University of Washington - Nursing | YOTNAM Webinar 8/25/2020

Welcome everyone to the sixth presentation of our Nightingale Leadership Series. And before we begin, I would like to thank coordinated care of Washington for their sponsorship which has allowed us to provide today's presentation.

Coordinated care states that they are honored to support the universal Washington School of Nursing, nurses, and midwives who work tirelessly to serve and support the health care of our families and neighbors.

As they work to achieve their vision of transforming the health of the community one person at a time, they now nurses and midwives are critical to that transformation. Coordinated care proudly partners with the University of Washington School of Nursing on the Nightingale challenge webinar series.

And they really value and empower these essential workers, nurses and midwives now and always. And for that we would like to thank them. We would like to take coordinated care of Washington for valuing today's webinar which demonstrate how nurses are by the nature and education true innovators.

Nurses face clinical situations and that are constantly presenting us with new challenges and new circumstances. The ability to adopt and innovate is an important part of being a nurse. Innovation takes place as at many levels as we know it.

Sometimes, it's looking around and finding a way to use what you have in order to make a patient more comfortable. Other times, it's identifying a recurrent problem that needs a new approach or new tool in order to achieve a better outcome or work more efficiently. And sometimes it's realizing that nursing education needs to be reviewed, revised, and reconstructed from the ground up in response to evolving health care technologies.

Today's speaker is Kristi Henderson and she will be discussing innovation in the context of telehealth. Telehealth has been around in one form or another for decades, though telehealth use grew as technology and communication capabilities advanced, it remained a niche modality until the coronavirus outbreak.

With in-person medical visits representing a significant hazard, nurse primary care providers suddenly discovered the utility and feasibility of an innovation that has been around for a long time

and may finally have reached the critical Mass.

We are fortunate to have with us today someone with a comprehensive interest in and knowledge about telehealth. Kristi Henderson is senior vice president of innovation and telehealth of OptumHealth. She has a DNP from Alabama university of Birmingham and maintains national certification as a family and acute care nurse practitioner.

Kristi was a pioneer in making the case for telehealth to both care providers and patients. Part of his sustained success as pioneering new models of care that's utilized technology and digital health tools. We are so happy that Kristi has now joined us, as has been a part of our state's health care providers and also a member of the universal Washington School of Nursing. So it's my real pleasure to welcome Kristi to be our speaker for this webinar. Please join me in welcoming her.

Thank you so much, I'm so glad to be here and be able to spend about 30 minutes there a little more just sharing a little bit about what I think telehealth means for nursing and the opportunity that it provides all of us. And of course, at the end I will have Q&A so that would be my favorite part of all of this. So I hope you will bring your questions because it's really an evolving process for us to really think about how to use technology throughout our profession to serve those that need us the most.

So I'm going to focus on the first part of this really on just kind of level setting and then I'll jump right in quickly behind there with some examples and just sharing my thoughts on where we're heading. Before we go to the next slide, I'll just kind of tell you a little bit about what I define as telehealth, because I think that's a challenge in itself.

What is telemedicine, telehealth, virtual care, digital health, all of that? And so, I look at technology as a modality or an enabling tool for all of us to do our profession. And so it means a lot of different things. Some people will consider an email telehealth or a phone call telehealth. For the purposes of this though, I'm really thinking about virtual care where we have an interaction with a patient remotely with a nurse from a distance using the technology to connect.

And that may be to connect for wellness. It may be around disease management. It may be around an acute issue. And as you see, we'll talk about it in a lot of different settings. But I'm looking at it very holistically. And so not just one piece of the puzzle. But how do we use technology across the entire continuum of care.

Because I think that actually from the moment somebody thinks they have a need, a health need, that's the moment we have the ability to use some form of technology to engage with them. So that's

a little level setting. I do think of it pretty broadly, but I'll dive in with some more details now.

So on the next slide, I wanted to kind of talk a little bit about the drivers of change. And I'm sorry, the words look like they came up white over there. I apologize for that. There is a whole list there. [LAUGHS] But they are really some ones that I think will ring true to many of you all.

The financial pressures that all of the health systems and organizations are having is one that we've been plagued with forever. COVID will have some sort of impact. We don't know really the long term impact on that. But there's really very tight constraints on health organizations trying to deliver preventive health care that has traditionally been underfunded or difficult to get reimbursement around so that we can prevent the high costs challenging complex care needs on the backend.

And so we have a decreased operating margin that everybody is operating under, which makes innovation and transition to telehealth difficult because there's an investment. But there is this need for us to also think about, OK, if we keep going on the same path that we're on right now, are we going to reach our goals? Are we going to have a financially sustainable model?

What we do know is if we don't do anything, we're going to continue to see skyrocketing prices and the outcomes that we don't want. So we've got to think about it differently. And I think that we have an incredible opportunity with telehealth.

The second item of that is a big driver of change is consumers. And so I would say that I've used this one for a while, and I've been waiting for this to really get to a tipping point where consumers really were going into their doctor saying, if you don't have telehealth, I'm going somewhere else.

And talking to their nurse to say, hey, if you can't engage with me through telehealth, then maybe I should go somewhere else. We're not quite there. [LAUGHS] And that's OK. But I do think that the expectations from all of us and from consumers of health care are that we would have services that were similar to what we experience in the rest of our lives.

And I think that, sadly, the bar is pretty low, because people just expect it to be complicated, it to be a hassle, no one wants to go get an appointment, take off from work, find a parking place, and now, go into a clinic with potential exposure to something else.

So I think that there is an expectation though and an opportunity even more so for us to delight people. We can do better, and technology can help us do that. We don't have to live in our old legacy ways of having everything on our terms.

So I think that that'll continue to drop more. And what we'll do then is there's new companies popping up everywhere, which I'll talk to you next, which is the new entrants into the health care system which are forcing that. So as you see, Amazon, Walmart, CBS, even new little niece companies like Hims and Hers and Romans, these are all telehealth companies that are really putting the experience first and then figuring out the rest of it.

So they're building subscription models or they're making the payment side of it very transparent. And that's going to push other pressures to the rest of the health system that says, oh, wait a minute, is this cannibalizing the patient population?

And I don't want to make it all about finances here. There's a real opportunity for us to use technology to really differentiate our service, give great quality, and lower the cost. And that's what I think telehealth offers. But these new entrants are interesting. And I know you all are watching and were seeing things about it.

For those that don't know, I was at Amazon before I joined Optum working in clinical operations for Amazon Care. So there's just one more example of how virtual primary care, not just urgent episodic care, but virtual primary care, is being pushed out by many different groups. Samuel and others are doing the same thing. So that's really important for us to think about as a pressure.

The other is around new technology and capabilities. And what I would say is that what before was not possible is now possible. And so we didn't have technology that allowed a secure connection that had the ability to have connected devices to get the assessment that you needed, or technology that allowed you to manage enormous amount of data and analyze that for you through AI and tell you where you needed to spend time for your day in managing patients like in any ICU.

So the capabilities are tremendously advanced from where they were. And they're going to continue to be the there, whether it's wearable devices or connected devices that allow us to listen to heart and lungs, look in the eyes, ears, and nose from a distance.

I mean, it was when before I was with Amazon was with ascension, and even before that, I was with the University of Mississippi Medical Center. And so in Mississippi, back in 1999 is when I started doing telehealth. And the reason I raised that is because, at that point, we were already disrupting the health system using technology, and we didn't have any of the sophistications that is here today. And we were able to make a difference then.

And so some of the barriers that I know you've heard of around connectivity, and health literacy, and

the digital divide, I would just say that I've done in the poorest state in the country where the worst health outcomes are using nurses and nurse practitioners across the state to create the network that was actually the original impetus of that program, which is now center of excellence.

And so there's a lot we can do there. The advances in technology are going to just make it even better. Policy and regulatory changes is the next one, and I think this is really important, because I've watched incremental changes happening year over year. And we couldn't unleash the full potential of a technology enabled system using telehealth, because either we couldn't get paid for it. Licensure wouldn't allow it.

There was all kinds of just legacy policies and regulations that needed to be updated and modernized. They weren't necessarily written to prohibit it, but they were written before telehealth existed. And so it's been a grassroots effort from leaders from across the country and policymakers to slowly advance those. When I started, there were no reimbursement codes for telehealth except for radiology, which has always been telehealth.

Looking at images and then diagnosing. So as things have evolved, we've now got codes. We've got abilities to have multiple different types of health care professionals delivering care through technology. But all of those have been piecemeals until COVID hit, which is when all of a sudden all these waivers came forward, and we could get reimbursed for phone calls.

We can get reimbursed for other health care professionals delivering care over telehealth. We could use pretty much any telehealth platform or audio visual platform. As we're on Zoom today, many places just deployed Zoom rapidly. And so a lot of that overhead, and cost, and friction just dropped. And now we have this huge surge in the utilization.

So the waivers have helped and really catapulted that. The reimbursement I mentioned is another key driver. As we look forward, and they're even looking past COVID, because I'm going to assume that's going to happen soon-- we're all going to be optimistic around that-- is that we'll have to really come back to our incentives aligned, and do we have a model that can sustain this so that we don't win swing the pendulum from our rapid deployment of telehealth and utilization and then swing all the way back because people don't know how to sustain it or financially get the revenue for it.

So that'll be important for us to continue to watch, and frankly, to advocate for, whether it's through your health system, or you as an individual through your nursing professional association, any of those different entities are a place for us to share our voice and the real stories about how telehealth is impacting the lives of those we serve.

The last one that I want to say is pretty big driver of change has been COVID. And so you'll hear people talk about what they've worked on for the last decade, in a week, they have made more progress. And I would say that's definitely true across the industry.

And even here at Optum, before COVID, we had less than a thousand providers using telehealth. Right now, we're just shy of 15,000. So and that was stood up in about four week time. And from March 13th until the end of July, we are at just under a million telehealth video visits. Doesn't count remote monitoring or our behavioral health program, just primary care providers delivering health care over media.

So we are just one of many that had that kind of rapid growth. I think Amwell is quoting somewhere around 800%. There's just these huge numbers of growth. And now it's up for us to really sustain that.

So on the next slide, I'll go into a little bit more. Now that we've talked about the drivers of change, we'll talk specifically about nurses and telehealth. And so I think that what I've found traditionally is that people think of this very narrowly. And so I'd like to challenge every single nurse or any health care professional that I'm talking about is to think about every component of your day.

And what if you had the technology and resources to do it differently, how would it look? And I don't know a single setting, a single population, specialty, anything, that can't be improved using technology and telehealth specifically.

And when I talk through these and even as we go into some examples a little bit later, everything I'm talking about, I'm going to talk around a continuum or a patient journey being very hyper focused on that entry into the health care system all the way until they leave the health care system, because there's not only by a vertical but by horizontal can we use technology and think about it very broadly.

And I would also say that the three big things I always talk about that telehealth enables is a different experience, and it allows us to have an intelligent workforce, and to have a smarter care team-- and I'll talk about that in a minute-- and to have a bigger and broader impact. Because again, if we back to my first statement around our health care crisis, it cost too much and we don't have the impact that we need and want for those that we serve.

So a little bit about this micro and macro level use. I would say there are health systems that are approaching this and saying, OK, now that telehealth is here, and it looks like it's not going away, how do I want to look at this holistically and create a digitally enabled health system?

So if you are University of Washington, or Providence, or one of those other ones, you're thinking about it very broadly. In the inpatient setting, transitions of care, outpatient, long term care facilities, ICU, and COVID put a whole another light on this, because now, that can allow us to actually have a safer method to deliver the care that we need to by not exposing people by using the technology and doing that remotely.

So at a macro level, people are looking at it like that. At a micro level, there are people that are going in and trying to solve very specific problems. If you're an insurance company, you're looking in and saying, OK, my top spend where I have the most noncompliance, and I say noncompliance but I mean that in the sense of we haven't built a solution that the patients are adopting and we're having outcomes that are not where we want them, and it's costing too much money.

And then of course in those complex care, women's health is another one big one. And then they're also trying to get ahead of what they're seeing as a rising need, which is behavioral health in our millennial population that's getting compounded by COVID as isolation is setting in. And people are really having a lot of trouble with that.

And so at a micro level, you're seeing these popup companies that are going in specifically around substance use disorders in a telehealth application for that, or one for some other niche women's health program. Quilted is another one that's a new startup in the Seattle area around really trying to address the needs of maternal health and reducing complications.

So these are all some very exciting things that are on the horizon at a micro level. But there is not a single area, whether that's case management, whether that is specialty care, primary care, preventive care, whatever it may be, there is a way for technology to be used and to improve the quality of the care that's delivered, increased touch points, but also, let's don't forget, bringing joy back into our profession.

It can get very exhausting and burdensome. With all the different applications that we're going in to, all the forms that have to be completed, the patient load, the complexity, the social challenges, with all the other things that are really at the core of why people can't get healthy, which are the social determinants of health.

And we don't have a system that really helps support that so that we can do the best job that we know our patients need. Telehealth isn't the magic wand, but it's built right. You can actually integrate all of that so that data is flowing in in a way that becomes actionable and it's usable when you need it. So we'll talk about that a little bit more a little bit later.

But on the next slide, you'll see that I'm highlighting a few specific cases that I think are interesting. And a lot of them are not new but a lot of them are advancing and maturing to levels where they're starting to show real impact. And so before I go into this list, one of them is around just virtual primary care.

And I mentioned in the context of Amazon Care as they're doing that for their employees without any bricks and mortar, but payers are looking for that as well. And so as you're doing your work on a day to day job, or if you're in an administrative role, or you're educating, or you're a policymaker, whatever your role may be in nursing, you have an ability to influence that.

And virtual primary care is a new way where people are actually leading with a virtual solution first and only pushing them into an in-person experience if it cannot be fulfilled safely through a remote virtual one. And so if you think about it that way, it makes you think a little differently to say what could I not do virtually.

And you'll quickly get into a list of things that you need that you don't have. It's not all about just an audio visual connection. You've got to have the capabilities to do assessments. You've got to have the capability to get lab and diagnostics. And we can't get all that stuff at home yet.

Self collection of lab is there where you can ship lab kits to someone's home. They can send it back. You can get the results. But there's still gaps in that. It only does certain tests. So as that advances, we'll have more capabilities.

But just know, as you're thinking about telehealth and looking at it for your profession, audio visual telehealth visits is one piece, but technology actually allows even more to occur so that you actually can't have a broader primary care offering in telehealth. Schools is another great one.

This and workplaces, as we look at return to work strategies, and many of you all, all of us, I guess, healthcare has become COVID. And so we've had to look at a lot of different components. So as you think about schools, and public health, and workplaces, technology actually is a necessity.

It was always helpful, but now it's a necessity. How do we assess symptoms in clear people to go to school, to work, or to go about their life, or to travel. And so a lot of really interesting work there around this not only temperature monitoring, but also, there's new wearable patches that are giving other vital signs as well, respiratory rate, of course, oxygen level, and movement, and activity, coughing, all of those things are now-- there are companies that are doing that.

And we've been testing some of those here. And it's really pretty fascinating to think about how to use that information so that all on an app, I can tell somebody, yep, cleared to go or not. So some fun things there. I would say too in the school component, I would think about it very broadly. And if you are a school nurse and you're on this call, then you know that the challenges with students today and the chronic disease prevalent that is present.

In my last job, I had a group of school nurses that reported to me, and we serve the public school system in our city. And so I think we had, oh, I don't know Hundred and some odd nurses that were staffing out there, but it was a combination of nurses and school nurse aide or support.

So they would support us, but we had a combination of that team. And so when we deployed telehealth into that, it allowed that nurse and their school health assistant to work together and collaborate together but not have to be physically present. Not to mention the obvious I could connect to a pediatrician if we needed to do a consult and get urgent care and could pull the parent into the video visit so that you could actually deliver care there and not have to have the parent take off from work, go to a clinic, all of that.

So a lot of really cool things around how to use new workforces, how to collaborate better, and then how to deliver care when and where somebody needs that. That may be in a nontraditional setting. EICU is one that's been around for a while, but one that really is as we get more complexity and as we now even more so when we are trying to limit the time in and out of rooms, managing data, and looking for early subtle signs of changes.

It's really important for us to help intervene sooner and get people out of the ICU. And so that's another great example of telehealth. Case management, disease management, remote monitoring is a piece of that. How can I monitor someone more than just the three to four times a year they come in for their chronic disease checkup?

But if I can intervene, monitor them, and then coach them through, hey, look, your blood pressure is going up, your weight's going up, let's talk about your diet. Let's go look in your pantry. And I don't even have to be there. But they can walk through in with their tablet. We can do this home assessment. And then I can coach them and really become an extension of their family as their health coach.

Specialty care, every profession, whether it's acute, chronic, preventive, all of them can use telehealth. Group health education is really an interesting to get social support, but also have almost

like we're doing here. We're all interacting as a professional nurses. That can be a group of whatever, people with similar needs, issues, wants, whatever it is, to support each other and coach each other along.

So a lot of work there that I think will be promising. Mentorship and preceptorship is interesting too. We have a lot of high risk, low frequency procedures that nurses do. And traditionally, you would have an orientation period for with someone helping you in supervising and kind of checking you off.

But now you have the ability to not have to limit it to a certain time period when you get trained, or orient into a new profession, or a new area in nursing. Now you could have this group of experts that when you go in to do certain procedures that are high risk, low frequency, maybe you haven't done one in a period of time, you could have somebody there with you coaching you and present with you.

And if you think about rural areas, or community hospitals, or even clinics when there's very few people there. This really allows you to stabilize that and have resources at your fingertips. Two interesting recent telehealth programs that I saw.

One was around sexual assault nurse experts as well as human trafficking victims where there's been a clinic set up to support those that were coming out of a human trafficking event. And the support that they could give them, behavioral health, medical, all of that, using telehealth, has been really interesting.

Both of those programs were ones that I saw actually at the University of Alabama, which were pretty fascinating. There's other ones across the country. And in nursing homes is another exciting area where we think about the isolation that people are having right now with COVID. But the ability to have more frequent provider touch points or even nursing monitoring in the nursing homes and assisted living facilities.

So again you'll see a whole host of things that nurses can do and how they can use telehealth. And so I wanted you to have that glimpse of the possibilities. And that's just the tip of the iceberg. You all can tell stories yourselves of how you've seen it used in your practice or even how you're using it yourself.

And so this is a high level lab to even get deeper on any of these that you're interested in in sharing more. On the next slide, though, you'll see some of the pieces around technology advances that I think are incredibly important for you to be familiar with.

And so what I think of the technology the possibilities of telehealth, when I think about it, making it better, faster, and cheaper. And I shouldn't say cheaper, it's lower cost, but it didn't ring quite as good

as my slogan of better, faster, cheaper. So I didn't want to say better, faster, lower cost.

So I don't want to say that I'm lowering the quality. None of what I'm talking about should ever change the quality of care that's delivered. The standard of care is the standard of care. Technology in telehealth is a modality. And so there are engagement tools and synchronous and asynchronous visits, meaning that we don't have to coordinate.

So if a patient needs to see their case manager, they can even upload a video of their questions, their complaints, their concerns, what their needs are, or they can just answer questions. The case manager could review that and then get information back to them.

It can be in a portal from an EHR or it could be a part of technology that is already dedicated for engagement. Connected devices-- there's some fascinating things out there right now where you can actually buy it at Best Buy. You can connect to your health care provider, and they can do eyes, ears, nose, throat, heart, and lung exams remotely.

Health teams and house calls teams that are going in to do home visits are now using these to do those assessments and broadcast it back to a provider in another location. So the sky's the limit there. I mentioned the patch that people are starting to use to monitor all kinds of vitals and activity, things for COVID and return to work.

But many of you all have seen that pretty much any connected device can be connected into a remote monitoring program and then uploaded into the EMR for you to be able to track and trend the health of the population that you're taking care of.

There's a lot of work going into ambient monitoring in homes too. So think about not having to think about checking your vital signs or monitoring and logging your activity, or your eating, or your any other activity, but instead, lightbulbs and connected homes are monitoring all of this just as our cars can monitor everything, our homes can monitor everything.

But as you're in there, there's some really fascinating things coming about that will allow us to monitor the health of people without them having to actually do something. Health care logistics is critically important. I think I saw a pop up of a question around a senior population. How do you engage with them? And I'll tell you, that's real.

And as we've been doing a lot of work with doing video visits for seniors, when we say just download this app, they're like, what does download mean? What does an app mean? And I don't have a

smartphone. And many of them can do it. So don't get me wrong. It's just about a whole spectrum of their comfort level with technology.

But with that, comes the ability to deliver tablets that are customized and built for seniors, that are one button, make it really simple, and have the support that they need. And so there's a lot of interesting things in that as well. There's tools now to move around the workforce.

So if you don't want a full time job, or if you want a part time job, or to supplement, you can turn yourself on and off for video visits, or you can be a mobile nurse to be able to be deployed into patient's home. So some really neat things there as well.

And then, of course, augmented intelligence. How can we take all this growing amount of data that is almost overwhelming and become useless as we get more and more connected devices. If we're not looking at it and doing something with it, there's no point collecting it.

So how do we use technology to actually mind that and make us a smarter nurse so that we can actually intervene? So that's a little bit of the technology. I would say the last piece before I stop for questions. On the last slide is around the benefits for nurses. We are also patients. And we also have our own individual health to think about.

So we've got ways to really empower you to do your job better, hopefully, to start simplifying some of the complexity in your job and the burden from things, use technology to provide that data, instead of having to go get that data. But there's also the reality and even more so now is that this need for us to take care of ourselves.

And so there's a couple of things I just thought I'd highlight here too for you to think about. One is that as we're all more and more isolated from each other, as we're working in taking care of our patients, and maybe that's over a phone, maybe that's through a video, maybe that's in a small clinic, we are really going down to essential employees.

And some of the things that are so incredibly important in health care as this team approach to care. And so how can we use technology to maintain that team, and to feel connected to others, and have access to the information? It's easy when your fellow nurse is next to you and say, hey, come look at this. This doesn't look right. I don't know what this is.

We don't need to stop that just because we're not in the same room, or in the same hospital floor, or whatever anymore. We can use technology to do that. And we've got to figure out how to really embed that so that all of us feel like we have the support that we need to be able to do the job.

The technology will allow us to have a second pair of eyes. So don't forget, if you're in a hospital and you have that EICU to use them, make them feel like they're a part of your team and you help have them spread some of that burden to be able to have second pair of eyes as patients are much sicker and the needs are different.

We can also have closer contact with our patients. And so this also applies to you if you are the patient for you to be able to take advantage of telehealth. And that may be behavioral health, to be able to have a therapy, or coaching, or a peer support group, to be able to talk through some of the challenges of the world today.

As you think about if you're a new nurse coming in and you've just graduated, you're already intimidated by the job, and then all of a sudden, you've got COVID and it's making it hard to have this orientation that you wanted, or, hey, I started a new job during COVID. So same types of things.

How do you fit in and get into a team? And technology can help you do that. I mentioned the high risk, low frequency, but as a nurse, those are very stressful events. And so the last thing we want to do is have an error and cause harm. And so sometimes though when you're isolated alone and you think, OK, I can do this.

But you don't have to be alone. And the technology can allow you to have that oversight and support through video. And then when we think about the care, whether that's employee health, support for your family, there's so many ways to lessen the burden if you're a caregiver for those that need care in your family by using telehealth.

And so it will take all of us, changing how we educate future health care providers and nurses. It will take all of us working on policy changes, advocating to our health leadership team to think about this in a holistic way, and for us to actually educate the public around how to use this and what it means when you click on a telehealth visit.

We've got a lot of work to do, but the possibilities are endless. And I think, like in many cases, nurses are going to be the ones to lead on this and be able to demonstrate the impact and potential that telehealth has for our profession. So I will pause there. I see a few questions. And Holly, I don't know if you want me to just start looking at questions, or how you want me to approach that.

I'm happy to read them out here. So we do have quite a few questions. Keep them coming. We have about, I would say, 17 minutes or so. So looks like Victoria-- I'm just going to start from the beginning-

- had a question about is there a reimbursement parity for nurse practitioners and midwives for these telehealth visits.

OK, so I would say, in COVID, everything has changed. And so it's whether it's a nurse practitioner or a physician, most of there are waivers that are in place right now that are allowing the home to be a site of care, which before COVID, there was only a narrow list of who can be reimbursed for telehealth.

And nurse practitioners, and in many places, midwives as well, we're on that list of eligible providers. It's really the CMS list. Eligible provider, eligible site of service, which in that case meant it had to be a traditional health care setting unless it was deemed under a chronic care management code or a home health code. And then those two things and eligible service.

So there is a reimbursement in many states. It is parity. It's different in every state and by payer. So you'll have to kind of look at all of that. The Center for Connected Health Policy and the American Telemedicine Association are two great resources that have a lot of that information on their website.

Great. Thanks. So yeah, just remember everybody you to keep yourselves muted. If not, I'll jump on it. Don't worry. But we have two questions here that I think are kind of similar in their content about behavioral. So what do you think about asynchronous virtual nurse moderated social support groups-- that was wordy-- and the context of chronic disease wellness management?

How likely is it that telehealth reimbursement would extend to this sort of virtual interactions with groups rather than in their individual patients? There's also a question here about using telehealth for around the clock suicide prevention?

OK, so on the first one around the group. So I would say that when it comes to group therapy, there is already a mechanism for some group, like diabetes education and things like that. So there's already a framework at which that can be extended. I would say this is where you get to be assertive. Put together the proposal in the business case and go to those employers or to a payer.

I would say, typically, the employers, for that type of thing, are very interested in it. Depends on the population of how I would tell you to probably approach that. But payers are looking for that kind of creative solutions. Lots of payers in the Pacific Northwest are reaching out saying we want partners to solve this problem.

So I would say that everything's possible. And as long as the business case is there. So there are some codes that are relevant that I think would help. But we just have to dig in to where is it being done,

what's it for, how are you going to measure that, and all of those things.

The other piece around suicide precaution. OK, so telebehavioral health has to think about that. And as I have done telehealth in colleges, it became an issue as well. So in developing those programs in telehealth, there definitely needs to be, just like in your hospital or in clinic, a plan if what if you're on the video call and all of a sudden, someone says they do have a plan and they are considering suicide, what are you going to do about it?

Your remote. You may be hundreds of thousands of miles away. So I would just say that, yes, people are doing that. And intervening earlier. So they're having that coaching, but they have a really good solid plan of whether that's a specific person on a college campus that is on call for the on site response or a crisis intervention team. It's no different than the phone crisis lines that could get a phone call that say the same thing. Just have to have the other plan in place as well.

Great. You threw out a leadership opportunity already. I hope someone picks it up, makes a lot of money with that group health there. So we've got a lot of chat coming in here. So I'm going to try and get to some of these. So Victoria also wanted to know maybe about some ethical considerations for privacy and intrusive methodologies around telehealth.

Yes, OK, this is a big issue. And I think one that, at least for myself and many others that have been in telehealth, are very hyper sensitive to and need to be. So the intent of telehealth is a good thing, right? However, just as in somebody not maintaining privacy and confidentiality in the hospital, sometimes that can happen.

And we have to be more sensitive to now, we don't know where our patients are. We're not in a room where we can close the door. And so, again, creating processes, and policies, and education around that to ensure patients are being sensitive to that, not doing it in a public place, things like that.

Data management is going to be incredibly important as we think about the security of that. We're going to get information from everywhere. And as we're using people's personal devices instead of those that we're controlling, the risk of data breaches is real. And so some of that's a disclosure, some of that, we all take the same risk when we're ordering everything online and giving our credit card numbers everywhere. And we have safety mechanisms in place to protect that and minimize the risk. And we'll have to do the same thing here.

And so there's lots of regulatory things that are in place around safety and privacy with telehealth. But I think that just has to be at the forefront of all of our minds to be intentional about building

policies to support that as well.

Great. Yeah. Another question I have around the charting burden for nurses. So does telehealth help reduce this at all or is it increasing or decreasing? What are your thoughts there?

OK, so if somebody does a partial deployment of a telehealth program or anything else, you get more burden, because then you typically will have lots of systems and have to go into more than one, and sometimes, even duplicate charting. So if done right, and it's integrated, and it's an evolution. So I always tell everybody, when I implement anything, it's the worst that's ever going to be on day one.

So if you can live through day one, it's only going to get better, because we're going to keep working on it and getting that feedback from the users. So same thing here. Natural language processing is advancing quickly.

So just think about where Alexa was when we first started using it, and where it is now, and how it's starting to be used in health care, and being used to actually transcribe what you're saying. So instead of having to type, or turn your back, or whatever, you just have a conversation and it gets captured. It's maturing. And that will be there. And that will be probably one of the most profound changes in our lives in health care.

But we're not all the way there. And right now, we still have boxes to check and obligatory things to complete. But natural language processing is coming along quickly.

Great, yeah, and to actually compound upon that, I'm kind of interested, and Joel also has a question here, because yes, these things take time, right? You need to kind of build them into our behavioral patterns, and understand, and build those policies.

So Joel was wondering while the uptake of telehealth was rapid, it seems to be that people are reverting back to these in-person visits. So how can we overcome the provider hesitancy and what can we do as nurses to advocate for telehealth institutionally and maintain this momentum? And then I'm kind of interested too, like do you have a timeframe or steps that you see kind of unfolding and how we'll be increasing our use of telehealth?

Yes, so I would say, I've been internally even, and seeing the same thing, and trying to manage expectations to say, like we should all be incredibly proud of the hard work that was done during COVID. Everyone just jump in to say we've got to take care of these patients. And so telehealth went through the roof.

Some of the clinics were 60, 80% telehealth, and their volumes were down. The other thing that we had, this rapid deployment. But I've been trying to tell everybody. It's going to swing all the way back when we have the ability to see people in the clinic, because we're not addressing the real issues of why it wasn't adopted in the first place.

The incentive part is taking care of right now just because of waivers. So that's going to come back to us as well. But the other piece is the front and back end of operations, and everything in between has to be updated. And so think about it. If a patient calls in for an appointment on the phone.

I answer the phone. I'm going to schedule you for this appointment. You just asked for a 2 o'clock on Tuesday with your regular PCP. I didn't ever want to say, hey, do you want telehealth? Here's how to download it. This is what it means. This is how is copay I mean like all of that piece has to be integrated.

And so I'd say you'll hear people talk about a digital front door, but we've got to have ability for when somebody wants care for it to be just as easy to get virtual or in person and offered if it's clinically relevant. If I can provide the care that way, we've got to make it easy, and for them to see the benefit.

People got a real reliance on it and saw the possibilities during COVID But the inertia is too great. We're all creatures of habit. We go back. If anybody would let us, we'd all probably use a clipboard still instead of our EMR. So I think this is the same thing.

We've got a lot more work to do in operations. And I'll tell you, that's where I'm spending the bulk of my time in my new role at Optum is around, OK, great, how do I build these enabling and accelerating services to help get the adoption to stick so that we can balance in-person and virtual in the right way.

That's great. Honestly, I would still use the clipboard too. So I love technology, but I do love a good clipboard. I won't lie. So I think we have time for a couple of more questions here is there something about EICU. So Selena was wondering, what kind of barriers you encounter in trying to launch an EICU for health system.

100% is the cost. So there are more than one. But typically, the model for the telehealth platforms that are out there can be expensive, some of them ranging around $35,000 a bed per year. And so if you get the very people that need that or community hospitals, and so let's say they have a five to 10 bed ICU and they want that additional support and the pulmonologist to be able to see their patients

or whatever it is that they need, they're already struggling. And all of a sudden, you have this huge cost.

And so they've got to figure out, is it less expensive for me to actually just transfer that patient or should I keep them here. And so that cost has come down. There are people that are kind of doing makeshift versions of that EICU by using their EMR and creating dashboards to be able to visualize that information in a cockpit kind of manner to have.

And one of the ways I did it at ascension was we actually had our remote monitoring nurses, our eastern nurses, and our telemetry techs all working in the same building in the same unit so that we can share resources. And we were monitoring the same patients, one was for a fall, one was for our cardiac, and one was for EICU type remote monitoring.

So I think there's ways where we could do that better as well to decrease the cost. So that's the biggest barrier.

Right, yeah, and there's one more question I did want to talk about a little bit. Brian had a question about using telehealth to better connect with health policymakers. Especially among the complex world of politicians who make these decisions. And so I do want to say technology has really made it easy for us to be able to, as a team, connect with those on the hill and advocate.

We're going to host a virtual day on the hill. But I'm also wondering does congress implement or do you know do they have any kind of use of-- can we give them all, make them all use telehealth? And what kind of advocacy work is being done around telehealth?

Yeah, so a couple of things, I think what I've seen at state levels are that people will go partner with their legislature and we'll typically put a telehealth center in the capital or wherever. Now that we're doing everything virtual, that's not going to work. But anyway, that would be how they kind of did the whole, you know, show and tell kind of thing where they showed them the technology and the possibilities.

And I used to do that all the time too, trying to get policy change. So I think that's the neat opportunity that we have now that's virtual. And people aren't traveling as much as that you can have a patient testimony. One of their constituents can be on this camera with us right now saying how it changed their lives.

And there's nothing more powerful than that for it to come home with a real story. So I think that if any of you all are doing virtual days on the hill, you ought to think about how you could have patients

come on and tell how remote monitoring or a telestroke program or tele whatever, E-care manager program has changed their lives and how we need to advocate for these waivers to be continued.

So I would say that's one good thing. I would say that the White House is making statements around their support of telehealth. And so hopefully some of these things that happened during the COVID will stick. But I think we all do need to do that. Nothing's better than a patient testimony with real outcomes.

Some of our problem is that we haven't had those or we've had them in small numbers with small populations. And so now there's enough here where we'll be able to hopefully show real value to be able to change policy.

Great, yeah, yeah. Great point. Now that everybody is using that. I've used it for the first time this year in my entire life. So I love it. It's easy and I will keep doing that moving forward. But thank you, Christy. Any last thoughts before I hand it back over to Azita?

No, I think. I've enjoyed being here and would love to help support any of you all as you're advancing your telehealth program. I've seen it work, and know it works, and it's a lot of hard work though. So I'm here as a resource if I can help in any way.

Great, thanks so much. Azita is going to close this out with some final remarks.

I can unmute you if I could. There you go.

So thank you very much, Christy, for this very exciting and very inspirational speech today. I think that was so insightful and so helpful for all of us to really think about what telehealth can do and what role we, as nurses, can play to be the pioneer and the innovators of really building on what the existing knowledge and opportunities for telehealth.

And not least, I think that I have been-- as you were talking, my head was spinning about what role nursing can play in this and how we can be. And some of the comments were about how to better rapidly educate the health care providers.

And I think that we definitely need to partner with our clinical and community partners and play a role in them in developing educational programs, not only for the current health care providers, but also fostering the next generation of nurses so that the telehealth could be a natural part of their skillset.

So thank you very much. Innovation is perhaps the ultimate form of leadership, because it consists of

identifying a problem on presenting a solution. Nurses are ideally positioned to understand health care problems. And as I said earlier, we are [INAUDIBLE] training and necessity innovator. So this is a wonderful opportunity for us to just tap into and then make great things out of it.

I would like to invite everyone to stay tuned for the details of two additional Nightingale Leadership series webinar as well as an all day leadership summit hosted by University of Washington School of Nursing and Washington Health Care Authority on November 6th.

Please visit our Nightingale Leadership site to learn more about the summit and mark your calendar for this incredible opportunity to hear and learn from internationally and internationally renowned nurse leaders. So once again, thank you very much, everyone, for taking part of today's webinar.

Just a reminder that we do recordings of the prior Nightingale webinars are available online. So anyone could go and then visit the site. And then there, you want to listen it again, or you want to share with people who didn't have the opportunity to attend, that would be fine.

You are the future of nursing, as I have always said. And our goal with these webinars is to better prepare you to lead the future for the health care system. Thank you very much, and I am looking forward to see you next time at our next webinar.