WYOMING TELEHEALTH NETWORK

Ingenium Digital Health Advisors

July 30, 2025

Overcoming Common Barriers to Telehealth

Part Two

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Founder & CEO
Ingenium Digital Health Advisors

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Learning Objectives

At the end of this webinar, you should be able to…

1. Describe the Common Barriers to Telehealth for **Patients** and for **Clinicians.**
2. Evaluate and plan to apply **Proven Tactics** to overcome those barriers.

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Today's Journey

- Introduction
- Telehealth, Defined
- Overcoming Patient Barriers
- Overcoming Clinician Barriers
- Q&A
- Optimizing Telehealth (and the 7 Thworfs)

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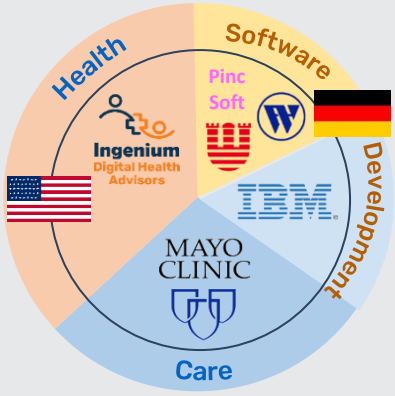
About Christian Milaster



35+ years

"Optimizing Service Delivery"

In Telehealth since 2003

Video Visit Implementations since 2008

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What is Telehealth?

Everybody agreed,
until somebody defined it.

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Definitions

"Everybody agreed, until somebody defined it."

Telehealth

Delivering Care at a Distance

Telemedicine

Practicing Medicine at a Distance

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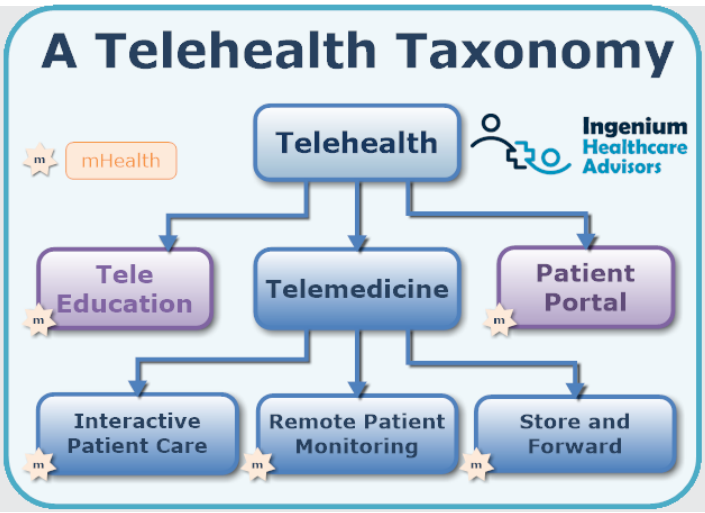
A Telehealth Taxonomy



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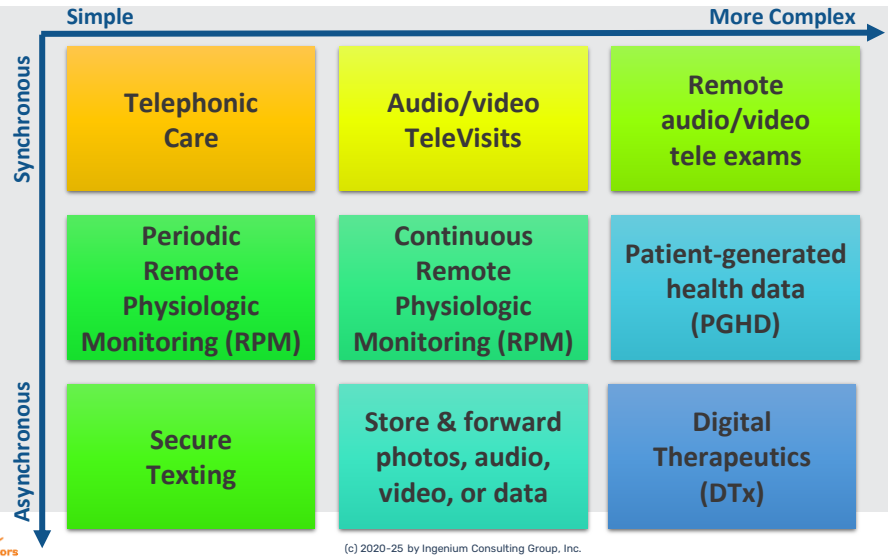
9 Common Telehealth Modalities



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Overcoming Patients' Barriers to Telehealth

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Patients' Barriers to Telehealth

- Access
- Digital Literacy
- Engagement

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Patients' Barriers to Telehealth

Access

- **Distance**
  - No public or personal transportation, no gas money
- **Time**
  - No time off; multiple jobs; daycare;
- **Technology**
  - No device, no connectivity, no data plan;

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Patients' Barriers to Telehealth

Access

- ✓ **Public Telehealth Access Points**
  - In libraries, community centers
- ✓ **Intermittent Clinics**
  - E.g., staffed 2-3 times a week; or drop-in
- ✓ **Mobile Clinics**
  - On a regular weekly schedule

DOLLAR GENERAL

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Telehealth in Libraries: Read a Book, See a Doc

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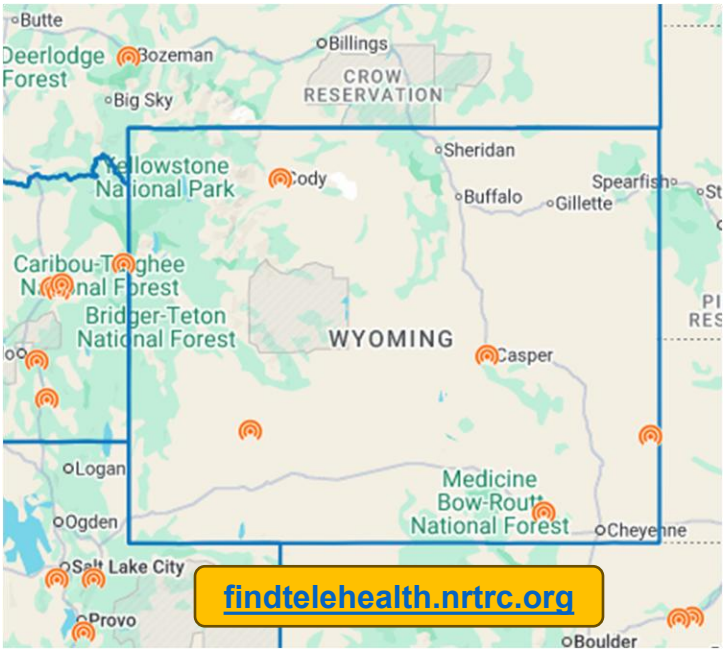

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Patients' Barriers to Telehealth

Digital Literacy

- Managing an Email Account
- Creating and accessing Patient Portal Account
- Installing Apps
- Troubleshooting Sound, Video problems
- Etc.

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Patients' Barriers to Telehealth

Digital Literacy

- ✓ **Public Access Points (Libraries) with support**
- ✓ **Digital Navigators**
- ✓ **Community Health Workers / Community Paramedics**
- ✓ **In-Clinic Assistance after in-person visit**
- ✓ **Telehealth TechChecks**

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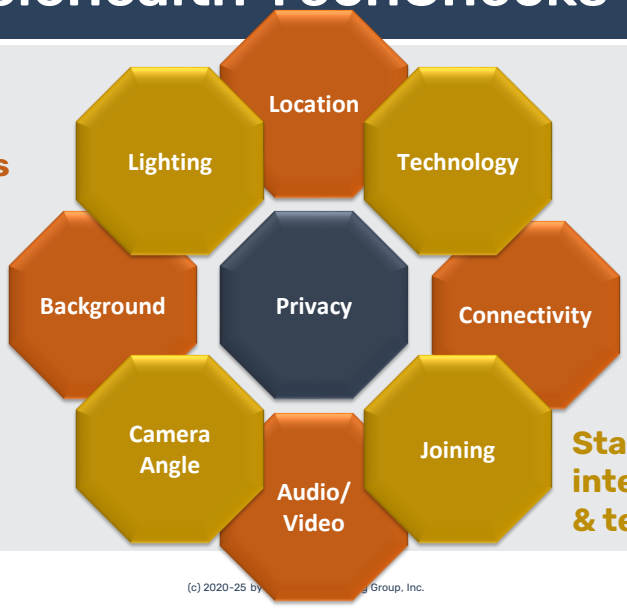
Telehealth TechChecks℠

Administered a couple of days before a patient's first video visit.



Staff with good interpersonal skills & technical affinity

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Patients' Barriers to Telehealth

Engagement

Not Limited to Telehealth

- **Keeping Appointments**
  - e.g., proactively cancelling appointments
- **Participation in Care Plan**
  - fill and take medications; complete tests;
- **Communication**
  - education/literacy level; non-native English speaker

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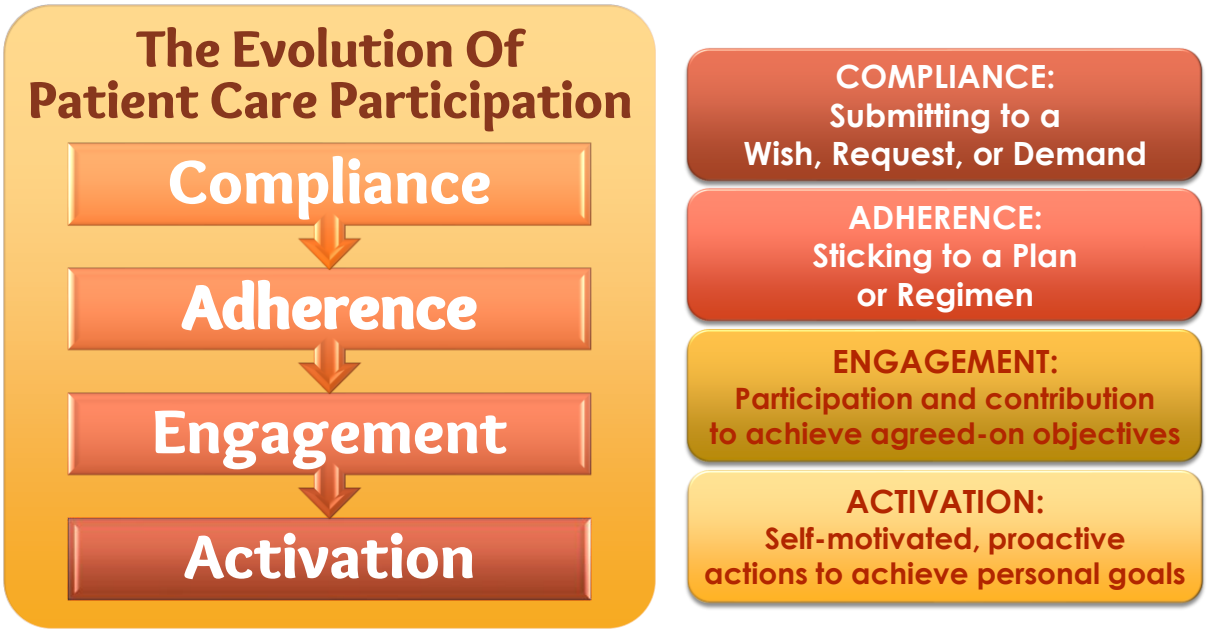

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Patients' Barriers to Telehealth

Engagement

- **Keeping Appointments**
  - ✓ Telehealth can make it easier;
  - ✓ Convert cancellations and no-shows to telehealth
- **Participation in Care Plan**
  - ✓ e.g., TeleMedicationReconciliation consults
  - ✓ e.g., Enroll in RPM to increase engagement
- **Communication**
  - ✓ seamless integration of on-demand **video interpretation** services
  - ✓ upcoming AI solution will allow follow-up conversations at preferred grade level

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Overcoming Clinician Barriers to Telehealth

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Change Management

- Most important root cause of failures in launching new services is **not managing the Change.**
- Humans are **very clever and creative** to resist change. It is part of Human Survival.
- To get people to do things differently, you need to
  - "enroll them",
  - appeal to their heart and to their minds,
  - make the change look "easy".

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ADKAR® Framework

Raise AWARENESS
- Define the Vision, promote the Solution

Create DESIRE
- Demonstrate the Benefits

Supply KNOWLEDGE
- Use experienced advisors & train adequately

Build ABILITY
- Provide opportunities for Learning

Supply REINFORCEMENT
- Ensure Accountability, Continuity, Support

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Without Change Management…

Clinicians
Staff
Patients
Leadership

will become

1) confused
2) embarrassed
3) frustrated
4) reluctant
5) resistant

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ADKAR Model for Successful, Sustainable Change

Awareness	Desire	Knowledge	Ability	Reinforcement	→ CHANGE!
Awareness	Desire	Knowledge	Ability	Reinforcement	→ Confusion
Awareness	Desire	Knowledge	Ability	Reinforcement	→ Resistance
Awareness	Desire	Knowledge	Ability	Reinforcement	→ Reluctance
Awareness	Desire	Knowledge	Ability	Reinforcement	→ Frustration
Awareness	Desire	Knowledge	Ability	Reinforcement	→ Backsliding

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Clinician Barriers to Telehealth

Awareness & Desire

Knowledge & Ability

Reinforcement

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Clinician Barriers to Telehealth

Awareness & Desire

- ✓ Leadership Engagement & Support
- ✓ Telehealth Strategy
- ✓ WIIFM (What's in it for me)?

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Why Use a Virtual Care Strategy?

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Anatomy of a Telehealth Strategy

Vision & Mission

Strategic Objectives

Strategic Goals / Projects

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Anatomy of a Telehealth Strategy

Sample Mission & Vision

Mission

Leverage Digital Health
to enhance CCN's responsive, innovative,
and collaborative services.

Vision

CCN is recognized as an innovator
in the delivery of behavioral health care,
transforming the care experience
through digital health solutions.

Digital Health Definition

Digital Health transforms the delivery of care
by connecting and empowering people
to manage health and wellness
through innovation and technology.

Anatomy of a Telehealth Strategy

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Telehealth Creates Strategic Success

Service	Quality	People
Improved Convenience "One-stop shopping" Additional Service Lines	Timelier Access Improved Care Transitions Improved Continuity of Care	Attract & Retain Talent Practice on Top of License Work Schedule Flexibility
Finance	**Growth**	**Community**
Increased Revenue Reduced Cost (e.g., ReAdx) Reduced Penalties	Expanded Geographic Reach Competitive Advantage Increased Pt. Retention	Reduced Travel Chronic Dx Management Health Education

What's in it for me?

- What about Clinical Quality?
- More Tech Frustration?
- What about Clinical Exams?
- PTSD from Telehealth During Covid!
- Can you make this about what I want?

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What's in it for me?

- ✓ **Clinical Quality** – create clinical use cases appropriate for telehealth; continuity of care and care coordination!
- ✓ **Tech Frustration** – good workflows, user-friendly tech, training, TechChecks and support
- ✓ **Virtual Exams** – training on conducting and documenting virtual exams
- ✓ **PTSD** – acknowledge it; this is different: mindful, supported.
- ✓ **What I want** – offer flexibility

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Clinician Barriers to Telehealth

Knowledge & Ability

- ✓ Involve in Design of Clinically Appropriate Telehealth
- ✓ Training on Policies, Workflows, and Technology
- ✓ Training on Webside Manners
- ✓ Training on Conducting & Documenting Virtual Exams
- ✓ Provide Operational and Technical Support

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Telehealth Service Training

- **Why?** Strategic, Business, Clinical Case
- **Workflows** Happy Day, Alternate
- **Technology**
- **Policies**
- **Best Practices** (e.g., Webside Manners, Virtual Exams)
- **Access to Support**

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Telehealth Training for Clinicians

- Telehealth Awareness Training **10 min**
- Telehealth Workflow Training **10 min**
- Telehealth Technology Training **10 min**

For Video Visits:

- Webside Manners Training **20 min**
- Virtual Exam Training **30 min**

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Webside Manners

Become Friends with the Lens

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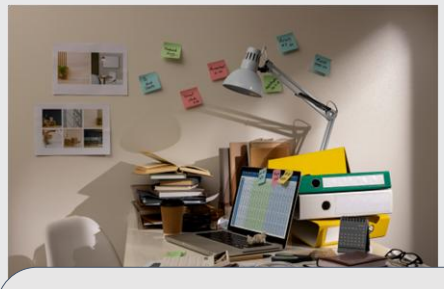
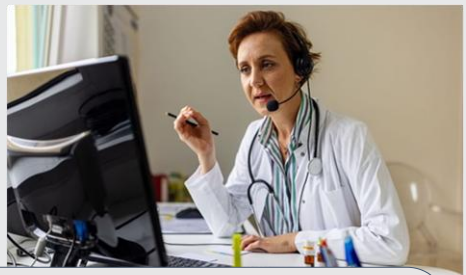
Your Background: What's Behind You?





Backgrounds should be uncluttered and professional.

Desk clutter and non-work-related information on walls is distracting and can be inappropriate.

No PHI is visible.

Avoid eating, drinking or having food visible.

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Background Lighting

A bright light in the background will make you look like you are in **witness protection.**

Light to one side will illuminate only
half of your face.

Natural light or light in front at a 30-45° angle is best.

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Proper Attire

- ✓ Wear professional attire
- ✓ Wear what you traditionally wear (white coat, business casual, scrubs)
- ✓ Wear your badge – org preference
- ✓ Solid colors with minimal patterns (busy patterns can be distracting)
- ✓ Remember you never know when you might need to stand up…
- ✓ …or when you may need a sip to drink

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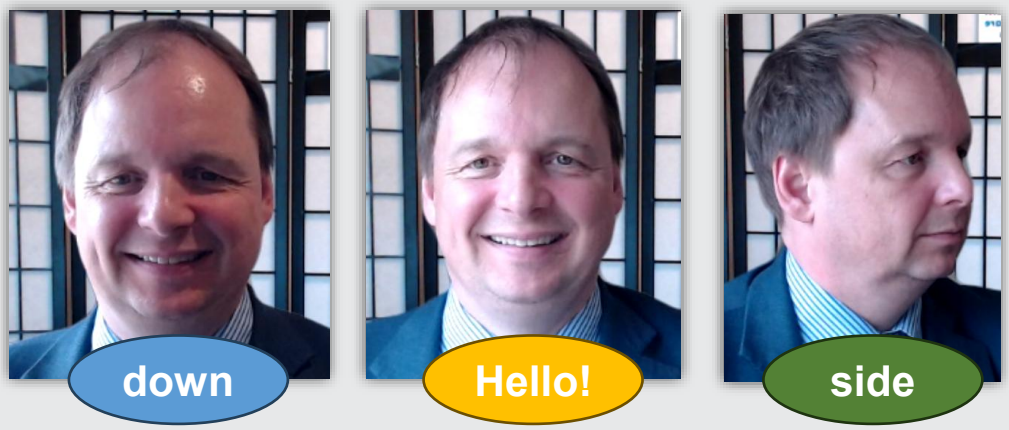
In the first 10-30 seconds, look directly into the camera



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Webside Manners Cheat Sheet

- Eye Contact for 30 seconds
- ACKNOWLEDGE
  - Background
  - Noises
  - Newness
  - Benefits
- Periodic Eye Contact
- ENSURE PATIENT
  - Comfort
  - Privacy
- Body Language: Leaning Back & Leaning In
- CLINICIAN SETUP
  - Background
  - Camera Position
  - Looking Elsewhere

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Virtual Physical Exam

- Conducting a physical exam during a video visit to the patient's home can be challenging
  - no (reliable) vital signs
  - no exam tools (e.g., stethoscope, otoscope)
- With thoughtful planning & patient cooperation clinicians can still assess multiple systems effectively
  - Obtaining a Patient History
  - Observation and Listening
  - Leading patient through self-palpation, touch
  - Assessing range of motion, gait, etc.

"Listen to your patient, he is telling you the diagnosis."
— Sir William Osler

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Ten-step Check List for Patient-assisted Exam

	Step 1: Vital Signs - weight, blood pressure, pulse, oxygen saturation, temperature
	Step 2: Skin assessment - new bruises, rash, swelling
	Step 3: Head, Eyes, Ears, Nose, and Throat - assess vision, hearing, sense of smell; observe throat, swallowing
	Step 4: Neck - assess pain with rotation, jugular vein distension, Corrigan's pulse
	Step 5: Lungs - deeply inhale and hold; observe wheezing and tachypnea
	Step 6: Heart - assess pulse, incorporate data from wearables
	Step 7: Abdomen - assess is abdomen is firm, tender, or distended
	Step 8: Extremities - press thumb into pre-tibial area and assess edema; perceived temperature
	Step 9: Neurological - speech, gait, Romberg, stand from seated position
	Step 10: Social Determinants of Health - diet, physical activity, sleep, stress, housing, transportation, safety, mood

Benziger CP et al; Am Jo Med; Vol 134; No 1; Jan 2021; 48-51

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VIDEO EXAM: (if completed, performed via video enabled technology)

Vital signs: BP 120/62 P 82BPM Tg8.6F. All recorded by the patient using their personal equipment.

GENERAL: alert and appropriate, in no distress, well-hydrated, well-nourished and happy, smiling, interactive

SKIN: no rash noted

HEAD: normocephalic, no abnormality or lesion noted

EYES: no injection and visual acuity is grossly normal

EARS: external ears normal, no mastoid tenderness

NOSE: external nose normal without rhinorrhea

OROPHARYNX: moist mucus membranes, no tonsillar hypertrophy/exudate, uvula midline and pharynx non-erythematous, lips, teeth and gums are without obvious lesion

NECK: full ROM, no cervical LNs noted

RESPIRATORY: breathing non-labored and no grunting/flaring/retractions

CHEST: equal chest rise with normal respiratory effort

HEART: heart rat 82BPM from vital signs

ABDOMEN: soft and non-tender

BACK: back normal in appearance, spine with FROM

EXTREMITIES: edema +1 bilateral LE

NEUROLOGIC: no obvious deficit

Note~ "findings per patient"

Perform & Document: Physical Exam

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Clinician Barriers to Telehealth

Reinforcement

- ✓ **Clinical Leadership regularly discuss clinical quality**
- ✓ **Periodically assess Clinician Satisfaction**
- ✓ **Make it easy to provide feedback – then act on it!**
- ✓ **Measure and act on Telehealth Success Metrics**

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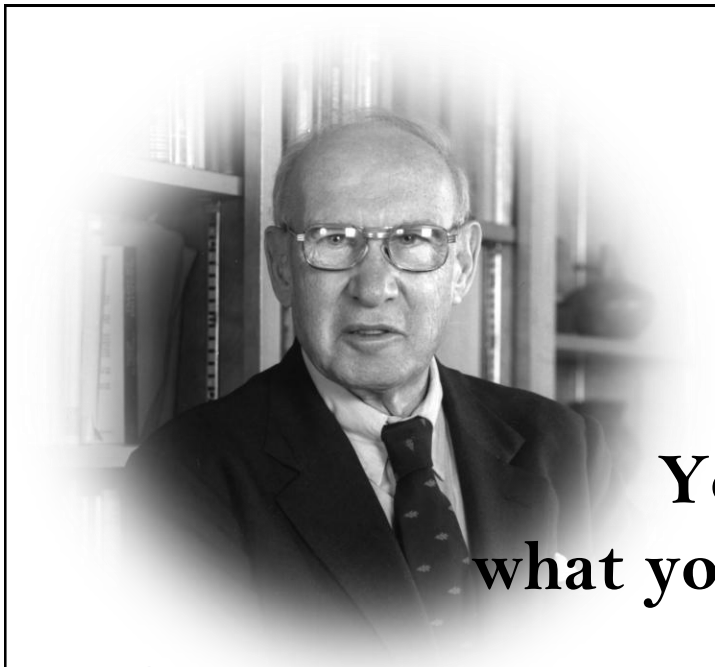

You can't manage what you don't measure

— Peter Drucker

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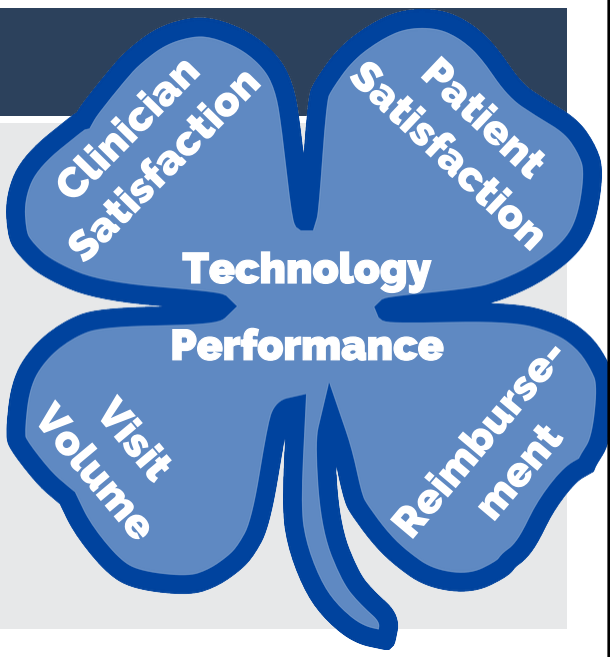
Critical Telehealth Success Metrics

The Pulse:
Satisfaction, Satisfaction, Satisfaction.

Volume: overall, by sites, by specialty, etc.

Reimbursement

Technology Issues



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After the Q&A:
Telehealth Optimization &
The 7 Thworfs

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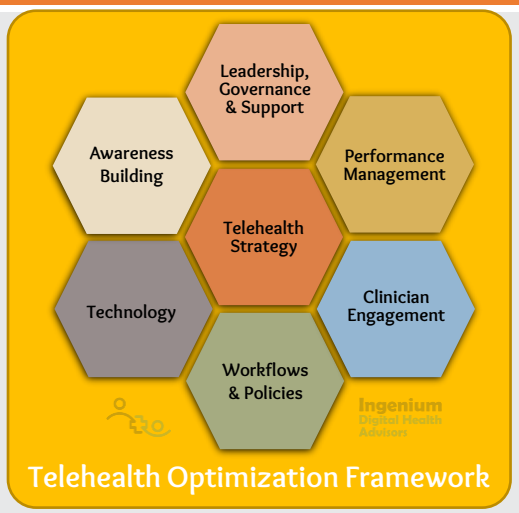
Optimizing Telehealth Systematically



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Telehealth Workflows (Thworfs)

Telehealth Scheduling

Telehealth Onboarding

Telehealth Rooming

Telehealth Visit

Telehealth Post Visit

Telehealth Follow Up

Telehealth Billing

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Learning Objectives

At the end of this webinar, you should be able to…

1. Describe the Common Barriers to Telehealth for **Patients** and for **Clinicians.**
2. Evaluate and plan to apply **Proven Tactics** to overcome those barriers.

Telehealth Access Points	Telehealth TechChecks	Leadership Engagement
Telehealth Strategy	ADKAR Change Mgmt.	7 Telehealth Workflows
Webside Manners Training	Virtual Exam Training	Telehealth Success Metrics

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