lakes Community Health Center

The COVID-19 pandemic resulted in an explosion of CHCs implementing telehealth for the first time, expanding the scale of their pre-existing telehealth programs, and adding new services via telehealth. Telehealth implementation happened rapidly and, at times, haphazardly, as health centers adapted to the constantly changing national landscape. HRSA training and technical assistance awardees (specifically PCAs, HCCNs, NTTAPs, and TRCs) quickly shifted focus to support health centers in their telehealth implementation by creating trainings, webinars, coaching sessions, toolkits, videos, and more.

A variety of considerations among facilities, providers, and patients affected how (and if) telehealth was implemented during COVID-19. Some providers found it helpful to use telehealth to send more frequent reminders and have a way to keep appointments virtually. In other cases, resistance to delivering virtual services at a clinic, provider, or patient level, including remote patient monitoring, resulted in no telehealth. Technology and internet bandwidth, along with workflow reengineering and determining the best use of staff, are still high priorities for a large number of health centers and affect whether they can offer telehealth services.

Telehealth implementation continues to evolve as administrators, policy makers, providers and patients consider it as a permanent solution to address health care access. Patient satisfaction with telehealth seems to be increasing and getting more nuanced, Providers are looking for hybrid model solutions that would allow them to offer services to the patient in their home or in the physical clinic as appropriate, and continue to receive reimbursement.

A move towards permanent telehealth, a wide range of implementation strategies, and a vast number of new resources motivated NACHC and NCTRC to design this project. These organizations collaborated to deliver a three-part series of telehealth Roundtable events, guided by a steering committee of telehealth experts from PCAs, HCCNs, TRCs, and health centers, to promote dialogue and networking, to produce a National Asset Inventory and to develop a Recommendations Report to guide the future of telehealth TTA in support of health centers nationally.

PCAs	Primary Care Associations
HCCNs	Health Center Controlled Networks
NTTAPs	National Training and Technical Assistance Partners
TRCs	Telehealth Resource Centers

Overview

Following extensive planning in the Fall of 2020, three Roundtable events were held virtually from January-June 2021. These sessions were designed to maximize information sharing, alignment, and relationship building. Given the large attendance, each session had virtual breakout rooms composed of a mix of TTA provider types. Sessions were designed by the project leadership team and steering committee in collaboration with Integrated Work, the contracted consulting company.

Steering Committee Role

The steering committee (SC) helped to create and implement the strategy for each of the large Roundtable meetings. SC meetings provided a useful venue to both discover and clarify issues that were likely to be of interest to the broader Roundtable audience. Most of the themes that arose during Roundtable sessions had already been mentioned by SC members during planning sessions, allowing for clarification of issues and creation of effective agendas for Roundtable meetings. In addition, the SC structure allowed for the recruitment of SC members to lead small breakout discussions during the general Roundtable events, ultimately creating greater understanding and interaction among SC members and general participants.

A frequent comment among this project's leadership team was appreciation of the range, capacity, and energy of participants who responded to the initial steering committee invitation. SC members were selected based on their engagement in the CHC community, prior experience contributing to collaborative efforts and their involvement in TTA activities in their respective PCA, HCCN, NTTAP or TRC. Many engaged the planning committee in advance of the first SC meeting to emphasize their interest, discuss preliminary ideas, and further clarify their roles. The experience of gathering so many competent and committed people to guide this effort gave the organizers a strong sense of the value these leaders saw in a collaborative effort of this type.

Categorization of Themes

SC members identified eight themes as priority topic areas to explore. The themes were used to categorize assets and well as to gather insights from Roundtable participants who had specific expertise and/or interests in these areas.

One of the objectives of categorization was to make findings and recommendations for telehealth expansion easier to navigate for other TTA providers as well as for funders and other readers of this document.

The chart on the next page lists and describes the eight priority areas identified. Of note is "The Digital Divide," defined as the gap between individuals, households, businesses and geographic areas at different socio-economic levels with regard to their opportunities to access information and communication technologies, their digital literacy, and their ability to use the Internet for a wide variety of activities. While TTA can address some aspects of the digital divide, there are significant limitations regarding what can be accomplished without universal broadband access.

1. The Digital Divide: Access, broadband, equity

2. Implementation & Operations: Workflows, procedures, platforms

3. Quality Assurance: Measurement, data collection, improvement

4. Data and Reporting: Definitions, taxonomy, EHR alignment, reporting systems/processes

5. Policy, Financial Reimbursement and Legal: Advocacy efforts, regulatory surveillance

6. Patient Engagement: Patient education, navigation, outreach, technical support

7. Clinical Delivery: Clinician-focused services, CME/CEU, clinical skills, competencies

8. Financial Models for Success: Balancing service and payer mixes, reimbursement implications

Roundtable 1: January 22, 2021

Attendees: 75 representatives of PCAs, HCCNs, TRCs and NTTAPs
Evaluation Score: 96% Extremely Satisfied or Satisfied

Purpose: Introduce the Roundtable Concept, evaluate the TTA journey so far, and assess where we are now.

The focus of the January session was Lessons Learned during the Pandemic to date. Participants discussed successes, ongoing challenges, and what important lessons need to be carried forward from TTA providers based on their experience to date with telehealth TTA for health centers.

Participants heralded the degree to which a wide variety of stakeholders across the safety net community banded together to collaborate and to solve issues. While the rapid adoption of telehealth is viewed as a success, it is only the first step on a much longer journey. Several issues must be addressed to make telehealth more sustainable and equitable in access, including patient literacy, ongoing staff training, broadband access, reimbursement, and integration of telehealth with other CHC services.

Evaluation Highlights:

"Loved the breakout session and being able to discuss opportunities in great detail."

"Great pacing: good content: so far it looks like interest will be retained."

"It was great to meet and talk to "like minded" folks."

Roundtable 2: March 26, 2021

Attendees: 70 representatives of PCAs, HCCNs, TRCs and NTTAPs
Evaluation Score: 91% Extremely Satisfied or Satisfied

Purpose: Assess where additional TTA resources are needed and identify what methods and technologies could supersede present day TTA approaches, i.e., "next generation" TTA .

The March session focused on this concept of Next Generation TTA, including discussion of necessary resources, useful formats, how to support programs from launch through maturity, and what other forms next-generation TTA might take.

Key themes that emerged during the session included the importance of expanding partnerships and cross-organizational collaboration, the continuing need for peer learning for providers and CHC staff, addressing the digital divide, and the need for continued funding as cornerstones for advancing telehealth buy-in and sustainability.

Evaluation Highlights:

"This was very well-executed. Time for critical dialogue, and forward planning. Thank you!"

"This was a well-organized, informative and inspiring event. Thank you!"

"Great space to discuss current and future efforts related to telehealth!"

Roundtable 3: June 11, 2021

Attendees: 60 representatives of PCAs, HCCNs, TRCs and NTTAPs
Evaluation Score: 100% Extremely Satisfied or Satisfied

Purpose: Define potential future collaborations and identify where TTA will be most impactful in the future.

The focus of the June session was Advancing Telehealth Success. This included recommendations for advancing telehealth at health centers, the role TTA plays in this advancement, and how to combine efforts and resources for the largest impact.

Ideas generated from this session included: collaborating on funding efforts (both in creating funding efforts and collaborating on review), creating a national directory of resources; standardizing reporting and analysis templates, building relationships with "outside" organizations that are not federally funded but are doing similar work, having all disciplines (I.e., primary care, oral health, behavioral health) working together towards implementation, creating consistent language/messaging, and building partnerships with non-traditional partners like schools and technology companies.

Evaluation Highlights:

"Extremely well organized. I learned more than I thought would be possible, mostly due to the structure and organization. Thank you!"

"It would be great to continue these discussions."

Overview

A key deliverable from this project is a representative sample inventory of telehealth TTA assets. The intention for the inventory was to identify clear overlaps in content, identify gaps for future content development, and consider how to provide a single place to access resources produced by many HRSA-funded TTA organizations. Strategically, this would allow TTA providers to build on each other's resources and reduce unnecessary duplication. For funders or stakeholders, the asset inventory offers a perspective on what topics and delivery modalities in which to invest resources and how to more strategically coordinate or collaborate across TTA awardee organizations.

The steering committee and project leadership team worked together to identify high-value TTA assets produced by HRSA-funded organizations. As this inventory was developed, it became evident that there was a need to establish a more comprehensive asset inventory with a clear process for vetting, categorizing, and tracking assets. Additionally, the sheer volume of assets along with a lack of "time-stamping" (i.e., knowledge of whether resource was still accurate and relevant) made it difficult to assemble a complete inventory. Instead, the steering committee learned new ways to think about asset development, distribution, and ease of access for the end user in the future.

This section highlights key assets identified by the steering committee and the project leadership team, recommendations on how assets can be classified, ideas for centralized curation, future assets, and related recommendations.

Asset Inventory

Assets were identified based on eight categories. These categories, with example assets, are highlighted below. A more inclusive asset inventory is available in Appendix A.

Resources that span categories:

This COVID-19 Telehealth Toolkit was produced by the Telehealth Resource Centers and covers all areas shown below. Link here https://3f9znz109u3oybcpa3vow591-wpengine.netdna-ssl.com/wp-content/uploads/2020/11/Telehealth-and-COVID-19-FINAL.pdf

HITEQ has created a telehealth resource library, updated continuously! Link: https://hiteqcenter.org/Resources/Telehealth-Telemedicine/telehealth-resource-library

HRSA offers links to a number of organizations that provide telehealth resources. Link https://www.hrsa.gov/library/telehealth

The Digital Divide: Access, broadband, equity

Access to broadband is essential for telehealth delivery. This resource is for FQHCs in rural areas. Link: https://hiteqcenter.org/Resources/HIE-Interoperability/Implementation-of-HIE/serving-rural-patients-with-telehealth-resources-and-tips-for-federally-qualified-health-centers

Implementation & Operations: Workflows, procedures, platforms

This webinar goes beyond the pandemic to highlight models for FQHCs in the future. Link: https://telehealthresourcecenter.org/resources/webinars/nctrc-telehealth-hack-fqhc-program-models-post-covid/

Quality Assurance: Measurement, data collection, improvement

Data collection is essential to quality. This measurement can inform quality improvement work. Link: https://www.careinnovations.org/resources/how-to-measure-patient-experience-and-satisfaction-with-telehealth/

Data and Reporting: Definitions, taxonomy, EHR alignment, reporting systems/processes

Remote patient monitoring is complementary to telehealth work.
Link: https://www.matrc.org/wp-content/uploads/2019/09/ACFrOgAZizRQ3oro_iD9OoBp9GrOvXRY_sSudMMnn26bNFPfBq8Pij1saJ4ZkbY0tzsfPDnqLmzNENJpvnIYMFQUMZKGHFmG77pWea5prJkm3rTDJwJnYgeC5vz7k6M.pdf?9b3fb7&9b3fb7

Policy, Financial Reimbursement and Legal: Advocacy efforts, regulatory surveillance

Getting billing right is essential for telehealth implementation.
Link: https://telemedicine.arizona.edu/webinars/2020-11/billing-telehealth-2020-beyond

Patient Engagement: Patient education, navigation, outreach, technical support

Patients need support in navigating telehealth. This video shows the value of telehealth for a patient audience. Link: https://www.youtube.com/watch?v=kSPZK8A900k

Clinical Delivery: Clinician-focused services, CME/CEU, clinical skills, competencies

Etiquette, and culturally competent care, are essential to telehealth. Link: https://learntelehealth.org/telehealth-etiquette-series/

Financial Models for Success: Balancing service and payer mixes, reimbursement implications

This customizable **COVID-19 Impact Report** provides a comprehensive, holistic picture of your community health center's revenue loss, pivot to telehealth, COVID-19-related expenses, the influx of relief funds, and the estimated funding gap. Link: https://www.caplink.org/covid-19/covid-19-impact-report

As the team collated resources, a need emerged for a consistent classification system that would allow the end-user to easily access the "best" TTA resource at the right time. The group identified classification categories that would be most useful for TTA providers and health centers. The first category details whether resources are primary (created by an organization as an original work), a collection of curated resources or a combination (typically an organization's web page). Resources are targeted towards patients, CHCs, and other TTA providers. Resources are also reflective of different phases of telehealth: start-up, enhancement, and sustainability. Resources exist in many formats, such as webinars, toolkits, short videos, websites, and virtual and in-person trainings. Finally, the team determined that resource classification would need to show whether a resource was intended for introductory or advanced telehealth implementation. While there are many different characteristics for each resource, these characteristics are not always clearly identified to an end user who is searching for a TTA resource or may not know what they need.

Resources are targeted towards patients, CHCs, and TTA providers. Resources are also reflective of different phases of telehealth: start-up, enhancement, and sustainability.

During an SC meeting in preparation for the first Roundtable session, a PCA leader stated that a primary unanticipated and time-consuming task during the pandemic transition to telehealth involved reading through numerous resources and technical assistance materials to figure out which of these were most useful to health center CEOs in the state. There was no shortage of "information," but finding the right information that would be of use to CHCs in that state, at their existing level of readiness and resourcing, was extremely difficult. This experience underscored for organizers the need for not just more information on more topics, but an effective way to organize, manage, evaluate, and find information based on the needs of the seeker and/or target audience.

After beginning the curation process, the SC and the project leadership team found that there were too many existing resources to classify all of them. Many of the most useful resources classified by the group were TRC or NTTAP websites that were curated from many other sources and quickly became outdated. The committee found that searching across multiple sites without a clearer classification system is an inefficient way to serve the TTA customer (ultimately, the health centers).

As a result, the committee identified the need to create a more formalized asset inventory with a designated curator and a centralized curation site. The curator would act as an expert, working with health centers, sorting through massive numbers of resources, and identifying the most valuable ones and when a resource becomes out of date. The curator could be assisted by an expert review team to help guide the curation strategy.

Asset Inventory

Recommendations for TTA asset management fell into three general categories: coordination strategy, future asset needs, and how a curated site could work.

Coordinating an Asset Strategy

Curated telehealth TTA assets will be most valuable if the most possible health centers know about the site location and all TTA providers are contributing to the site, similar to the Health Center Resource Clearinghouse, www.healthcenterinfo.org. Funding organizations, like the federal government or philanthropies, may be able to promote, incentivize and/or coordinate this work, which could increase a curated library's scope and range of impact.

Creating Future TTA Assets

Many telehealth TTA assets exist now. The creation of future TTA assets should be coordinated, and the inventory should expose or identify content or delivery gaps.

An example of a current gap is the availability of assets to help health centers continue telehealth implementation beyond the pandemic.

Operating a Curated Library Site

A telehealth TTA site should be easy to access for health centers and TTA partners.

Providing a way to access the site from every TTA provider's site will support easy access. The Health Center Resource Clearinghouse could also support access to such a curated telehealth TTA library.

An additional dimension of access is making the site user friendly, such as creating a system that can support 'just in time' learning which would also increase user engagement.

Refining resources over time will require dedicated staffing, a commitment to resource review and data, telehealth and library science expertise. Collecting usage data can drive future decision-making on needed resources by the curator and expert group.

In addition to exploring a Telehealth TTA Asset Inventory, Roundtable sessions were dedicated to sharing and understanding TTA lessons learned. This dialogue built the foundation for how to best leverage TTA to support a robust future for telehealth in health centers. The SC and Roundtable participants also explored a reimagining of how "next generation" TTA could look and how to make that future a reality. This section and the next several, review the major findings from those convenings.

Key Themes from Lessons Learned Discussions

There are countless lessons that the community learned about how to respond in crisis to meet an immediate need for transformation, and also countless lessons about telehealth and telehealth TTA in particular. Below are the three enduring thematic lessons that were reiterated over the course of many Roundtable convenings.

Expanded partnerships are the cornerstone of telehealth success

Breaking down barriers and territorialism allowed new partnerships to surface during the pandemic. These partnerships fueled swift system-wide telehealth implementation. Partnering extended across many types of organizations: vendors provided technical support and discounts, TTA providers worked with a wide variety of organizations: state agencies and local government came to the table, those who had broadband access were willing to share the access efforts, health centers engaged at all levels of operations, and some private insurers contributed generously to incentivize telehealth adoption and utilization.

Roundtable participants agree that expanding partnerships across an even broader audience will be the cornerstone of future telehealth success.

Lessons Learned

Streamlining collaboration is key to future success

While there is a need to keep partnerships and collaborations going and growing, there is an equally important need to become more efficient and streamlined in how these relationships are approached. As noted in the Asset Inventory exploration, coordination and systematized curation is required to move forward successfully. In the paraphrased words of participants, "We can't all be experts at everything. We must find clearer ways to divide and conquer."

This need is clearly demonstrated in resource development and distribution. There were so many organizations providing large quantities of overlapping support with varying degrees of quality and usefulness, that without a coordinating body or curated system, (given the rapidity of change in current information such as policy updates and state-specific regulations), it was almost impossible to know what information was correct, or where to find what was needed in any given moment.

To grow and sustain telehealth, it must be viewed as foundational to care delivery

Acknowledging that deploying telehealth provides an important means to meet real, immediate needs of patients is critical. The pandemic emergency temporarily reduced barriers to implementation. Telehealth as a healthcare delivery mode is important and it is needed. It addresses workforce and access issues that may not be overcome otherwise. For telehealth to be successful in the long term, it must be seen as foundational to care delivery at health centers and by all stakeholders. From a training perspective, telehealth must be a focus for all levels, and in all aspects of an organization. Telehealth cannot be an afterthought, but rather, must be an organizational priority and focus.

Therefore, a health center's strategic plan and vision must include a commitment to telehealth or virtual care. Leadership from both the board of directors and executives within the health center must champion and have a clear commitment to telehealth/virtual care as a big picture, strategic goal from which operational and clinical goals can then be pursued.

From there, telehealth must be integrated across practices and service lines, such as behavioral and oral health. Likewise, funding must be long term and integrated across disciplines to avoid implementation silos. Clarity regarding policy and reimbursement approaches is also needed to overcome commitment hesitancy and financial hurdles related to full acceptance of telehealth.

Finally, providers must address the equity gains and losses that emerge from the use of telehealth. Investments will need to be made in reducing the digital divide, removing language barriers, and improving patient and provider education so that telehealth can be put to work as a powerful tool for closing health equity gaps.

Innovation and the Future of Telehealth TTA

The primary goal of the Roundtable meetings was to explore and dissect the effectiveness of telehealth TTA as designed, coordinated and delivered by multiple HRSA-funded TTA providers, all charged with supporting health centers. To that end, there were several insights about how effective TTA could and should look. Key themes from the convenings are listed below:

Find ways to make TTA more accessible and easier to navigate for the end-user

- Several ideas surfaced, including creating a visual framework, e.g., a decision tree, for telehealth training to quickly lead end users to resources needed - when they are needed – i.e., "just in time" access. Another idea is to make training materials shorter, more to the point, and more digestible for busy health centers as compared to the more traditional 50-page toolkit.

- Similarly, implementing chat bots and/or establishing help desks to provide real-time assistance could be far more effective than posting materials to websites.

- Finally, widespread distribution of regularly updated TTA provider contact information would create more clarity about who to contact for what services. This would create more ease when health centers are seeking assistance.

Work smarter not harder: Offer a variety of TTA formats to address varying needs

- In some cases, working smarter may mean transitioning from generalized technical assistance or one-to-many training to problem-specific, individual support for health centers. In contrast, large scale outreach instead of one-to-one may be a better way to support many people quickly depending upon the circumstances.

- TTA providers noted that there is often a lengthy conversation that must happen with an assistance seeker to understand the root of their question, and that even the definition of "telehealth" can vary in conversation depending on the context, so finding innovative ways to meet service requests more efficiently is required.

Reimagining TTA

o   Aligning modality with need should increase efficiency. For example, some training can simply be content and information delivery, while self-paced and group learning formats may work better in other instances by requiring the learner to apply what they are learning in their real-time work setting. Finding and deploying peer-to-peer subject matter experts to assist with adoption can also save time in the long run and can be very effective. TTA providers could also work together to create standardized training materials and templates to avoid "recreating the wheel" whenever possible.

Other important considerations for TTA providers seeking to improve their offerings include:

o   Seeking more funding flexibility to allow one-to-one technical assistance provision

o   Approaching TTA with sensitivity to capacity and resources of the CHC

o   Embracing a diversity of views and experiences from TTA partners

o   Knowing when to refer or triage to another partner, and particularly the "right partner"

o   Including on-going support for workforce, including hiring/retention and training needs

o   Using a positive narrative by framing telehealth as an opportunity rather than a requirement

o   Developing change management skills for TA providers to address resistance and transformation hesitancy at CHCs

As noted earlier in this report, eight priority areas were identified and discussed over the course of the Roundtable project. Visit Appendix B of this report to view detailed responses gathered from participants during Roundtable events related to each of those eight priority topics in answer to the following questions:

• What TTA efforts "moved the needle" and progressed telehealth?

• What are existing TTA needs?

• How might "next generation" telehealth TTA be reimagined?

• What can we (TTA providers, CHCs, funders and others) do to make the future possible?

During Roundtable Three, participants were asked to answer the following two questions about telehealth. The bullets below each question on this page and the next are a summation of their collective answers regarding TTA action items and TTA collaborations.

1) What can TTA providers do to support the shift to sustainable telehealth?

- **Gather to share and identify best practices in all aspects of telehealth**
  - Seek ways to reduce duplication and have a centralized location for resources

- **Continue to provide updates and guidance on policy and billable services.** Offer a wide variety of TTA (including to providers and patients). Facilitate the dissemination of that information.

  - Engage in innovative design thinking
  - Address the what, why and how of telehealth in messages to health centers as well as to patients
  - Access expertise to solve specific problems
  - Create workflow guidelines and create a repository of best working technologies (such as Electronic Medical Records (EMR) products/features). The repository may be most effective if it is regionally based.
  - Provide reimbursement support and understand ROI

- **Anticipate the "next step" in telehealth implementation and utilization**
  - Leverage data analytics to understand trends and issues and support operations

- **Focus on policymakers**
  - Provide educational materials to advocates to advance telehealth policy (e.g., talking points) to ensure a consistent message among various speakers
  - Identify champions from each group and create a speaker bureau to help educate policymakers. This will ensure information accuracy and consistent messages.

2) Where could TTA providers working together make a bigger difference?

- Collaborate to provide resources

  - Keep meeting regularly to share and collaborate with stakeholders, and include broader groups to have diverse conversations (e.g., American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Telemedicine Association (ATA), universities, hospitals, etc.)
  - Create sustainable partnerships across different sectors (e.g., schools, Community Based Organizations (CBOs), libraries, tech companies
  - Create an Innovation Center that can receive and organize feedback on what is and is not working
  - Develop a data/information warehouse to provide data analytics to identify unmet need, utilization, efficacy, and outcomes
  - Identify new mechanisms for creation, innovation, idea-sharing, and outreach
  - Identify best practices on all aspects of telehealth. Create models and templates to share these best practices.
  - Create a sustainability plan/guide
  - Have a national directory of resources and a clearinghouse to organize available resources & contact information
  - Work together to have more consistent messaging and language
  - Provide a centralized location to submit success stories from CHCs
  - Build the case for telehealth. This will include…
  - Discover creative ways for more individuals to access tele-capable devices and broadband

- Collaborate on funding and policy

  - Create a unified vision across all levels of the system , including the Bureau of Primary Health Care (BPHC), NTTAPS, PCA/HCCN, and Health Centers
  - Focus on educating payers/funders
  - Provide communication and guidance on grant/funding opportunities
  - Connect policy with actions, actions with performance, and performance to outcomes
  - Foster a unified motivation among all disciplines: behavioral health, primary care, dentistry, pharmacy
  - Continue to push for federal broadband benefit

Based on the input from the more than 200 PCA, HCCN, TRC and NTTAP participants at our three Roundtable events, the following five recommendations emerged:

Recommendation #1 - Vision

Create a unified and long-term vision for telehealth across all levels (BPHC, NACHC, PCA/HCCN, Health Centers). The vision should be clearly articulated and supported by policies and funding that support growth and sustainability. We aspire to a national telehealth plan (including infrastructure and processes) to help address state-level differences (i.e., patients/communities migrating state-to-state). To begin, we must acknowledge that significant differences in policies and telehealth offerings currently exist across states, payers, and health centers.

Recommendation #2 - Curation and Coordination

With so much information and so many resources, more curation of educational materials and organizational priorities is needed. Especially during critical emergency situations (such as the COVID-19 Public Health Emergency) and when rolling out and managing large, complex programs, it is necessary to assign appropriate organizations to take the lead in accumulating, validating, and reporting information to avoid duplication. For instance, the following organizations are responsible for the following items:

- **PCAs** – state level policy, advocacy, reimbursement issues
- **HCCNs** – Federal Communications Commission (FCC) grants, EMR changes , including coding updates, documentation, and scheduling
- **NTTAPs** – TTA and communications organized around federal or national level telehealth content and issues
- **TRCs** – provides TTA to PCAs, HCCNs, CHCs on regional and/or national level telehealth content and issues

Additionally, there is an opportunity for publishing a comprehensive list of TTA providers and their corresponding contact information. This kind of directory would be useful for health centers as well as TTA providers by assisting them in knowing who and how to contact each other for support and information sharing.

Furthermore, TTA providers could benefit from a centralized collaboration platform where they could interact with one-another in real time. Funding for this kind of effort would improve TTA provider effectiveness, resulting in better, more streamlined support for health centers.

Recommendation #3 - Education and Outreach

There is a great need for policy change at the federal and state level including regulatory boards and insurers. Many limitations on what health centers can implement regarding telehealth will exist until external barriers are addressed.

Due to such external limitations, even excellent TTA cannot provide a magic bullet. Often, the TTA provider is simply delivering the news that there is no answer to a question. For example, in many states, until things change, reimbursement needs may not be met. A TTA provider can share that information, but that does not help the health centers address that need.

For health centers policy needs to be heard and considered, it is critical to better educate state government and regulators regarding the needs, strengths, and value of health centers and their telehealth efforts. It appears that commercial competitors get more and better press regarding their telehealth offerings than safety net centers do. Additionally, educating payers on telehealth and getting health plans to have the same, or similar, policies on telehealth would greatly reduce complexity and promote ease of sustainability.

Recommendation #4 -Deliverables and Funding Flexibility

HRSA TTA providers may find themselves resource constrained when new and challenging problems arise (like the pandemic) during an already budgeted funding cycle. When new and important opportunities and emergencies arise, continuing to make supplemental awards available is critical to assure that response outside traditional work capacity is possible. At the same time, relaxing guidance on some deliverables (e.g., quality awards) can also be helpful to TTA providers who can otherwise become resource deficient, burned out, and overwhelmed.

Recommendation #5 - Fund Process to Support Outcomes

To maximize efficiency, consideration must be given as to how to bring resources and resource providers together to synchronize efforts and reduce duplication. One strategy is to invest in human resources and technology for the organizations that support health centers as a means to more effectively support direct service outcomes such as chronic disease reduction. We believe there would be a significant return on investment with such an approach resulting from the savings and progress that could be made on initiatives.

Impact, Amplified

For example, if funding for the development and staffing of a curated telehealth library and a collaboration platform were made available, more progress could be made more quickly on many fronts, with less confusion, delay and frustration.

To further develop the notion of time saving, consider the growing need to rapidly build telehealth expertise. Note that the expansion of telehealth moved it from niche to mainstream. With that growth, the need to quickly expand the number of TTA providers who can access encyclopedic knowledge regarding telehealth implementation is needed to match current service demand from health centers. Rather than investing time to create new experts, it is far more efficient to build on the existing networked infrastructure by giving TTA providers real-time access to one another and their resources as a means to help meet the overwhelming demand for information.
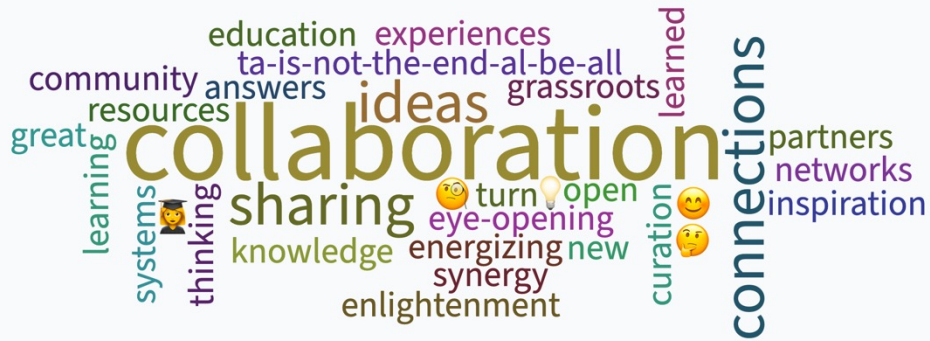
Finally, regarding the possibility of future funding initiatives, TTA stakeholders could be valuable collaboration partners in the creation of how these efforts might be structured. Getting input from TTA providers helps to build programs that are more practical, effective, and reflective of the needs of those who are dedicated to their success.

At our final Steering Committee meeting, attendees were asked to share what they were taking away from their participation in the Roundtable experience. The word cloud pictured below is what resulted.

What words capture what you are taking away from this experience?

education experiences learned
ta-is-not-the-end-al-be-all
community answers grassroots connections
resources ideas
great partners
learning collaboration networks
systems sharing turn open inspiration
thinking eye-opening curation
knowledge energizing new
synergy
enlightenment

NATIONAL ASSOCIATION OF
Community Health Centers®

NATIONAL CONSORTIUM OF
TRC
TELEHEALTH
RESOURCE CENTERS

APPENDIX A

Asset Inventory by Topic Area*

* Please note that this Asset Inventory includes asset gathering that SC members were able to do in the context of their many conversations. We acknowledge that Appendix A is not an exhaustive asset list, and that the SC discussions and explorations in compiling this inventory were foundational to the curation recommendation in the final report.

Asset Inventory By Topic Area

All Topic Areas	Curated	Primary	Both
HITEQ			x
All TRC sites :			x
Utah Telehealth Network (UTN)			x
Telehealth Courses- CALTRAC		x	
Mid Atlantic Telehealth Resource Center			x
CALTRC COVID-19 & Telehealth Resources			x
Telehealth Resource Library - NETRC	x		
Arizona Telemedicine Program (webinar events)		x	
Caravan Health		x	
USAC Rural Health Care		x	

Asset Inventory By Topic Area

Implementation and Operations	Curated	Primary	Both
HITEQ: Telephone & virtual visits & FQHC Program Models Post-COVID		x	
UTN Telehealth Visit Etiquette		x	
Telehealth Implementation Guide –School Based		x	
CAHC Telehealth Resources –School Based		x	
Job descriptions "Telehealth Coordinator" CCI, via HITEQ		x	
Tele-SUD Toolkit – specific to Maine		x	
Office Hours launched by big town hall - billing/coding expert "in the room"; peer exchange, topic varied by day		x	
Telehealth Orientation for a virtual site visit to an experienced center. (Finger Lakes)*		x	
Other live : Consulting, email, phone, peer learning		x	
SCTRC Etiquette Video Series		x	
American Board of TH Telehealth Certificate Program		x	

Asset Inventory By Topic Area

Data and Reporting	Curated	Primary	Both
EHR Implementation Resources (Would like vendors to help support these)		x	
Capital Link CL: Value/impact statement re TH		x	
Quality Assurance			
Migrant Clinicians Network - Lots of documents available in other languages; "usable" resources		x	
Policy, Financial Reimbursement and Legal			
Billing for TH in 2020 & Beyond - AZ Telemedicine & Telehealth Essentials for FQHCs and RHCs (Webinars)		x	
CCHP: 50 State Report		x	
Policy docs used by other policy shops	x		
BKD tools – reimbursement, revenue projections		x	
SHLB Broadband Coalition		x	

Asset Inventory By Topic Area

Patient Engagement	Curated	Primary	Both
UTN Human Factors for Clinicians		X	
CALTRC Patient Education Resources		X	
HITEQ – Rural & Limited English		X	
Clinical Delivery			
CAHC Telehealth Resources			X
Financial Models for Success			
Capital Link – Finance Consulting		X	
TH Service Implementation Model via HITEQ		X	

APPENDIX B

TTA Today and In the Future

Detailed Roundtable Participant Responses by Topic Area

The following pages are pulled directly from attendee notes created during Roundtable convenings

Digital Divide TTA: Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **DIGITAL DIVIDE** arena:

- Emergency Broadband Benefit Program (EBB) – Facilitating applications
- Paid cellular plans and satellite connections for Remote Patient Monitoring (RPM) devices
- Digital literacy efforts like telehealthforseniors.org/vpqhc.org
- RPM funding, use of community health workers to facilitate use of devices and providing technical support
- Hearts for the Homeless – distributed phones/minutes (mixed results), recharging stations
- Applying creativity to address broadband gaps: Used WIFI in health center parking lots, gave iPads to patients there and made connection for them.

Needs

- Greater availability of bandwidth in rural areas and urban digital deserts
- Greater digital access for patients (affordable data minutes, service connection, technology, connectivity) as well as for CHCs
- Support for audio only interventions
- Tools to improve patient comfort with remote platforms and digital literacy
- CHC staff capacity to evaluate, implement and problem solve new technology

Next Generation

- Increased range of partners, such as local phone/internet companies, libraries, retailers, pharmacies, shelters, housing, and churches
- "Specialized" TTA providers who can negotiate on behalf of CHCs, gather bids, and act as "Geek Squad" interns)
- Standardized tech training to CHC so all staff can engage

How might we make the future possible?

- Help all stakeholders feel more comfortable with technology and innovation
- Engage local experts and connect them to CHCs
- Develop partnerships
- Provide more comprehensive support for CHCs to obtain and deploy technological solutions and workforce

Implementation, Operations, Data And Technology TTA: Today and in the Future

Successes (efforts that moved the needle on telehealth implementation when facing telehealth in the **IMPLEMENTATION, OPERATIONS DATA, AND TECHNOLOGY** arena:

- Creating best practice workflows and step-by-step diagrams
- Surveying and rating technologies being used (3rd party/existing EMR portal)
- Offering peer learning opportunities
- Vendor fairs for provider/clinic members
- Integrating conversations about telehealth into all discussions with health centers

Needs

- Technology training and competence for all staff (not just providers), so telehealth and live video can be integrated across the entire organization
- Identify and obtain fully integrated technology solutions that are affordable and practical
- More resources for smaller/medium size health centers to help transition to telehealth
- Models for operationalizing mixed telehealth/in-person visits

Next Generation

- Optimized workflows, vendor analysis, billing, compliance, and business models, along with tech support
- Help health centers think about the different ways in which telehealth can occur. The HRSA NOFO on Virtual Care promotes exploration and laying out innovation for health centers.
- Employ user-friendly EMRs and support users. Technical literacy is a social determinant of health (SDOH)!
- Docu-sign functionality and related items (i.e., registration forms) that can be electronically submitted and integrated in the records and platform

How might we make the future possible?

- Understand and address specific problems
- Better address the digital divide
- Collaborate across organizations
- Incorporate translation/interpreting services.
- Identify the SDOH factors that telehealth can help to address – identify what problem needs to be addressed
- Standardize billing and coding for telehealth services at the federal level
- Address reimbursement issues

Quality Assurance TTA: Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **QUALITY ASSURANCE** arena:

- Ensuring Health Center use of secure platforms (privacy compliance)
- Providing accurate information during consultation (i.e., waiver status)
- Peer learning facilitated between health centers
- Offering a number of trainings to quickly fill information gaps across many critical topic areas
- A live, self-paced training series covering the "nitty gritty" and the "how" followed by deep dive sessions
- Workflow Deep Dives – reengineering with full team participation (MAs, Health Educators)
- Telehealth Office Hours for the time period in which it was needed
- HCCN & TRC partnership

Needs

- Improved consistency or alignment across measures
- More collection and better data on patient satisfaction, and other factors that will help us assess our results

Next Generation

- A consistent national health center data set

How might we make the future possible?

- Report and then compare typical quality measures: RPM vs. telehealth vs. in-person results
- Increased best practice sharing across health centers
- Survey of providers to reveal "gold": barriers, best practices – and then share via webinars (PCA+TRC)
- Leverage payers and other funders to overcome barriers like broadband so that we can get to QA!
- Having a seat and representation at state-wide tables for studies

Policy, Reimbursement And Legal TTA:
Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **POLICY, REIMBURSEMENT, AND LEGAL** arena:

- Coalitions of health care communities, partnerships, and regional and national work (e.g.: Work with NACHC, local groups, and universities)
- Centralized, compiled and up to date information on multiple jurisdictions, e.g., Center of Connected Health Policy's (CCHP) 50 state report, now known as the Policy Finder
- Advocacy
- Medicaid/Government convening and our own policy efforts with stakeholder input
- Grassroots connections and relaying stories to policymakers

Needs

- Timely clarity about policy, reimbursement, and funding is always needed
- Focused effort on policy areas – information sharing.
- Advocacy for the following measures:
    o Permanent policy change for CHCs to fully utilize telehealth – e.g., distance sites
    o Payment parity

Allow homes to count as originating sites and assure practitioners that they have
    o Federal Tort Claims Act (FTCA)coverage for distance or originating site
    o Improved cross-state licensure policies, allow for greater ease to operate across state lines

- Other Initiatives
    o Tying telehealth into Value-Based Care transition and implementation, reducing total cost of care, conveying impact.
    o Getting dentistry on the telehealth table. State health plans do not include "dental payers", which requires separate law. Fraud and abuse laws are not inclusive of tele-dentistry.
    o Alignment of programming across grant programs, payers, leadership, etc. It is difficult to track it all and respond in a meaningful way.

Policy, Reimbursement And Legal TTA:
Today and in the Future

Next Generation

- Timely clarity about policy, reimbursement, and funding is always needed
- Clarity on policies from regulatory/leadership administrating agencies (e.g., telehealth consent)

How might we make the future possible?

- Collect and evaluate existing information to inform future strategy, and stay ahead of the curve
- Having clear, consistent policies across states or CHCs
- Enacting policies that reimburse for all services, including tele-dentistry

Patient Engagement TTA: Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **PATIENT ENGAGMENT** arena:

- Finding patient/visit flow models to support telehealth
- Two types of live TTA for patients – direct-to-patient and town halls
- Leveraging a consultant to assist with Telehealth Optimization using a Needs Assessment to address "pain points"
- Reviewing websites to assist health centers in promoting telehealth
- Educating staff about processes so they can share with patients
- Using text messaging to engage, remind, and educate patients about telehealth
- Partnering with telehealth vendors to learn "how tos" for health centers and patients

Needs

- Overcome obstacles to obtaining patient consent: how, when, and what to document?
- Workflows to guide conversations between patient and health center staff to determine in advance if a patient can have a telehealth visit with the provider
- Determine the best approach(es) to educating patients
- Increased TTA on improving digital health literacy to help promote the use of telehealth services among our population as well as screening for broadband access.
- Interpreter/translator integration into telehealth platforms
- More resources to provide patient outreach and education, including translation services/materials and materials for people with disabilities and/or vulnerabilities (e.g., homeless population)

Next Generation

- Coming together to share what's working
- Meeting workforce needs to support telehealth
- Providing resources to help staff build skills to meet to needs

How might we make the future possible?

- National groups to share expertise
- Resources of information for integrations
- Making resources (telehealth, portals) easier for patients to access and navigate
- Integrating overall patient & provider services
- Language and translation services

Clinical Delivery TTA: Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **CLINICAL DELIVERY** arena:

- Universal education on domestic violence and human trafficking: Pathway/workflow for visits and how to connect with patients. Developing a toolkit offered to health centers universally for integration into telehealth visits.
- Learning collaboratives and all-staff meetings to share information and best practices among teams
- Advancing models of team-based care and approaches to advance health professions training
- Connecting providers with other providers within specialties to collaborate on translating visit tasks into the virtual format
- Curriculum from training institutions on "webside manner" from medical schools such as Cornell
- Preparing and supporting patient facing tools such as…
- Telehealth.gov best practice guides
- Workshops and other strategies to focus

https://files.asprtracie.hhs.gov/documents/tm-hack-top-hacks-handbook.pdf

Needs

- Closing the gap of available resources in this area
- Studies/evaluations to understand what clinical strategies are most effective and how appropriate care can be provided through telehealth
- Identify clinical standards/frameworks for how care is delivered through telehealth
- Education of providers regarding different options available, existing policies, technology, etc.
- Support for clinicians and their patients in the virtual context, including technical challenges
- Radically scale up dental/oral health tele services, especially for prevention and chronic disease management

Clinical Delivery TTA: Today and in the Future

Next Generation

- Mechanism for TTA to come through a virtual visit
- Funding for a clinician peer-to-peer TA program
- [HACK series, Project Echo](#) approach
- Close the training gap for established clinicians/clinical teams who were trained before current technologies became mainstream
- Explore patient engagement/patient self-management skills and how to deliver them virtually
- Train providers in trauma-informed care

How might we make the future possible?

- Recognizing and supporting health center staff by recognizing where they are in terms of training, competency, and comfort with telehealth
- Investing in virtual care content training in all disciplines
- Gathering more patient feedback
- Reimbursing for the time to train the clinical team
- Creating a way to connect patients to adjunctive support services
- Delivering more/better trauma-informed care
- Addressing the inequitable distribution of broadband access

Financial Models For Success TTA: Today and in the Future

TTA Successes (efforts that moved the needle on telehealth implementation) when facing the **FINANCIAL MODELS** arena:

- Focused conversations within existing organizations/relationships (state Roundtables, collaboratives, etc.). These conversations created early successes in implementation, improved no-show rates, and improved patient screening.
- Identifying and sharing resources and lessons learned regarding cost, defining services, and reimbursement considerations
- General understanding and acceptance that telehealth is about access and outcomes not necessarily just cost reduction

Needs

- Financial sustainability models
- Strong partnership with health plans, starting with those that are more advanced

Next Generation

- Defining services, calculating costs and comparing them to traditional visits/services
- Understanding costs for start-up/ongoing staff, training, and return on investment
- Determine eligible costs/reimbursement within overall program (many existing encounter aspects can be billed for)

How might we make the future possible?

- Identifying specific issues to address to narrow attention/scope
- Identifying patient expectations and soliciting feedback
- Working sessions (such as the Roundtable) embedded into a variety of trainings
- Setting aside specific resources and capacity in order to focus on telehealth
- Documenting successes, cost efficiency, outcomes, etc. for educational/outreach/planning efforts