Telehealth for Community-Based Organizations: Services, Payments, and Partners

July 29, 2020

Cheryl A. Levine, PhD, At-Risk Individuals Program Director, ASPR, HHS
Benjamin DeMarzo, Assistant Deputy Secretary for Field Policy and Management, HUD
Liz Palena Hall, Long-Term and Post-Acute Care Coordinator, ONC, HHS

Welcome to the Webinar Series

- Cheryl A. Levine, PhD, At-Risk Individuals Program Director, Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services

- Benjamin DeMarzo, Assistant Deputy Secretary for Field Policy and Management, US Department of Housing and Urban Development

- Liz Palena Hall, Long-Term and Post-Acute Care Coordinator, Office of the National Coordinator for Health Information Technology, US Department of Health and Human Services

- Webpage: [Telehealth for Community-Based Organizations](#)

COVID-19 Housing and Community-Based Services Coordination Group

- Coordination led by US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, At-Risk Individuals Program (HHS/ASPR/ARI Program)
- Convene federal partners beginning March 11, 2020
  - US Department of Housing and Urban Development (HUD)
  - Federal Emergency Management Agency (FEMA)
  - HHS Administration for Community Living (ACL)
- Information on the COVID-19 response ("curated resources")
- Tailored for federal programs that provide housing and community-based services and supports, particularly for older adults and people with disabilities
- Focus on emerging issues seen by partners' stakeholders, such as implementation and accessibility of telehealth

ASPR

Saving Lives. Protecting Americans.

Agenda

- Overview of Telehealth Basics and Opportunities Related to COVID-19 – HHS/Health Resources and Services Administration (HRSA)

- Telehealth Payment Flexibilities and Resources – HHS/Centers for Medicare and Medicaid Services (CMS)

- Resources for Community-Based Organizations Serving Older Adults and People with Disabilities – HHS/Administration for Community Living (ACL)

- Lessons from the Field: Public Health Management Corporation's Use of Telehealth during COVID-19 Public Health Emergency – Public Health Management Corporation (PHMC)

Speakers

- William England, Senior Advisor – Telehealth, Federal Office of Rural Health Policy, HRSA

- Kirsten Jensen, Director, Division of Benefits and Coverage, Disabled and Elderly Health Programs Group, CMS

- Lori Gerhard, Director, Office of Interagency Innovation, ACL

- Christine McGowan, Quality Manager of Specialized Health Services, Congreso Health Center, PHMC

- Judith Emmons, Director of Primary Care, Congreso Health Center, PHMC
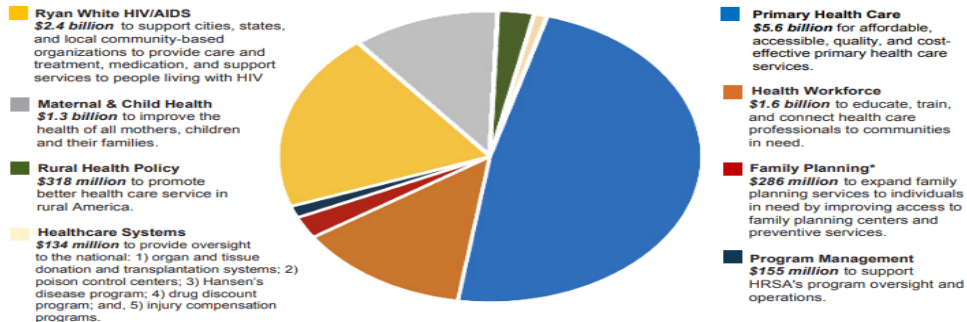
Telehealth for Community-Based Organizations

July 29, 2020

William England, PhD, JD
Senior Advisor - Telehealth
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

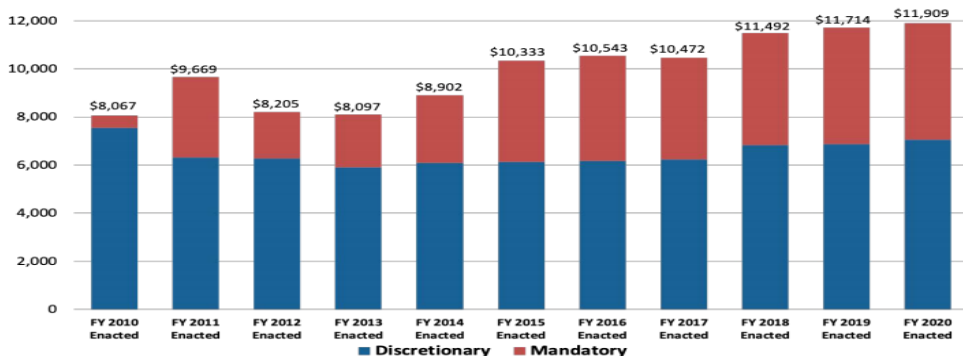# HRSA Appropriation and Funding

HRSA FY 2020 Appropriation

Ryan White HIV/AIDS
$2.4 billion to support cities, states, and local community-based organizations to provide care and treatment, medication, and support services to people living with HIV

Maternal & Child Health
$1.3 billion to improve the health of all mothers, children and their families.

Rural Health Policy
$318 million to promote better health care service in rural America.

Healthcare Systems
$134 million to provide oversight to the national: 1) organ and tissue donation and transplantation systems; 2) poison control centers; 3) Hansen's disease program; 4) drug discount program; and, 5) injury compensation programs.

Primary Health Care
$5.6 billion for affordable, accessible, quality, and cost-effective primary health care services.

Health Workforce
$1.6 billion to educate, train, and connect health care professionals to communities in need.

Family Planning*
$286 million to expand family planning services to individuals in need by improving access to family planning centers and preventive services.

Program Management
$155 million to support HRSA's program oversight and operations.

* Administered by the HHS Office of the Assistant Secretary for Health, Office of Population Affairs

HRSA FUNDING: FY 2010 - FY 2020

FY 2010 Enacted	FY 2011 Enacted	FY 2012 Enacted	FY 2013 Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted	FY 2018 Enacted	FY 2019 Enacted	FY 2020 Enacted
$8,067	$9,669	$8,205	$8,097	$8,902	$10,333	$10,543	$10,472	$11,492	$11,714	$11,909

■ Discretionary ■ Mandatory

HRSA-Funded Health Centers
Increasing Access to Care Through Telehealth

More than **28 million** people rely on a HRSA-funded health center for care, including:

- **1 in 12** PEOPLE
- **1 in 9** CHILDREN
- **1 in 5** RURAL RESIDENTS
- **1 in 3** LIVING IN POVERTY

- more than **385K** VETERANS
- more than **800K** SERVED AT SCHOOL-BASED HEALTH CENTERS
- nearly **1M** AGRICULTURAL WORKERS
- about **4.5M** LIVING IN OR NEAR PUBLIC HOUSING

Source: Uniform Data System, 2018

HRSA
Health Resources & Services Administration

Health Centers that Report Using Telehealth 2016-2018
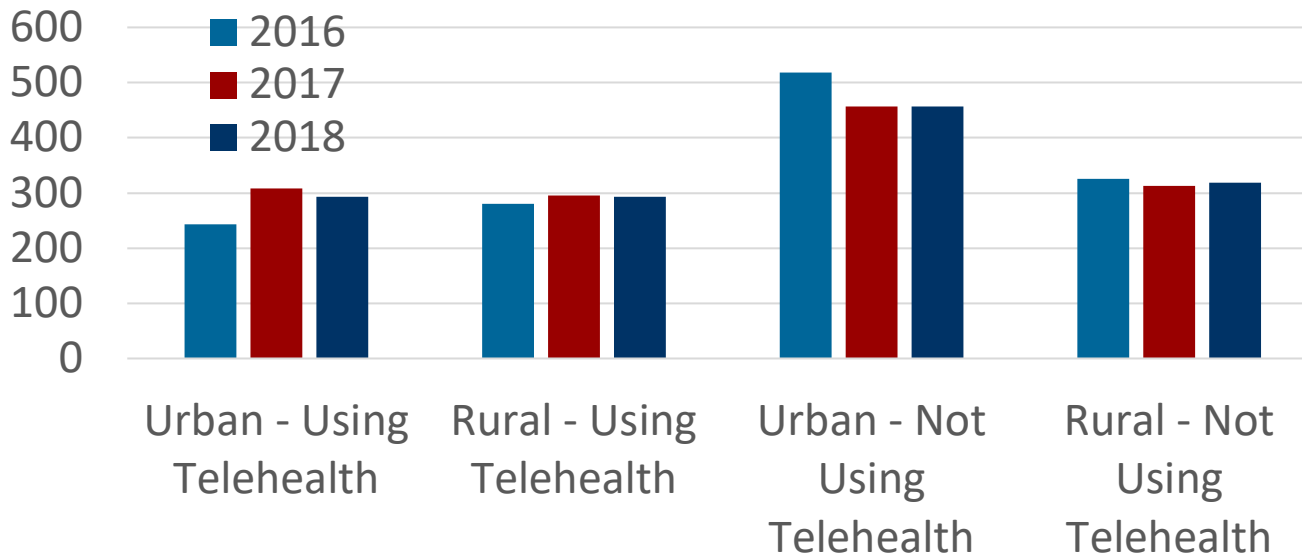
Forty-eight percent of rural and 39% of urban health centers report using telehealth (43% of total)

Barriers to Offering Telehealth Services

Health Centers Face Barriers to Offering Telehealth Services
Percent of Health Centers that Do Not Use Telehealth Reporting Specific Barriers, 2018

Barrier	Urban (457 Out of 750 Not Using Telehealth)	Rural (319 Out of 612 Not Using Telehealth)
Lack of Reimbursement	33%	37%
Lack of Funding for Equipment	24%	21%
Lack of Training for Telehealth	20%	24%
Not Needed	13%	17%
Have Not Considered Telehealth Options	8%	8%
Inadequate or Costly Broadband/Telecommunication Service	8%	16%
Other	41%	36%
2 or More Reasons	29%	39%
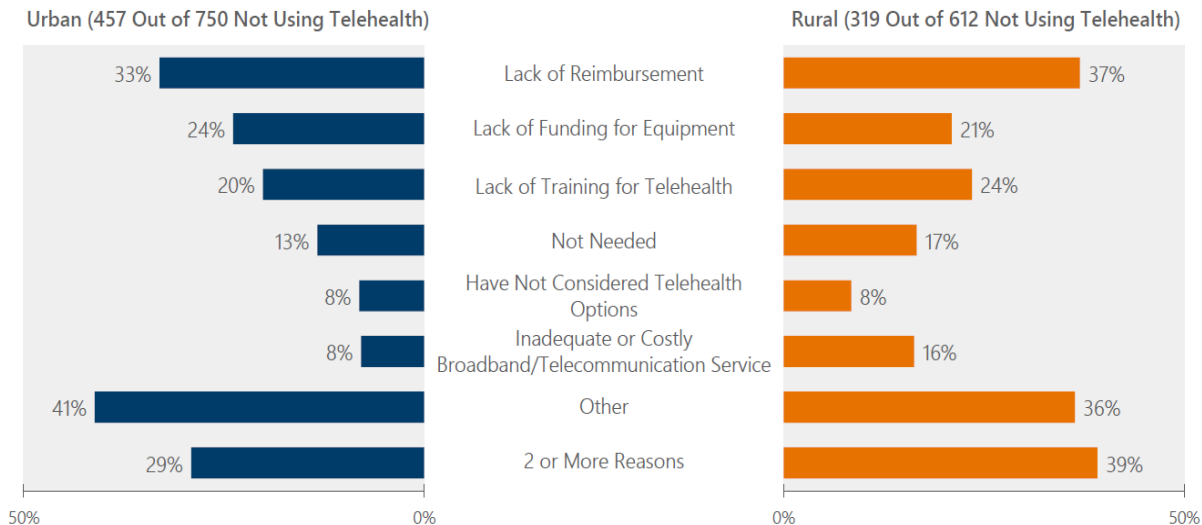
National Association of Community Health Centers (NACHC) Community Health Center Chartbook January 2019. Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Health Center Virtual Visits

- All 1,011 health centers that responded to a 5/8/20 survey (73% of the total) reported using telehealth

- Virtual visits were 51% of all visits, ranging by state from 18% to 88%

Health Center Virtual Visits

Percentage of Visits Conducted Virtually
3% — 88%
No Response
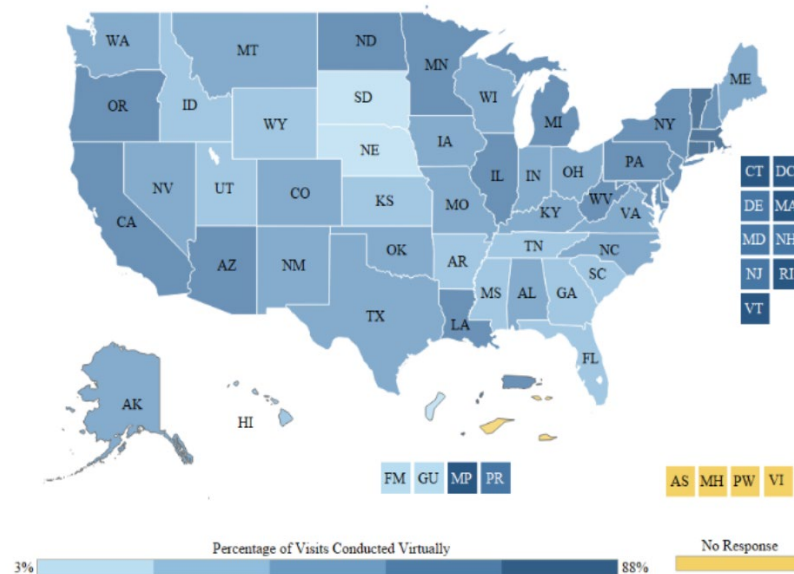
OAT Programs (FY2020) - $29 Million

Program	Awardees	Amount
Telehealth Network Grant Program	29	$8.7 M
Evidence-Based Telebehavioral Health Network Program	14	$4.7 M
Telehealth Resource Centers*	14	$4.5 M
Licensure Portability Grant Program+	2	$.50 M
Telehealth-Focused Rural Health Research Centers	2	$1.9 M
Telehealth Centers of Excellence	2	$6.0 M
Other		$2.7 M

* Plus $15M Covid-19 Supplement
+ Plus $5M Covid-19 Supplement

The Coronavirus Aid, Relief, and Economic Security (CARES) Act PL 116-136 3/27/20 reauthorized Office for the Advancement of Telehealth programs.

HRSA
Health Resources & Services Administration

HRSA-Funded Telehealth Resource Centers (TRCs)

TRCs are a focal point for advancing the effective use of telehealth and provide information to support access to telehealth services in rural and underserved communities.

TRC Guides and Fact Sheets on Telehealth

Guides

HRSA Telehealth Compendium
This Compendium created by HRSA contains a compilation of telehealth resources for HRSA-grantees & stakeholders.

CTRC Telehealth Program Developer Kit

A Community Hospital's Journey into DTC Virtual Care

Remote Patient Monitoring Toolkit
This Toolkit provides a series of videos, designed to help many different audiences quickly understand Remote Patient Monitoring and define the responsibilities of each role.

Fact Sheets

A Decade of Service
A report on ten years of service.

Framing Telehealth
There are various ways to interpret telehealth. This fact sheet will help shape your perspective.

15 Step Business Model
15 key steps for creating a business proposal to implement telemedicine.

Telehealth Policy Issues
Existing policy barriers on both federal and state levels contribute to the limited use of telehealth.

TRC Webinars and Conferences

About 5 webinars per month

Virtual Conferences

Telehealth Workflow

Telehealth Resource Centers can help with planning telehealth workflows.

Telehealth Policy Resources

Universal Service Lifeline Program
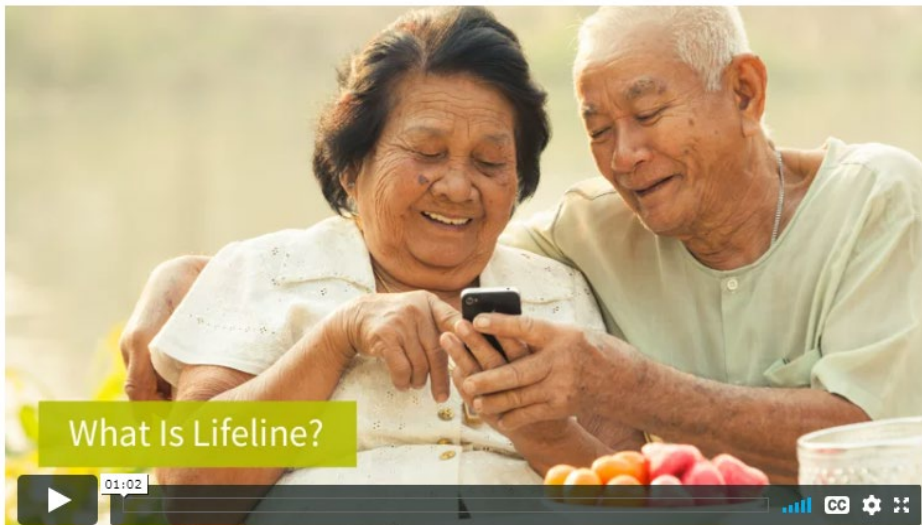
Are all Lifeline eligible consumers participating?

mHealth and Telehealth
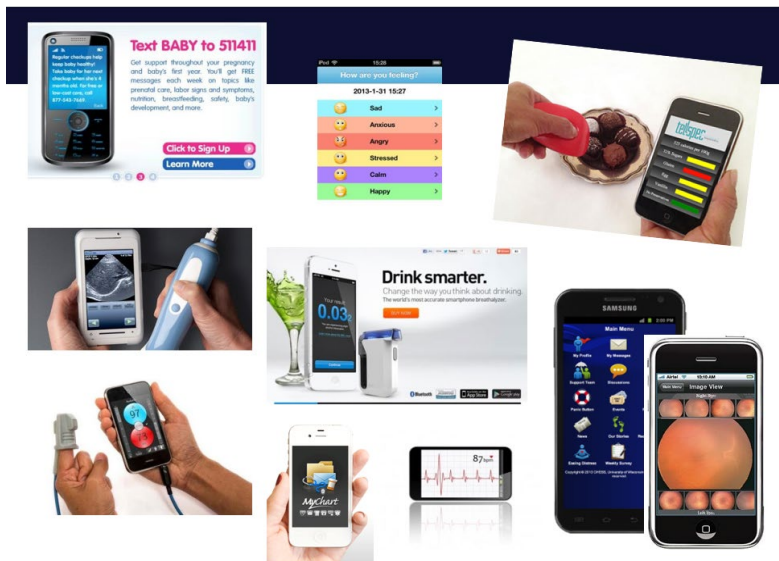
In 2019, over 350,000 mHealth apps were in app stores. Are they relevant to remote patient monitoring? Can they be integrated into telehealth service?

Smartphone Versus Holter Monitoring for Poststroke Atrial Fibrillation Detection

Although guidelines recommend Holter monitoring for all patients with ischemic stroke or TIA, comparatively few receive it.

Neurology Reviews. 2018 November;26(11):6

New HHS Telehealth Website

The Patient Website is also in Spanish

New HHS Telehealth Website - continued

For patients

Wondering how to get started with telehealth? Check out the information below to better understand your options.

COVID-19 self-assessment tools

For the sake of everyone's safety and to reduce the load on the health care system, automated screening tools should be among the first telehealth options to consider. Here are two COVID-19 self-assessment tools based on information from CDC: CDC Coronavirus Self-Checker and COVID-19 Screening Tool.

You can search online for additional telehealth screening tools. Many of these tools are free, especially if they are COVID-19 related, and some of them may guide you to a virtual visit online after your assessment. You can also check with your doctor, your employer, your health insurance company, or your state to see if they recommend any related solutions.

Finding telehealth options >

If screening tools and self-checkers do not lead you to the care or information you are seeking, you can reach out directly to your doctor or health insurance company for options that can help connect you to a provider online.

Understanding telehealth >

Find out what it is, what to expect during a visit, and what kinds of care may be available.

Sidebar menu:
- **For patients**
  - Understanding telehealth
  - Telehealth during the COVID-19 emergency
  - Finding telehealth options
  - Preparing for a video visit
- For providers

Telehealth Resources

Resources on telehealth vendors and providers

Telemedicine Service Provider Directory ⧉ - This directory is a resource for hospital decision makers and healthcare administrators who want to expand or improve services to their patients, employees or clients. The directory lists companies providing medical specialty services (such as radiology, rheumatology, neurology, psychiatry) and ancillary services (such as patient education and language interpretation) through telemedicine to healthcare providers such as hospitals, clinics, nursing homes, private practices and urgent care centers. This is a national level directory created by Arizona Telemedicine Program and Southwest Telehealth Resource Center funded by HRSA.

Digital health directory ⧉ - This directory lets you see a curated list of Telemedicine services available to patients and providers — set your filter to 'Clinician' when you explore this directory. This directory is a voluntary effort by Consumer Technology Association (CTA) and American Telemedicine Association (ATA).

Disclaimer: This list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products.

Contact Information

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Medicaid Telehealth

Kirsten Jensen
Director
Division of Benefits and Coverage
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

Purpose of Presentation

- Provide an overview of coverage of services in Medicaid and how telehealth is incorporated into the program

Medicaid in Brief

- States determine their own unique programs within broad federal guidelines
- Each state develops and operates a State plan outlining the nature and scope of services; the State Plan and any amendments must be approved by CMS
- Medicaid mandates some services, states elect to provide additional optional services
- States choose eligibility groups, optional services, payment levels, providers

Medicaid Benefits in the Regular State Plan

MANDATORY
- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment services
- Nursing Facility services
- Home Health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory and X-ray services
- Family Planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco Cessation counseling for pregnant women

OPTIONAL
- Prescription Drugs
- Clinic services
- Therapies – PT/OT/Speech/Audiology
- Respiratory care services
- Rehabilitative Services
- Podiatry services
- Optometry services
- Dental Services & Dentures
- Prosthetics
- Eyeglasses
- Other Licensed Practitioner services
- Private Duty Nursing services
- Personal Care Services
- Hospice
- Case Management & Targeted Case Management
- TB related services
- State Plan HCBS - 1915(i)
- Community First Choice Option - 1915(k)
- Inpatient Psychiatric Services for Individuals under age 21 (required per EPSDT)

Telehealth

- Telehealth, in short, is described as using technology to deliver services.

- Services are covered in Medicaid and can be delivered using telehealth.

- Examples of technologies are asynchronous store and forward, two-way real time audio/visual communication, telephone, etc.

Telehealth

- Medicaid coverage of services delivered via telehealth not dependent on Medicare rules, but subject to Office of Civil Rights rules.
- States flexibility when covering telehealth:
  - What services to cover,
  - What practitioners to cover,
  - What types of technology to use,
  - Where in the state it will be covered, and
  - How will the services be reimbursed.
- Services must be provided within practitioners' scope of practice.
- If service not covered statewide or for all providers of the service, state must still cover service delivered face-to-face.

Telehealth

- States are not required to submit a (separate) SPA for coverage or reimbursement of telehealth services, if they decide to reimburse for services the same way/amount that they pay for face-to-face services/visits/consultations.

- States must submit a (separate) reimbursement (attachment 4.19-B) SPA if they want to provide reimbursement for telehealth services differently than is currently being reimbursed for face-to-face services

Telehealth Toolkit

- Provides states with statutory and regulatory infrastructure issues to consider as they evaluate the need to expand their telehealth capabilities and coverage policies. As such, this guide will describe each of these areas and the challenges they present including:

  – Patient populations eligible for telehealth

  – Coverage and reimbursement policies

  – Providers and practitioners eligible to provider telehealth

  – Technology requirements

  – Pediatric considerations

Telehealth Resources

- Telemedicine in Medicaid
  https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html
- Telehealth Toolkit for States

     Medicaid & CHIP Telehealth Toolkit Checklist for states

  - State Plan fee-for-service telehealth payments

  https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf

CMS Contact Information

Kirsten Jensen: Kirsten.Jensen@cms.hhs.gov

Telehealth For Community Based Organizations

Resources for Community Based Organizations

July 29, 2020

Nationwide Aging and Disability Network
"America's Long Term Service and Support Access System"

American Samoa
Guam
N. Mariana Islands
Puerto Rico
Virgin Islands
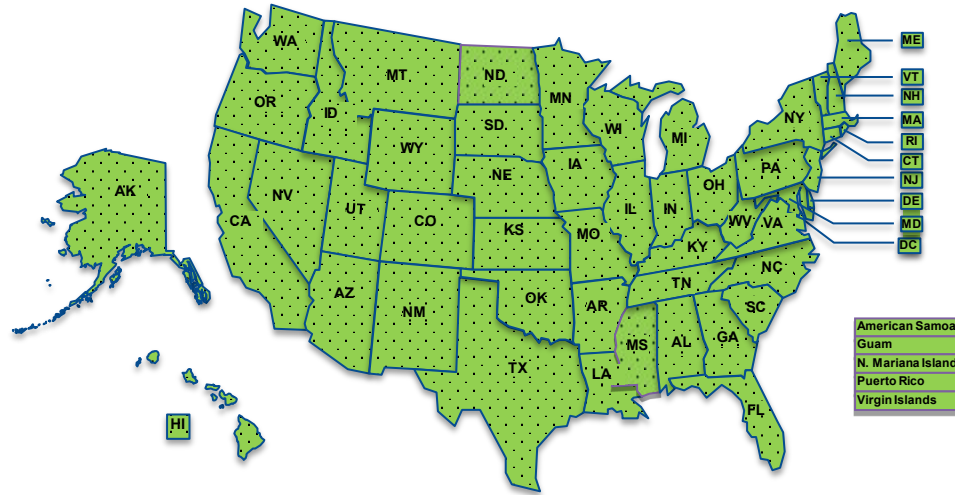
56 States and Territories
1,322+ Access Points

Nationwide Assistive Technology Act Program

56 State and Territory
Assistive Technology Act Programs

<u>State-Level Activities</u>:

- Device Demonstration
- Device Loan
- Device Reutilization (Reuse)
- State Financing

<u>State Leadership Activities</u>:

- Information & Assistance
- Training and Technical Assistance (includes Information Communication Technology Accessibility and Transition)
- Public Awareness

List of Resources for Telehealth Communication Platforms and Applications

- Zoom (https://zoom.us/) provides a useful way to electronically check-in and share information and resources.
- Skype (https://skype.com) is a free app that works well for both one-on-one and group (up to 50 people) video and audio calls.
- WebEx www.webex.com is another video conferencing option with captioning that has a free personal plan.
- Google Meet (https://meet.google.com) is Google's video conferencing service that connects up to 25 people.
- Google Hangouts (https://hangouts.google.com) is free and works well for individual or group meetings up to 100 people.
- GoogleChat is another way to communicate and can be set up in Gmail (www.gmail.com).
- Facebook live broadcasts are another way to connect with people who are on Facebook. More information is available at https://www.facebook.com/facebookmedia/solutions/facebook-live.
- FaceTime is a video and audio calling service for iPhone, iPad, iPod touch, or Mac to call others using one of those devices.
- BlueJeans (https://www.bluejeans.com) offers secure webinars, conference calls, and online meetings.
- GroupMe (https://groupme.com) is a group messaging application that works on every device and over SMS.
- StreamText (www.streamtext.net) provides for real-time captions for any platform or device with Internet access.
WhatsApp (www.whatsapp.com) is free and allows users to send text messages and voice messages, make voice and video calls, as well as share images, documents, user locations, and other media.

Training & TA on the Use of Remote Technologies

- A summary of different web conferencing and video chat features and programs is available at: http://telecomtoolbox.ri.umt.edu/communication/video-chat-and-web-conferencing/

- Many platforms have accessibility features, but they may not work for everyone or may not be sufficient. The Partnership on Employment & Accessible Technology (PEAT) developed a website to guide organizations in selecting accessible platforms

- The Deaf and Hard of Hearing Technology Rehabilitation Center has developed a step-by-step guide on embedding interpreters in Zoom

- AT3 prepared a resource document on How to Prepare for a Telehealth Visit: https://at3centerblog.com/2020/04/23/how-to-prepare-for-a-routine-telehealth-visit/

- AT3 posted recordings of several webinars and materials at: https://www.at3center.net/repository/EmergencyManagement#AT3Covid19Webinars, including The CAST Technology Selection Tools and Resource; Captioning Video Meetings and Trainings; Using Zoom to Conduct Remote Training; Virtual AT Demonstrations; Managing Social Isolation; Operating in a Remote Environment; and Protection & Advocacy During the Pandemic.

Assistive Technology Act Programs

Contact your State AT Program:

https://www.at3center.net/stateprogram

Program Directory - Find Your State Program

Connect with AT Act Programs @ ACL

Phone: Robert Groenendaal
(202) 795-7356
robert.groenendaal@acl.hhs.gov

Web: AT3 Center: https://www.at3center.net/stateprogram
Center for Assistive Technology Act Data Assistance:
https://catada.info/

Social: Facebook: https://www.facebook.com/aclgov/

Increasing Awareness of Assistive Technology

- Strategic Framework--https://acl.gov/framework

- MENTAL Health Prize Challenge (https://www.challenge.gov/challenge/MENTAL-health-social-isolation-challenge/)

Thank you!

Any Questions:
Lori Gerhard
Phone: 202-795-7348
E-mail: lori.gerhard@acl.hhs.gov

ACL
Administration for Community Living

About PHMC

- A nonprofit public health institute that builds healthier communities through partnerships with government, foundations, businesses and community-based organizations, serving the Greater Philadelphia area since 1972

- **Mission:** to improve the health of the community by providing outreach, health promotion, education, research, planning, technical assistance and direct services.

- 2,500 employees, 350 programs, a netwo of subsidiary organizations, 70 locations/sites, 350,000 clients annually

- Specialized Health Services
  - Federally Qualified Health Clinic Network
  - Shelters
  - Behavioral Health

Pennsylvania
New Jersey
Delaware

THE GREATER PHILADELPHIA REGION

PHMC

PHMC health network

- **Congreso Health Center**
  - Large geriatric population
  - Primarily Latino population
- **Care Clinic**
  - Infectious disease management
  - Medication Assisted Treatment (MAT)
- **Health Connection**
  - Large pediatric population
  - Public housing population
- **Rising Sun**
  - Large immigrant/refugee population
  - Large pediatric population
- **Mary Howard**
  - Large homeless population
  - Connection to shelter

Implementation of Telehealth in Response to COVID-19

Phase One
Rapid Response Ramp Up of Basic Telehealth

- Advertising of Telehealth Services
- All existing appointments, beginning in mid-March, were converted to Telehealth appointments, Zoom used for video calls
- Majority of telehealth visits were telephone only in first weeks of implementation
- Templates are created in the Electronic Health Record to guide providers through telehealth visits

Phase Two
Targeted/Complex Integration of Telehealth

- Gradual integration of official telehealth platforms, including Doximity and Doxy.me, which allowed for more complex video calls

Phase Three
Maintenance of Telehealth Services

- Clinic staffed with skeleton crew
- Half staff on-site, half remote
- Allows for the maintenance of social distancing
- Decreases exposure risk

Phase Four
The "New Normal"

- All staff returns to work on site
- In-person appointments return for select patients
- Telehealth appointments continue for:
- High risk patients
- COVID-19 Testing
- Mobility barriers
- Other barriers

PHMC

Marketing of Telehealth

- **Informational flyers disseminated in the community**
  - Community based organizations
  - Shelters
- **All visits from March through May converted to Telehealth**
  - Facilities remained open for walk-ins, urgent physicals, and Family Planning visits
- **Comfort messaging**
  - Telehealth informational messaging was automatically delivered when patients called
- **Automated Mobile Texting through TalkSoft**
  - Mobile messages sent to patients asking if they would like a telehealth appointment
    - Y or N reply
    - Medical Assistants follow up with all patients who responded with a "Y" response to schedule a telehealth medical and/or behavioral consultation.
  - Providing information for Mental Health Services available for patients experiencing increased anxiety/depression due to the pandemic

PHMC

Outcomes

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		Q1	Q2
Total Visits	6054	5434	5363	7886	6381	5688		16851	19955
Telehealth Visits	0	0	1718	6982	5409	3919		1718	16310
In Person Visits	6054	5434	3645	904	972	1769		15133	3645
% telehealth	0%	0%	32%	89%	85%	69%		10%	82%
% in person	100%	100%	68%	11%	15%	31%		90%	18%
total no shows	30%	32%	29%	19%	20%	24%		30%	21%
telehealth no shows	0%	0%	6%	16%	16%	13%		2%	15%
in person no shows	30%	32%	25%	5%	6%	14%		29%	8%

from Q1 to Q2 of 2020:

17% increase in medical visits

29% increase in BH visits

PHMC

Staffing Structure

Week	On-site	Off-site
Week 1 – 2	Provider 1, 2 RN 1 MA 1, 2, 3	Provider 3, 4 RN 2 MA 4, 5, 6
Week 2 – 4	Provider 3, 4 RN 2 MA 4, 5, 6	Provider 1, 2 RN 1 MA 1, 2, 3
Week 5 – 6	Provider 1, 2 RN 1 MA 1, 2, 3	Provider 3, 4 RN 2 MA 4, 5, 6
Week 7 – 8	Provider 3, 4 RN 2 MA 4, 5, 6	Provider 1, 2 RN 1 MA 1, 2, 3
Week 9 – 10	Provider 1, 2 RN 1 MA 1, 2, 3	Provider 3, 4 RN 2 MA 4, 5, 6
*Rotate as many cycles as necessary		
*Staff who can work fully remotely are encouraged to do so		

Perceived Barriers	Reality/Solution
Limited access to technology for patients, specifically elderly and homeless populations.	Positive feedback/participation from geriatric population Phones distributed to 30 city shelters for Telehealth visits One phone per shelter
Decreased quality of care using Telehealth	High quality of care • Telehealth provided a means to continue critical care for those with chronic conditions, including blended telehealth/laboratory visits • Decreased unnecessary exposure for those at high risk • Video chat allowed for providers to perform physical exams for certain issues
Challenges with billing	Payors were, and continue to be, extremely flexible and made this process smooth and efficient

PHMC

Language Services	
Diverse Staffing	The PHMC Health Network has a diverse staffing structure that includes staff who speak multiple languages, including Spanish, Hindi, Portuguese, and French.
Live interpretation	For providers who do not speak the native language of their patient, interpretation was provided by a Medical Assistant, if available on site, or through three-way calling .
Use of interpretation line	When no staff spoke the language of the patient, the Language Services Associates interpretation line was utilized. The Medical Assistant would call the LSA line prior to the telehealth, and connect the provider and patient via a three-way calling system.

Telehealth Successes	
Allowed for innovative solutions to a challenging situation	Distribution of 30 cell phones to city shelters, blended laboratory/telehealth visits, distribution of electronic blood pressure cuffs to hypertensive patients, etc.
Decreased patient risk/exposure of community transmission	Allowed for continuous monitoring of high-risk patients in the safety of their own homes, eliminating need for public transportation and communal waiting rooms
Significant decrease in no-show rate	Patients who may not have come to an in-person visit, due to anxiety, transportation issues, or exposure, were able to have a consultation with their provider
Diverted patients from inappropriate use of Emergency Room	This supported our hospital systems during the peak, as well as decreased patient exposure
Decreased staff exposure/risk,	Allowed staff to continue seeing walk-in patients and other urgent in-person exams on site, while limiting the number of general chronic disease follow up visits

PHMC

Lessons Learned

Telehealth decreases barriers present in vulnerable populations, such as mobility and transportation access

Telehealth remains a viable means of communication with patients who are at higher risk of severe outcomes

Telehealth can be integrated into regular in-person care, along with in-person visits, to allow for a blended model of care.

Telehealth decreases the no-show rate and allows for more provider flexibility

PHMC

Recommendations

Utilize innovation strategies to think outside the box	Human-Centered Design Lean Methodology
Seek funding specific to COVID-19 support	https://www.councilofnonprofits.org/nonprofits-and-coronavirus-covid-19
Communicate with funders and payors	Funders and payors have been willing to share resources – electronic blood pressure cuffs were donated by American Heart Association
Utilize blended models	Telehealth paired with in-person laboratory visits
Be flexible!	Be willing to change the plan and pivot to another method of service delivery, based on need

PHMC

Thank you!

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Questions

Wrap Up

- Webpage: [Telehealth for Community-Based Organizations](#)
  - Archived webinars
  - Slide decks
- Next Webinars in the Series
  - #2 Promising Practices: Accessibility and Language Access (Wednesday, August 26, 2020, 2-3 EST)
  - #3 Addressing Barriers: Homelessness and Connectivity (Wednesday, September 30, 2020, 2-3 EST)

Thank you!