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SPEAKER:

Hello, everyone. I am the program coordinator. Welcome to the newest presentation in our series. Today's webinars hosted by the California Telehealth Resource Center. These openers are designed for timely information for your telehealth program development. They are presented on the third Thursday of each month. Some background on the consortium, there are 12 regional telehealth resource centers and to national. When focused on telehealth policy and the other on telehealth policy development. Focal points for developing and accessing telehealth services in rural and underserved communities.

Your audio has been muted for today's session. Please use the Q&A session to ask questions. Questions will be answered at the end of the presentation. Please note that close captioning is available and is located at the bottom of your screen. Today's webinar is also being recorded and you will be able to access today's and past webinars along with the PowerPoint presentation on the NCTRC website. With that I will introduce our speakers for today, we are joined by three representatives from OCHIN, Rob, Allison, and Tyra. With that, I will pass it over to (unknown name).

SPEAKER:

Thank you. Everybody see my screen OK? Thank you for being here. I am from the California Telehealth Resource Center. We are thrilled to be hosting today. A reminder, as usual with the telehealth resource centers, all information presented is just for informational purposes. We do not have any relevant financial interest, arrangement, or affiliation in today's presentation. We will hand over to the speakers for the agenda.

TYRA BROWN:

Thanks. I will just go over the agenda for us. Today our agenda consists of reviewing the hybrid virtual care models. We are going to talk about the benefits of the patient portals in terms of the high-performing health centers that we are seeing. We are going to do a virtual visit overview, talk about the future of virtual visits and how you can make changes to your patient portal.

With patient centered solutions. We will close out with any questions that you might have. Next slide. I think we have done introductions but just to do them again, we have Robert K, the technical program manager, Tyra Brown, and this is Allison Pierce.

In the last few years, we must say care delivery has gone through quite a transformation. From nearly 100% in person to nearly 100% virtual during the lockdowns of the COVID-19 pandemic will stop the pandemic provided a safety impaired for pivoting to virtual options. It accelerated from cooperation from peers and regulators. This offered as an ideal test case to demonstrate the potential for virtual

solutions to complementing person care in ways that expand clinical paucity, improve continuity of care, and dramatically increase quality care. Particularly for underserved populations. The experience also understood the need to design future hybrid models with a nod to health equity, to not exasperate the digital divide. We did that a lot of times because we saw that patients were really lacking virtual care options. A lot of healthcare centers want to implement that. Into their framework. As a general rule, states and private players (indiscernible), under the COVID CMS lifted, many burdensome restrictions of telehealth expanded the number of allowable services that may be administered virtually. It is yet to be determined if these temporary provisions will be permanent but the prevailing thought is that CMS will extend the parity. So, the goal for healthcare is a seamless patient experience. We want to make sure that patients don't really have a difference between in person care and virtual care. Evidence shows that clinical efficiency, patient preference, value of virtual care options will allow patients and providers to choose the most appropriate virtual care options. At any given point in the patient care journey as a new standard of excellence. Let's go a little bit deeper into what that may look like. Next slide. So just from what we experienced during the pandemic with a lot of us going 100% virtual, several data was pulled and it showed that patient portals – increased patient portal efficiency in the patient portal experience. We saw this with the pandemic. Many patients used our patient portals to review COVID-19 test results and to review education materials on the symptoms linked to the virus. Virtual care also increased during the time and some patients were able to message providers, submit questionnaires, remotely track biometrics like daily blood pressure or glucose. Reminders and alerts helps patients to learn more about care and how to manage an upcoming patient visit.

Next slide. So studies found that patient portal adoption in general is correlated with increased patient engagement. It improves patient retention, you have higher rates of up-to-date preventative care and better health outcomes.

Low income patient populations are more inclined than affluent populations to use smart phones to access the patient portal and manage healthcare. Other studies similarly found improved compliance with medical advice, and medication instruction among patients who used patient portals, particularly those with chronic conditions such as asthma, congestive heart failure, type II diabetes. Next slide, please. Here are the markets trends. As I mentioned earlier patients related like having access to their care during the pandemic.

It showed in the data. We looked at a lot of the patient portal usage and activation rate started showed an increasing – it showed an increase which has remained steady even now. This is civil data shows that with our data, it showed that 31% of patients have an account. 40% of patients who have been seen 3+ times this year have an account.

The mobile app will become the majority of users soon. That is probably about 40%. That is what the

trends are saying. About six in 10 individuals nationwide rocks is a -- offered access to the patient portal. 40% access to the record at least once in 2020.

Many users access the patient portal through a smart phone health app in 2020, individuals encouraged by their healthcare providers to use the patient portal access to and use the portal at higher rates compared to those who were not encouraged to do so. Next slide.

There is benefit not only for the patient but for the healthcare setting as well. Data shows that the patient portal virtual care does not just benefit the patient but the health center. The health study found the positive correlation between greater portal adoption and patient pay yield. Practices done (indiscernible) saw a medium increase of the patient pay yield of nearly 5%.

They are more likely to have ongoing relationships with providers. 30% of portal uterus make at least one annual visits to primary care provider in a three year time span compared to just 19% of non-portal users. I know when I was looking for pediatricians for my kids, I looked for, only look for pediatricians that had a portal because when you have kids, you have questions that are normally outside of business hours. So that was a huge factor and we are seeing that trend in data as well. Next slide. So, what we are seeing is increased patient portal usage, not only helps patients but helps the staff as well. Practices with portal adoption rates above 60% reported that portals can reduce workloads. Patients were able to use portals to accomplish a task that would normally require a phone call such as a prescription refill, request appointment, so this allows staff to book some patients who have the most urgent needs and questions. So patient portals allow registration forms to be completed electronically prior to an appointment to check in. Keeping front office work efficient. We saw this a lot during the pandemic will stop a lot of providers would make you do a lot of the check-in work in your car and then you would come in when you have completed everything.

Then you would go straight to the room. We saw that a lot with a lot of our providers. This translates into cost savings for the practice and improve care delivery for patients. Increase portal adoption and virtual care options allow providers to put a greater focus on patient care. Providers can use the portal to easily access and share patient information electronically for it allows them to provide a higher standard of care. Also studies show the patient portals better the patient and physician relationship. Take about it. If you have 24 hour access to connect with your provider, and asked some questions as I mentioned earlier. That is one of the benefits that I liked about the portal. And I was able to review notes and that makes the physician and provider relationship even better. As you can see, there are a host of benefits – a host of things that benefit the medical provider which makes people really need to take advantage of the patient portal. Doctors better can medication, elimination of paperwork. Unrestricted electronic access, better relationships, improved outcomes, and optimize workflows.

So, as the industry continues to transform, into reimbursement, healthcare organizations have

significant opportunity to manage these issues, by growing portal generated revenue. By increasing portal generated revenue organizations can deliver more efficient, more care efficiently and redirect staff and resources to hire more services. There are ways to accomplish this. You can deliver a greater variety of services which we will talk about in just a second. Then, as well as enrolled more members and improve the patient experience which we have already discussed. You catch the patient responsibility because you provide a lot of education materials through the portal you can align to interoperability measures.

One of the things that I haven't mentioned is patients with chronic conditions can now use Bluetooth enabled devices to upload blood pressure readings were blood glucose levels. Via the Internet, to the patient portal. So, this technology enables clinicians to remotely monitor conditions in near real time and make adjustments as things change. These remote monitoring activities may be reimbursable under federal, state, regional, or payer guidelines. We already discussed how patient portals tend to increase – patients with portals tend to pay their medical bills faster. Then, we talked about the COVID-19 public health emergency lifted which made a lot of restrictions on telehealth go away because it was expanded and a number of allowable services that may be administered virtually increased. Next. So I just wanted to go over a few things. What OCHIN did during the pandemic as we look at it like what were the trends of high performers? What were the characteristics of health centers who utilized their patient portal on a regular basis. Here's what we found. Right? They normally have a diverse patient demographics will stop that ranged from different incomes, yet. They just had more of a diverse patient population than those who did not. We also looked at they had more functions.

One of the main things I think that you are seeing through my presentation is you know, the more functions that you have available for patients to actually use, the better. Then, finally, the length of time that the patient portal was also big to be assumed that this was because they had established workflows and processes in place such as maybe they have different workflows in order to sign up a patient. Maybe they have – maybe the patient portal is promoted more with the saw. So patients are encouraged more to kind of utilize the patient portal. If it is also promoted with the medical staff, as far as if you need another medication refill, just use the portal, that type of thing. And patient demographics also noted that English-speaking patient populations were most of the users of the patient portal. And also patients that were 20 years old and higher actually activated their patient portal a lot more as well. So, data shows that between seven and nine patient portal features enabled increases patient portal usage. On average, each additional patient portal function that you have enabled is associated with like that – we notice like a 3.9 increase with our patient portal.

Specific functions on activation rates, we found that the payment function is also associated with an 8% higher activation rate. We also found that health centers with higher activation rates tend to be using a secure text messaging platform as a mechanism for patient texts and outreach. While on average health centers and customized trending implemented have higher activation rates than those

who have not implemented it. -- Customized texting features

Customizing your portal has a benefit. We mentioned this point before but I think I just wanted to stress having the payment function turned on was huge and then it goes a little bit deeper into some of the patient functions that we said – having these functions enabled actually increased usage. And it was the auto instant activation. The virtual visits, prescription refills, fast pass and then direct scheduling. Those are the ones that we looked at. Next slide. So, this is just like an overview of some of the things I have mentioned in the presentation today. We talked about how the increase patient portal uses and activation actually not only benefits the patient but it impacts the staff. As well as the health center for so for the patients, they have access to their health information 24/7. They can look at upcoming visit reminders.

They have access when they have small children. First off, introduces no-shows, because patients have more access to their information will fewer phone calls because a lot of stuff is streamlined in the portal. We reduce mailings that way as well and less time at the front desk. With the portal you have easy check ins, you can E sign forms, so a lot of your check in forms and administrative staff is kind of done before you get there. Then you have online bill pay. You can cancel, reschedule online and online test results. I think I just really want to stress that you know, when you as a patient have more control over your data, and how you see it and when you see it. I think that not only benefits your patient but like I said, the staff, and your Health Center as well. Now, I will turn it over to Rob Kaye to go over visits.

ROB KAYE:

You covered a lot of ground there. There is so much talk about it here and I know it is also preaching to the choir for you guys are on a telehealth reserve -- telehealth resource network call. So having more features on leads to greater engagement. That feels really intuitive but having those hard numbers on the 8% higher engagement with bill pay is really powerful. I appreciate your team doing those studies. I want to dwell for a moment on virtual visits and the way that they interact with the patient portal itself. You know, there's kind of two schools of thought around this. One is doing it separately. We have used (indiscernible), you could even use FaceTime post the ability to have that interaction with the patient. I do want to encourage and solicit feedback from this webinar around using the patient portal itself as the access point. Because essentially that leads to more use of the tools. And streamlines all of your functions. It makes it almost parallel to a clinic visit. Obviously we make sure that your tool is HIPa compliant. Confirming demographics, sending out questionnaires ahead of time. You can even gather some of your meaningful use numbers like sending out PHQ twos and PHQ nine questionnaires. And gather the insurance cards. Many portals have the ability to take a picture and send that in as part of it for – so that you can run your RCE in the background. Basically, it is try and get that data entry done ahead of time for by the patient, when they have that moment of calm, before they are sort of waiting and nervous and that is one of the big advantages of virtual. I also

encourage working through the portal because of the technology check challenges will I know that we have all been on Zoom \$9000 a day for 2 1/2 years now. For some of our patients, they aren't as tech savvy. They don't get it as hard every day. It is always the first visit is the hardest for so, being able to do that check check to ensure confidence in the platform can be really powerful. That is hard to do with a separate video visit is technology. Using virtual visits and this is preaching to the choir. It is an equity push.

Because patients, especially with those with 12 hours per day jobs, multi-languages, he does a lot of work to come into the office. So encouraging those virtual visits where you can, where it makes sense, where you have translation services available. I know that is a huge sticking point for many of you. There are services that you can buy that will send a translator on. You can even just speakerphone in one of your standard translation services for those video visits. Being able to support those patients who otherwise may not be able to come in. And group visits are surprisingly powerful. I know that we use My Chart from nearby here. There is the ability to add additional people to your call. Often that will be the primary caregivers. For example, if grandma is sick, having their child get on the call with them to take notes, etc., can be very useful. Or even back to that translator flow. Finally, the basic logistic of patients needs to click on a link to get in. Having that inside the patient portal is useful. Also, most tools you will see have a button that just sends the text to them again. Time and again, that ends up being useful. Even if your patient portal, again in our case it has push notifications or ticklers and I will discolor the ticklers as one of the worst terms and technology. But those are text messages or emails that are sent to remind the patient to come in. Sometimes just that text message can get them coming in. Next slide, please will we have hit on some of this already. Managing that waiting room is another component.

I know that your providers never run late, that they are always 100% on time. Nothing ever comes up. But for some of hours they can run late and having the ability for a room A or staff member to pop into the virtual waiting room to reassure the patient whether that is just texting them in the online chat or face-to-face. It can be really powerful and reassuring. So that is another reason to do this through a portal. The other is to set the expectation that communication will happen through the portal. Especially, for after the visit. So if there are activities that you need to patient to complete whether that is refilling a prescription, whether that is bill pay, whether that is entering their own biometrics, or really the big thing is sending after visit summaries. So the patient can see what you talked about. When you do that visit to the portal, that becomes incredibly easy for the patient. It is the same place and sort of the mental model is in play. And those after visit summaries, I know many of you have done big push is to make sure that you attach that to every visit. It is often very easy maybe too easy, to add too much content to those and that is a whole other conversation for the big advantage that I have seen in those is the avoidance of whitecoat syndrome. Which is for better or worse, all of you providers on the caller terrifying.

That means that patients often aren't holding onto all of the information that you tell them. Not everyone has the wherewithal to bring a notepad or to bring in another person to take notes for them. So enabling the after visit summary to get to them easily with those clear action items within that same portal is incredibly powerful. It can boost, again, you guys know this but it can boost compliance with the care plan. Next slide, please. Alright the I want to take a step back for and look at kind of the crystal ball. And where healthcare technology is going and different levels here. One tip that I received in a previous life was that healthcare technology is five years behind banking, and 10 years behind travel. So if you think about I am based in Portland, Oregon.

What Alaska Airlines is doing 10 years ago with the check-in kiosks, building a mobile app, reminders, and then with banking, USA A, so what they have been doing online, being able to scan checks, open accounts, interact over chat with support. That provides a really helpful framework for seeing where we are going with this. I know each of you is in different parts of the country but Alaska Airlines is a great user interface and we are putting some of their components. Where we see healthcare technology going is there is this cascade of interaction points that are increasing the level of effort from the clinical team. Sort of level 0, for by your -- for better or worse is going to be Doctor Google which leads patients astray but we need to acknowledge that that is many patients first entry point. So encouraging them to interact with you or at least a trusted resource before they go off and learn from Web MD that they have cancer, is a very effective tool. So within those patient portals, having weather that is (indiscernible) or another tool available, that you can encourage and get patients to interact with. That is sort of the first year. That is outpatient self-serving. Then there is messaging for stops of this is – I know – it is kind of the elephant in the room when it comes to patient portals. Providers, especially in SQ HC, don't have admin time allocated.

It can feel like an onslaught of messages that you are doing in your pajamas until 10 PM. That is real. There is were close that you can develop as a system to support that. Whether that is having tools analyze, the nurse team or the MA team scrub those ahead of time. Moving as many of those systems online as possible. That is another big tool. So many of the questions around scheduling or bill pay, encouraging patients to do that ahead of time and frankly, educating the patients about what messaging is for. It can be hard the first time and then pays off. We have seen some health systems will actually drop (indiscernible) on their ABS, after visit summaries, where the patient has been abusing it.

Then, it encourages them to do it a different way. The final one is a study at the University of Yukon where they called it the let me upgrade you flow. If the patient has more than three interactions over messaging on the same issue, the provider is encouraged to upgrade them to a visit and that keeps those messages from drying out. So we are cascading down from Doctor Google to the trusted in-house resource to messaging for then there is even visits. They are pretty underused. These are the visits, there are vendors for these. They essentially walk patients through the same algorithm that you

are nurse practitioners are running on low acuity issues. You have a cough, cold. If yes, are you running a fever. They wake -- they walk through those and gather those from the patients while they are at home, without using provider time. They will then consolidate those patient answers and put them in front of one of your providers who can review their answers. As the patients follow-up questions, and prescribe very quickly for stops OEC some providers able to treat these low acuity common issues in two minutes because frankly, it is following best practices. So again we are cascading down through more and more options. Then, we had virtual visits. Obviously you guys are very familiar with this. It keeps the patients in the home. We have seen that patients who connect four virtual often have shorter visits because they tend to be more targeted. For better or worse. But I know that when you are in with your patient in person, and you say is there anything else I can help you with, the answer is almost always yes, also this massive thing that I didn't mention and should probably be an extended visit and three more for you are now trying to talk onto the end.

We've seen the theme that that does not happen with virtual visits. It is important that those patients get those seen and treated but there is an option to do that at a later date. Or to extended. The virtual visits tend to be more targeted. And then finally, almost as a last resort, again, this is in the future as we cascade down, do you have an in person interaction with the provider for obviously when you need to do biometrics, if you need to take vitals, and the patient's have a device, laying your hands on it is a key part of healthcare but only do that when you need to fill and so again bringing back in that banking and travel idea. I don't know about you guys but the last time that I interacted with a teller in person...I think I was nine? You know, that doesn't happen all that often let alone a travel agent. In person? No. Again, they are trying to take my pulse but you can see where the industries are headed and the ability to move many of these things online. Make it much more convenient for the patients and much more efficient for you. While still making your patients feel connected and heard by you, their provider for because they are going to go somewhere else if they can, if they see something more convenient. Your Zoom cares, operating virtual visits for a flat rate. \$49 for if you can't see them for two months, and the patients have some resources, they might go that route. So providing these options keeps them in-house, and is what we see is the way of the future. Alright. That was my long diatribe. I want to hit it off to Allison he was our expert on how to actually build these things and build them right.

**SPEAKER:**

Thank you so much. To close us out I want to make sure that we have some time to think about designing the right solutions to meet your patient's needs. Not just the technical features are the capabilities, and the functions that are going to get the patients to the care but also thinking about the experience that you want to create holistically for stopping certainly for patient perspective, I can speak for myself as a patient, always when I am looking for is what is going to be the easiest? What is going to be the most streamlined and seamless for me to navigate as far as accessing my healthcare, like Rob alluded to, some other experiences that are really moving to that more digitized space. And what are the tools and resources that are available to make things easy and seamless for me?



As the user or for the customer, as a patient for stops so as you think about building your solutions for your portal, I want to encourage you to think about the human experience will from the perspective of your patients, as humans, people who are navigating the unknown, trying to care for a loved one. What are the needs and actions of that individuals.

Thinking about the easy simplicity of something...what works well and what of the drivers for success within other markets and other industries that are digitized. That you might want to mimic the and consider for your users. Also thinking about co-designing full topic cooperating with representative samples of end-users whether that be caregivers, demographics, care considerations...what are the needs that they have in order to build that impactful experience. How do you think about (Indiscernible) need language and cancellation assistance. Infidels who need assistance or are going to use adaptive devices when they are engaging with different digital tools. Having those perspectives at the table as you are designing your solutions is going to be really important for -- (indiscernible)

...Developing and deploying a portal, asking people from the start, have you come from an organization or a health organization that had a portal but what worked well for you in the past? What are some things that you think would be really important to be able to a completion side of the brick-and-mortar building that we have that you would like to see online or available to you. Versus individuals and who are part of an organization, receiving care through more robust portal. A lot more features and a lot more innovation is available.

Developing your portal, so also gathering feedback from that stage, thinking about integration of remote patient monitoring and other devices and things that might be a little bit more mature and advanced than those early-stage development. Making sure that you are asking for feedback from your users. Then, focusing on that...you are always thinking about how to improve on what you have done and making sure that you are always moving towards the next stage. Validating your findings across the lifespan of the project will making sure that that is key and fundamental to not just one stage of portal design and implementation but that you are always looking for areas of improvement, you can run through your (indiscernible) cycles or working through your improvement science methodologies to make sure that everything is continuing to grow as your users develop more, needs changed along the way.

Alright. I think that closes us out. Open for Q&A.

ROB KAYE:

Let me give voice to some of the written questions and give you guys time, attendees, to please submit some more while we answer these anonymous attendee asks. It is best practice to make each check-in for video businesses mandatory or optional. This varies by health system, workflows,

platforms, but my recommendation, what we have seen effective is to turn on each check-in, depending on your platform it is called something else but basically the entry of information prior to a virtual visit. Turn that on but make the fields optional. Obviously your front desk would love them all to be answered. As would we. It would be don't want to do is throw a barrier to care and therefore there is also the challenge that at least for Epic, if the patient doesn't complete each second -- check-in online than no information comes across. It is problematic but the way that it is bills. My recommendation is to turn it on, gather as much information as the patient is willing but enable them to skip fields. Is Zoom the only virtual visit platform? No, we have three and are stable. We have Microsoft teams, which I don't encourage. We built in a hurry during COVID and while it is functional it lacks any advantage over Zoom. As you can tell, Zoom is certainly the industry-standard. We'll do also support (indiscernible) which is a powerful tool as well. And despite all of that page that I was giving about making sure that you have...I know that you can't always get patients signed up through My Chart. And (indiscernible) is an end run around. It is a dialer that sits on your providers desktops and they can punch in the patient's phone numbers or email and connect without any further hassle.

-This might be a question for you. I want to know if there is a separate webinar dedicated to asynchronous codes and services as part of the CT RC work. You may have some thoughts on that. We can get back to you. I don't believe that there is anything on the books specific to asynchronous.

SPEAKER:

I am not sure what is upcoming in the NCTRC webinar colorful I think aria did respond but I would say if you are looking for specific codes, please reach out to us if you are in California, please reach out to your telehealth resource Center if it is not CT RC, you have original one that I am sure would be happy to help you with codes and services. They cover a variety of topics for virtual careful stop I am sure they would be happy to help you. I believe there is a link to respond to that question.

ROB KAYE:

Thank you. You come across patient experience hurdles with My captured customization. If so, what are the workarounds?

SPEAKER:

Good question. Maybe we can tagteam. No. There certainly are hurdles that exist as far as patient experience goes. We are doing our best to make sure that we acknowledge some of that. As far as workarounds go for customization, that I am not quite so sure about.

SPEAKER:

I can jump in a little bit there. Some of the biggest hurdles that we see with My Dirt around activating, getting patients to actually sign up is some of it is cultural, there is reticence to share information. We don't want – I don't want my doctor up in my business. But often it is technological. It is a scary amount

of work even though it is not. But for those who are not tech savvy, my parents included, I consider my mother my ultimate beta tester. If I can get her to use a tool that I have succeeded. I am 149. The best way to solve that is with...and it is hard because it is resource intensive. It is with hands-on support from your front desk or your MAs. The other solution that I have seen that is pretty creative from some of the clinics that we work with us to staff a Genius Bar, so to speak, but they do it with high school volunteers over the summer. Because nobody needs to train a 17-year-old on how to download and install it up. They also make it a priority with their staff and make sure that they are resource for it. Anything else to add on that?

SPEAKER:

No, I think you were spot on.

SPEAKER:

Got it. I see another question coming in. The ubiquitous, anonymous attendee asks we have seen portal language translations is a big barrier. (Indiscernible) has some translator but any custom (indiscernible) translate. As or future path forward? This is one that I have good news, at least within our portal. This varies by what platform you are on, I know that most health systems are looking at multi language and obviously within the (indiscernible) network this is huge. Within the OC H IN, we are currently live with English, Spanish, Vietnamese, Russian, and simplified Chinese. That would be for all static texts. Essentially you are not going to be able to get not yet, all of the messages for example when a patient writes a message, we don't have the technology to translate those. While the technology exists, it is a massive legal liability to be translating medical information. So what we see most clinics do is they are staffing translators or many of them are hiring from within their communities that they serve. To support the providers when those messages come in. We are adding additional languages including Haitian Creole, Nepali, which is...we are very excited to be getting those up and running. Again it is statics -- static text only for stopping encourage you guys in the next couple of months. That will be going out in our July release. Login to your My Chart, turn on your language and switch it to Arabic. Not only is it a beautiful script, but from a technological standpoint, it reads right to left. So it flips the entire website to be right to left. That is just an interesting technical anecdote. I am not seeing any more questions in the Q&A. I am going to give people a couple of seconds to add more and then turn it back over to Aria.

SPEAKER:

Thank you to all of you. It was a very informative presentation. I am just going to bring up our last closing slides. There we go. Just a reminder that our next webinar will be held on Thursday, June 16, and that will focus on Association of telehealth and financial performance of rural hospitals. Registration information is available on our events page, telehealth resource Center.org. We ask that you take a few short minutes to complete the survey that will pop up at the conclusion of the webinar for your feedback is very valuable to us. Thank you again to our speakers, Tyra, Rob, Allison, for their

presentation today. And to the California Telehealth Resource Center for hosting today's webinar.

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