



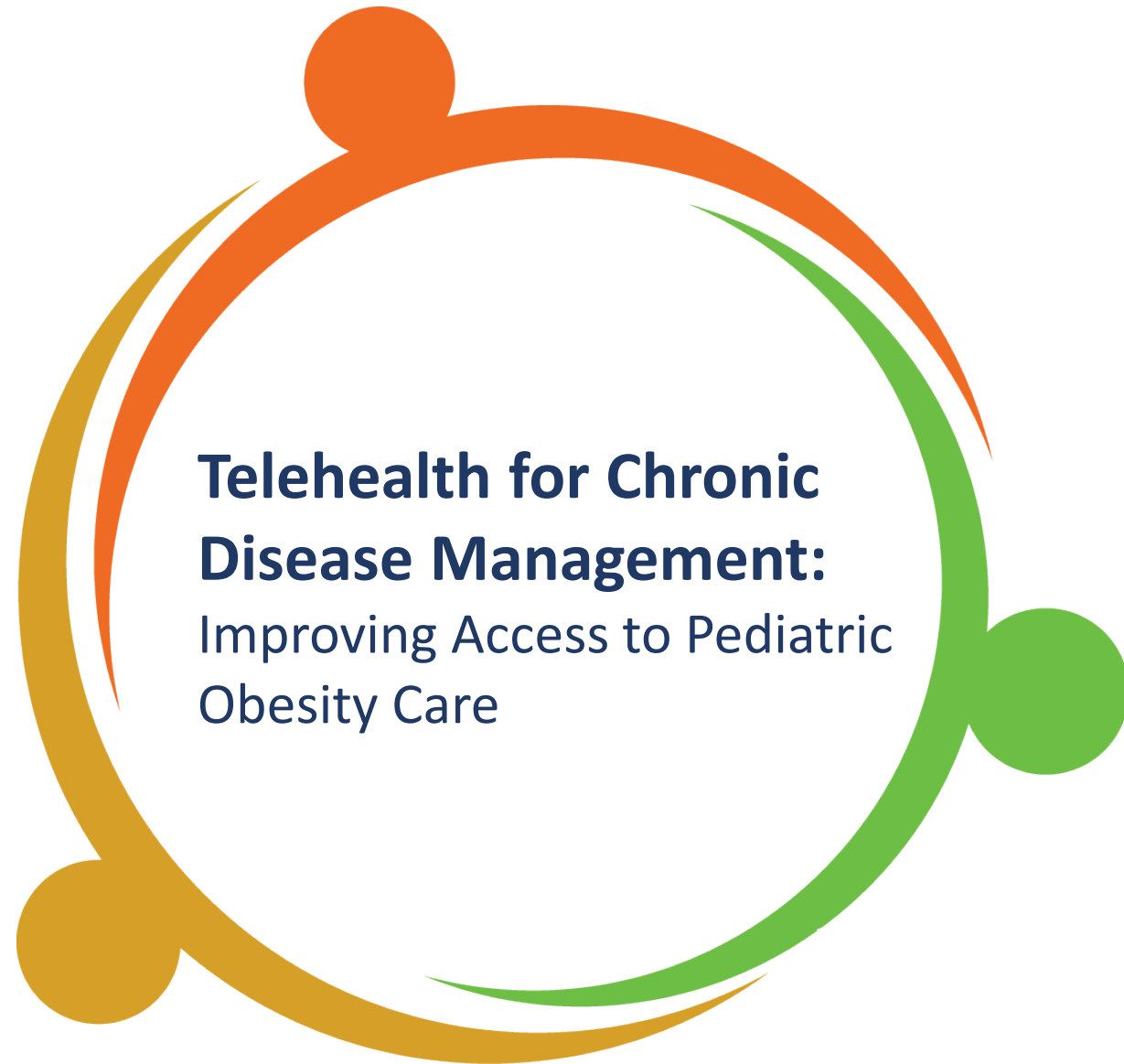
*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

Dr. Valerie M. O'Hara, FAAP, FOMA, DABOM

Diplomate of the American Board of Obesity Medicine

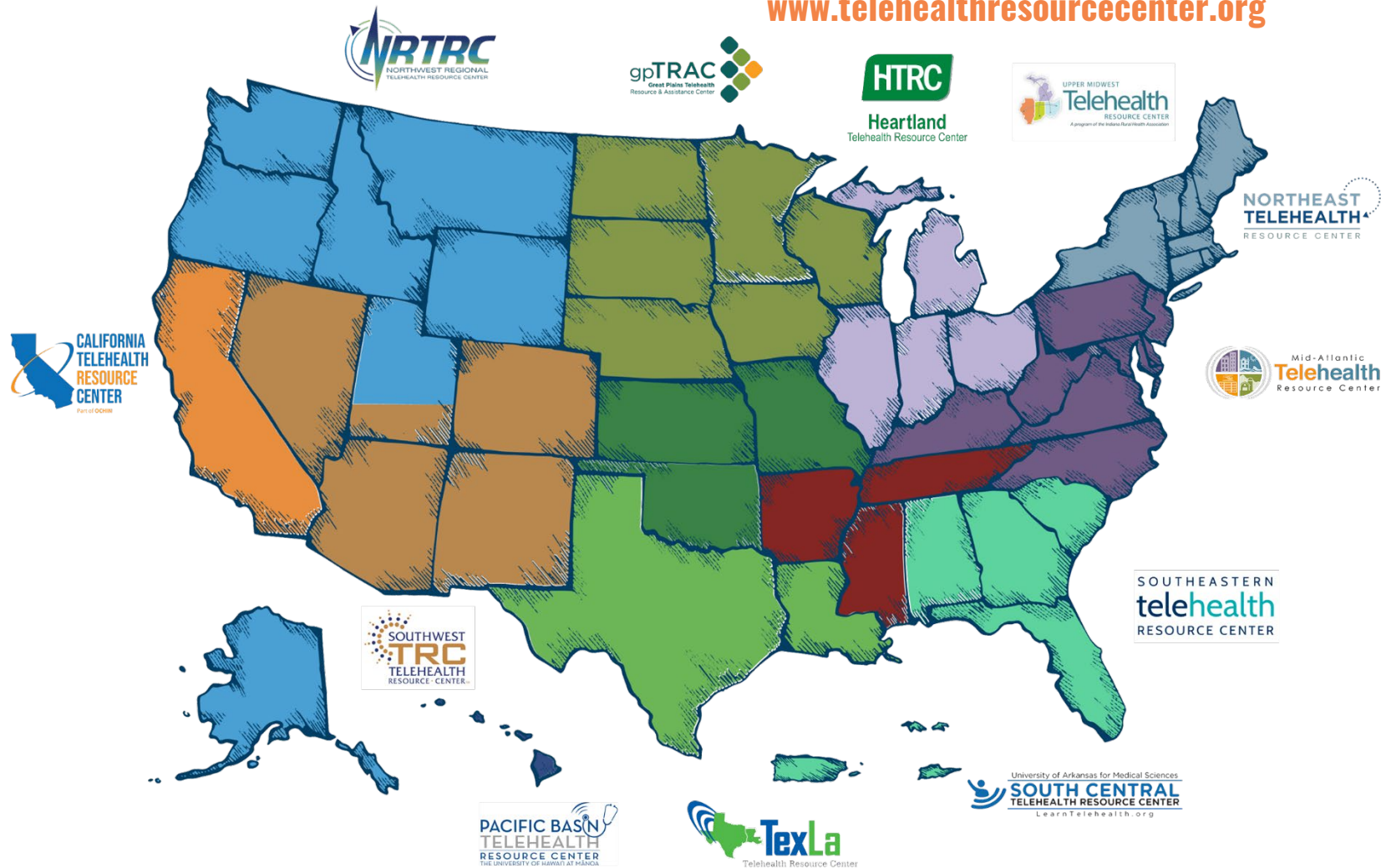
Knownwell

Obesity Medicine Affiliate Faculty & Obesity Medicine Educator, UNECOM



HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



NTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 REGIONAL RESOURCE CENTERS		

 TTAC TelehealthTechnology.org	 CCHP
2 NATIONAL RESOURCE CENTERS	



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There may be delays in response time:
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- Please fill out the post-webinar survey.
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- Recordings will be posted to our YouTube Channel:
<https://www.youtube.com/c/nctrc>



National Consortium of Telehealth Resource Centers

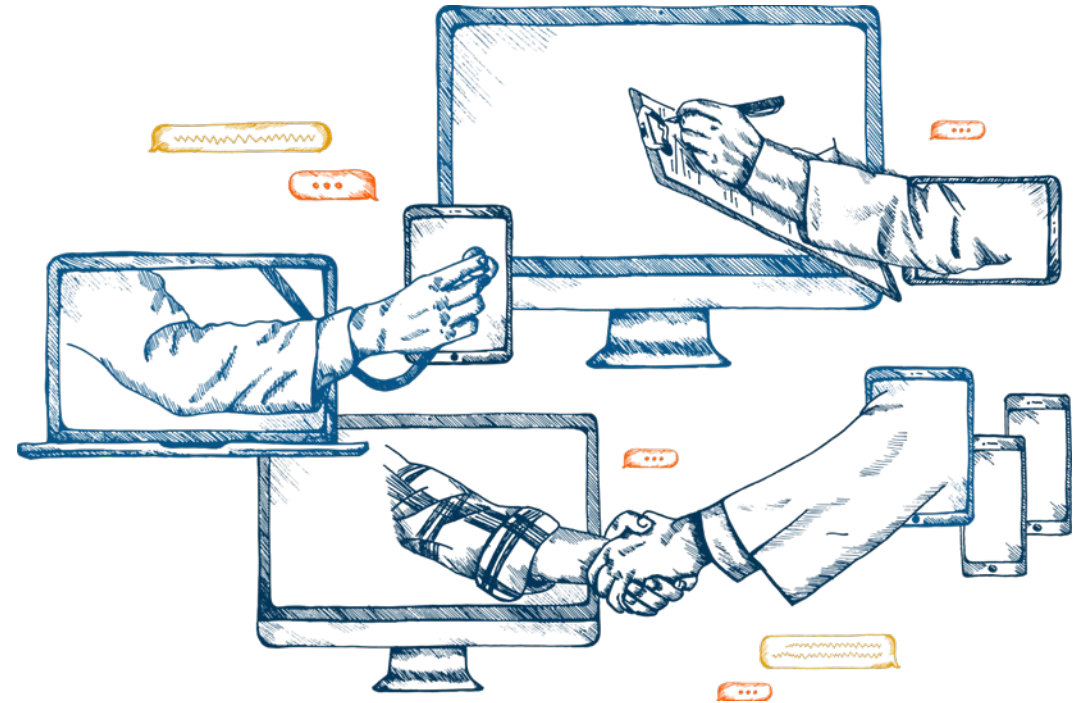
Our website hosts many resources. If you can't find what you're looking for,
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TRC Services – Meeting You Where You're At!

- Reimbursement
- Program development
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- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Broadband Expansion and Digital Equity/Inclusion
- Telehealth Access Points (TAPS)
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence



And More!!

Meet our Presenter!



**Dr. Valerie O'Hara, FAAP,
FOMA, DABOM**

**Pediatric Obesity Physician Specialist,
Knownwell**

**Former creator and Medical
Director- The WOW Clinic,
TeleWOW**



TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GA5RH37459)

MONTHLY REPORT: AUGUST, 2020

QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MCD.ORG)

ADAPTATION OF A PEDIATRIC WEIGHT MANAGEMENT CLINIC VIA TELEHEALTH: PRE-TO-POST COVID-19

**Weight loss program for kids at
EMMC works to boost confidence,
teach healthy lifestyles**



Telehealth is not a new concept for Eastern Maine Medical Center's Way to Optimal Weight (WOW!) program. In fact, the TeleWOW! team, led by Dr. Valerie O'Hara, has been a regular "customer" of the Northeast Telehealth Resource Center (NETRC) for a number of years, requesting technical assistance with technology and the complexities of the telehealth policy landscape. Subsequently, TeleWOW! team members have become telehealth champions, partnering with the NETRC and others to share their expertise and resources through regional and [national webinars](#), conferences and other events.

With the arrival of COVID-19, Dr. O'Hara and her team had to quickly adapt their previously "well-oiled machine" to accommodate patients and families now accessing TeleWOW! services within the home environment. With five years of

successful telemedicine under their belt, the TeleWOW! team saw an important opportunity to help others looking

Key points to be covered

01



Clinical evidence
of use of
telemedicine

02



Understanding
TeleWOW across
the pandemic era

03



Practical approaches
in implementation and
role of telemedicine
to address access &
equity

The Evolution of Telemedicine

1st
radiologic
images by
telephone

1948

Internet
Born

1983

DHHS
establish
Office for
Advance-
ment of
Telehealth
(OAT)

2006

HRSA
Funds
Expansion
the
Telehealth
in Rural
Areas

2016

COVID-19
PHE ends

2023

1924

Virtual
Medical
visits
predicted
(Radio)

1960s

1st
psychiatry
consult
with a
closed
circuit TV

1993

American
Tele-
medicine
Assoc.
founded

2006

OAT
funded
National &
Regional
Telehealth
Resource
Center
Program

2009

ARRA
funded
\$25 billion
advance
digital
healthcare
tech.

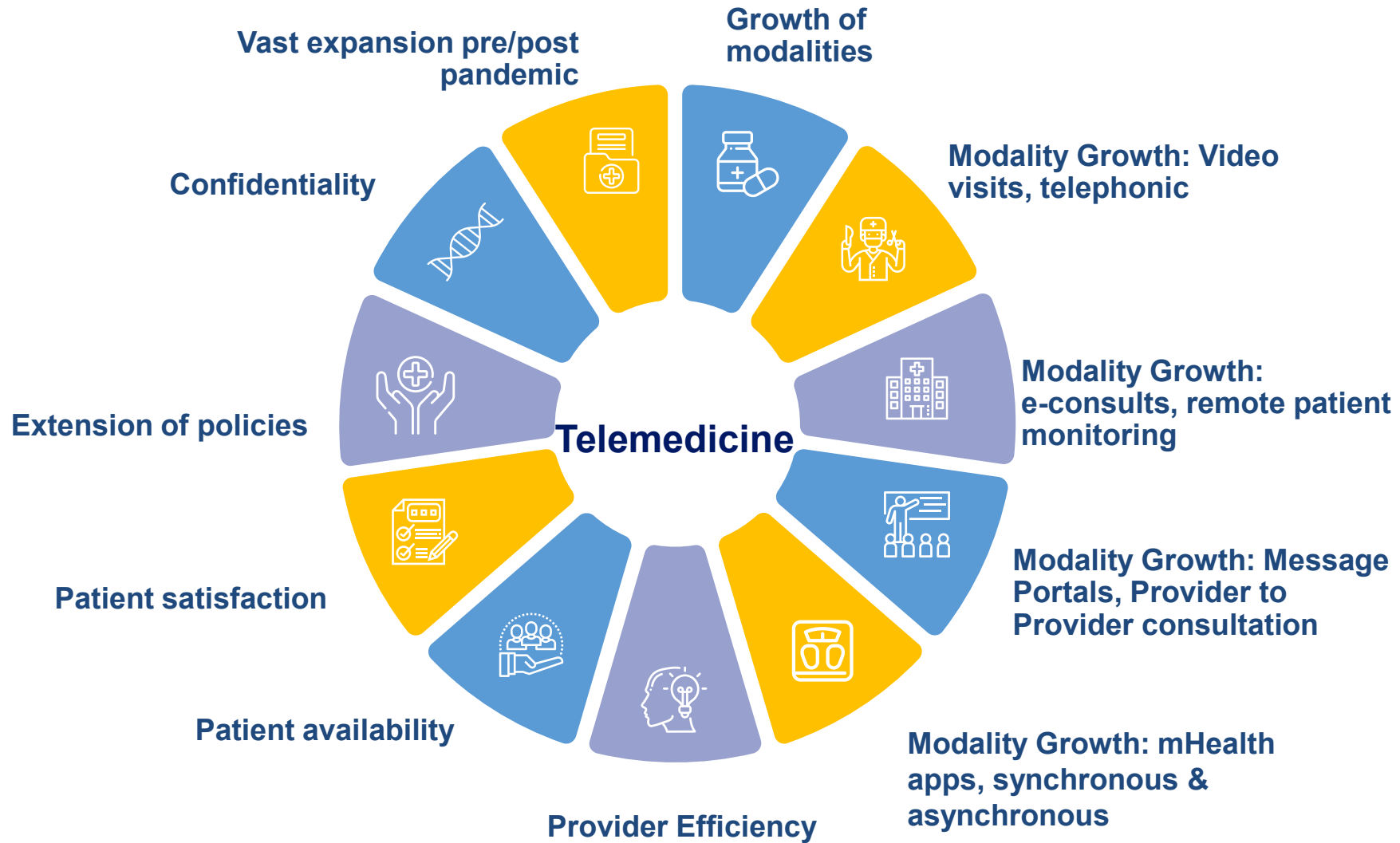
2020

COVID-19
pandemic
leads to
increased
utilization
of
telehealth

2024

Some
telehealth
flexibility
extended
into 2024
& 2025





Telehealth Policy Changes after Public Health Emergency

Permanent Medicare changes

- FQHCs & RHCs can serve as a distant site provider for behavioral/mental telehealth services
- Medicare patients can receive telehealth services for behavioral/mental health care in their home
- No geographic restrictions for originating site for behavioral/mental telehealth services
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms
- RHCs are eligible originating sites for telehealth

Temporary Medicare

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- No geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers

[Consolidated Appropriations Act, 2023
https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency](https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency)



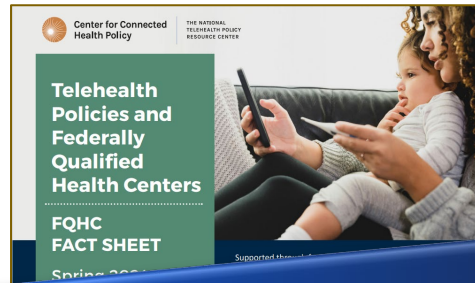
Moving Forward – Policy Change



Permanent and Proposed Expansion of State TH Rules/Laws



[ATA EDGE's 119th Congress Legislative Tracker](#)



Track [Federal](#) & [State](#) Legislation on CCHP's Website!

[CONNECT for Health Act of 2025](#) (S. 1261 reintroduced) – removes long-standing barriers to telehealth and promotes program integrity. See CCHP Fact Sheet.

Telehealth Expansion Act ([H.R. 1650](#), [S.763](#)) - amends the Internal Revenue Code of 1986 to permanently extend exemption for telehealth services from certain high-deductible health plan rules.

Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS Act – [H.R. 1627](#)) – would permanently waive in-person requirement for prescribing controlled substances III-IV

Advantages of Telemedicine: General

Improve Access:

- increases care when & where patients need it
- improves capacity of providers
- reducing disparities

High Patient & Provider Satisfaction

- 95-100% satisfied with Telehealth compared to in person
- 79% reported satisfied with care during their last telehealth visit

Cost Savings

- Value for patients, healthcare systems
- Less ER visits, shortened hospital stays
- Impact on environment

Patient Outcomes

- Physician shared: improved clinical outcomes (88%) care coordination (83%), increased patient adherence (81%), increased patient safety (82%)
- Remote Monitoring: decrease in ER visits, reduced hospital stay length, patient engagement, provider access to patients

Expanding Telehealth in adolescent care:

Moving beyond the COVID-19 pandemic.

It is **essential to consider the full array of virtual care modalities to enhance access to care** for adolescents.

Despite emerging evidence of the benefits of telehealth before the pandemic, **concerns regarding the lack of evidence supporting its use persisted.**

Telehealth has the potential to transform how adolescents engage with the health care system

A 2016 survey identified that only 15% of pediatricians had used telehealth in the previous 12 months

Between 2008 and 2017, the use of telehealth in school-based health centers increased by 271%, with most of the growth occurring in rural schools and sponsored by hospitals.

2019 study of the use of in-home telehealth devices that included a stethoscope in children and adolescents with medical complexity revealed: lower rate of ICU admission in the intervention group & cost savings of \$9425 per patient over the course of the 4-month study

The **AAP Section on Telehealth Care** has consolidated multiple national evaluation frameworks into 4 domains: (1) health outcomes, (2) health delivery: quality and cost, (3) experience, and (4) program implementation and key performance indicators.

Risk: the chance to exacerbate health care inequities. ensure that telehealth products are developed with a focus on maintaining adolescent confidentiality.

Benefits: **Telehealth may allow an ongoing, adaptive conversation focused on adolescent wellness. can also be used outside of the direct clinician-patient relationship. Geography and capacity limits have reduced access to subspecialty care for adolescents, including with the Adolescent Medicine subspecialist- Virtual visits have tremendous potential to decrease geographic barriers.**

It is the responsibility of clinicians to adapt practice styles to meet the needs of adolescents and adhere to the expected standards for high-quality, confidential, and comprehensive models of care.

Barriers of Telemedicine: General

Potential to worsen socioeconomic disparities particularly for vulnerable populations

- Need for Broadband to all
- Technology devices availability equitably

Maintenance of Telehealth Policies to address Restrictions, Payment Parity

- Currently primarily limited to short-term financial measures to define Value
- Prior Geographic & Provider specific limitations

Workflow Structure & Education of healthcare teams

- COVID highlighted need for stronger infrastructure, education, workflows and staff to support Telehealth
- Ongoing payment uncertainty limited utilize/expansion of telemedicine

Barrier Drivers

- Competency Drivers:
 - participant engagement barriers, staff training barriers, inadequate program supervision /management)
- Organizational Drivers
 - inadequate decision, administrative clinical supports, system-level & leadership barriers

Obesity is a Disease

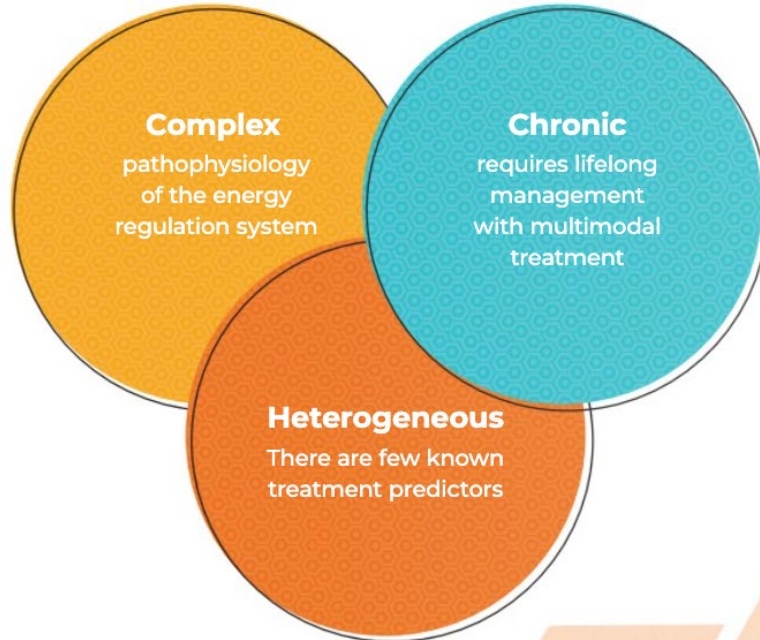
.....starts with understanding there is Pathophysiology



Pediatric Obesity is a Disease

THE DISEASE OF OBESITY

The Disease of Pediatric Obesity



12 | OBESITYMEDICINE.ORG

Pediatric Obesity Algorithm - The Disease of Obesity

Overall Management Goals

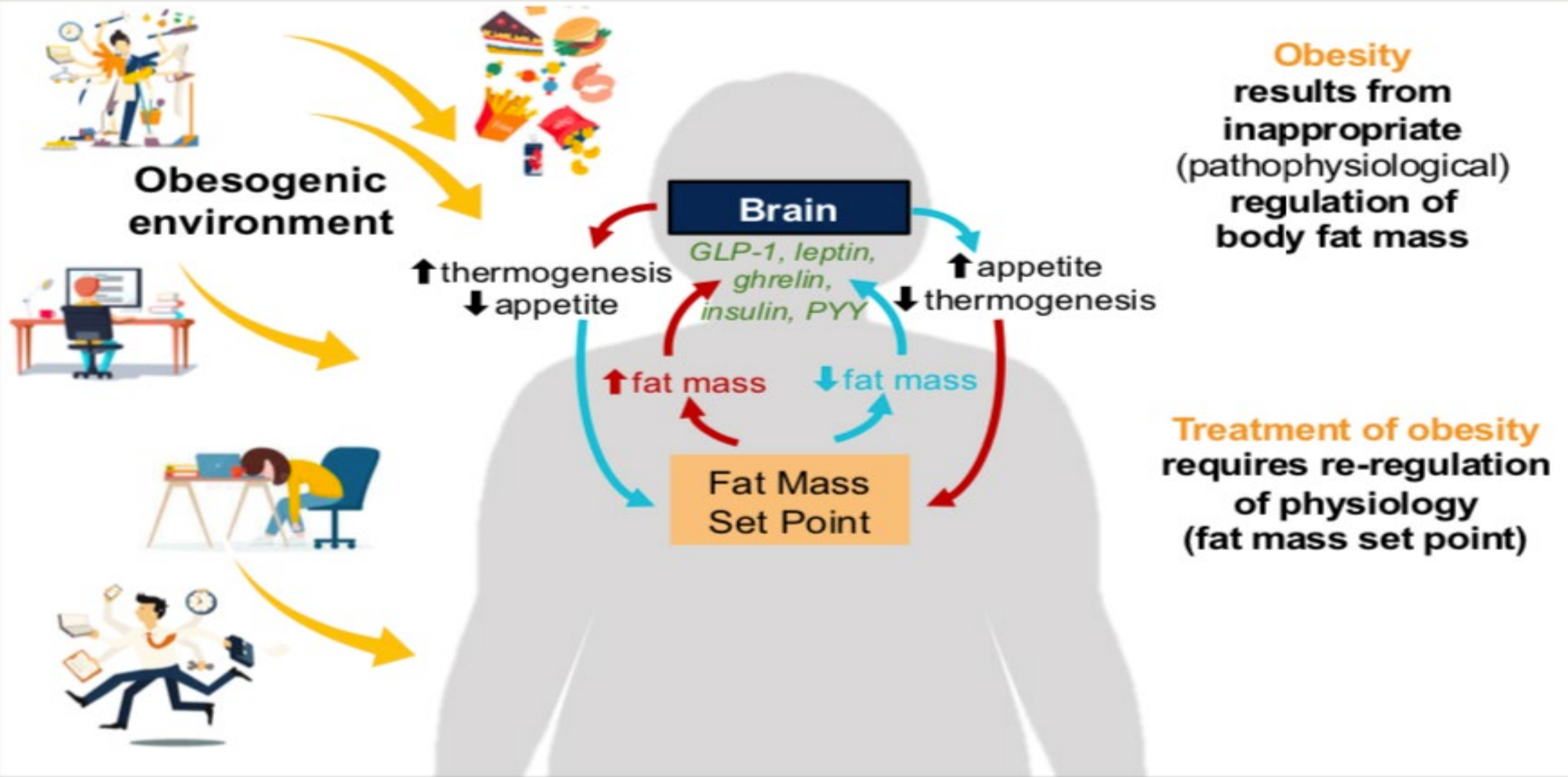
THE DISEASE OF OBESITY

Pediatric patient with overweight or obesity



20 | OBESITYMEDICINE.ORG

Body fat mass set point

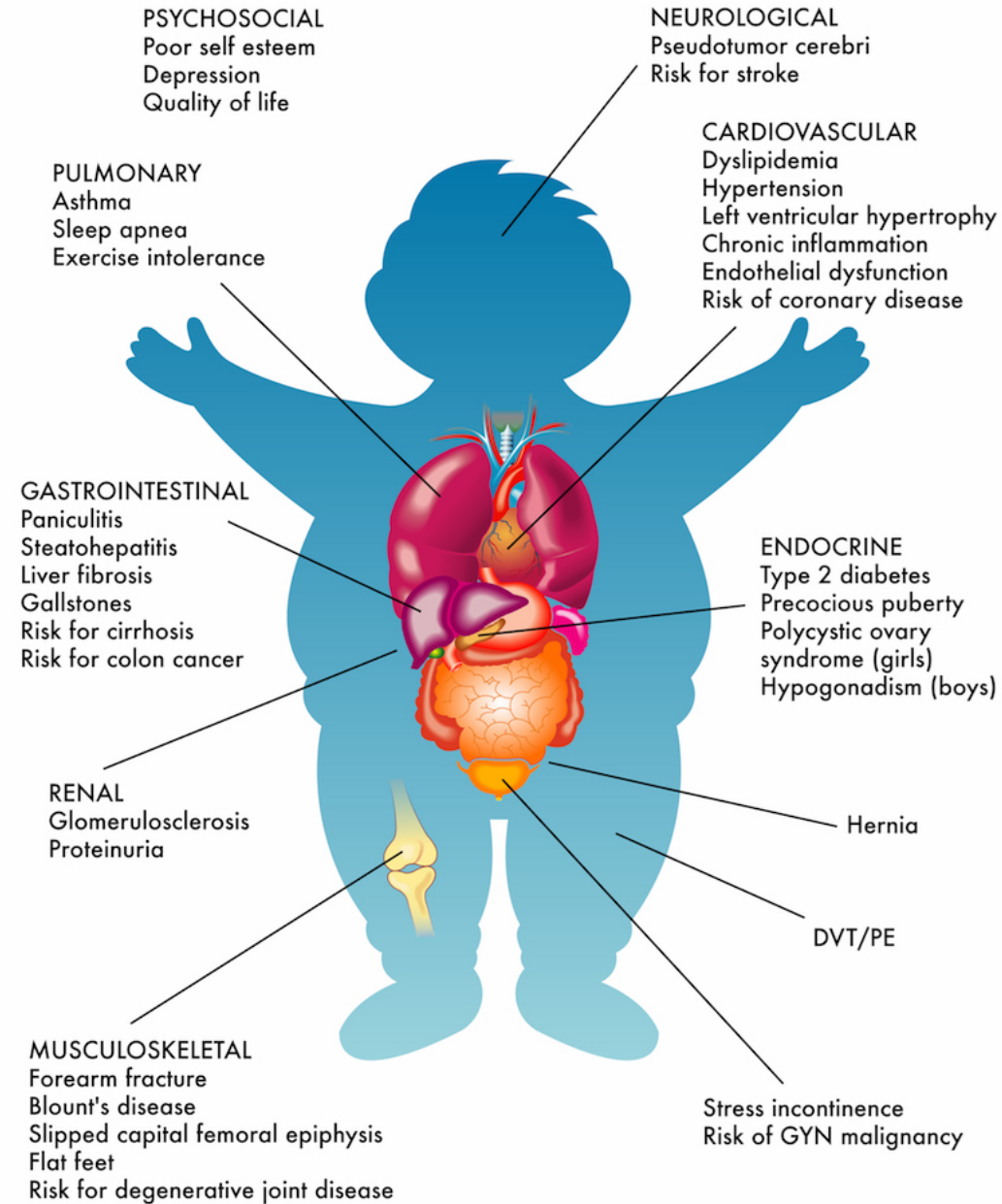


Acknowledge Complex Etiology of Obesity



Obesity: Impacts all body systems

Childhood Obesity medical complications



What Happens When We Do Not Treat Childhood Obesity?

Prediabetes



Adolescents with obesity have a 2.6-fold higher rate of prediabetes¹

OSA – Obstructive Sleep Apnea



Prevalence of OSA is higher (60%) in children and adolescents with obesity²

MASLD – Metabolic dysfunction-associated steatotic liver disease



Prevalence of NAFLD is reported to be 38% in children with obesity^{3,4}

CVD – Cardiovascular disease



70% of 5–17-year-olds with overweight have at least one risk factor for CVD⁵

Psychological distress



Psychological distress is greater in children with obesity as they are often teased or bullied for their weight^{6,7,8}

Quality of life

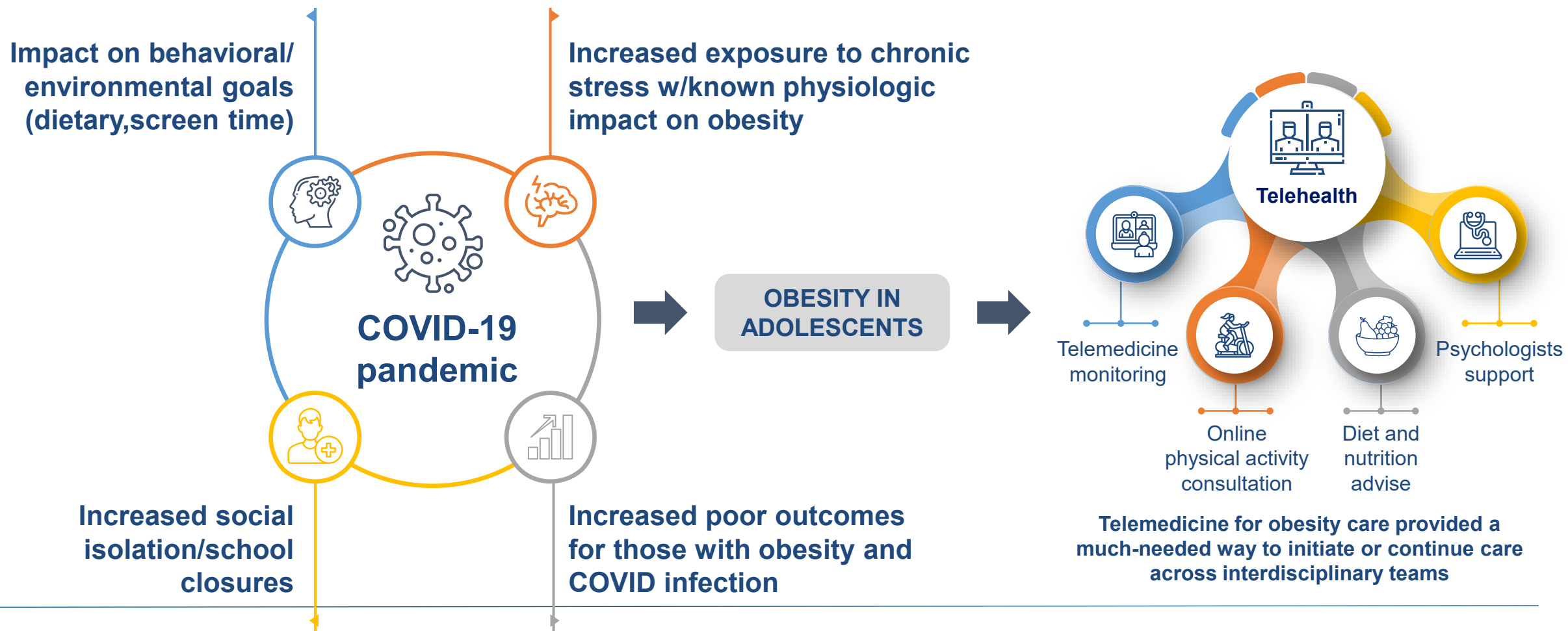


Social issues lead to low quality of life which can lead to other issues^{9,10}

1. Li et al. Diabetes Care 2009;32:342–7; 2. Verhulst et al. Sleep Med Rev 2008;12:339–46; 3. Pardee et al. Semin Pediatr Surg 2009;18:144–51; 4. Schwimmer et al. Pediatrics 2006;118:1388–1393; 5. Freedman et al. J Pediatr 2007;150:12–7; 6. Schwimmer et al. JAMA 2003;289:1813–9; 7. American Academy of Pediatrics. About childhood obesity. Available at: <http://www.aap.org/obesity/about.html>; 8. Sahoo et al. J Fam Med Prim Care 2015;4:187; 9. Sawyer et al. Pediatrics 2011;128:677–84; 10. Strauss. Pediatrics 2000;105:e15 LP-e15

Significance of telehealth in the COVID-19 era

Impact of pandemic on children and adolescents living with obesity and need for telemedicine



Evolution of telemedicine in paediatric weight management

Transitioning from pre to post COVID-19 pandemic

REVIEW ARTICLE

WILEY

The paediatric weight management office visit via Telemedicine: pre- to post COVID-19 pandemic

Valerie M. O'Hara | Starr V. Johnston | Nancy T. Browne

REVIEW ARTICLE

Current Obesity Reports

Pediatric Obesity Care via Telemedicine: Expanding the Path Forward—A Review

Valerie M. O'Hara | Danielle Louder | Starr Johnston | Kathryn Hastey | Nancy T. Browne



COVID 19 has pushed many HCPs outside their comfort zones to **use digital solutions** for **consultations**



Incorporating telemedicine into their practice is the '**NEW NORMAL**' in health care as a result of COVID-19



Reimagine consultation outside a physical office building as a means of **improving patient care**

Telemedicine for paediatric obesity management

Current evidence

Telemedicine can help to:



Enrich patient outcomes



Benefit the compliance rate and reduce attrition



Increase access to care (rural setting) with decreased operational costs



Deliver efficient pediatric obesity care

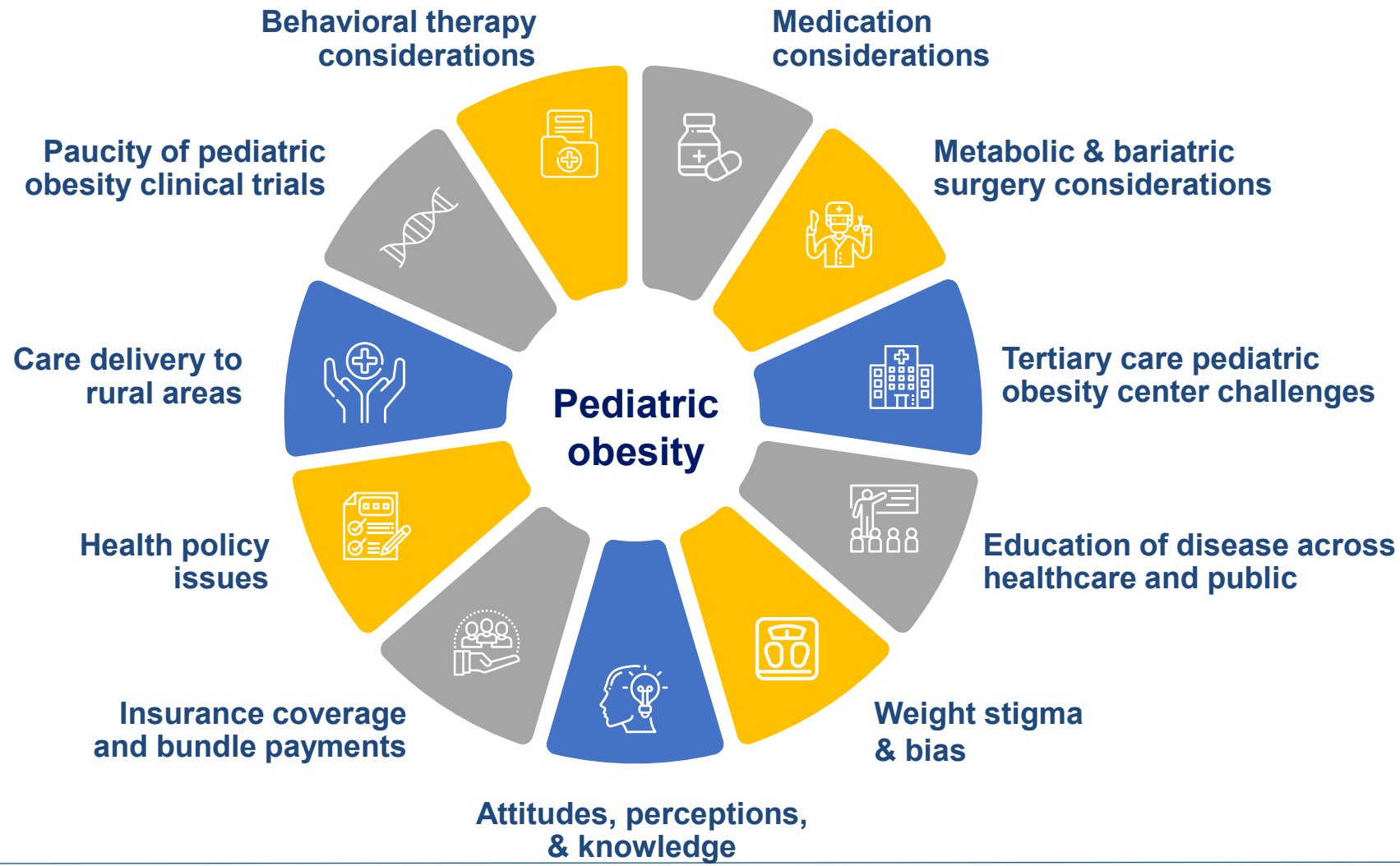


Considerations with telemedicine in a hybrid model may be beneficial for pediatric obesity

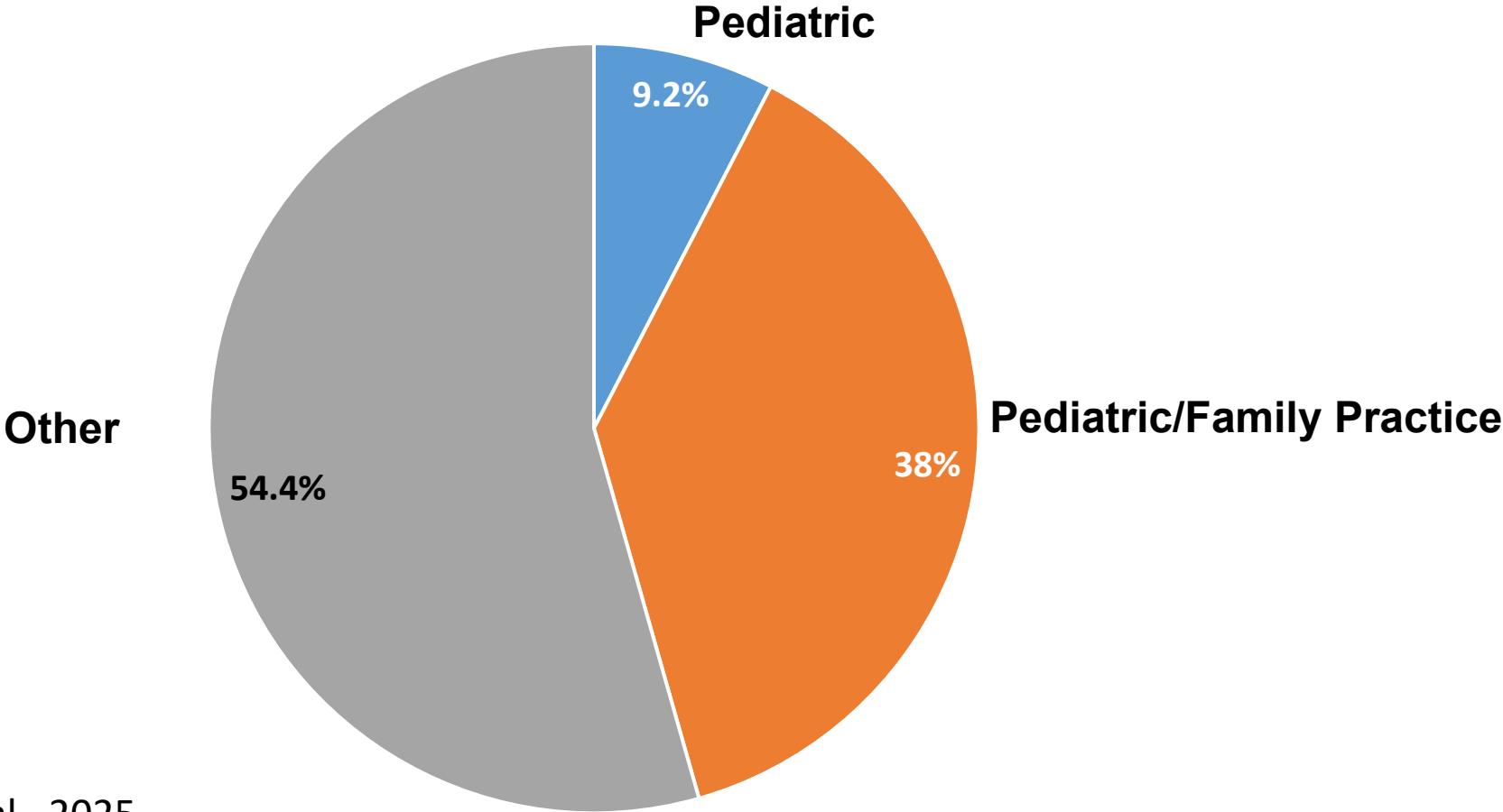


Socio-economical disparities requires policies to help provide these tools.

DeSilva et al. Telemed J E Health 2021; 27(2): 159-166; Whitley et al. Child Obes 2021; 17(5): 299-310



Total ABOM as of 2025: 9800



ABOM, 2025; Rajagopal et al., 2025



RE-AIM Framework

Reach

Effectiveness

Adoption

Implementation

Maintenance

Advantages of Telemedicine for Children with Obesity

Access & Sustainability & Outcomes

- Increases Reach
- Decreases Attrition: less no shows, less cancellations
- Ability to include multiple caregivers during each visit
- Improved education and shared goal setting as team

Invitation into Home to inform care

- Unique insights from meeting families in their home environment
- Additional caregivers to support patient during the visit.

High Patient & Family satisfaction

- Less anxiety and stress for many children with autism, social anxiety.
- For those with prior weight bias in healthcare setting, opportunity to re-build trust with providers via more comfortable modality.

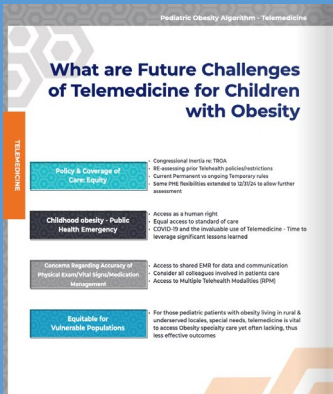
Expanded Value assessment metrics

- Better Equity, improved access, outcomes, satisfaction for patients & providers, cost-effectiveness, climate impact

Leveraging the Medical Home & Team

- Access to shared EMR for data and communication
- Consider all colleagues involved in patients care

What are Future Challenges of Telemedicine for Children with Obesity



Policy & Coverage of Care: Equity

- Congressional Inertia re: TROA
- Re-assessing prior Telehealth policies/ restrictions
 - Current Permanent vs ongoing Temporary rules
 - Some PHE flexibilities have been extended without specific long-term determinations

Childhood obesity - Public health emergency

- Access as a human right
- Equal access to standard of care
- COVID and the invaluable use of Telemedicine -Time to leverage significant lessons learned

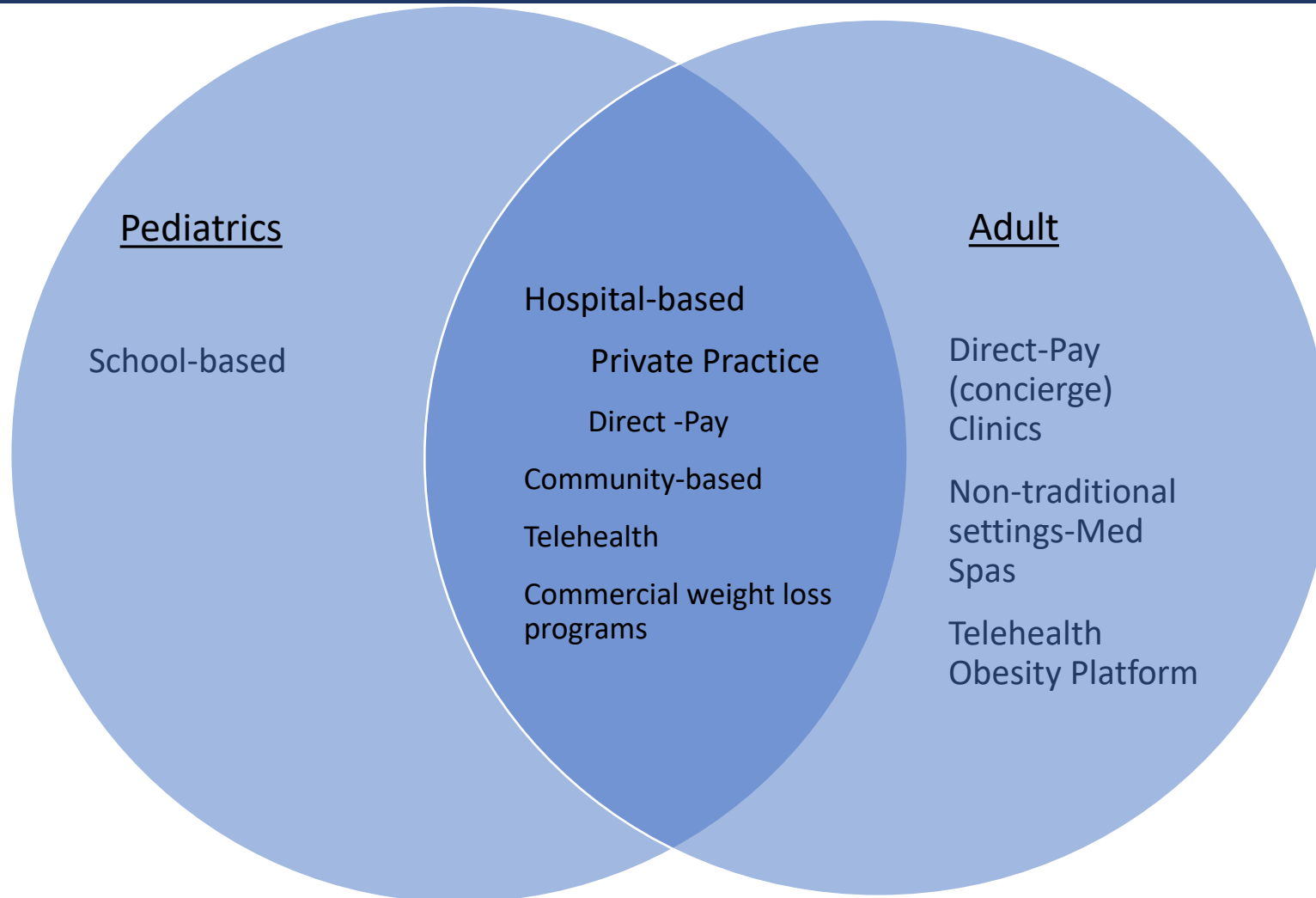
Concerns Regarding Accuracy of Physical Exam/Vital Signs/Medication Management

- Access to shared EMR for data and communication
- Consider all colleagues involved in patients care
- Access to Multiple Telehealth Modalities (RPM)

Equitable for Vulnerable Populations

- For those pediatric patients with obesity living in rural & underserved locales, special needs, telemedicine is vital to access Obesity specialty care yet often lacking, thus less effective outcomes

Comparison of Obesity Care Models Adults vs. Pediatric



Insights on TeleWOW program

Pre-COVID Era



Initial visit at the originating site
(primary care office) in person



Follow-up visits via
telemedicine (WebEx to Zoom)



Follow-up visits at the
originating site in person

Access

Collaboration

Success

Positive feedbacks

Credentialing process
and contracts

Training

Challenges

System and space



O'Hara, V.M., Louder, D., Johnston, S.V. *et al.* Pediatric Obesity Care via Telemedicine: Expanding the Path Forward—A Review. *Curr Obes Rep* (2023). <https://doi.org/10.1007/s13679-023-00537>

O'Hara VM, Johnston SV, Browne NT. The paediatric weight management office visit via telemedicine: pre- to post-COVID-19 pandemic. *Pediatr Obes.* 2020;15(8):e12694. doi:10.1111/ijpo.12694

Future of telemedicine

Post-COVID Era



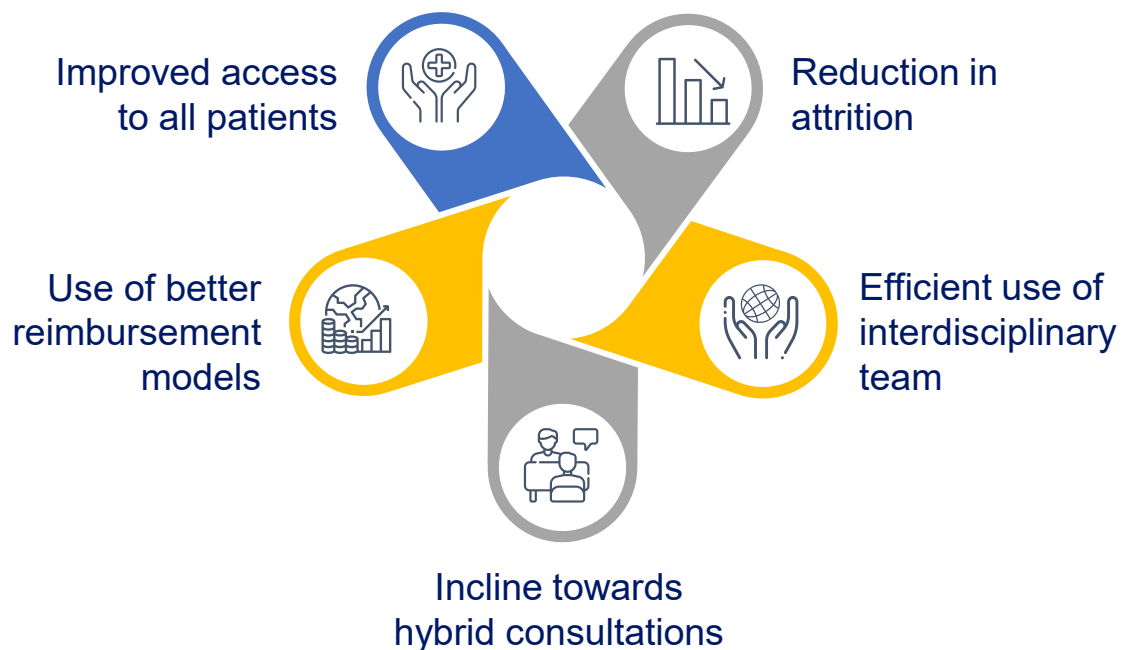
Patient volume via telemedicine



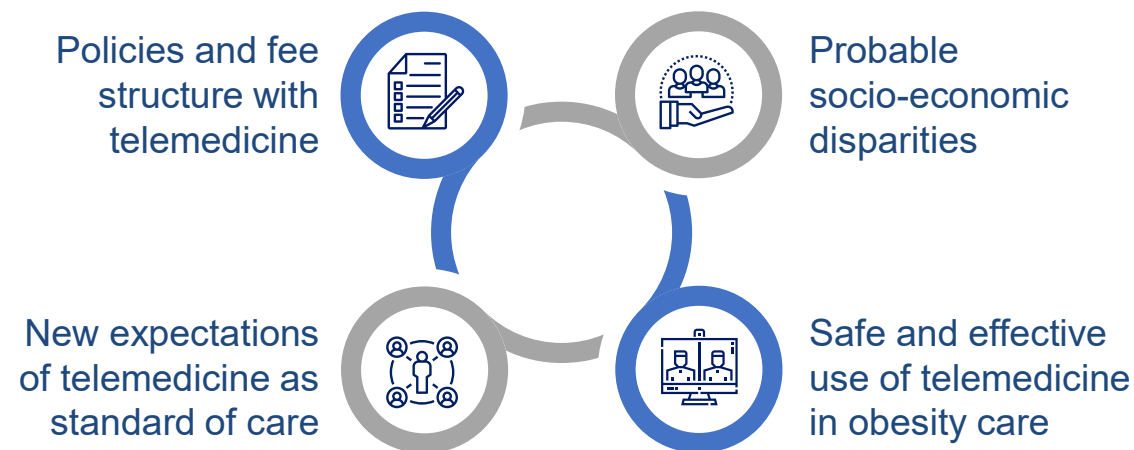
Future of telemedicine

Post-COVID Era

Success



Challenges



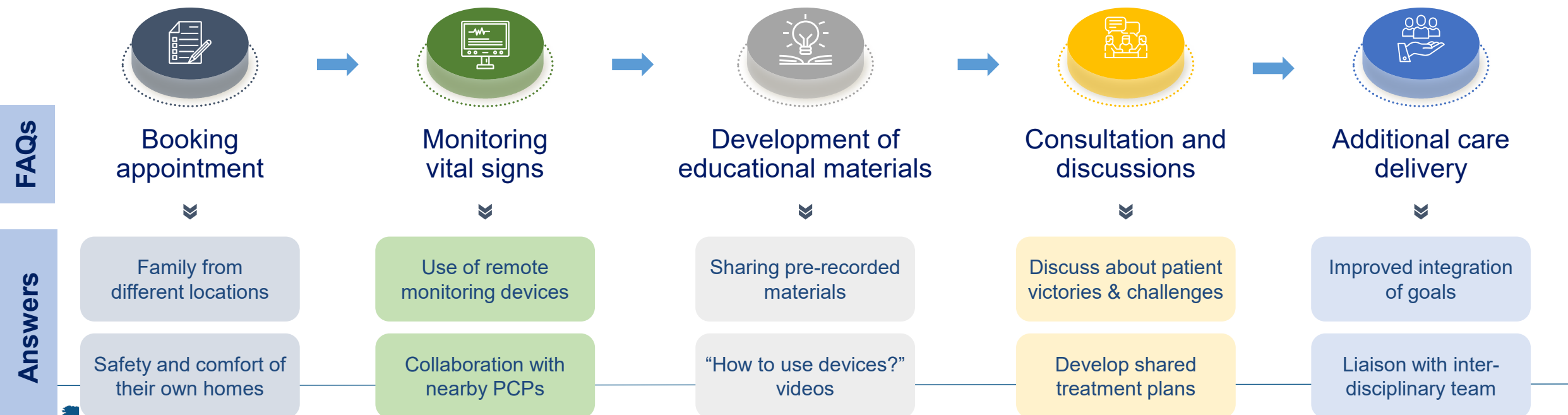
O'Hara et al. *Curr Obes Rep* 2023; O'Hara et al *Pediatr Obes*. 2020; Srivastava et al. *Obesity (Silver Spring)* 2021; 29(1): 46-55; Gudzone et al. *Obesity (Silver Spring)* 2019

Implementation of telemedicine

In everyday clinical practice for children and adolescents living with obesity

I. Conversations with the adolescents and inclusion of family members

Practical steps and key points to consider for a telemedicine visit:



Implementation of telemedicine

In everyday clinical practice for children and adolescents living with obesity

II. Discussions about obesity management

Involvement of interdisciplinary care

Psychologists consultations

Dietary and physical activity consultations

Augmented
flexibility
to the patients
and their families

Enhanced
connectivity with
accessibility
to various
locations

Increased
openness:
a unique view into
patients' home

Better
engagement for
patients with
specific/special
needs

Improved
efficiency among the
interdisciplinary
team

Telemedicine Pilot Implementation for a Stage 3 Pediatric Weight Management Clinic in Rural Maine.



¹Valerie O'Hara, DO, DABOM; ¹Starr Johnston, RN; ¹Lauri Jacobs, MS, RD, CDE; ²Jennifer Robichaud, RN;

³Samreen Fathima, BDS, MPH; ¹Nancy Browne, PNP, FAANP

¹EMMC-Cutler Health Center, Orono, ME; ²Aroostook Pediatrics, Presque Isle, ME; ³EMMC Clinical Research Center, Bangor, ME

Background

Pediatric weight management interventions traditionally have been delivered in face to face office visits. Limited research is available on the real world implementation of a pediatric weight management clinic through telemedicine.

Specific Aims

The purpose of this study is to evaluate the implementation of a multidisciplinary American Academy of Pediatrics Stage 3 pediatric weight management clinic, Way to Optimal Weight (WOW™), through telemedicine.

Methods & Analysis

Methods: This clinic (TeleWOW) was established in September 2015. Services provided include medical, behavioral and dietary consultations by ABOM certified pediatrician, registered nurse, registered dietitian, and pediatric psychologist over a period of 1 year with weekly visits in 1st phase, biweekly visits in the 2nd and monthly visits in the final phase (Total of 20 visits over 1 year). For the purpose of this evaluation, we collected provider and patient/parent surveys and ethnographic observation of the teleclinic workflow.



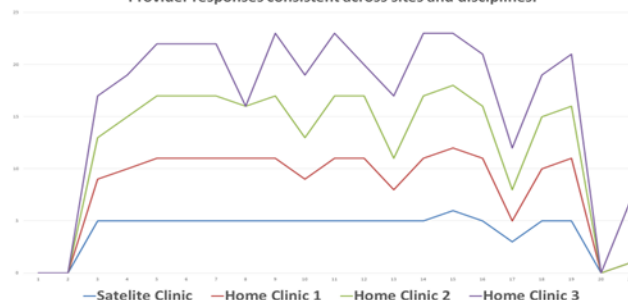
Results

Results: The clinic serves rural Maine children (2 to 19 years) with BMI over 85th percentile; 11 children have been enrolled contributing 146 medical, 140 RN, 21 Medical Nutrition Therapy (MNT), and 8 Psychology visits between Sept. 2015 and April 2017.

Patient/Family Responses: The predominant responses to the survey are high patient/family satisfaction

Provider Responses: Positive responses about the modality despite some initial reservations.

Provider responses consistent across sites and disciplines.



Challenges: The key challenges to program implementation:

1. orientation of providers to equipment
2. real-time troubleshooting
3. revision of workflow to accommodate 2 locations
4. coding at 2 locations
5. scheduling at 2 locations with multiple providers

Community Partners

- WOW™ Clinic, Eastern Maine Medical Center (EMMC), Orono, ME
- Aroostook Pediatrics, Presque Isle, ME
- Smith Wellness Center, Presque Isle, ME
- EMMC Clinical Research Center, Bangor, ME

Summary

Conclusion: Providers feel that although the modality required a learning process, telemedicine care provides the same patient interaction as face to face care. Given the prevalence of obesity and severe obesity in the national population and USPSTF recommendations to provide moderate to high intensity medical care for pediatric obesity, telemedicine provides the best opportunity to bring this specialty medical intervention to children in their own home towns.



Acknowledgements

Special Acknowledgements to:
All the children enrolled in the study & their parents;
Pret Bjorn, EMMC IT Team, Donna Ashe;
Renee Sibley; Michael Beaulier, Diana Prescott, &
Aroostook Pediatrics Providers & Staff

References

Barlow SE; Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics*. 2007;120(suppl 4):S164-S192.
US Preventive Services Task Force; Grossman DC, Bibbins-Domingo K, Curry SJ, et al. Screening for obesity in children and adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2017;317:2417-2426.
Rogove HJ, McArthur D, Demaerschalk B, Vespa PM. Barriers to telemedicine: survey of current users in acute care units. *Telemedicine and e-Health*. 2012;18:1-6.

Implementation of telemedicine

In everyday clinical practice for children and adolescents living with obesity

IV. Sustainability of hybrid models in respect to insurance and policy delivery



Development of
healthcare policies
to incorporate
telemedicine



Insurance
coverage for
telemedicine and
hybrid models



Using
globally available
resources



6Ps: Patients &
Parents, Providers,
Policy, Payors,
Public

This will help reduce bias, increase access to ethical and evidence-based medical care

Center for Connected Health Policy. State telehealth laws and reimbursement policies report. <https://www.cchpca.org/telehealthpolicy/state-telehealth-laws-and-reimbursement-policies-report>; Personal experience from Dr. O'Hara



Summary of Gaps

Access

Limited Access to PWMC for most vulnerable children

rural, SOE, at risk populations

need to build on REACH (specialist/multiple models of care)

Ensuring Safety

Consider risks of diagnostic errors via telemedicine

Effectiveness

Equitable access to all available Obesity Treatments

Pediatric Research to specifically assess obesity care delivered via differing models

Addressing Disparities

Telemedicine Policy & Funding

need consist BROADBAND & Tech devices for most vulnerable
to fully expand reach/effectiveness/adoption/maintenance

Gudzune et al., 2019; DeSilva et al., 2021; Whitley et al., 2021; Woo Baidel et al., 2020; Flattum et al., 2021; Crawford et al., 2020; AMA 2021; American Telehealth Association. <https://www.americantelemed.org/>; Tang et al., 2023; Etz et al., 2023) Hatem et al., 2022; Uscher-Pines et al., 2016;

Hays et al., 2022; AMA 2021; American Telehealth Association. <https://www.americantelemed.org/>; Tang et al., 2023)

(Bailey et al., 2021; Hampl et al., 2023; Sharifi et al., 2022; Tchang et al., 2022; Herdes et al., 2022)

(FCC, 2023; Crawford et al., 2020; Woo Baidel et al., 2020; North et al., 2020; Bailey et al., 2021; Eberly et al., 2020)





RECIPES FOR CARE
OBESITY MEDICINE
2025

Bridging the Gap: Building Seamless, Multidisciplinary Obesity Care Across the Lifespan

Eileen A. Chaves, PhD, MSc

Laura Davisson, MD, MPH, DABOM

Treah Haggerty, MD, MS, DABOM

Valerie M. O'Hara, DO, FAAP, FOMA, DABOM



Core Disciplines of the Integrated Obesity Clinic Team

Behavioral Health Specialist: PhD, PsyD, LPC, SW, Health Coach

Medical Provider: Physician (MD/DO), APP (ABOM or Certificate APP)

Nurse Clinical Coordinator, RN, MA, Pharmacist, Pharmacy Tech

Nutritional Specialist: RD

Physical Activity: PT/OT/Athletic Trainer/Personal Trainer

Students: Medical, nursing, exercise science, Physical education, Psychology students, FP Residents, Pediatric Residents, RD students

Patient Navigator/Disease Managers

APP = advanced practice provider; FP = Family Practice; LPC = licensed professional counselor; MA = Medical Assistant; OT = Occupational Therapist; PT = Physical Therapist; RD = Registered Dietitian; RN = Registered Nurse; SW = Social Worker



The Integrated Obesity Clinic – Structure Elements

Types of appointments offered:

In-person

Telemedicine

Hybrid

Groups:
patient group
surgical pre- and post-
support groups
caregiver-family support
groups

Shared medical visits

Summer camp

When started to use? Varies across the teams; benefits and challenges
Concerns about outcomes, ongoing policies



Leveraging the Expertise of your Team

Need for ongoing monitoring & tailoring of treatment

- With advancement of more highly effective therapies for the chronic disease of obesity- from childhood into adulthood

Benefits to the patient and family provided by **integrated team** throughout developmental stages and in response to treatments which are changing and evolving

- Examples: MNT for patients particularly those on AOMs / post- MBS
- Behavioral health providers IHBLT + AOMs + MBS
- Physical Activity guidance

Benefits of having a team for providers - learning from our colleagues within the team to improve care

Creative Use of Telehealth to increase FTE without space (Davisson/Haggerty) and access (O'Hara, Chaves)

- Saves travel time, warm handoffs when team members are located in different office (all teams)



AOM = anti-obesity medication; FTE = full time equivalent; IHBLT = intensive health behavior & lifestyle treatment; MBS = metabolic & bariatric surgery; MNT= medical nutrition therapy

Telemedicine for Obesity

Advantages:

Telemedicine delivery of obesity care for children

Access & Sustainability
& Outcomes

Invitation into Home to
Inform Care

High Patient & Family
Satisfaction

Expanded Value
Assessment Metrics

Leveraging the Medical
Home & Team

- Most hospital-based and private practices offer telemedicine services
- Many telehealth platforms are available for adults with obesity, few offer care for adolescent
 - Telehealth for adults often marketing compounded GLP-1-RAs
 - No age restrictions typically discussed during marketing



Telehealth for Pediatric Metabolic & Bariatric Surgery

Effect of telehealth implementation on an adolescent metabolic and bariatric surgery program

Rachel E. Herdes, D.O. ^a ✉ · Brittany E. Matheson, Ph.D. ^b · Deborah D. Tsao, B.Sc. ^c · Matias Bruzoni, M.D. ^d · Janey S.A. Pratt, M.D. ^d

[Affiliations & Notes](#) ✓ [Article Info](#) ✓ [Linked Articles \(1\)](#) ✓

Results

The rate of attendance was found to be greater for telehealth visits (83.1%) than for in-person appointments (70.5%) for all clinics regardless of appointment type (preoperative versus postoperative). Cancellation rates were lower for telehealth visits (9.9%) than for in-person appointments (22.5%).

Conclusion

This study provides evidence that telehealth can be implemented successfully in an adolescent metabolic and bariatric surgery program and can improve attendance rates for all provider and appointment subtypes.



Summary of Opportunities

Access

Address Health Equity by Building on Telemedicine Access Policies

Resource on available funding, successful examples

Ensuring Safety

Leveraging the patients Medical Home

Workflows to provide access to accurate medications for reconciliation, vital signs

Effectiveness

Telemedicine Policy & Broadband Funding

Need Access to provide effective medical care

Need to expand metrics to define effectiveness of care

Need expanded metrics that define Value of Telemedicine

Addressing Disparities

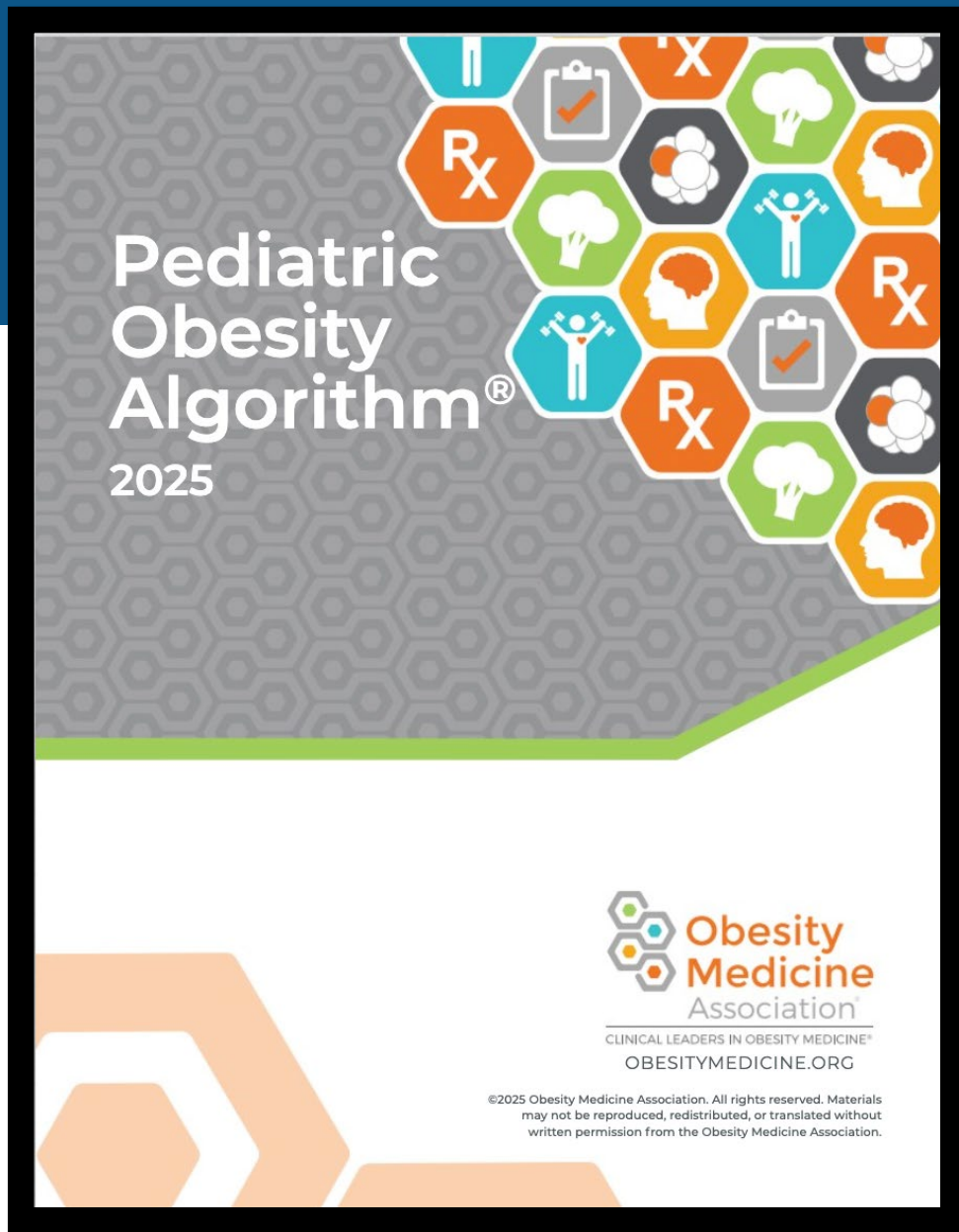
Maintain Permanent changes

Support at risk PHE Extensions

Expanding Broadband to all equitably (rural, SOE, indigenous populations)

(AMA 2021; American Telehealth Association.
<https://www.americantelemed.org/>; Gudzone et al.,
2019, Etz et al, 2023,North et al, 2023)





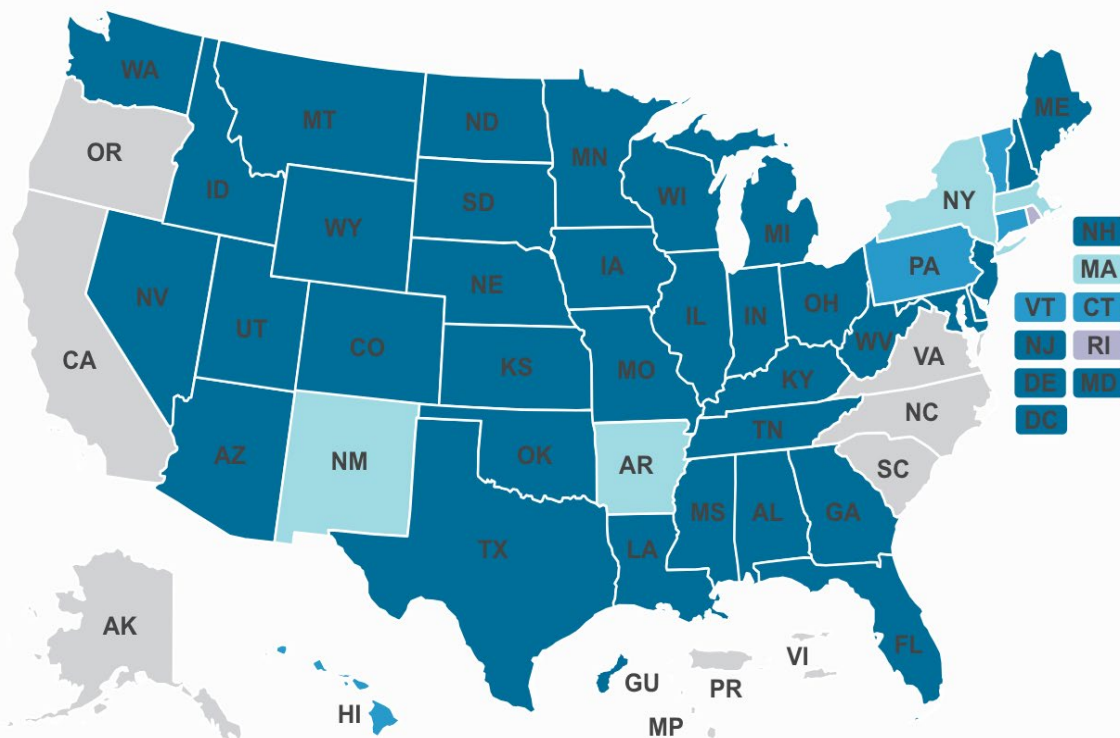
Guide to Pediatric Obesity Pharmacological Management

Cuda et al., 2025; O'Hara et al, 2023

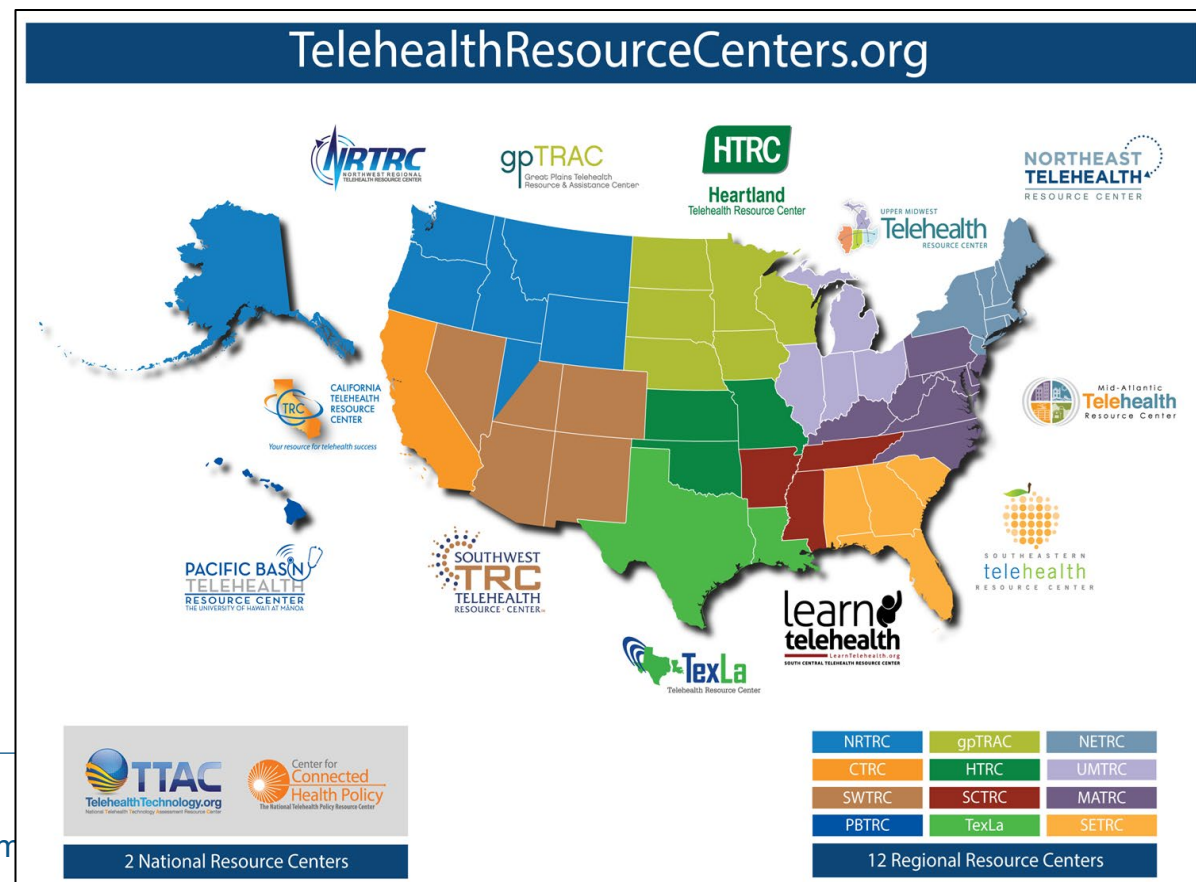
Other Collaborations & Supports

Interstate Medical Licensure Compact for Medical Telemedicine - <https://imlcc.com/>

U.S. State Participation in the Compact



HRSA Telehealth Resource Centers



Last thoughts from TeleWOW team & families

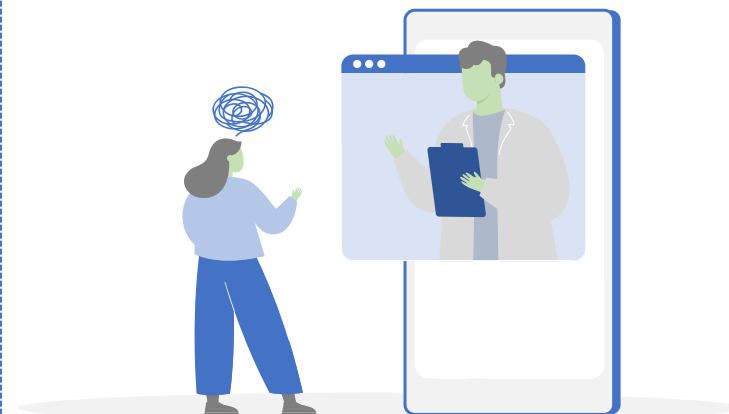
Families allows HCPS into
their lives & NOW their homes



The HCP team strives to provide
highest quality care for obesity
regardless of delivery method,
regardless of where our patients live.



Telemedicine enhances obesity care by
providing an additional tool to stay
connected with the patients & families
through successes and setbacks



Reimagining Telemedicine
post-pandemic is the
New Reality

Connecting to patients
and seeing the response on their face is a
privilege and the ultimate reward



Woo Baidal et al. *Obesity* (Silver Spring) 2020; 28(7): 1184-1186

O'Hara, V.M., Louder, D., Johnston, S.V. et al. Pediatric Obesity Care via Telemedicine: Expanding the Path Forward—A Review. *Curr Obes Rep* (2023). <https://doi.org/10.1007/s13679-023-00537-w>

Questions?



Thank You!

Check us out at netrc.org

Check out our Telehealth Resource Library:
Over 6700 resources including peer reviewed articles, toolkits, presentations, etc.

Our library can help you find telehealth research and resources.



[Telehealth Library >](#)

If you are experiencing an emergency call 911



Welcome to the Telehealth Technology Test

We're going to ask you a **few questions** to provide you with all the resources you need to make your remote visit successful.

[< Back](#)

[Start >](#)



**NORTHEAST
TELEHEALTH**
RESOURCE CENTER



**Telehealth
Classroom**

We break it down. We make it easy.

Check out our Current Courses > TelehealthClassroom.org

Find it on the [NETRC TH Classroom!](#)

- Achieving Quality in Telehealth
- TeleSUD TxRs Toolkit
- School-based Telebehavioral Health Toolkit
- Telehealth for Primary Care Toolkit
- Telehealth Basics for Community Health Workers
- eConsult Toolkit
- And More!

BRIDGING

RURAL COMMUNITIES:

Telehealth Innovations for Appalachia and Beyond



August 1st
2025

Multiple locations

2025 New Brid

<https://bridgingruralcommunities.org/>

Event Location: Multiple sites at venues in Appalachian Region States and more:

Alabama, Georgia, Kentucky, Maine, Maryland, Mississippi, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Vermont, Virginia, and West Virginia



Emergency Department Tele-Triage Considerations

eVisit®

NORTHEAST
TELEHEALTH
RESOURCE CENTER

WEBINAR

Wednesday, August 6th from 11:00 AM Central

PRESENTED BY:



Megan Riedy RN, BSN, MBA
VP, Clinical Operations
eVisit

Discussion Topics Include:

- How are leading health systems leveraging digital care to decrease wait times?
- Five years post-pandemic: Why are 20% of ED encounters among adults 65 and older exceeding 8 hours?
- What key emergency department metrics are improving?
What metrics are worsening?

Registration Link:

https://us02web.zoom.us/webinar/register/WN_yEsArSuLQW29-WwLmwWtJw

8.11

Demystifying RCM & ROI for Telehealth: An Interactive Workshop

In Person: Hallowell Maine;
Online Streaming as well.

Registration:

<https://www.nerha.org/events/0yrk4t4f4uee4z7do8df2ewn6lfmza>

*Do you have questions about
billing and coding for telehealth?*

Join us for:

Demystifying RCM and ROI for Telehealth

An Interactive Workshop



August 11, 2025

A FREE one-day workshop, co-hosted by:



Learn more and register here:



HEALTHCARE



AI BOOT CAMP

<https://healthaibootcamp.org/>

Pre-Recorded Content available on the site (once registered), along with the content from June 25th's Session titled: "Foundations- What is AI"

Session 2: July 23rd AI Applications in Healthcare

Time: 3:00 PM - 4 PM EST

Learn about practical applications of AI in healthcare, including case studies, current tools, and implementation strategies.

Meet the **Partners**



sortium

August 12, 2025 **Hybrid Sessions Agenda**

8 – 8:45 AM HST	SESSION 3	
11 – 11:45 AM PST	Leveling Up: AI Awareness and Anticipation	Register for Session 3 →
2 – 2:45 PM EST		
8:45 – 9:30 AM HST	SESSION 4	
11:45 – 12:30 PM PST	Risk and Responsibility in Healthcare AI	Register for Session 4 →
2:45 – 3:30 PM EST		
9:30 – 10 AM HST	BREAK	
12:30 – 1 PM PST	Break	
3:30 – 4 PM EST		
10 – 10:45 AM HST	SESSION 5	
1 – 1:45 PM PST	What You Don't Know Can Hurt You: AI & Evolving Regulations	Register for Session 5 →
4 – 4:45 PM EST		
10:45 – 11:30 AM HST	SESSION 6	
1:45 – 2:30 PM PST	Next Steps: Being a Healthcare AI Ambassador for Responsible Use	Register for Session 6 →
4:45 – 5:30 PM EST		