WashingtonState TelehealthCollaborative

Meeting Minutes

March 16, 2022 | 1:00 pm - 3:00 pm

Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	Y	Dr. Josh Frank	Y	Dr. Ricardo Jimenez	Y
Sen. Annette Cleveland	N	Joelle Fathi	N	Dr. Geoff Jones	N
Rep. Marcus Riccelli	Y	Karen Gifford	N	Scott Kennedy	Y
Rep. Joe Schmick	Y	Dr. Frances Gough	Y	Mark Lo	Y
Dr. John Scott	Y	Sheila Green-Shook	Y	Heidi Brown	Y
Dr. Chris Cable	N	Emily Stinson	Y	Adam Romney	N
Jae Coleman	N	Sheryl Huchala	Y	Cara Towle	Y
Stephanie Cowen	Y	Claire Fleming	Y	Lori Wakashige	Y
Kathleen Daman	Y				

Non-Member Presenters: Debbie Carlson (WA DOH), Rick Rubin (OneHealthPort), Jordan Berg (TTAC), Hanna Dinh (UWM), Crystal Wong (UWM)

Public attendees *(alphabetical by first name)*:

Alicia Eyler (SCCA), Becky McElhiney (DOH), Cameron Long (WA Gov), Chad Gabelein (MultiCare), Christopher Chen (HCA), Crystal Chindavongsa (TelaDoc), David Streeter (WSHA), Erica Bryant (Valley Medical Center), Erin Christianson (Seattle Children's), Gail McGaffick (WSPMA), Gayle (National MS Society), Jerry Britcher (unknown), Jordan See (TelaDoc), Jodi Kunkel (HCA), Kai Neander (EHMC), Kevin Gordon (WA Gov), Lauren Stroupe (unknown), Leslie Emerick (WA State Hospice and Palliative Care), Maia Thomas (DCYF), Marissa Ingalls (Coordinated Care), Meridith Weiss (UWM), Molly Firth (UWM), Molly Shumway (UWM), Rachel Abramson (UWM), Samantha Slaughter (WSPA), Sean Graham (WSPA), Stephanie Shushan (CHPW), Vanessa Mclaughlin (Welcome Home Health), Vishal Chaudhry (HCA).

Meeting began at 1:00 pm

WashingtonState TelehealthCollaborative

Welcome, Attendance and Review of Meeting Minutes - January 26, 2022

Dr. John Scott [0:00]

Dr. Scott (Chair) reviews minutes. Dr. Mark Lo (Seattle Children's) motioned to approve minutes. Dr. Joshua Frank (Confluence Health) seconded. No edits suggested. Unanimously approved as submitted.

Action Item:

- Mrs. Dinh (Interim Collaborative Program Manager) to post approved January 2022 notes on WSTC website

State/Federal Updates

Dr. John Scott [4:35]

- On March 10, the House and Senate passed a $1.5 trillion omnibus spending bill with extensions on key telehealth flexibilities under Medicare for 151 days (5 months) after the end of the federal public health emergency order to ensure seniors have continued access to virtual care.
    - Unless renewed, the current federal PHE order is set to expire on April 16, 2022
    - More details in this article here.
- The Biden Administration awards $55 million in virtual care grants to community health centers to implement telehealth, digital patient tools, and health information technology in underserved communities
    - The aim is to provide virtual care beyond the COVID-19 public health emergency
    - This amount will be distributed among 29 health centers funded by U.S Department of Health & Human Services' Health Resources and Services Administration
    - More details in this article here.
- As part of its efforts to address the national mental health crisis, the White House plans to increase telehealth access via the following three ways:
    - Work with Congress to ensure coverage of behavioral telehealth across health plans, as well as support telehealth delivery across state lines
    - U.S. Department of Health & Human Services will establish a "learning collaborative" with state insurance departments to address state-based policies that act as barriers to telehealth access
    - U.S. Office of Personnel Management will encourage Federal Employees Health Benefits Program carriers to adequately reimburse providers for telehealth and eliminate or reduce co-payments for Americans seeking mental health telehealth services
    - Fact sheet here.

- The Center for Telehealth and e-Health Law (CTel) created a 50 State Public Health Emergency Survey, detailing which states have expired PHEs and which states have PHEs that may be expiring in the near future.
    - This survey will be updated on a weekly basis

State	Expiration Date	Grace Period
Wyoming	3/14/2022	For all physicians through 4/28/22 after which, all physicians must hold a full license
Oregon	4/01/2022	For those physicians holding Oregon emergency licenses, allowing such physicians to continue practicing under their emergency licenses through 6/30/22. After 6/30/22, physicians must hold a full license
Idaho	4/15/2022	A determination of a grace period is pending

- The study on the National Survey Trends in Telehealth Use in 2021 focused on differences in use between live video and audio-only telehealth modalities
    - Telehealth use was common and utilization rates were generally similar across most demographic subgroups, except those that were uninsured
    - Utilization rates of live-video telehealth were found to be lower among underserved populations, including among Black, Latino, and Asian respondents and those with lower incomes

Molina Telemedicine Updates

Dr. Frances Gough (Molina) [9:30]

Impact of COVID-19 on Telehealth Visits

- With opening and tightening of in-person care, telehealth gradually declined to about 13% usage among members
    - The claims are representative of behavioral and physical health as well as includes Medicare, Medicaid, Marketplace lines of business
- The highest percentage of all Telehealth claims was in Klickitat County at 28.5% and lowest in Garfield county at 6%
    - Broadband access may be more limited in Garfield county compared to Klickitat County according to the WA Broadband Survey results
        - There may be other drivers, which are to be determined further, but broadband access was a factor that stood out the most

Telehealth Visits by Line of Business: % of All Claims Telehealth-Related

- Lines of business include Medicaid, Medicare, Marketplace, and Behavioral Health Services Only (BHSO)
- The highest behavioral health claims that were Telehealth came out of the BHSO population

  - These are members who are covered by Medicare either with Molina or with another health plan, but are getting Molina Medicaid for their behavioral health services

Impact of COVID-19 on Medicaid Telehealth Visits by Diagnosis Type: Physical Health

- Percentages drop about half after removing the behavioral health visits from the data in the previous slide
- There is no change in highest and lowest telehealth utilization by county when looking at physical health

Impact of COVID-19 on Medicaid Telehealth Visits by Diagnosis Type: Mental Health

- The percentage of all Medicaid mental health claims that are telehealth are 5 times as high as the claims for physical health
- By county, Okanogan is the highest with 62.3% of all mental health claims being telehealth and Garfield is the lowest at 13.6%

Impact of COVID-19 on Medicaid Telehealth Visits by Diagnosis Type: Substance Use Disorder (SUD)

- About 15-16% of all SUD-related claims are telehealth
- With Sultan and Columbia counties, they are both at about 38% of all SUD claims being delivered as telehealth
- King County had the lowest with about 9.4% of all SUD claims being telehealth

Telehealth Providers & Visit Types: Mental Health & Public Health

- Looking at the top telehealth diagnosis by the render provider specialties for both mental and physical health
- Mental Health Top Diagnosis
    1. Post-Traumatic Stress Disorder
    2. Generalized Anxiety Disorder
    3. Major Depressive Disorder
    4. Anxiety Disorder Unspecified
    5. ADHD Combined Type
    6. Major Depression, Recurrent Severe w/o Psychotic Features
- Physical Health Top Diagnosis
    1. Well Child Visits
    2. Suspected Exposure to COVID-19
    3. Essential Primary Hypertension
    4. Acute Upper Respiratory Infection
    5. COVID-19 (confirmed)
    6. Contact Exposure with Other Viral Communicable Diseases

Telehealth Providers & Visit Types: Substance Use Disorder

- When telehealth visits were pull for SUD-related diagnosis, Molina looked at who's treating SUD given the short supply of providers and the concern that members are not getting the care needed due to a large demand compared to the supply of providers
- The top 15 SUD providers apart from the substance use counselors were largely physical health providers
- SUD Top Diagnosis
    - Opioid Dependence
    - Alcohol Dependence
    - Other Stimulant Dependence
    - Opioid Dependence with Withdrawal
    - Cannabis Dependence
    - Alcohol Abuse

SDOH – Individual Experiencing Homelessness: % of All Claims Telehealth-Related (All Lines of Business)

- Looking at who is using telehealth and how do the social determinants of health, specifically homelessness, impact telehealth utilization
- The use of telehealth for physical conditions for those not experiencing homelessness was about 7% while it was about 4% for those who described themselves at homeless
- The use of telehealth for mental health conditions for those not experiencing homelessness was about 35% compared to 16% for those who are experiencing homelessness
- While homelessness is associated with a higher use of telehealth for behavioral and physical health, it is still to a much lesser degree than those who are not experiencing homelessness
- Access to telehealth for substance use disorder as a percent of all the SUD claims appears to be about equal between those who identified themselves as not experiencing homelessness compared to those who identify themselves as homeless
    - The take home message is that because an individual experiences homelessness, this does not mean that they are unable to access or are not accessing telehealth
    - This is a great opportunity to engage the homeless population to a greater degree than before

Pandemic Utilization Trends: Age, Ethnicity, & Language (all lines of business)

- As a percent of all telehealth claims by age, the 18–64-year-old group are the highest utilizers
- By ethnicity, Caucasians have the greatest use of telehealth followed by the Latinx population, African-Americans, Asian-Pacific Islanders, and Alaskan population
- By primary language, English is the highest percentage for telehealth utilization followed by Spanish and then, drops significantly for the other languages
    - This speaks to having a better understanding on what the needs of the population are and how we can bring up these underrepresented languages for the non-English-speaking languages.

Efforts to Improve Digital Access & Literacy for Molina Members

- **Piloting Ambassador Program**
  - **Intent**: Recruit members who have navigated the use of telehealth successfully & are willing to share their experiences with those who have not, but are interested. Remove barriers to digital access through education & empowering our members to acquire needed resources.
  - **Focus:**
    - Asian Pacific Islanders
    - Black/African
    - Latinx
  - **Current Status:** Community Connectors surveyed **41** members
    - Telehealth experience
    - Barriers to usage
    - Resource needs/gaps
- **Member Survey Feedback Summary**
  - 32%: Using Telehealth
  - 29%: Not users; interested in learning more
  - 29%: Provided help/education related to Telehealth
  - 15%: Interested in sharing their Telehealth experience
- **Barriers to Usage of Telehealth Services**
  - Insufficient equipment (no cell phone, internet service/broadband connection, etc.): 10%
  - Need help setting up or using Telehealth service: 10%
  - Did not know about Telehealth services: 10%
  - Does not trust virtual services: 5%
  - Prefers in-person visits: 10%
  - Not interested in Telehealth services: 40%

Molina/UW Collaboration

- UW System (11 clinics) is piloting with five King County Library locations to expand use of telehealth services & help patients overcome the digital divide
- Molina & UW are reviewing data to select a zip code with the lowest telehealth utilization for further outreach & education
- Use of community health workers (Community Connectors) as navigators to direct our members to telehealth and access to other social services starting in library locations in King County

Questions/Discussion

- In the breakdown of telehealth usage (example: substance use disorder), was this for video only or was the data a combination of both audio only and video telemedicine?
  - This was not differentiated in the study, however, other data that allows Molina to sort this differential out will be in the next stage of the study

    - Across the board, Molina's audio-only visits don't appear to be nearly as high in number as the audio-visual visits
        - Will investigate further on this observation
- Is there information on whether the claims were largely scheduled visits or "on-the-fly" urgent care visits?
    - These were all claims largely from primary care providers and therefore from non-urgent, scheduled visits
- Looking at the homeless population data, is it known if they have smartphones that they could use telehealth?
    - Dr. John Scott shared his experience at Harborview where a lot of his patients have smartphones, but they don't always have data to use for the video visit since it takes up a lot of data
        - Is there similar data that corresponds to this on-the-ground experience?
    - Looking at the overall Medicaid population, about 86% have a mobile phone device. Many of Molina's members don't have smart phones, but they have cell phones provided by the Federal government for free and Molina provides minutes for them.
        - It's much easier for this population to do phone visits vs. audio video visits because at the minimum, they have access to a telephone
- There were similar telehealth usage rates for both the homeless vs. housed population data for substance use disorder. Is this because telehealth is substituted or an addition to in-person visits?
    - Would need to bring this element into the data and investigate further on this

Nursing Telemedicine Updates

Debbie Carlson (WA DOH) [36:20]

Telehealth Advisory Opinions

- Nursing Telehealth Practice RN, LPN, NT, and NA
    - NT = nurse technician
    - NA = nursing assistant
- Telehealth Advanced Practice Nursing Care Services
- The most common question is the telehealth scope of practice for the different nursing disciplines, which are outlined in the two documents above
    - Also covered are the basic definitions of telehealth and telemedicine as defined in the state requirement

Technologies Shaping the Future of Nursing

- Telehealth
- Scanners at home
- Wearables

- Holographics
    - This is used as a 3D visualization tool for educating nurses on patient assessment and clinical reasoning skills – some nursing curriculums are using holographic patients as 3D digital models in the room alongside the nurses to display various symptoms and behaviors (ex. using Microsoft's holoLens device)
- Artificial Intelligence
- Nursing and Assistive Robots

Nursing Licensure Compact

- For any of the states who are part of the compact, a nurse who is a state resident can have a license in those states to practice in the state where the patient is
- This is the biggest and main question received by the DOH
- A map of the United States was illustrated with 39 states that have nurse licensure compact jurisdictions with their statuses showing:
    - Pending nurse licensure compact legislation
    - Nurse licensure compact state
    - Nurse licensure compact enacted: awaiting implementation
    - Partial implementation
    - Currently no action
- Washington is not part of the compact
    - There was some pending legislation, but this did not go through
- Another common question received is if the state telehealth training has to be taken for certain nursing roles and settings
- The Medical Commission is in a compact where if there's a patient-provider relationship, providers can practice across borders. Nurse practitioners question this because this is not stated or has been changed in the nursing laws.

Relevant Contacts

- RN-LPN Practice: NursingPractice@doh.wa.gov
- ARNP Practice: ARNPPractice@doh.wa.gov
- Licensing: Nursing@doh.wa.gov
- Nursing Education: NCQAC.Education@doh.wa.gov
- Discipline: NCQAC.Discipline@doh.wa.gov
- Complaints: NursingComplaints@doh.wa.gov
- Phone number: 360-236-4703

Questions/Discussion:

- Given the high nursing shortage, what's your thinking about how telehealth could cover places where they're thin?

    - Telehealth could help with this. If nurses understand how to use telehealth and if they have the training and expertise to use telehealth in a way that provides safe care to patients, especially in rural areas, there will be more nurses using telehealth.
    - The DOH Nursing Commission is working on education programs to increase the number of nurses in the state
        - The Washington Center for Nursing is also working on this
- Representative Riccelli shares that the legislation funded in the budget for 60 new slots for Eastern Washington University for their Bachelor's Program in Nursing along with other workforce expansion efforts.
- In reciprocity with Oregon and California, perhaps there can be a middle ground determined around the compact to start. From the nursing commission side, is this something that could be considered or be interested in?
    - The Nursing Commission would be interested in this since some of the members have been working on developing strategies around this
- Washington's nursing laws are very broad compared to other states, but nurses need to understand the laws and the rules of where they're working vs. where they're coming from

Action Item:

- If the Collaborative members have any further questions, reach out to Debbie Carlson: Debbie.Carlson@doh.wa.gov

Health Information Exchange (HIE)

Rick Rubin (OneHealthPort) [57:43]

Overview

- Created in 2002, by and for the local healthcare community, OneHealthPort solves information exchange and workflow problems shared across healthcare organizations
    - Collaborative: open to all, transparent and neutral
    - Public/Private Partnership built on role as WA State Lead Organization for HIE and Admin Simp
    - Filling the gaps, leveraging Shared Capabilities
- A utility model, private operation with public oversight
    - "Run it like a business but in the public interest"

Definitions

- Health Information Exchange as a noun: an organization created to enable health information exchange
- Health Information Exchange as a verb: Health information being exchanged by many different parties regardless of organization type
- Interoperability: ability to exchange information without "special effort" – it is a continuum, not a point in time

- Value-based purchasing, population health, consumer convenience, digital health services, provider burnout, regulatory compliance, etc., add powerful incentives for improved information exchange and access

Standards

- There was federal legislation passed around standard requirements where the healthcare industry is to start using APIs
- Application Programming Interface (API)
    - This is old technology where if we take the example of a mobile phone, this is how applications talk to each other
        - Another example is in booking hotel accommodations, flight tickets, and car rentals for a trip on Expedia
- Fast Healthcare Interoperability Resources (FHIR)
    - This is healthcare's version of APIs and is designed to standardize around specific use cases, which Federal legislation is pushing for
    - There hasn't been a full adoption of this yet, but this is in the direction that we're heading
        - There is hope and optimism that the migration toward an API model and FHIR is going to be really helpful as all APIs are → is there a tool that helps two software programs talk to each other without being hardwired?

Regulations

- HITECH (Health Information Technology for Economics and Child Health)
- HIPAA
- 42 CFR (Substance Abuse Data)
- 21st Century Cures Act
- Information Blocking
    - At first, it was up to the enterprise to decide on when and if they wanted to share information and with who. Information blocking is going to change this where it will require organizations to share data unless they have a very good reason not to.
- TEFCA (Trusted Exchange Framework and Common Agreement)
- State laws
- What's the impact?
    - Many of these regulations can be looked at as laws that dictate what is allowable and is not allowable
        - By protecting an individual's privacy, there is inhibition of the exchange of their information

Cybersecurity Risk

- The use of HIPAA-compliant and HIPAA-non-compliant devices has been a big issue
- Healthcare is an attractive target for those involved in cyber crime

Interoperability

- There is a high penetration of Epic in Washington state and in our market
    - Most of the large organizations use Epic
    - Although there has been a large level of transformation, we are not in the place of true interoperability yet
- A recent study of EHR interoperability found that 68% of data was "understood" when exchanged across different sites using the same vendor, but only 22% was "understood" when exchanged across different EHR vendors.
- Shared trends in EHR interoperability by CHIME and KLAS with data comparing 2017 and 2020 looking at the following:
    - Do you have electronic access?
        - The change is very dramatic here between 2017 and 2020
    - Can you find the record?
        - We're not where we'd like to be, but we've improved
    - Is the record in the clinician's view? (integration)
    - How often does interoperability have an impact on care?
        - This is still very low, which points out the amount of work that needs to be done in this area
    - "Deep interoperability is progressing with many organizations poised for significant progress in coming years"

HIE Networks

- In WA, OneHealthPort HIE does about 10 million transactions per month
- All state/local HIEs together do about 1.5 billion transactions per month
- National Networks are a growing force, eHealth Exchange does about 1 billion transactions/month

Market Needs

- Looking at what types of information is needed to address the different components of health (e.g. social determinants of health)?
- What are the various sources for the data?
- How do you get to these data sources? (Ideal state)
    - A graphic was shared in what health information exchange and interoperability would look like for whole person care, which is a lot of items that we don't think about all the time regarding whether EHRs interoperate
- What is live today? (Current state)
    - The same graphic was shared from the previous question on the areas that are grayed out where not much movement has happened towards what interoperability would look like for whole person care

So What?

- Made **great** progress on HIE and great challenges still lie ahead
- In WA, HIE is real for certain narrow, but important use cases
- Going forward:
    - Promulgate standards, don't buy proprietary tools
    - Try to have fewer, rather than more connection points
    - Seek commonality around policy, identity management, consent
    - Expand beyond medical treatment use cases
    - Balance market incentives and regulation

Questions/Discussion:

- Dr. John Scott shares that another statewide program that is useful is the Prescription Monitoring Program (PMP) to see how many opioid patients are getting.
- Dr. John Scott comments that the immunization records are about 80% accurate and are fairly reliable, especially for patients who do not remember the brands of their vaccines
- There's an Epic program called Epic Care Link, which allows folks who do not have Epic to portal in. But, this requires a lot of work and comes with challenges.
    - Non-Epic clients have expressed concerns for forgetting login information that is not being used regularly and having to get the accurate match on the patient
- OneHealthPort partnered with Epic to create an interface that allows an individual in an Epic workflow to directly query the PMP without having to go out to a portal
    - There are close to 100 million transactions through this service
    - This is a great example where progress has been made, but not the progress that is envisioned
- What does the Veterans Administration (VA) use for medical records?
    - VA has a contract with Cerner, which is the second largest EHR
    - There are efforts to allow Cerner to talk with Epic
    - In terms of picking a "winning" EHR, the right way to solve this issue is standards
        - Put the power in the hands of the consumer where they have to use the systems
        - Let the systems compete based on their prices and the value they deliver vs. with proprietary standards
        - If we drive standards, we will drive interoperability
- Senator Muzzall comments that having standards is both a state and federal issue, but in Washington State, legislation is willing to do what it takes to move towards standards
    - The pharmacy side of this is progressing, but the physician is still the one who prescribes the medications and needs access to the right information for an appropriate level of treatment and care.
    - Rick Rubin shares that the standards work is done nationally and that there are interesting opportunities to promulgate standards at a state level (example: public health accesses many systems). Standards is not just information technology and communication protocols, but also policy.

        - There is also a risk in not sharing information as much as there's a risk to sharing information such as data breaches and privacy concerns → what is our risk tolerance?
- Are there examples of other states that are doing a health information exchange well?
    - Yes, Indiana and Utah are examples of states that have done HIEs well.
    - Marissa Ingalls (Coordinated Care) shares that there is budget funding for the Health Care Authority to start working on an exchange for social determinants of health
    - There is a concept of community information exchanges (CIEs), which is the effort to get at the rest of the whole person care elements (e.g. SDOH) in addition to trafficking labs, pharmacy, and primary care visits
        - The hope is to not separate HIEs and CIEs, and make these interoperable and consolidate to prevent creating any potential silos

Action Item

- If the Collaborative members have any further questions, reach out to Rick Rubin: rickr@onehealthport.com

National Telehealth Technology Assessment Resource Center (TTAC) Presentation

Jordan Berg (TTAC) [1:30:55]

Who is TTAC?

- TTAC is federally funded through the Office for the Advancement of Telehealth (OAT)
- TTAC provides Technology Assessment services for the 12 regional TRCs as well as the other national TRC

What Do We Do?

- Provide presentations at regional conferences
- Assess telemedicine technologies
- Provide technical assistance to organizations and individuals

National Consortium of Telehealth Resource Centers

- Their website hosts many resources. If you can't find what you're looking for, contact your regional TRC: www.TelehealthResourceCenter.org

TTAC Technology Overview

- General Trends
    - Care to the home
    - Beyond video platforms
    - Broadband and rural connectivity

- Technology Trends
    - Audio solutions
    - Video peripherals
    - Remote monitoring
- Key Thoughts

Care to the Home

- Key Considerations
    - Using what the patient has
        - Mobile devices
        - Consumer grade peripherals
        - Direct-to-Consumer
            - Platforms
            - Peripherals
    - Connectivity
        - Wireless
        - Cellular

Beyond Video Platforms

- Normalizing around video platforms
- Enhancing Telemedicine
    - Improved audio/video
    - Peripherals
        - Stethoscopes
        - Exam cameras
        - Vital signs monitors
    - Remote monitoring
- Visit support and integration

Broadband and Rural Connectivity

- $20B+ Rural Digital Opportunity Fund
- $65B in Infrastructure Investment and Jobs Act
- Emergency Broadband Benefit → Affordable Connectivity
    - Program $14 Billion
- State Efforts
    - Task Forces, Commissions, or Authorities
        - NCSL
- Barriers
    - Measurement
    - Infrastructure
    - Access/Price

Video Conferencing Hardware – Audio Solutions

- Common audio solutions:
  - Headsets
    - USB
    - Wired/Wireless
  - Speaker pods
    - Noise cancelling
    - USB
    - Bluetooth
    - Battery-powered

Video Conferencing Hardware: Cameras and Audio

- "Plug and Play" USB devices
- "Enhanced" webcams
- Integrated audio and video
- Active speaker tracking
- Large digital sensors

Remote Patient Monitoring

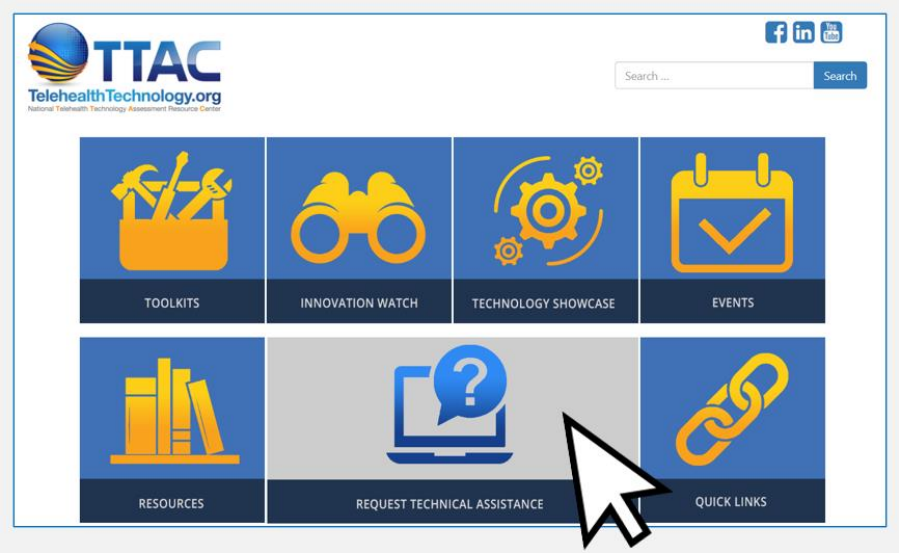
- Peripherals
  - BP, SP02, Blood Glucose, Weight, Temperature (less common)
- Hub/Device
  - Bring Your Own Device (BYOD)
  - RPM Kits
  - SIM Connected Devices
- EHR Integration
  - Cerner Millennium
  - Epic App Orchard

Key Thoughts: Telemedicine Technology

- Technology should always support the use case
- Hands-on is vital
- Obtain support:
  - Clinical
  - Administrative
  - Technical/IT

How to have TTAC help you

1. www.telehealthtechnology.org
   or 1-844-242-0075

2. 

3. Ask us your technology questions

Questions/Discussion:

- Can folks get up to 10 hours of free telehealth consulting?
    - There are some telehealth resource centers that have this cap, but it's a guideline
    - TTAC is happy to answer any general or substantial questions

Action Item

- If the Collaborative members have any technology questions, reach out to TTAC per their website instructions above

Wrap Up/Public Comment Period

[2:00:00]

- The call for abstracts for the 11th annual 2022 NRTRC Telehealth Conference is open and the deadline has been extended to April 1st to submit abstracts
    - The following is a link to submit an abstract: https://nrtrc.org/conference/
    - Conference will be held in Salt Lake City, Utah on September 26-28
- Next meeting: Wednesday, May 25, 2022 at 10:00 am – 12:00 pm
- A survey will be sent out to the Collaborative members to assess availability for specific dates and times in July
- Meeting materials, including presentation slides, will be posted on the Collaborative's website and sent out via the newsletter

Action Item

- Collaborative members to fill out survey for July availability

- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh

Tentative Next Meeting Items:
Prescription Digital Therapeutics
Social Determinants of Health Screening via Telehealth
Equity in Education Coalition: Digital Navigators

Meeting adjourned at 3:07 pm

Next meeting: May 25, 2022: 10 am-12 pm
Via Zoom.