

REALTIME FILE

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Anita: Hello this is Anita Browning and I'm with the mid Atlantic telehealth resource Center. I want to welcome you two hour webinar today. The webinar today is about Delaware libraries telehealth and teleservices initiative. So the question is, how does a Boston born chemical engineer go on to launch the first statewide telehealth initiative for public libraries?

I would like to introduce you to Nick Martin and begin to answer this question. Nick Mart is a chemical engineer by training who has found his passion at the intersection of emerging technology and social impact. Prior to his current role he spent several years in the nonprofit space which included helping build a Delaware based K-12 STEM outreach organization. Nick's research background in renewable energy technology recently led him to receive State Department funding to create a solar energy community center in Islam outside of Legos Nigeria. Nick currently serves as the telehealth coordinator and emerging technology consultant for the Delaware libraries. Today he will describe the current deployment of a telehealth and device loaning initiative that integrates into existing public library infrastructure. Welcome, Nick.

Nick: thanks Anita.

Anita: certainly. I wanted to reiterate also that we will be recording this and the recordings will be available afterwards. Go ahead, Nick.

Nick: looks like I'm popping up here twice. Okay I will go ahead and share my screen. All right, so thank you everybody for joining today again my name is Nick Martin and I'm the emerging technology consultant from Delaware division of libraries. My role expands all sorts of emerging technology but as it relates today we are going to be talking about the telehealth and teleservices initiative. I'm joined by Dr. Vishal Patel the associate medical director for the Center of health at Christiana care and I will give him a little intro and bio toward the middle of the presentation. And to begin I'd like to start with little PSA.

Let me know if you can't hear this.

[Music]

>> Hi I am Nick Martin program director for the telehealth and device loaning initiative with the Delaware libraries. This program started several years ago actually when I came on board as an AmeriCorps Vista with the Delaware division of libraries and at that time my focus was on emerging technology as a whole. This includes artificial intelligence, virtual reality and as it relates to today, telehealth but what I quickly realize was most of the needs came in terms of healthcare access. We have as the library system a strong partnership with the Department of Health and social services and prior to Covid we had social workers and almost all of our libraries. My next step was to actually troubled almost all the public libraries in the state and talked with the managers about what telehealth could look like in our libraries. Little did I know that a few months after the roadshow we would enter into a global pandemic that really highlighted the importance of quality healthcare and broadband access. What we realized next is we needed private spaces in the libraries and since the libraries are heavily used including the study spaces we need to stand alone spots where patients can frequent to access these basic health and human services. So that's how the access to telehealth came to be. As it stands today the kiosks can hold 2 to 3 people inside have HEPA filtration and UV sanitation and are equipped with iPad and can access a variety of platforms including Skype, face time, zoom and several telehealth specific platforms. In addition to the kiosks we also hired staff we are calling navigators who are people who assist patrons in all parts of the kiosk process and that include scheduling, assistance with technology inside and also the follow-up and the case management of each patrons

>> Pacific needs. Hell my name is Maria I'm an advocate at the Seaford library. I'm located next to the kiosk we offer chrome books and MiFi and services for social service for help with scheduling appointments. You can walk into one of the three libraries or go on the website, get connected@Delawarelibraries.org.

[Music]

Nick: we don't want that again. So that sort of a depiction of everything that's happening definitely with a focus on the kiosk program. But I'm going to go into all parts of the teleservice initiative. The initial motivation for this project came from a behavioral health access standpoint. When we look at in Delaware the increase in depression and drug overdose deaths and I believe this is 2012 to 2017 data it is pretty astonishing. And if we compare and overlap that with the lack of mental health specialists in many parts of our state, I have this little heat map here of the number of mental health specialists full-time equivalents by census County and this is 2019 data. Lower parts of our state, the southwestern parts of our state do not adequately have mental health specialists support their needs there. All of this combined with the lack of access to Internet and devices so this is statewide data. About 60% of Delawarions don't have access to the Internet and 10% don't have access to a computing device. Then we look

at where we stand as a library system and I found this interesting pew research study that asks, that affirmed that libraries are universally valued for accessing healthcare information in fact 87 respondents affirmed the libraries were somewhat useful in seeking health information. So I also have this picture here of a last year addition of the Delaware Journal of Public health, which was featuring the intersection of public libraries in public health just to show that the Delaware libraries are considering how they play into public health and providing resources to the public. So the question that really launched this initiative was how can we continue to meet the needs of our patrons as a library system during Covid 19 and beyond. And we are still in the during Covid 19 part.

So the first part of this initiative are the kiosks or the boots for social service that you saw on the promo video. This is one of three kiosks that are located in the southwestern part of Delaware. While the initial focus was behavioral health, you will soon see based on this conversation and when Dr. Patel comes that there's more than just behavioral health we can do in terms of healthcare but we can also offer wraparound support from a legal perspective, employment support.

It is a soundproof multiperson capacity private space in the library that is connected to high-speed Internet so you can imagine that can be used for a variety of social services. As you saw in the promo, we are staffing needs kiosks with navigators. And these are people and these are staff positioned right next to the Navigator to help patrons with all parts of the kiosk process.

Like I said it is currently at three rural libraries in downstate Delaware and we are looking to expand. What's really interesting and I will talk about this later are the surveys we are collecting before and after use of the kiosk and some data that we are finding and this kiosk and other parts of this initiative are in collaboration with the Christiana care Center for virtual health which you will hear about in a little bit.

So to go a little bit deeper into the kiosk and the reason I really like this manufacturer in particular is they focused on producing something during Covid times. So in addition to having UV sanitation there is a HEPA filtration inside. We have hand sanitizing station we put outside the kiosk. We also for added privacy just these, retrofitted these white noise machines onto the outside glass and to keep this really platform agnostic we decided to put an iPad inside that are preloaded with social service apps and teleconferencing platforms. So anything from Zoom, Skype to help specific platforms but also the Internet if patrons need to get into a provider specific platform. So the second part of this initiative, and this is something that several libraries have already been embarking on across the library is device learning and this is in the form of chrome books and Wi-Fi hotspots.

We realize that device access and healthcare access we would launch this initiative in tandem because they both support each other. So these like our library books are loaned down at the library to be taken out. These devices instead are loaned out for one

week at a time. And we are not enforcing late fees, but there is a replacement cost with these devices. They come with a case. The case is [indiscernible] charging cables what's unique about the hotspots as I'm sure many people on the call know they can connect to 14 devices the one device is good for one family. So the next light is a new landing page we created specifically for the social service access initiative begets people directly linked to all parts of the program, a new landing page for that and then similar to the kiosks, the telehealth kiosks we are collecting data before people check out these devices to learn about is this their first access to a new device and do they know about it at home so we get a picture of who we are.

This is the new landing page we created, get connected. Delaware libraries.org. You will see there are several buttons at the top of the page to get to loaning out chrome books and Wi-Fi hotspots. Connecting telehealth and other teleservices and also direct links to the scheduling platform so we also have appointments you can make with social workers, with employment specialists and lastly a direct link if you want to book time in the teleservice kiosk.

The third part of this initiative and the newest part is this traveling nurse. This is in collaboration with a grant from high market Delaware and Christiana care. The focus of this nurse, which ties closely with the kiosks is in the southwestern Sussex County, the most southern county in Delaware. And I have these three maps here because I wanted to show the motivation behind that area. Not only is it a rural area, but if we look at, and I apologize if the text is a little small to see what the graph on the far left there is looking at number of persons per primary care physician by census County division. In the white, the dark green and the light green are the lowest number of people per primary care physician. So you can see how that overlays into the next map in the middle which is number of youth per pediatrician and then finally the last map on the right is looking at Delaware federally qualified health centers.

And you can see in the most northern parts of our state there's more dense, there's a higher concentration of these FQ HCs but in Sussex in the southern part not as much. So taking that all into consideration, this traveling nurse initiative is really to look at some of the most underserved communities in Delaware. The uninsured, the underinsured and really the estimated 30,000 undocumented immigrants in the state.

So with that, I'm going to actually turn things over to Dr. Vishal Patel who is a primary care practicing physician observes as the associate medical director at the Christiana Center for health. He and his team have learned a lot from management of Covid patients through virtual and digital technologies and have used many of these lessons to create a holistic virtual center that takes care of patients through the care continuum. Vishal.

Dr. Patel: thank you again, Nick. It is a pleasure to be here with you guys and I wanted to sort of continue some of the conversation that Nick was having in terms of you know, why Western Sussex, and to share a few other sort of heat maps. This is from a study

that myself and a few colleagues have done, in the graph on the left for some of them I think probably not to pay attention too much to that because where I work is sort of in the northern portion of the state and New Castle County and where the majority of our volumes have been in 2020 and in 2021 we are starting to see more throughout the state but through 2020 and I think if you're just looking at a few key variables here you can see that there is higher socio-economic vulnerability in the Western Sussex area. So just another reason why this is an area for us to look a little bit deeper and provide more services. Next slide?

This same area also as you look at the graph on the right has more homes without broadband access. So that ties back into some of the loan programs and also some of the why behind why we are looking at this area. And also this area is more rural. So I think if you are looking at a lot of the common social determinants of health, we know that there are barriers to care or communities that are hard to reach in areas that may be more rural, more socioeconomic vulnerability along with areas with lack of broadband access. So just another reason why we looked at this area as a sort of good pilot area and also to really demonstrate sort of, hopefully we will be able to demonstrate the effectiveness of the impact of the work we are doing. So I'm going to shift gears just a little bit too talk about what we're doing at the Christiana Center for health and how this has helped some of the patients that are been at the library and how this is really just phase 1 and we are continuing to learn iteratively and evolve from here. We certainly have been an entity for less than five months. Christiana care is a large health system in Delaware. It is a \$2 billion entity not-for-profit and has sort of four acute care hospitals and a number of outpatient practices sort of in the New Jersey Delaware Pennsylvania Maryland area but primarily custard in Delaware. And prior to the pandemic and obviously impetus from the pandemic we recognize there's really a moving trend to provide care virtually and anything that can be virtual should be virtual and that sort of the new venue of care is the home and the home could be their physical home, but it could also be sort of within the community, the workplace, wherever it may be so that it doesn't have to be within the walls of an office.

So this is sort of like the reason for the creation of our center. And on the slide you can see some of the high-level sort of attributes of why we have created this and sort of what we are able to provide so obviously it's extremely convenient, we are accessible. We can provide care I am about an hour and a half north of at least three kiosks and from my office I can provide care to any of the patrons that are there. So it obviously allows for the ability to do sort of virtual visits and these visits can occur within the kiosks, but then over time with the providing sort of hotspots and other sort of things it doesn't have to be during the working hours of the library. We can expand to providing coverage essentially summer where my team is on call for 24 seven and we have the ability to do sort of synchronous A/V visits seven days a week as you can see on the slide here. And the other thing that many of you probably know from either seeing, either in person or virtual care is that it's really a team sport. Not just a physician or nurse practitioner. It's really multiple other key members of the team that takes care of

the patient and that allows the ability to scale but then at the same time allows everyone to work at the top of their license and we have been able to take sort of the same key stakeholders, same individuals that may be in a virtual or in a bricks and mortar practice and sort of created that for the virtual team and have made some modifications in terms of what their key attributes and their roles are. And one of these roles is the patient digital ambassador and has probably some overlap in terms of the care connector or the connector that Nick sort of talked about earlier. And within sort of our delivery space this person is almost like your medical assistant, so someone in your office checking your vitals and your meds and the off assistant someone checking when you enter there and taking insurance cards and may be doing some of the demographic and administrative aspects and also sort of tech support we found this to be a pretty unique but very fulfilling and much-needed role. They are really the glue between the patient and the practice. And this is someone that we have this is the most abundant role and this is someone who can reach out to, the patient has built a relationship with this frankly 70 or 80% of the issues can be handled by this individual. And it helps all the other individuals on the team focus on a be higher acuity issues. So, and I think in terms of that role I know there was a question in the chat in terms of from a training standpoint there has been some training that we have done internally and we are working with the local university to really create a more structured curriculum because we strongly feel that these sort of care connector roles are going to be critical in the success of the delivery of any care because it is not just one person on the team so once we have gotten to what we've created with the local university a happy to share that more globally.

This is just another schematic of the people on the team I know I talked to about the patient digital ambassador and the nurses. There's obviously the on-site nurses with the travel program that Nick mentioned and then there are also nurses sort of at the centralized team that has the ability to work 24 seven with that patient and their patients needs. And really our key differentiator is really providing this holistic experience.

And oftentimes most people are seeing their provider once a year we know there are so many things occurring during that year and we have the ability to not only just do the wellness stuff but also anything from an acute care so if you have an urgent issue that sort of pops up and lastly really the big thing is for more of a wellness standpoint because we know that if we take care of one sort of exercise, nutrition and mental well-being, sleep, stress, then a lot of these chronic conditions will not occur and I think that is how we have created this team. We really want to focus on that sort of holistic biosocial model of care and we want to build a from the team from the patients and also the new delivery of care how we can best sort of optimize and get the best outcomes for the patients we are serving. Next slide.

So we know that the majority of the things can be done virtually. And I think there's Kaiser Permanente and another sort of larger organizations have been at sort of virtual care for almost a decade now way before the pandemic and really the main impetus for us now being able to do this, and it is now a lot more common across the country and

there's been changes from a payment standpoint to make it a little easier to do this work and also moving towards value-based care where you are paid based on the outcomes of your patient's and their utilization. So you really want to focus on being able to be more proactive with one's care. So that is sort of why there has been a sort of shift. But we know that not everything can occur virtually through a visit like this or conversation like this that there was going to have to be some sort of hands-on. That's where the community access points, with libraries being one of them but also than within community sites and other places throughout the state are going to be extremely important and will be critical for our success because A, it helps patients with sort of assistance with connection to virtual care. We have the ability to do different on-site assessment, so there are other devices that can allow you to do sort of digital stethoscope, otoscope, so you have the ability to listen to someone's heart, lungs, ears, look inside their mouth and it's really just another device like the phones we have that different ability to do other diagnostic testing and some of this can be done directly by the patient but recognizing that from a cleanliness, from a Covid and all of that standpoint we obviously have individuals on the care team there. So either the nurse or connector there to be able to assist in doing some of these assessments and then some of the other things may not be able to get done physically within the library but we have mobile we have a mobile van as well too. So depending on what event we are doing, depending on if it may be Covid testing if it may be other service screenings, flu clinics, Covid clinics, we have the ability to use the kiosk for individualizing one-on-one either counseling or conversation and that have other different positions and other things outside in the parking lot you know through the mobile van.

So I think that this allows for a lot of flexibility our team has a lot of creative minds and we have been able to challenge the status quo like what are things that can be done directly within the community so that individuals don't have to take off from work. It is sort of embedded in their day to day and they are able to access without multiple steps and able to get the care that is needed.

So I will hand it back over to Nick to talk a little bit about what success looks like for us and really what outcomes we are trying to measure and sort of moving towards what are our next steps in the sort of unique partnership that we have with the libraries to provide care to the entire state especially focused on those and more vulnerable populations.

Nick: awesome. Thanks Vishal.

So in summary here a few expected outcomes of the program the first really being increased access to remote Health and Human Services. We can really track that by the data we are collecting in the kiosk via the pre-and post use surveys and also the devices in the pre-use surveys. We can also look at data about the number of people that are enrolling in health insurance, looking at the number of job applications submitted, things of that nature. The second is really access to tech devices and Wi-Fi and we can look at that just by the number of people that are loaning out these devices.

I should mention that while I might have said this earlier but while the kiosks are only at three libraries the chrome books and Wi-Fi hotspots are statewide right now. We also hope, and this is inherent to tell health in general that there is a decrease lead time to see a healthcare provider.

We do have the post use survey how this experience has compared to a patron previously seeking healthcare. Because of Covid and just the way the digital age is progressing, we need to increase the public's knowledge of technology, emerging technology included. And that is a number of things like zoom we are on now but also looking at things like contactless payment, Instacart. Things that people are may be using in their everyday life now that eventually everybody is going to have to go toward.

And then the last and sort of the selfish expected outcome is increasing the impact of the library to the community. In order to use these services you do need an active Delaware library card. We've already seen a huge increase in library card registrations just because of people using these services which is pretty exciting. So then I wanted to talk about because we have been at this at about half a year now. What we found and how we are iterating moving forward.

So first we found the library foot traffic is pretty slow in general. The managers that I'm talking to our seeing as low as 50% foot traffic as compared to Covid. So we have an issue of getting people into the library in addition to telling them about these services. So because of that we are experimenting with some new marketing tactics in addition to exploring just all verticals of marketing so that includes print billboard radio car wraps.

We are also looking at incentive programs to get people into the kiosk for example in the referral program. If you refer X number of people there is an incentive through a gift card to continue referring people. The next is most people are hearing about the devices at the library. So I me ask how they are hearing about it it is yes there is some of this external marketing but a lot of it is referring by staff inside the library and by other library patrons.

So because of that part of my role is continuing to equip staff at the kiosk and library statewide about how to talk about the services and also attracting more people to come into the library again so they can learn about what we are offering. We are seeing digital literacy is low and that is in terms of just using the devices themselves but also the emerging platforms that are coming about as a result of Covid. So something

we are deploying is Northstar digital literacy, which is a platform that is designed to give people basic skills needed to use the computer and Internet in their daily life employment, higher education. It is sort of a rewards-based platform that has allowed people to learn about new technologies and new platforms. And then they already mentioned this before, but educating the public and the patrons on these emerging technology platforms. We are also seeing an uneven distribution of the demographics using the kiosks and the device loaning services so for the kiosks we are seeing 67% are men and 71% are white and almost all use English as a primary language and for

the chrome books and Wi-Fi hotspots similarly 60% are white and only 27% are men. And still almost all identifying English is the primary language. So as a result of that we are focused on more of a grassroots marketing approach moving forward and this includes talking about the initiative at places of worship in the community. Bringing this up to community leaders and influencers within the community and also going to community events. So next month we will have a table at the Hispanic Festival in Sussex County, which attracts thousands of people in the state. As expected there is a wide variety of kiosk uses.

This includes outside of behavioral health and healthcare access this is anything from employment, job interviews, job applications, meeting with lawyers, filling out Medicaid applications checking unemployment. So with that in mind we are focused on partnerships to provide wraparound support and social determinants of health so not just healthcare systems but looking at forming partnerships with the Department of Labor and people who can provide that support.

We also see that people are heavily using the devices for entertainment purposes and while we are not going to say you can check those out for that, it tells us there's an opportunity here to embed learning and services into entertainment. So there's a lot of platforms out there where people can learn about certain social services in healthcare information in the form of an activity or entertainment. So we are conscientious of that moving forward.

Just in terms of quantity, more people are interested in the chrome books and Wi-Fi hotspots than the kiosks which are stationary in the libraries. That tells us we should also be considering services at home in the form of M health and other social services with libraries more so as information hubs and leveraging our healthcare system partnerships so yes while the kiosks are still important for people, if they want to seek care while they are in the library we are seeing a lot of people want

to be able to use the services in the comfort of their home. So I wanted to leave this with some final thoughts. We have been at this for officially in the telehealth capacity for over two years. But with the deployment of the kiosk and the devices really six or seven months. So so far we are seeing breaking the mental health stigma is difficult even for public libraries. We went into this thinking that and we still believe the public libraries are stigma free spaces where people can frequent to access these services. But breaking the mental health stigma is an enormous battle. So we are still working on that. Also changing the public's perception about libraries. We constantly say the libraries, the public libraries are not just about books but that does take a paradigm shift in the public's view toward what libraries offer. Like I said in the last slide people are interested in accessing health and social services and we believe that from the comfort of their home.

So looking at ways to offer these services in the brick and mortar library but also remotely from their house. A program like this really relies on partnerships. So in

addition to the Christiana that you have heard from, you will see in the next slide we rely on a number of people from the community to really make sure this is successful. We want to make sure we have all people at the table when developing this initiative. And then I sort of throw these three adjectives in here that really define how my team was able to be successful and innovative in this process and it is adaptability, empathy and creativity and I did just want to name a few members of my team because I know they are on here. Alto Porterfield Annie Norman Ryan Dugas and Ben Loeb have been extremely supportive. This is not a one or two men or two person show and I really appreciate their support with this project.

Like I said this is not a one organization show either. We have a number of partners from the healthcare space, from insurance, from nonprofits to government organizations and I also wanted to highlight at the bottom here the three kiosk participating libraries, Laurel, Milford and Seaford all located in the southern part of the state that use on the previous map.

Lastly thank you to the funders. This project we were able to raise over \$600,000 to support the first year of this project. So an innovative project of this nature really takes support of innovative funder so I wanted to give them a shout out. And I should say that while the kiosks are at three libraries and the services are at three libraries we are planning to go statewide later this year.

So with that I'm going to open it up to questions and I believe Anita has been looking at the Q&A.

Anita: I think Dr. Patel had already answered the question about what kind of training education did the navigators have. The next question is, is transportation to the library an issue?

Nick: it depends on the location. There are some interesting things happening with DART, which is the public transportation system where they are exploring these micro transit options similar to Uber to provide people easy access to places like the library. We also have, Vishal, you can talk more about this that if you are a Medicaid recipient of the state you can have transportation to medical visits

Dr. Patel: Yeah, and we have there are a couple of these companies in the marketplace. The one that we have partnered with from an organization standpoint is a company called round-trip, so they are essentially a convener of all the local transport companies. So it depends, oftentimes it could be funded by the patient or by the facility that is taking care of them or in the circumstance it could be through some sort of grant for the library partnership.

So you do have the ability to get sort of transport. But I think being that a lot of things can be done at home, you know we are really hoping that you may not need the transport especially over time if you are able to do a lot of like the care and conversation in the home, but if transport is needed there are a few different services that based on

the patient's need. So if they are ambulatory and able to walk and need a specialized car that oftentimes we will use Uber and Lyft. In some areas that are rural you may have to wait a little longer compared to an urban area but I think if you plan it ahead of time and you know you have a visit 24 hours from now and it is a planned thing that these transport companies can be helpful.

Anita: thank you Dr. Patel. The next question is, is the state health department involved in the project and if so what has been the role.

Nick: Yeah, I talked about this little bit in the PSA the department of health and social services has been involved in this wraparound service support since the onset of what we are doing in the library. So following this is back in 2012, 2013 we started deploying social workers in the libraries with the department of health and human services as it stands today they still help us staff the navigator roles that we are talking about so yes it is extremely collaborative.

Anita: The next question is a comment as well as a question. Interesting that the kiosks aren't getting as much use. Does Delaware have pretty good broadband access across the state?

Nick: Yeah, we don't see it being in Internet connectivity issue. The libraries have some of the fastest broadband in the state. We were seeing people even use the parking lot Wi-Fi when the libraries were physically closed in the beginning of Covid. So I don't know if it is a connectivity standpoint. It's really just an education standpoint about what the libraries are offering. And again we have only been at this with our marketing for four or five months. So it might take some time to have like I say the paradigm shift in the community.

Anita: The question is have you run into problems with people needing to use the kiosk at the same time for ongoing services. If so how do you handle this?

Nick: not yet, so maybe that's one good thing about not being so heavily used right now. I will say the way we have the appointment set up is they are for an hour at a time and we do have a half hour buffer in between that we started with that because when we were told we needed time to sanitize between use when we were talking about Covid on surfaces now it's also for logistics because most people if they have an appointment usually starts on the hour, the half-hour and you don't want people on top of each other in the kiosk. So no issues so far. But we will deal with that obstacle when we get there.

Anita: another question is what role did the public health department play... You kind of answer that already. Anything further?

Nick: some other collaboration that we are doing not directly related to this, but Covid testing kits in the libraries and we are looking at ways to leverage the kiosks for other purposes like that.

Anita: Next question as you said the demographics are a white male what are the demographics around the library or the demographics of library visitors?

Nick: Yeah, it is, I do not have exact data on that but just from looking and walking in the libraries it is more diverse than that. So that's really the impetus for this pivot into really going into the communities and talking to community leaders. What we saw is really word-of-mouth that's incentivizing people or motivating them to use the kiosks so if we can talk to leaders of communities that really rely on word-of-mouth referrals that is going to be ultimately the success.

Anita: Another question is someone who is saying that they don't see the question or answer regarding training of the patient digital ambassadors. How do you find people who are well-versed enough with tech and tech support but are also able to do the other parts of the job?

Dr. Patel: great question and I think we are still so new at this role and we are learning as we are developing. So I think right now we initially, most of the people had some clinical background so a lot of them are either medical assistance or certified medical assistance then they sort of learned or we have talked through the platforms we use in different superuser trainings sort of internally and some of the tech support but I think that might not be the strong suit. And then we just hired two that had more of a tech/administrative assistant background and now trying to train up on just some basic medical stuff and like what are basic immunizations and different tests and screening tests and cancer screening tests and at least they feel better when they are having these conversations I think we still have not finalized the playbook nor have we mastered it. But I think realistically from a patient standpoint they want to go to one person and have that person be able to address as many things as possible and yet to a resolution as quickly as possible and what we were finding before or current state a lot of practices and a lot of these menus is that you may have a question and that person will ask someone else, will ask someone else and it may be two or three steps balancing between two or three people to get the resolution so we are I think learning as we are doing. And I think one of the local universities, Wilmington University is helping a sort of put down our thoughts which are sort of all over the place into some sort of structure so we have a structured playbook that we would be able to provide sort of the PDAs. But I think right now what we have learned is that it is the main core attribute that we found in all of our successful PDAs is really the flexibility because no one day is going to look the same so if you are someone that really wants structure it's going to be a little bit more difficult and I think having a little bit more flexibility will allow the person to succeed in that role.

Anita: Thank you. Nick did you want to ask the question about the kiosks being wheelchair accessible?

Nick: Sure. Yes, so they were not, there were no ramps in the initial rollout of this, so we just got third-party wheelchair ramps to allow them to be wheelchair accessible. The

picture you saw I think actually might have the desks all propped out but you can collect the desks which does allow for wheelchairs to get in there and pivot.

Anita: One more question. This person is in Ghana. Most of the projects and at the pilot stage, what business models do you advise in such an environment? the key take away is the partnerships bit and the fundraising to sustain such projects because most can't afford the data charges on some of the devices. Your thoughts?

Nick: So, I'm going to answer how this works for us, it might be different in another country. My whole thought here was to find grant support to show a proof of concept for the first year of the project. It is not sustainable to always have --- grants I believe anywhere so if we can then pitch the project to state governments to pick it up and continue it to success that's how we envision sustainability of the project.

Anita; is there a problem with patients checking out supplies and not And returning them or stealing them.

Nick: like anything, when you are giving out, we see this with library books and library media we actually anticipated a 15 to 25% lost stolen damage rate of all devices and we went into this to overbuy all of our products we talk to other libraries letting out devices and that was a common consensus of expects him to get stolen and do not be upset when they do. So that's where we are at.

Anita: And... Let's see here. Dr. Patel, do you want to answer the question about the... That cannot be resolved with telemedicine, what are the next steps?

Dr. Patel: great question. So the majority of time at least for primary care it can be done virtually with some of the other biometric devices, but if unable to then our depending on sort of where the patient is, sort of if we are their sort of PCP and depending on where they are time of day we can help direct them to the right level of care. So if there's a local urgent care and that is the right venue, if they obviously need higher level and they need to go to the emergency room then we can obviously direct in there. So we have the ability to sort of direct them based on where they are and us knowing sort of what is around there. Obviously overtime it would be great to develop as we scale to other states and things like that to start developing relationships with local groups but it just becomes a little bit more difficult from a coordination standpoint. So using the urgent cares and emergency rooms may not be the ideal state what we want to do, but we feel we have the ability to deflect the majority of them away from their when they are not needed. But when they are needed we will be able to bring them to the right level of care.

Anita: Thank you. Nick, there is a question are your kiosk navigators bilingual. Can you to help assist the Latino populations? if not what are the ways you can support a patient who can't speak English?

Nick: Yes. Good question I forgot to mention all of the materials paper hard copy materials are translated for English Spanish and Haitian French Creole and the

predominantly which is in Delaware and the literature is easily translated that navigators are not bilingual but we have representation from all three languages and are available for on-call support should somebody need translation.

Anita: All right. Let's see. I am checking the... Chat box and I think we are, we have answered everything thus far. Thank you gentlemen, thank you Nick and Dr. Patel. And I appreciate you taking the time today, particularly Dr. Patel with a busy clinical schedule. and to answer, people have put up again we are going to have a recording that will be available and it will be sent to the link that you signed up for. Our next webinar is going to be telehealth implementation, a guide and case study for critical access hospitals. It will be put on by the Northwest regional telehealth resource Center. This will be September 16th 2021. You can check the NC TRC website for the upcoming webinar. I would ask that everyone please please complete the survey for us to understand what you found helpful, so that we can do things like this going forward with someone understanding what you like.