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ARIA JAVIDAN:
Hello, my name is Aria Javidan and I'm the project manager for the National Consortium of Telehealth Resource Centers. Welcome to the latest presentation of our NCTRC series. Today's series is Virtually Forgotten: Rural West Texas Telehealth Challenges and is hosted by the TexLa Telehealth Resource Center.

Just provide a background on the consortium around the country. When focus on telehealth policy and one on telehealth technology, each service focal points advancing the effective use of telehealth and supporting access to telehealth services in rural and underserved communities.

We also wanted to acknowledge telehealth awareness week happening this week through September 23. The National Consortium of Telehealth Resource Centers is proud to join America's telehealth awareness week. This puts a spotlight on the awareness that telehealth brings to healthcare services for diverse patient and provider communities. You can learn more about telehealth awareness week at www.telehealthawareness.org. For additional events hosted by the NCTRC you can visit our consortium events page.

Just a few tips before we get started today. Your audio has been muted today. Please use the Q&A button at the bottom of your screen to ask questions. Questions will be answered at the end of the presentation. Please also note the closed captioning is available, it 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 on our YouTube channel. Now I will pass it over to Derrick Ramsey.

DERRICK RAMSEY:
Thank you very much, Aria. We are very excited to be here and have a chance to present to you today. Of course I would like to start with the boring legalese stuff. Today's talk – of course we have no financial disclosures to put out, and of course nothing that we are presenting today should be considered legal advice. We are not lawyers.

TIMOTHY J BENTON:
No advice for me.

DERRICK RAMSEY:
Keep in mind that we will talk to you today about the challenges that we are facing here in West Texas. I have the pleasure to introduce our presenter for the day Doctor Timothy Benton, our regional Dean of medicine for the Permian Basin region. Not only is he an accomplished scholar in family medicine doctor, an excellent team, he is a man who cares deeply about his community and cares about the types of healthcare and outcomes that they receive. He works tirelessly as a pioneer to find ways to push the envelope and find ways to help people providing a better health outcomes through access, and other means. He has a great rural residency program where they are working in a lot of rural

 

areas where residents are training in rural areas undoing telehealth. The TexLa labs headed great opportunity to train a lot of his residence and he is been a friend of the community for many years.

With that I'm going to let him talk – start this up.

TIMOTHY J BENTON:
Thank you, Derrick, that was very nice introduction. I heard Aria say that everybody is muted, but we can make this a conversation. We will watch for the chat room, I guess, right? And certainly a conversation between Derrick and I, as well.

Good afternoon to everyone. I am a family doctor. I have been a rural practicing family doctor before becoming faculty at Texas Tech. I noticed the picture. You all lifted a very good picture of me, I appreciate that. I do not look quite that young anymore as I see on the screen, but anyway...

To some extent people in West Texas have been virtually forgotten. They obviously, this refers to the virtual networks and broadband. There are some areas where we do not have good access, but I think also we have forgotten in general health care. That has been as Derrick mentioned to my quest as a family physician in West Texas. To deliver care broadly.

I started early as a program director early in my faculty career. Then I became a chair, in the last two years I have been regional dean. But as program director, my approach was to build a network of residency and training in the rural network. I actually started that in the panhandle of Texas. So in the northern service area that we will show you for Texas Tech. Then I got transferred about 11 years ago to the Permian Basin.

Permian Basin is a very unique area. This is a great and pretty picture, and it does exist looking like this, that an awful lot of it does not look quite like this. It is a pretty arid and desert type region.

It is very unique from a history standpoint, where it was covered in water before, and let a lot of biomass. That biomass is now petroleum. It is the largest oil field in the United States since they have learned how to Frak and horizontally drill. It is a very robust potential economy, and the financial economy. But large geography and sparsely populated.

But still, those people who are there are driving significant portion of the Texas economy from the oil industry. We set right in the metal of that. Our regional campus of Texas Tech. The Permian Basin campus. That is primarily located in Odessa but we are also in Midland and Odessa. The School of Medicine we operate, as you can see, on the screen, several residency programs, being a regional campus we only take third and fourth year medical students so we have the sixth departments, fourth departments for medical students. We have 115 residents and these training programs, hundred and 50 residents and fellows and are rapidly expanding. -- 150

DERRICK RAMSEY:
Any residencies for PMH emcees?

 

TIMOTHY J BENTON:
They are not currently at this point.

DERRICK RAMSEY:
To think that would be of use at some point?

TIMOTHY J BENTON:
We do have a great school (indiscernible) and in the city of Midland, so we are pursuing up but we don't currently have the residency level.

Good, did we cover them?

DERRICK RAMSEY:
Yes.

Be sure to put your questions in the chat, we would love to answer them.

TIMOTHY J BENTON:
So this is kind of who we are and what we have staffing wise.

The challenges that we face in delivering care, and one of the reasons why we are moving into telehealth and telemedicine is to try and address the geography that we have. Their large distances between population centers, and those population centers, as we will see, some of them are very small. Even those people need healthcare as well. It is a largely rural and frontier area. Expanding from Odessa out West towards El Paso, and in between, down to the border into Mexico, and all of the area in between is – some of it frontier, really, in developments.

The two urban centers are Midland and Odessa, but even those are small urban centers with a population of about hundred and 50,000 each. A lot of health professional shortage in the area, and that does not just include physicians. It is all across the board, from laboratory tech, radiology, and nursing. A lot of challenges to delivering care with the healthcare workforce.

In general, the community health rankings are low across the region as well. We will look through that. Also, rural as it is on its own is a healthcare disparity, but within our region there are economic challenges even though we have a vast resource or economic for development. There is still a lot of uninsured, and also with disparities between incomes.

DERRICK RAMSEY:
No Texas likes to brag about being number one in a lot of things, these are some of the things you don't want to brag about being number one in. We are number one enclosures for critical access hospitals and (unknown term), and in your area how much of that have you seen? -- FAAFPs

TIMOTHY J BENTON:
Critical access hospitals... Immediately around us we have not recently had closures. During COVID,

 

in 2020, when not hit and hospital margins got really tight, there is threat of several closing, but they managed to make it through. We have not immediately around Midland or Odessa had huge closures.

DERRICK RAMSEY:
Quite a few were right on the edge.

TIMOTHY J BENTON:
And then we have broadband access challenges. You might address that a little more.

DERRICK RAMSEY:
We are doing some of the study right now. We are working on that. Of course, Texas got the number one chunk of funds from the federal government on the beach funding. We got the most money of any of the states, but that is also not something to brag about. It just means we have the most disparities, the most people who don't have access. When you are geographically large, but population was very small, it is very difficult for them to put that out there and for them to get it in there. Of course there are (indiscernible) technologies, upgrading on 5G, starlight, satellite... there are a lot of things coming out that we are hoping will alleviate some of those issues.

TIMOTHY J BENTON:
I know there is some movement around us in Odessa with starlike --and the school district. -- We had a little bit of trouble getting connection started when we started back wise.

A large service area for Texas Tech University health sciences center, spanning from the top of Texas down to what I call the elbow or the arm of Texas, extending towards El Paso. The Permian Basin sits about at the point of across arrows. Then south and west were the arrows cross. Interestingly it is about the size, geographically, as Germany.

As I mentioned earlier, this is critical to the economy of Texas. The Panhandle area of Texas is farm and ranch. It is the leading cattle producer in the nation. As you slide himself into what we call 'The South Plains' where we are now, is the largest cotton producer. Then down in my region in the Permian Basin is the largest oil producer. So huge economy drivers as our chancellor likes to call it food, fiber, and fuel for the state of Texas. Not only for the state of Texas, for the nation. It is important that we take care of these rural people who are driving this vital pieces of our economy.

As I mentioned, we are highly ranked. We don't want to be highly ranked – but we are highly ranked where we don't want to be. This shows we are very low physicians per 10,000 people. The other map shows a similar pattern although a little better with some primary care physician pockets. Again, this is why we are driven to try and deliver care virtually. Not only our physical presence, but adding to it in between with virtual.

As you can imagine with that kind of statistic, our health outcomes are not the best. If you look, this is all County health rankings from Robert Wood Johnson. If you look around the population centers, the white you can see the Dallas-Fort Worth area, San Antonio, Houston... all of that white, they do better performance than looking out West where we are. A lot of darker green to the lighter green shades.

 

Interestingly, there are a couple of pockets of waiting there as well. ECT or Ector County, is Odessa County, where we are primarily based, next is Midland, they do just a little bit better, 20 miles difference. But relatively similar resources. So it is not all a resource problem. But certainly regionally we are resource poor. Again, another reason for us to get into virtual care.

We are trying to look at this from a comprehensive model. I won't go into detail, but looking at health outcomes in healthcare delivery from a broader networking perspective. Some of you may be familiar with this title might help at home' framework. We are looking at health that begins in the home, not just waiting until he gets to the doctor's office. We are trying to figure out how to reach them at all levels. Obviously, this talk is related to reaching them on-demand and urgently. But also transitioning because of the long distance travel and the lack of resources, transitioning and providing care in the gaps virtually.

This is what we look like a little more drilled down into what our services are. The dark gray is considered Permian Basin service area. Although, it crosses the double T north of us. We do not reach into that area, but we certainly go South and West to a large region, even extending into Mexico. Where rural family members and training program is, it's in six counties surrounding the Permian Basin. That was my work over the last 11 years. Was starting over 11 years ago, over an eight-year period, training residents out in the region to increase the workforce and the manpower. In my mind what I was creating also is a physical network too in the long run, create a – virtual network, and that is what we are launching into now.

DERRICK RAMSEY:
I think the idea is, if these residences are living and working in seeing what this life is like in his rural communities, they are more likely to practice their later when they choose their practice.

TIMOTHY J BENTON:
Absolutely. Data does show that 50 to 60% of physicians stay within a 50 mile radius for the graduate their final training. That was the idea behind creating this rural program, to try and get retention of workforce, primary care workforce, in the region.

It is been moderately successful. About 30% retention rate from the graduates over a six-year period of time. It is helping out. This is our physical network, so to speak. Now we are leering into virtual network. -- layering into.

Got the video here. This is one of our initial pieces of work going into the city of Marathon, the bottom picture there is a building that they had but they could not staff it.

So I got together with the community leader, and we essentially – they staffed it with community volunteers. Then we provide physician access through that. And that is something I hope to repeat over and over. That was the theme of creating the rural residency: private university partnerships, community partnerships, so this is the model we are pursuing and building our telehealth sites.

 

DERRICK RAMSEY:
And we are very happy that you reached out to TexLa to get some help with technology. Some of our staff have driven from Lovett to Marathon and back in the same day. If you do not know how far that is, it is a good drive. It's a fun drive. So we are appreciative to that. Let's see if this video will play for us like it should.

(Video plays)

>> People that move here are hearty people. We know how to take care of ourselves. But we also are hyperaware of each other, and to is a need. Because we rely on each other.

Watching the healthcare situation out here, understanding how hard it is. How hard it is for doctors to be here.

DERRICK RAMSEY:
I messed that up, I am sorry.

(Video plays)

>>... We are hyperaware of each other, and who is in need because we rely on each other.

Watching the healthcare situation out here, understanding how hard it is. How hard it is for doctors to be here. It's just difficult, and health is important. Health is important to the community.

Telemedicine was just – you just heard a little bit about it six years ago. And I just felt like that was something that we had to go. So I started knocking on Texas Tech doors, and someone gave me Tim Benton's name.

>> One day I was sitting on my desk and the phone rang and it was Marcie Robbins. -- Roberts.Marcie Roberts, being a leader in the community was of marathon was looking to see how we get healthcare in a small community? We began brainstorming ideas of how to deliver care. So we thought about the idea of telemedicine. They had a facility that they could not put a person in, so we thought let's put a virtual person in, a virtual doctor through telemedicine.

I think Marathon is an example of why we need medicine and telehealth delivery throughout the region, certainly in West Texas.

>> It allows you to have a Doctor appointment Monday through Friday, 825. -- a has always been a great example. If we can do that in this community, why not multiply it throughout regions across the region and even through Texas.

>> Marathon is a great example.

DERRICK RAMSEY:

 

Mercy is a great example because she was not a doctor, I think she was a real estate agent, and now she helps people get in and get the equipment working and see the doctor and that is an important missing piece in a lot of telehealth, telemedicine — in the small towns. They do not have enough support for them to figure out how to get an example in how to do some of those things.

Before we began working on that concept, we were already trying that out, and already sort of doing that.

TIMOTHY J BENTON:
That was the methodology that I've used over and over, to build that rural training program, and to build community partnerships across the board.

I think that is what we are going to have to do in West Texas. Because we are resource poor currently. It's very critical.

But what is amazing is these people can do it. Real estate agents and so forth.

So we are trying to replicate this model over and over. We recently have gone into population area, I guess it is a town of San Vicente, the population is about 280. We don't close to the border. Quite a distance drive again, even from where we are in Odessa. It is within the (Name) national Park. We did a survey, and -- this is not (indiscernible) analyze, but it's a good result. Looking at what the community thought about us potentially putting telemedicine in there.

We asked him a few questions, and you can see in the first they recognize it is a long distance drive. I think that is important for all of us to see, of how expensive the geography is in West Texas.

They also were not aware of what could be provided through telehealth. I think there is a lot of education that we need, spreading through the rural communities to develop acceptance in the telehealth.

They would consider that is very helpful, having that type of access, as well from the survey. Just some interesting perspectives of what the community –

DERRICK RAMSEY:
Looking at San Vicente and Marathon, those are right there on the border. Are there different or varying types of health concerns or needs that those people have that you may not see in other places in the Permian Basin or here in West Texas?

TIMOTHY J BENTON:
Sure. They are going to be a very different culture. I don't necessarily mean —

DERRICK RAMSEY:
Even by Texas standards there are a lot of different cultures.

 

TIMOTHY J BENTON:
The cultures all across the Permian Basin are different from community to community. So I think we will have to adjust our programs with each one. Once you have seen one, you have only seen one. You are probably going to need to see variations on the model of Marathon. I think it is going to have to be community-oriented, and patient centered from design which we are going to see a little bit later in some of the literature here.

Again, looking at West Texas. You can see fairly deserted areas, but the small population centers are far from large population centers and healthcare access. These recurrent places that we are working with. Terra lingua, a population of 127. We are looking at putting a fixed site Blake Merrill von. Also in -- Balmorhea. There is an oasis in the desert –

DERRICK RAMSEY:
I swam there when I was a kid and it's beautiful.

TIMOTHY J BENTON:
It's very nice, and I hear there is an even temperature in the water.

DERRICK RAMSEY:
Even in the winter!

TIMOTHY J BENTON:
And in Garden City, there's a Catholic Church there... -- Coynosa we are also partnering with them. But we delivered the telemedicine equipment through our van program with medicine on the move.

These are our two models of delivering care virtually.

We believe we bring a lot of assets on the table from the medical school, and the Permian Basin...

DERRICK RAMSEY:
We have a question coming in. It says (Reads) This is a really great program, what you think policy, advocacy is needed to help support the expansion and sustainability of these programs and partnerships? --

What about value and fee-for-service?

TIMOTHY J BENTON:
As we get out of the pandemic and the public health emergency, what will the government do? They have been extended pretty much the same, except for telephone through December of this year. Expected changes next year. Financing it will be a challenge. I think we need policy, and I know our state and through your work we need to address broadband issues. To be able to deliver this care.

Sustaining it too, ultimately need people. So we have to continue to recruit people to be providers on both ends. This is why my model of the community engagement and the private public partnerships...

 

so I think that will help us as well.

DERRICK RAMSEY:
I am also jealous of the policy we have seen in Louisiana where they are able to build a community health workers can build, and they are able to get them out in the communities and that would be a huge difference. Because the one thing we have a lot of culture – I mean, you can drive an hour to a different city in the culture of that city is different. In all of the small towns of the road, they have a thing going on, but all we have in common is t spirit of independence, pride and where you come from --that we are fiercely independent. And being able to have people from their own communities.

That is an issue. We need that. It is hard to pay for that, but if we had some kind of advocacy towards being able to help those digital health navigators with the workers out there, that would go really far.

TIMOTHY J BENTON:
Our School of Medicine has these resources in the big city -- in the big city of Odessa hundred and 50,000, but the South sounding region does not have all of this. So virtual or telemedicine is a great approach to delivering this kind of help. We have plans along the line of expanding these opportunities.

We wrote a project for the U.S. Congress and got some funding through that. It will primarily start out as a primary care base. You see the bottom left of the map, Odessa and Midland were rear base, and these are the schools that we have targeted in rural areas. A lot of health professional shortage area. Some of these communities do not even have primary care available. So we are going to try and approach the health system, health system science and health system improvement through school basis, and include mental health or not.

I think I have covered all of this, as to why we're doing this, I have repeated a lot in regards to limited resources. It is really my drive and passion that these people no longer be forgotten.

As a rural practicing family doctor for number of years, I know there is a lot of need and I think the University and medical school has a great opportunity to provide that for our cities and for our communities.

DERRICK RAMSEY:
Part of the issue there is we do talk about access, and that is important. My father-in-law is a farmer, my wife's family is all farmers, a couple generations ago my family were all farmers, and they are notorious — Texas farmers are notorious for not going to the doctor. Agricultural, and we have a lot of people working in the oil field... they are notorious for not going to the doctor. Part of that is they don't have access to very good insurance. They are unsure – they don't want to be Bill. -- Don't want a big bill.

So I can see that part of the – putting telehealth centers in the cotton gin's and the co-ops. There going in there to have coffee and talk. I have gone into – go in there looking for their broadband. They have good internet on their background. Some towns have a co-op origin, they don't have a school even.

 

They don't have any other place. It is sort of a trusted environment. Maybe we can get a couple more farmers to say, "Does this look infected?"

TIMOTHY J BENTON:
I think that's the whole point of it. Let's go to them. Let's meet them where they're at.

Because there's such rural areas, that is why we want to do this.

DERRICK RAMSEY:
Another question just came in. I know the rapidly changing reproductive healthcare landscape in Texas is making OB/GYN providers leave the state and making it difficult to recruit new providers to residency programs. How is this program addressing us? -- this?

TIMOTHY J BENTON:
I mentioned we have maternal medicine in our practice. We are lucky to have that. At service we can offer. But we too are even struggling recruiting OB/GYN's in the current legislative market, I guess. Right? Some struggling training them because the requirements for the training cannot be fully met in the state. So we are having to send them out for rotations to those who want that type of training.

Here at the telehealth conference this week, we had a lady from Brady, Texas. She came to me and said we are desperate for OB/GYN physicians. So, great question! We are challenged by OB/GYN physicians.

DERRICK RAMSEY:
A little bit of a maternal desert. It's one area I hope for telemedicine, but also working with some OBs, that is an area of telemedicine that requires more training and a little bit more to do their work through telemedicine. It is a little harder sometimes to do their work.

TIMOTHY J BENTON:
We actually, in frontier, rural, West Texas, Permian Basin... There's still a fair amount of obstetric care provided through family medicine. So that is still going on. Pretty good, but we need greater help and more physicians providing that care.

Maternal desert is a pretty good word.

DERRICK RAMSEY:
How many babies have you delivered?

TIMOTHY J BENTON:
I haven't delivered many in a while.

 

(Laughter)

TIMOTHY J BENTON:
I decided malpractice insurance was not worth it for my practice at the time.

So, I did a little limited and brief literature review, trying to, kind of, look through the literature as to what – to address our problems, and to see if other people are having similar problems, and to see how to guide and direct what we might be setting up.

It is interesting work here, 2021 from Butner and others on telehealth interventions and outcomes across rural communities. In general, amazingly well accepted, even for those farmers out there. Acceptability and increased satisfaction, actually, and lower healthcare resource utilization.

Intriguingly, some physician recruitment and retention because of the opportunity of telehealth. So I think that makes life better on the physicians, as well.

P Cory has done a number of studies on telehealth, and and 89 of those studies on the effectiveness, and 51 on the disparities of rural healthcare or role popularity is as a — populations is a disparity group. But it was interesting to be started off unknowingly in his private partner partnerships, and community partnerships. The P Cory studies are saying they are getting better accepted. So we are approaching it from that standpoint as well.

Ran across this bad Canada and Brazil have some expensive geography as well, since they are laying out some telehealth programs and have been successful in offering services. Interestingly, they have some legislative and policy factors that slowdown their progression in their programs.

School-based telemedicine, bottom line, it can work. In this particular study. Reduced emergency visits for those kids in rural areas. So it can save some healthcare costs.

DERRICK RAMSEY:
The good news from our broadband project finding so far, in Texas and areas we are looking at in West Texas, schools generally have great internet. We are very forward thinking years ago, and they have access to high-speed internet. In most communities. Even the small communities that have 100 or less population. The schools there have access in the regions that we study. We are hoping to expand next year. We will expand to 99 counties. Right now you will get a larger cross-section next year and we hope that it holds up there too.

But that is an area that I'm focused on because I know schools touch everyone in the community so it's a great way to look at that.

TIMOTHY J BENSON:
and a lot of the Permian Basin, the school is the center of those communities.

DERRICK RAMSEY:

 

Will if you've ever seen 'Friday night lights', it is about Odessa, and we are famous for our Friday night lights.

TIMOTHY J BENSON:
well that's pretty much all I've got today, Derrick. Any questions out there?

DERRICK RAMSEY:
You guys can put it in the Q&A there. Were doing pretty good on time, too.

Well, I will say I want to thank you for your pioneering spirit, and your willingness to not wait for the perfect model. To go and find what works and make corrections and be iterative, that is a very good approach that I find seems to be a very effective approach. 'We are going to go out and try things.'

TIMOTHY J BENSON:
sometimes I think it would be easier to wait for the technology to catch up. Like the marathon set up, we do not have the full operational digital front door, right? So we still have to do a bit of paperwork in the old-fashioned way with fax machines.

DERRICK RAMSEY:
Go to the library to get faxes because –

(Multiple speakers)

TIMOTHY J BENSON:
true community spirit... well, a minute tell the story anyway. To get an appointment you go to the local liquor store. So only in West Texas could that happen. Go there and get an appointment in the community rallies, and meet you at the clinic.

DERRICK RAMSEY:
Without the community center.

I have one here about school based health centers are you looking at primary physical health are you also including behavioral health services.

TIMOTHY J BENSON:
we are including behavioral health services. And actually, from TTUHSC's School of Medicine already, we participate broadly. Well Texas has a –

(Multiple speakers)

TIMOTHY J BENSON:
... We already participate in many of the schools in our region. But this will expand that through our psychiatry department in the region, in our psychiatry residency. We will offer behavioral health.

 

DERRICK RAMSEY:
I will say that Texas 'caterer and teacher program' within five years will serve every school, public school. We have free behavioral health services. It's a great program. It's considered one of the leading in the nation maybe? We've seen a lot of movement in that area, so we are very passionate about that. I would love to see more follow-up on the fiscal health – physical health.

Other question was (Reads) In addition to schools in your experience what are other ways to connect to the community? How are you guys connecting with your community members?

TIMOTHY J BENSON:
I'll connect with anybody. Talk to anybody in any community. I think churches are another great resource. Certainly in our region. Almost all of these communities have a church.

DERRICK RAMSEY:
For free!

TIMOTHY J BENSON:
So we do connect with them.

In our larger ones, we do connect with the health departments. So some of her health apartment are small and do not have full breadth of services, so be connect with those people. Connecting with the County community centers, and the Commissioner courts, and political officials... I think that is a way to get in the door as well.

DERRICK RAMSEY:
I have another favorite way like to get involved in our community that has been working really well for our broadband, which is when we go out to the communities we bring our tech branded vehicle, we have our Texas Tech branded stuff, and oh it's a lot of eyes on you. People start wondering, "Hey, tech is here, what are they doing?" Go for barbecue, people come up and they talk to you, get conversations goin...

We went to one place and this woman thought her daughter got kicked out we are bringing her back. "Not this time!" But we could probably make a map about the good barbecue and West Texas based on how we are on the miles.

Let's see, another when here. From woods Modere. (Reads) Were there any lessons learned that may apply in a rural setting in regions like West Africa or other regions?

TIMOTHY J BENSON:
that's a tough question for me, I am not sure... I'm not familiar with West Africa and other regions.

DERRICK RAMSEY:
We have some great presentations about four or five people who have done a lot of work in Africa, West Africa, specifically at her telehealth week this week. I wish we were those people today because

 

they did great presentations on that. I think the theme they talked about was that they had to go each community, and treat each community as its own. I think that would probably be applicable to how we do things. You have to go out and do that. You have to listen. You can't say "You're a small town in your small towns what works for you will work for you."

TIMOTHY J BENSON:
A lot of listening, a lot of listening.

DERRICK RAMSEY:
Alright. Anymore? Anyone else?

I am looking forward to seeing what the future holds. I am looking forward to seeing if you were able to grow this to even more locations. We are always on board to help. If you need anything, reach out. TexLa would have loved to help you more.

TIMOTHY J BENSON:
Appreciate what you doing appreciate your help.

ARIA JAVIDAN:
Thank you Doctor Benton and thank you Derrick for your presentation.

Just a reminder that our next webinar will be held on Thursday, October 19. Annette will be hosted by the South regional telehealth resource Center. The registration information is available on the NCTRC events page.

Lastly, we ask you to complete the survey that will pop up at the conclusion of this webinar. Your feedback is very important to us.

Thank you to Doctor Benson for his presentation, and to Derrick for hosting the webinar today.

Have a great day, everyone.

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