

INDUSTRY INSIGHTS

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The Rise of Telehealth

Insider's Insight

from TribalHub's Executive Officer, Mike Day



Any crisis can bring about rapid change, the COVID pandemic of 2020 is certainly a great example of this. Necessity is not only the mother of invention, it is also the catalyst to rapid changes, bulldozing down hurdles and eliminating procrastination.

In just the past six months alone, I would venture to guess that telehealth has advanced in use and has gained acceptance, by what would have taken many years in a world not dealing with a global pandemic. The consensus also seems to be that we have no plans to

go back, but rather to continue to press the gas pedal down on expanding telehealth, even in a post pandemic world. Telehealth can eliminate physical contact that can be problematic or dangerous, minimize travel and potentially reach far more people. It's more cost effective and can also be more timely and effective for the delivery of a great number of health services, social services and counseling.

The quick shift to telehealth has not been without challenges. First, the lack of a consistent standard for a telehealth system or platform has made this a bit of a "wild west" show of products used to deliver telehealth from a provider to a remote patient. Telehealth connections via Zoom, Facebook Live, WebEx, Microsoft Teams, and a laundry list of other products are now the norm. This has made it difficult to establish a common set of standard best practices for both providers and their patients/clients while establishing an online telehealth session. Suddenly, providers and their staff have become front-line tech support for their clients/patients as a result of needing to connect with them via a telehealth session.

Our research and communications within the tribal health community all point towards the continued expansion of telehealth services to their communities. I would expect to see the health services industry provide guidance and standards on "how to" deliver and secure telehealth following the necessitated rush to launch and expand telehealth created by the 2020 COVID pandemic.

If you have not been a part of a telehealth service yet yourself, you should be ready to join the growing list of first time clients in the coming year. I myself have used telehealth several times already, and the experience for me was great. Perhaps the rise of telehealth is one positive change we can take from all of the negatives caused by a pandemic.



Resources to assist you in the process of setting up your telehealth systems:

1. Federally Funded Telehealth Assistance

<https://www.telehealthresourcecenter.org/>

2. Sustainability Strategies for Rural Telehealth Programs

<https://www.ruralhealthinfo.org/toolkits/telehealth/6/sustainability-strategies>

3. Strategies to Increase Telehealth Uptake, Telehealth Reimbursement & Safeguards

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>

4. Alaska Native Tribal Health Consortium has a Guide to Assist in Pre-Screening Patients for Telehealth Appointment Accessibility

<https://antrc.org/wp-content/uploads/2020/03/Suggested-Technical-Checks-for-Direct-to-Home-VTCs.pdf>

5. Telehealth Policy Changes During COVID-19

<https://www.telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/>

6. Help Getting Started with Telehealth

<https://www.healthit.gov/faq/who-can-help-my-practicehospital-health-clinic-use-telehealth>

7. American Medical Association Telehealth Quick Guide

<https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>



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The Rise of Telehealth

Insight from Industry Peers

Adaptability- Interview with

Dan Meyer, CIO & Tribal Council Member,
Cowlitz Indian Tribe



TribalHub recently reached out to Dan Meyer, CIO (and tribal council member) of the Cowlitz Indian Tribe to discuss telehealth, and how the COVID pandemic has spurred the rapid growth of telehealth services at their health facilities. This is a change that is proving effective and may permanently change the way they provide health services to better serve the needs of their tribal members and communities.

The Cowlitz Indian Tribe is located in the Southwest region of Washington State. With reservation trust land consisting of 160 acres located near the Columbia River, their approximately 4,000 enrolled tribal members are dispersed across many Washington State communities. They oversee their own public safety department, operate 3 health clinics (Longview, Vancouver, and Tukwila), some retail enterprises and a tribal gaming facility.

Like so many other tribes and both government and commercial health programs and facilities, the 2020 COVID pandemic created the need to quickly change to meet the health and safety needs of the population. Not only does the Cowlitz Tribe provide services to their tribal members they also offer services to all Native Americans in their service areas. Almost overnight, telehealth services went from being a test program or simply a potential healthcare option, to an absolute requirement. With no single well defined standard of how to properly and effectively implement, secure and deliver successful telehealth, the change has been a learning experience for most every organization.

When COVID was declared a pandemic, Mr. Meyer, the technology team and all of the Cowlitz Tribe health staff were tasked with moving as many health services as possible from in-person to telehealth. Fortunately for Dan and the Cowlitz team, they had already been building infrastructure in telehealth to serve their population, especially in delivering social and mental health services. Pre-COVID, approximately 30% of the Cowlitz healthcare workforce was already mobile and experienced at some level with working remotely. The biggest challenge was being able to quickly shift to telehealth services at their three existing health clinics where most visits were traditionally provided in-person or on-site.

Finding and choosing a standard technology platform to deliver telehealth was an immediate priority. Training staff and patients on multiple telehealth platforms was not going to be practical or effective. The team reviewed and tested several platforms for telehealth services including Skype for Business, Doxy.Me and Microsoft Teams, finally deciding Microsoft Teams was the best fit and primary method of service delivery. Dan offered some advice when selecting a system such as; first understanding if the solution will be hosted

on-site or in the cloud, if it can meet patient security requirements, if it includes encryption and access requirements, and ensuring full HIPPA compliance and capability. For Microsoft Teams that means purchasing the product licenses and implementing with the proper telehealth security and compliance settings selected and in place.

For Cowlitz, their telehealth testing and technology investments prior to COVID put them in a position where they didn't have to spend a huge amount of money or time to transition to telehealth. It allowed them to adapt to the situation and they were ahead of most health organizations by delivering an increasing percentage of their telehealth services by the end of March, 2020. The Cowlitz health clinics did not close as they were able to quickly reduce in-person visits while sending some healthcare providers home to work with patients remotely. Currently, their telehealth services are used to conduct doctor visits, social services visits/substance abuse appointments, mental health appointments and group therapy. They have reduced in-person visits to 20% while the remaining 80% are conducted using some form of remote telehealth services. All visits requiring lab work and physical testing are still done in-person.

Of course, the transition to telehealth comes with challenges. Some of these challenges are similar to most organizations that are currently implementing similar changes, and some are unique to the Cowlitz organization and experience. The lack of dependable internet access from patient homes is a real issue for Cowlitz as it is for so many tribes across the country where tribal members often live in rural areas or have limited poor internet connectivity options.

Another challenge was testing the Microsoft Teams' platform on various brands of mobile phones, tablet devices, computers and the laundry list of operating systems and versions those devices can use to ensure compatibility to the devices used by both healthcare providers and patients. Next, all of the new telehealth policies and procedures for establishing a telehealth session, communicating with patients remotely, performing the telehealth services and properly documenting the session and patient medical record had to be written. Once the new procedures were created, all of the healthcare providers had to be trained so they were capable of providing basic technical support to their patients in how to connect and interact. Telehealth has added the burden of front-line technical support to many healthcare providers as they deal with patients who are often first time telehealth patients, elderly or simply unfamiliar with the technology or devices they are using in the telehealth session. In order to help "bridge the gap" for healthcare workers and patients who were not familiar or savvy with software, mobile devices, computers or telehealth, the Cowlitz Indian Tribe did something unique. They formed a support committee made up of delegates from their IT department, Clinicians from the health facilities and a group of patient contact representatives. This committee came together to create a written list of simplified telehealth instructions. This included a way to

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The Rise of Telehealth

Insight from Industry Peers:

Adaptability- Interview with Dan Meyer, CIO, Cowlitz Indian Tribe (cont)

accommodate patients without adequate internet access or lacking a compatible mobile device or computer to obtain service via an audio-only style visit.

Another challenge was that the Cowlitz electronic health record (EHR) system didn't lend itself to remote access or telehealth service, causing frustration due to frequent session disconnects. Mr. Meyer's team resolved that issue by using a VPN product called NetMobility by NetMotion to allow for them to make the remote network connection dependable and stable.

Additionally, the global pandemic created a supply shortage for items such as webcams, laptops and headsets that are necessary for telehealth. The global move to remote and at-home work caused by the COVID pandemic quickly depleted the available supply of those common remote work and support items.

As they continue to expand telehealth, they have found a percentage of their clients have outdated phones or no phone at all, preventing them from accessing and using the telehealth platform. The tribe was fortunate to receive a donation of 100 Verizon cell phones preloaded with 200 minutes that has helped them resolve that problem. Phones are made available to clients in order for them to utilize the telehealth services. A similar strategy was used for social workers providing group therapy. In order to decrease the number of clients meeting in-person during a pandemic for their group therapy sessions, they enabled many of the clients to join remotely. In order to do that, they provide cellular enabled tablets with Microsoft Team preloaded to the clients on a loan basis.

Initially, the tribe was self-funding their telehealth initiatives. Since the pandemic, they have been able to move more quickly with funding made available for telehealth from IHS and the CARES Act. Their main focus is to invest money into telehealth services and infrastructure that will allow them to keep in contact with their clients and to deliver proper and necessary health services and treatments.

The impact of the COVID pandemic has created a shift in the way the Cowlitz Indian Tribe will continue to provide health care in the future. Mr. Meyer believes that telehealth is here to stay. He doesn't see his organization going back to delivering health services the way things were prior to this pandemic. He foresees mobile clinicians will rise in numbers and his organization is looking into how they can utilize office space to make more room for telehealth equipped offices.

End

Making Telehealth the First Choice at Cherokee Nation *Podcast Discussion with*

DR. JAMES STALLCUP, *Chief Medical Informatics Officer, Cherokee Nation Health*

TONI POTTS, *Director of Health Applications, Cherokee Nation Health*

MIKE DAY, *Founder & Executive Officer, TribalHub*

MICHELLE BOUCHSOR, *Connection & Resource Specialist, TribalHub*

There is an emerging growth of telehealth services within tribal nations right now that has been spurred by the COVID-19 pandemic. It is changing the way patients look at healthcare. And it is changing the way providers give that care. In this episode, we talk with Dr. James Stallcup, Chief Medical Informatics Officer, and Toni Potts, Director Health Applications, both with Cherokee Nation Health about their success in making telehealth a priority. From putting technology first and using workflows to manage change to encouraging video visits by engaging with mobile apps and changing chat platforms with healthcare workers, this is a discussion you do not want to miss.

Visit the Cherokee Nation Health website at health.cherokee.org to learn more! If you have a story to share, reach out to Michelle at Michelled@tribalhub.com. Connect with us by searching "TribalHub" on Facebook, LinkedIn, or Twitter and subscribe to this podcast wherever you listen to never miss an episode.



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Keeping Your Tribe Safe: Nextgen Healthcare

Even prior to the COVID-19 pandemic, patient engagement had become a central theme in the U.S. healthcare conversation. This was no coincidence as several forces had all impacted this trend.

Over the last five months, the COVID-19 pandemic has spread across the world, changing the way "patient care" is delivered. Telehealth not only connects providers and patients where they are, but addresses a shortage of qualified mental health professionals. Virtual visits also make services more accessible to a wider group of consumers. The pandemic prompted an increase in practices shifting to telehealth to sustain patient volume and maintain patient loyalty and trust under the new realities of very different in-person care.



Health Information Technology (HIT) plays a major role supporting and fostering multiple facets of patient engagement. Patient access and satisfaction are enhanced by providing contemporary full feature, integrated, patient engagement platforms (a long cry from early patient portals), which facilitate patient access and engagement by creating an enhanced, seamless, experience with all aspects of a patient's interactions with the practice. Self-scheduling tools, document and form handling, payment, messaging and multi-modal communication are just a few examples of such supported interactions.

When it comes to supporting the clinical aspects of patient engagement, HIT is playing an increasingly central role by supporting the activities of care management and chronic disease management. At its core, care management has a care model that espouses patient engagement and activation. For example, the ability to determine a patient's level of health literacy is a crucial capability of contemporary care management tools. **Health literacy** impacts patient's ability to seek, understand, and utilize health information and to participate in decisions about their health. In spite of the central role that patient health literacy plays in patient engagement, all too often care teams proceed with providing patients complex care instructions without an assessment of their ability to engage with this information.

Given the complexity of information and the safety concerns during COVID-19, there has never been a greater need for tribal health centers to connect with patients through integrated patient engagement solutions.