CCHP-Lifeline Pediatric Teledental Program for Nicklaus Children's Health System
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ARIA JAVIDAN: Hello, everybody my name is Aria and I am welcome to the latest presentation and TRC today session is on CCHP-Lifeline Pediatric Teledental Program for Nicklaus Children's Health System. Two days is being hosted by the Southeastern
Telehealth Resource Center. These webinars are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs and they are presented on the third Thursday of each month. Or part just to
provide a little bit of background on the consortiums located throughout the country there are 12 regional telehealth resource centers and to national, one focused on telehealth policy and the other on telehealth technology. At each serve as focal
points for advancing the effective use of telehealth and supporting Access to telehealth services in rural and underserved communities.
Just a few tips before you get started. Your audio has been muted for today's webinar. Please use the Q. and a function of the Zoom platform to ask questions. Questions will be answered at the end of the presentation. Please note that closed
captioning is available and is located at the bottom of your screen appear today's webinar is also being recorded and you will be able to access today's and past webinars on the YouTube channel. With that, I will pass it over to Boyd Mark, program
director director of Southeastern Telehealth Resource Center.
BOYD MARK: My name is Boyd Mark with the Southeastern Telehealth Resource Center it's RF a bit of a confusing name I am the guy with the backwards name. If it sounds can confusing don't feel too bad. Marcus my last name and boy it is my name. I
am very privileged to be here today along with my colleague on the call Lloyd sermon who introduced you to Evelyn Terrell who is the director of telehealth and special project at Nicholas health care system and Allie Larson from Pulsewrx who is
administering the Lifeline program. We have all been working together to develop a program to provide more accessible primary care and Intel a dental services to some of the kids that Evelyn and her organization are working with and it is a program
that the southeastern telehealth resource Center is very proud to work on. We also have a number of different programs including things like our telehealth Learning Center which for example, today we took to the Mercer University College of nursing
and we did a series of telehealth one '01 programs for the Masters level nurse practitioner students. Those of the types of services we offer and I'm going to ask Aria to just go to our website very quickly and show you our website and play a short
video that tells you about us. There is our mobile Learning Center and after that we will turn it over to Evelyn so we can learn more about this exciting program that we are able to do things to Jen for. If you were to get that going Aria.
(Video playing)
¶ ¶ (Music playing) ¶ ¶
BOYD MARK: Thank you and for any of our folks tuning in who are in Florida, Alabama, Georgia and South Carolina, Puerto Rico or the Virgin Islands, please do not hesitate to contact us if you have any questions about school-based telehealth program
or any deployment of telehealth or questions about regulation, or reimbursement and we would be happy to work with you. It is part of the National Consortium of telehealth resource centers. One of the most absolutely exciting programs we are
privileged to be part of now is to be working with Evelyn and her team and with the Pulsewrx team on the Lifeline program. And with that, I will turn it over to Evelyn.

EVELYN: ARIA JAVIDAN: Evelyn, you are muted.

EVELYN: Hi,, can you hear me? Excellent. Good afternoon, everyone. Thank you so much for having me and that is a pleasure to be here. I'm. I'm going to share my screen to go over a quick PowerPoint. I went to make sure that you can all see
that.

BOYD MARK: Yes, but it is showing in the presenter view.

EVELYN: I will do that again.'S awesome. I represent Nicklaus Children's Health System and I've been with the organization for over 20 years. My background is in occupational therapy, and I transition to the telehealth area in 2013 when we opened
our telehealth center. Since the pandemic, I have been solely dedicated to telehealth whereas the last seven or so years I had other areas of responsibility, rehab services, mobile health, international and other areas but solely focus on telehealth
and other special products projects, affiliations with other health systems and growing our virtual carrier services. Robert just quickly and going to go through some slides very quickly to give you little bit of what about our health system. We
were formerly Miami Children's Hospital and we had some name changes over the years but focusing in South Florida. We have a network of ambulatory care centers that spans three counties and growing. We have over 20 locations and our hospital is in
the Miami area.

We have all of these locations that I had mentioned. Tertiary, quaternary care and copperheads of care many of our observatory care centers have multiple subspecialty areas and services as well as primary care and dental and other services.

This a little bit about our mission and vision and ultimately we went to inspire hope for every child and definitely part of our growing strategic initiatives is all about serving the child and virtual care as part of that where the children are and
where they learn in place.

These are some stats of our organization. Licensed beds, you can see we have 309. We have we have one of the biggest and busiest ERs and the country almost 100,000 visits per year. These are some of our physician groups. Over 800 physicians.

I'm going to go through these because I know we have a limited time. Our Lifeline team is also very important component of our system. Transporting children from throughout the state of Florida and outside of the U.S. even from the Caribbean and
some of those sites in neighboring countries as well.

We have a pediatric advanced care pavilion that opened in 2017 and it is about enhancing our capacity to see inpatients and it really create a unique and different experience larger beds, private rooms, and state-of-the-art facilities.

These are some of our institutes. This has been something that we've been growing and building and growing on the strategy this year, opening enhancing our ability to provide comprehensive care for very specialized institutes and sense sense of
centers of excellence related to these disorders or conditions. Orthopedic cancer or heart.

We have are a teaching program and the largest teaching program in the southeastern U.S. We have great partners, Florida international University, nova, and others.

These are some of our U.S. news rankings. We are very proud to be a top Children's Hospital in the state of Florida and nationally. These are some of the areas where we have shown excellence and excelled in the quality of services we are providing
to our patience.

A little bit about our telehealth program. When we talk about telehealth, it has so many benefits from increasing access of care, continuity of care, convenience, and I will share some of the statistics the statistics and highlights of our program

and what we have been able to accomplish. Apart these are some of our metric results. We have over 24 subspecialty areas that we are currently participating in telehealth. Very high satisfaction, and over 190 providers that are participating

within those 24 specialty areas.

On patient satisfaction we administer our hospital wide surveys so it has been a place for years, but in 2020 we expanded it to include telemedicine. Prior to the pandemic we had surveys that were administering on our own whether it was secure

e-mail surveys that were being completed either manually or electronically when patients were seen such as for example, in our school-based program, we had a process in place to capture that voice of the customer in the schools. But since

transitioning we have been able to get to compare virtual visits to in person visits. Here are some of the statistics. All the questions that are the same questions all the inpatient survey in the telemedicine survey score higher for telehealth. One of the questions you can see the second one, the first and second, the ease of scheduling an apartment, the ease of contacting us at the clinic score significantly better for virtual visits. It emphasizes and highlights the convenience factor of

getting those benefits we discussed.

Another tool I wanted to share with you is our distance travel tool. This is something we also developed in-house and using some Google tools and analytics, and it really just measures, it is based on ZIP Codes and measures the distance from the

patients on to our clinic, our main campus facility and these are savings for this select period of time in 2021. We pulled this and you can see how much of an impact of this can of a cost saving perspective for the family. This is one piece of the

pie. One piece of the savings strictly related to the patients and families having a reduction in travel. There were so much more that we can also highlight with regard to telehealth whether it be reducing expenditures to the healthcare system in

general, diverging and inappropriate urgent care visit or decrease the stay or admission or so forth.

This show some volume based on subspecialty areas. Our largest percentage of volume is in a mental health services area. You can see that psychology psychiatry neuropsychology followed by nutrition is a very common service. That we have about 17

subspecialties that are participating in telehealth but here on this chart are really those that are having the highest volume of -- so we have immunology genetics and et cetera.

This is a breakdown of the pie based on our type of service. You can see 51 percent that again is a combination of those top specialty areas that you saw, psychology psychiatry neuropsychology. The 17 or so subspecialty areas account for 33 percent

of our volume, and then we also have a percentage of rehab visits as well as primary care. Prior to the pandemic, I would say over 80 percent of the services we were providing were primary care related. A great deal of that volume was coming from the school-based program. Which, unfortunately, took some kind of a pause, and we saw a

significant reduction in that volume because of the pandemic school closures and changes related to the pandemic. We have really switched the percentage types of services we were providing provide compared to prepandemic.

I wanted to show you this roadmap. We have been on a journey to improve our telehealth platform. We had a platform a proprietary system at a platform we had built and home grown up before. We quickly realized that we really needed to invest in the

technology in our platform and continue to improve to make sure that we were addressing all patient needs that we were not leaving any patients behind and social determinants. This is our goal to enhance our platform has been a two year journey

because as you all may know, especially when you build, when you decide to build and diversify, it takes an investment. It takes strategic alignment with hospital strategy and goals, it takes investment of time and resources. We have been improving

our platform throughout the pandemic, but we have this time specifically is related to our phases two and three deployment of our platform. We have already gone live with what we think is an optimal platform that is now integrated and interoperable

with our electronic health record. That went live and August and we made some enhancements that I will share with you such as language so having our platform available in English, Spanish, and also Haitian Creole, which is our third most spoken

language. Over 70 percent of our patients are Hispanic. Being that in South Florida, a large Hispanic population so many of our families are not proficient in English. That is an important component or feature of a platform that we thought was

very important. The virtual interpreter that you see here also in this roadmap is something that was another enhancement. We had of course, interpreter services available to our patients that and we need to provide that bylaw, but we enhance on

that platform so now we can bring an interpreter live and using enhancing the experience versus a phone call. It is about improving the experience.

This next slide shows our implementation plans and milestones and a few other enhancements and opportunities that we have been leveraging. Today we wanted to highlight our tele- dental program as Boyd mentioned and did the slide we had our Lifeline

program being launched this December is what our internal goal is and we look forward to partnering with the resource Center engine Pulsewrx to make that happen and it really takes a village takes alignment with multiple areas of our organization. Our dental program is one of those that it very much aligned there are two programs. There is a values-based program that is a personal funded program that are a dental team had already been deploying and so we have identified a very underserved

population and the value-based program that another dental initiative that we have with a rural community in the Homestead area, very far south before you get to the Florida Keys. There are early learning centers and there is a population of dental

that we are serving for teledental services. We have identified in essence to highlight groups that are receiving teledental services. This rural community and those that are part of the base and one of our initial pilots. The third if I may would

be our primary care team and department. We have primary care providers that are at our main campus in ambulatory locations and we have a new initiative that we partner with our community community medications relations Department to identify those

families that are reporting food insecurity as a concern so we are identifying patients patients thati havec needs anda we need tot address addressio addressn some of thes social determinants in targeting those populations to launch our program. These families could certainly use the benefits of having a smart phone device that can be used not only for telehealth services, but other health-related services and this is something that is part of our roadmap so when we look at this milestones

we are talking about about enhancing the platform of, of course, and creating those new features that are going to expand the experience and to make sure that we are not leaving anybody behind because of digital literacy or other health disparities. Virtual rimming sometimes patients need a little more handholding. They need a little more guidance to make sure that those encounters are successful. It is a comprehensive and multifaceted approach to making sure that we are addressing those needs

and again very excited to partner in the Lifeline program that is very much part of this strategy. I think those are the main points I wanted to highlight and I am open to any questions you all

have.

BOYD MARK: Thank you very much Evelyn. We are super excited to partner with you and to provide help and support to reach these kids who are underserved and families that are dealing with very challenging social determinants of health. One of the

big issues as we all know is the digital divide and the lack of access to broadband. As much as telehealth can be in the enabler and greater access it can also be unfortunately, and Excelerator of disparity. If these families do not have access to

hybrid models that include virtual care it is terrific that there is the FCC Lifeline program and Pulsewrx is the partner we have been working with. If they do tremendous job making phones and broadband services available to people and matching up

the two programs is a very exciting opportunity and I want to turn it over to Allie to tell us more about the Lifeline the take away.

ALI LEVORSEN: Thank you so much Evelyn for the introduction. Hopefully, you can all see my screen please interrupt me if you cannot. My name is Allie Lever son and I am the Pulsewrx organization. I'm here in talk about telehealth services, but

other social well-being and health services that we are partnering with to make available for free. Our organization's mission is to bring mobility and accessibility to underserved populations. We specifically have been involved in the Medicaid

industry for many years and primarily serve organizations that communicate and work directly with a recipients every day. We also work with any other eligible programs that qualify via the Lifeline and affordable connectivity programs. We strongly

believe regardless of the eligibility program that mobility and connectivity and wireless access is a social determinants of health and well-being. It is our mission to make it simpler, easier, and an approved offering for those eligible for

Lifeline ACP for short to enroll in this benefit and take advantage of it for the health programs that are out there today just like Evelyn spoke about. What is the opportunity for connectivity. Many of you may be familiar with the Lifeline

assistance program. It was initiated in the 1980s and it is initiative different from could connectivity and broadband access to low income populations. That includes all of Medicaid recipients. Medicaid is one of the universal programs it is

says if you are a Medicaid member you are automatically eligible for this program. You might hear is I just mentioned the often times we also speak about the affordable connectivity programs or a see Pete for short this is additional funding that

the federal government provided to bring enhanced access to wireless connectivity to households all around the U.S. they are interchangeable and both are federal benefits that enable this wireless connectivity. As I mentioned, it is our goal to make

sure that every Medicaid recipient or even eligible household has the opportunity to enroll in this benefit.

When we first got introduced to this federal benefit, and involved in the Lifeline industry, we look at the market as a hole and said Weiss every Medicaid recipient not enrolled in this program. They should all qualify as they do and be eligible to

enroll rather simply. The penetration of the market was very, very low we dug into why. It became obvious to us the hurdle the hurdles to enrolling in the benefit that gives access to connectivity.

To enroll in the benefit, most recipients are eligible beneficiaries have had to go to a wireless store, so physically travel there, work with an agent, or enroll online. They were required to go online for very technology that gave them on access. That created a giant hurdle for much of the population. We also found that historical Lifeline plans and we are talking about minutes or calling minutes, text data, whatever that is, is very antiquated. It did not provide proper

conductivity in

2020 let alone alone 2020 or prepandemic. It was limited in minutes, limited and call minutes, texting, sometimes did not provide surfing the Internet and wireless connectivity that is needed to be fully connected in today's environment. We are

looking to change that. What we do is partner with a really great organizations and stakeholders around the nation to make this benefit more available to your programs at community and to make it simpler to enroll.

We partner with you to make the benefit more available and more accessible to your at community and that we align our approach and project planning and offering to what works best with your community. I will discuss the in just a minute.

First what is important to understand is the improved offering. I talked about the found that were limited in text and calling minutes and wireless connectivity. We have change that. We are going to be offering a free smart phone that includes

unlimited talk text and data. The data is universally unlimited for all of our recipients and how are dependant depending on the state and if an individual route's eyes on tribal lands the high-speed data included in that plan will differ slightly. We also because provision each of the phones attuned to your program. For a telehealth program, we are going to put those mobile applications that your program utilizes to connect with your community. We might include other resources that are

available to your community like the public library or something related to the food bank are my chart to access their health records. Whatever is useful for your program we will help provisions those phones to reach your community preloaded with

those important health and social well-being mobile applications as well as contacts for that matter to each week. While these funds can be used for telehealth services they also enable connectivity with anything that recipient needs. It is not

locked down, not specific to certain initiatives. It is their phone to connect with. Telehealth but also to connect with friends family schoolwork another resources.

Here is where our process comes and. This is really what we are passionate about. Is how can we reach the community to needs the benefit most to also benefit a program that you we are also running. Evelyn much of the teledental initiative. We are working with those families who report food insecurity. We went to work with the organization and the Nicholas group to identify how you are a community can keep communicating with your community and how we can align our approach

to for the daily communications that you already have with those families and households that are universal built near University eligible for this benefit we help train those individuals that you are it interacting with Medicaid been efficient's' it

would allow them to be successful in getting the eligible individual for a guided self enrollment. Providing that technology to enroll, providing need to know tips to be able to connect with that federal benefit and successfully enroll. Part we

have also created custom websites specifically for these initiatives. We have removed to requirement for Medicaid recipients who are found in the the backend system of this federal database called the National verify to upload documentation that

alleviates a giant hurdle for many people who do not have documentation on hand and that is for those individuals that are found in that system. It does not work every time, but it is a hurdle that is alleviated again for this population.

We have mobile apps that we can help your team preloaded on their smart phones or a community iPad or tablet that in an individual can help and role in the benefit.

As I mentioned, we are here to serve your programs to promote telehealth resources and other programs that are really making health more accessible for your community. We will deliver a

project plan, walk you through what is needed in terms of

preloading those applications on the phone, making sure we can get a numbers back to you to reach those patients that you have helped to enroll, anything he think he was specific to your program including marketing resources and training resources. We work with you to understand that.

That is what we are really passionate about. This program meaning the Lifeline and affordable connectivity program works best when it is aligned strategically with the programmatic effort. Something else the community needs and is working on to

promote the health Access pic that is where we come in and we are really honored to work with Evelyn's team and Boyd's team to make this available both for the Nicklaus team and many other organizations around the nation.'S at this point Boyd I think

we can turn it over for questions.

BOYD MARK: Terrific. And thank you very much Ally one of the key points that I would like to emphasize and you heard Evelyn and Ali mentioned it is the aspect of alignment a partnership and taking on the challenge of many people on this call do

every day, providing healthcare services to folks or in need of it and especially for children is a challenging undertaking. There are a lot of challenges out there in the environment. It really takes a partnership and programmatic alignment as Ali

said, and we are excited that the group that we have here together with Pulsewrx and Nicklaus Children's Health System, with the Southeastern Telehealth Resource Center, we feel like we have a very strong team and we are going to deliver for the

folks who needed the most. It is very exciting. Thanks to Ali and to Evelyn and definitely would like to open it up to any questions. If not, I have some questions. (Laughs).

Ali, could you tell us more about what I think is a catalyst to some of those and that is your organization's ability to provision these phones with applications that are specific to programs. For example, Nicklaus has devoted resources and

expertise to creating applications that best serve the deed of their clients and being able to deliver those phones to the participants with those applications on them is really I think a huge catalyst to making the entire thing more effective. That

is no small endeavor to deliver preprovisioned phones with customize applications. Can you tell us more pleas about how that works.

ALI LEVORSEN: I think the is something that sets apart this program and allowing you to have the confidence that the individuals you want to have this phone and you have opted into the benefit will get a phone ready to use for the program needs that

you have identified and that we can align with.

What happens as we work with you very early in the process to identify mobile applications, phone contacts, website browsers, anything that you need or that that recipient will need to communicate with you or the community. That is very simple and

would call it our custom phone provisioning list. I usually initiate the planning of it by sending you a worksheet to start thinking about those applications and phone contacts that you would like on the phone. I have mentioned a few, some of the

telehealth resources and those mobile applications. Anything that connects with your alpha system and my chart or even a fitness app or step counter. We've also worked with organizations that have identified free e-books that would be beneficial to

come preloaded on this phone as well as contact numbers. You know that you are working with patients and you're going to contact them regarding member services." Or so when they get that phone call, I just got one maybe five minutes before this

webinar started. It showed up as spam. We do not want your number to show up as spam for your recipients. You want them to receive the phone number as you're trusted resource as the

Nicklaus Children's Health System phone number so they will pick
it up and not ignore it as I just did. Us having that phone provisioned with the phone numbers, contact information, mobile applications, and other resources makes it a better phone, a more useful phone and I am more likely to use something that has
already been preloaded for me and I can check it out and utilize it. Keep in mind, these phones can add or delete any apps that the consumer once. If they receive the phone and want to add Facebook, by all means they can add the Facebook app, but
it does set your health program and your initiative up for success so they already have it ready to go.
BOYD MARK: Fantastic. We do have a question from Emily. She asks do we have an example of what the platform looks like for a virtual dental app? And I have to say unfortunately, Evelyn had to sign off. She would be the best person to answer that
. I do know that they have developed an app specifically for their teledental program, and we would be happy to follow with you. We probably have your e-mail address or if you want to put it in the chat, we can follow up with you with more
information.
Thank you. Awesome.
If anybody Ali if anybody on the call wanted to contact you to get more information, could you drop your e-mail and there also.
ALI LEVORSEN: I am putting it in there right now. It feel free to reach out. We are always eager to hear about other programs, give you more information about the federal benefit and understand how we can help your initiative and your program. One second. And I am putting this in.
BOYD MARK: Emily also asked what is a website and I'm thinking that is the national identifier site.
ALI LEVORSEN: Will be actually do is it depends on the program. I will put it Boyd I might need your help in transferring the communication. I think I'm just sending information to the host of panelists not to all attendees. But when we launch
and to go on the website as an eligible Medicaid recipient, they can go to guv phone service.com and enter their ZIP Code and enroll in the benefit. Will we do with individuals and programs that we work with is we create a URLs or custom websites
that you you want to use it for program. The we can identify the traffic, and help you connect with how many people have enrolled in your program and what we call a referral ID, we cannot tie that program with the enrollee. We work with you with
the project planning if you would like a custom website or vanity URL or a portal with in your website on the back end, we can deliver that to you. I will put that website in the chat as well for the team to communicate back. Us me when I was
pleasantly surprised when Pulsewrx put show me how they have a website set up and Medicaid recipients can go on and really just five minutes or less go through this process that and that is automatically connected to the national verifier and they
answered if a few questions and the phone is going their way it is really quite impressive and again it is with the power of partnership with pulse works this getting the devices into the people he had to people easily and working with Nicklaus who
has programmatic approach in place and already dealing with these populations and it is bringing these components together in a very targeted organized way that I think is really going to have an impact. That is what we are excited about.
ALI LEVORSEN: One thing to add their Boyd is one of the first steps we will do with the necklace team once we get started is we just call it training and we walk the Nicklaus team through every single screenshot of the enrollment process on the

website and enrollment takes three to five minutes it is very simple it is helpful we find people are more successful in completing the enrollment when they know what to expect. We give hits and tidbits of how to be more successful in enrollment. For example, making sure that the residence address that the individual matches what is on the Medicaid file or other program of eligibility file. We will host a training with the organization and set up 20 or 30 minutes and allow plenty of time for

questions so your staff can be experts in in an as they are guiding and eligibility recipient they can answer any questions. To keep in mind that my team does all the customer support so we are also available and we give our phone numbers and e-mail

addresses out for support as well, but it does aid and program success when your staff is really informed on what the eligible recipient will need during the enrollment process and with the stages will look like for approval.

BOYD MARK: Fantastic. It has been really streamlined and we appreciate everything you guys are doing over at Pulsewrx. You are great to work with. For part we do not even have time to get into the exciting topic of research. However, that is a

pretty high item on everybody's list. At the ability, of course, to be completely compliant with all hip and privacy regulation and to still be collecting really good data and to be looking at these populations and introduce variable as variables we

can determine what is the best way to get at to the program what are some things that we can do that can really make a difference in delivering services to these folks who are struggling to get access. The combination of having a really

well-established program through Nicklaus and having an organized program with Pulsewrx being able to collect data, it is pretty exciting. We look forward to keeping everybody posted on how it is going.

It looks like that is all of the questions. What do you say Aria, should we call it a wrap?

ARIA JAVIDAN: Thank you boy. I'm just going to bring up a few closing slides to finish it up. Just as a reminder, our next webinar will be on telehealth development and expansion at specialty pediatric health system at that will be hosted by the

Southeastern Telehealth Resource Center. This webinar will take place on November 10th which doesn't deviate from our usual third Thursday schedule and that is because we have a conflict with our search telehealth research can't conference. That

registration is also available for that on our events page.

Lastly,, we do ask that you complete our survey that will pop up at the conclusion of this webinar webinar. Your feedback is very valuable to us. Thank you again to our speakers today for their presentations and to the Southeastern Telehealth

Resource Center for hosting today's webinar. Have a great day, everybody.

BOYD MARK: Thank you.

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