NCTRC Webinar - Beyond the Pil...aska’s Correctional Facilities

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Aria Javidan 13:01
Hello, everyone. My name is Aria Javidan, and I'm the project manager for the National Consortium of telehealth resource centers. Welcome to today's webinar beyond the pilot growing a telehealth program in Alaska's correctional facilities, today's webinar is hosted by the National tele Technology Assessment Center. These webinars are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs. To write a little bit of background on the consortium, located throughout the country, there are 12 regional telehealth resource centers and two national one focused on telehealth policy and the other on telehealth technology. Each serve as focal points for advancing the effective use of telehealth and supporting access to telehealth services in rural and underserved communities. We did want to highlight a new update from the Center for connected health policy. Through funding from the National Association of Community Health Centers, cchp has relaunched the federally qualified health center Medicaid section for each state on its website, and you can now see how each state approaches telehealth for FQHCs and their Medicaid program. More information is available through the link posted there few tips before we get started today, your audio has been muted. 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 only use the chat feature for communicating issues with technology or communication access issues. Please refrain using the chat to ask questions or make comments. Please also note that closed captioning is available and that 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 the nctrc YouTube channel and the nctrc website at telehealth resource center.org with that, I will pass it over to Jordan Berg, Director of the National telehealth Technology Assessment Center.

Jordan Berg 15:05
Thank you so much for that warm introduction, Aria. I am really excited about our conversation today. So like ARIA said, my name is Jordan Berg. I am the telehealth Technology Assessment Center Director the lead for the National telehealth Technology Assessment Center. It is our pleasure to work out of the Alaska Native Tribal Health Consortium up here in Anchorage, Alaska. P TECH does a lot of conversations with people, and works with a lot of groups and individuals, and we provide a lot of information, but it's very rare that we get to have a long kind of back and forth conversation with someone that we can actually do site visits with, experiment with a lot of the actual hearts on hands, on technology, and just have a kind of an extended assessment relationship with and that takes exactly what we're going to talk about today. Over the last year, it's been my pleasure to know Quinn Sharkey, who is a nurse consultant too with Alaska Department of Corrections, and really partner with the him and his team as they've really looked at how to move their telehealth technology from beyond just a pilot to something that's going to really work for them in the long term, and kind of expand their ability to deliver care through a variety of Alaska correctional facilities. We're going to, I'm going to turn it over to here, to Quinn, real, real quickly, just to introduce himself and to talk a little bit about what we're the Department of Corrections in general, and then the work that he's been doing, and how that how that's happening. So this is our quick overview. Today we're going to do a quick Department of Corrections overview. We're going to talk about the care environment for Department of Corrections. What were some of the challenges and constraints that they operate under, and how does telemedicine address those? How do we evaluate and deploying technology in a real world application in place, and then key

takeaway and lessons learned, and then we'll have plenty of time for Q and A so please, as we're going through if you have a question, make sure you get those questions into the Q and A chat, and we'll try to get to as many of those as we can. I really, I kind of cajoled Quinn into doing this webinar, because this is the most what the path that they've taken is a very practical, very hands on, and I think there's a lot of lessons learned that can be really applicable to a lot of organizations that are trying to figure out the best way to do technology in their space. But there's a lot of unique elements too, that I thought would make for an interesting webinar. And with that, and no pressure, I'm going to actually turn it over to Quinn to kind of give us a overview of who he is, what he does, and how the Department of Corrections does telehealth in Alaska.

Quinn Sharkey 17:55
Thank you very much for that warm introduction, Jordan. It's my pleasure to be able to participate in this webinar, and thanks very much for inviting me. Inviting me. I am a nurse consultant too with the Alaska Department of Corrections, and I work at the central office. So this is a state department of corrections that oversees the correctional environment for the entire state, and it's broken up into many divisions. As you can imagine, it's quite a large organization. We'll get a little bit of perspective with some of these slides. But I work in the Division of Health and Rehabilitative Services, which is essentially the health care arm of the Department of Corrections. So we are tasked with providing the health care within the facility and making sure all the patients health care needs are addressed and met in a timely way. And we do that through a variety of different services and means. And obviously, telemedicine has been very attractive for some time, and we've decided to take the step forward and really try to expand its capabilities and its role in our care delivery model. And certainly Jordan and the team at TTAC and a and THC have been instrumental in helping us get to where we are. The one of the things that's unique about the Department of Corrections here in Alaska is it's a unified prison system. And what that means is jails and prisons are all incorporated into one global entity under the state. There's only a handful of states that are like this. In a in in most states, you're going to find that the jails for for unsentenced people, are usually handled by, you know, a county or some kind of local entity. And then, you know, folks who are sentenced to, you know, serve a time in a prison, those will be handled by the state. This is one of the few states where that's all sort of rolled into one, and that represents a whole host of administrative challenges and operational challenges that you know, a separate entity might not face. And it makes it makes it a little bit more challenging to deliver all the care uniformly across all the organization at any one time. We've got about 10,000 people that are that are somehow connected in into the department of corrections system with, you know, the average daily census, I've always gone with about 4500 but, you know, last year, it seemed to be about 4300 maybe a little bit more than four to 300 on an average day, there's like, 4300 people who are incarcerated in one of our facilities across the state. And of course, you know, there's, you know, 3000 4000 on parole. There's other other patients who potentially in the pre trial environment. We have halfway houses and community residential centers, and there's a number of patients who potentially would be there, and they would also be potentially getting care through us. So it's a big operation across the entire state. And just

Speaker 1 20:37
to give you some perspective, you know, we don't really think about it that much because we've been up here so long, we're just used to it. But the geography of where our facilities are located, and this will make more sense on the next slide. This is a big place. When you superimpose the state of Alaska on the map of the United States, you start to understand just what's involved when you have resources all across the state. And I think this map is from a and THC, and it shows the referral network of all the clinics and services that they offer across the state, and how vast that is. We obviously don't have this many facilities, but the challenges that it represents, I think, are compatible across both organizations. Yeah, so this is a map from our annual report, and it shows, sort of where our facilities are located. And I think, you know, for folks on the call who aren't that familiar with Alaska, it's important to put in

perspective that these facilities that are located, you know, over on the left hand side, you know, the Yukon, Costco, quin Correctional Center, anvil mountain, and even down near the bottom of this map. So the lemon Creek Correctional Center and the Ketchikan Correctional Center. These These facilities are not accessible by road, so the only way you could get to these communities into these facilities is through an aircraft or through a boat. So when it comes to telemedicine, you know, if we have folks who have unique needs, and those needs can't be met in those local communities, those folks would potentially have to be moved to one of the facilities that is around the urban aria of of Anchorage and the logistics involved with that, I think, as you can imagine, we'd be pretty complicated. So telemedicine represents a tool that we could use to mitigate some of that. Transportation is very attractive for, you know, facilities that are not on the road system, in particular, and even when you see the facilities would be on the road system near the anchorage area, when you look at the the highlight in the corner there, even though, on this map, they look like they're very close, you probably couldn't drive to all these facilities from the main office in one day, they're a lot further than you think, and sometimes the road conditions, particularly in the winter and winter up here, is quite a bit longer than it is in a lot of other places. Can make the transportation and the movement between all these facilities a little more complicated even in the lower 48 and I think, you know, we had the opportunity to have Jordan and

Quinn Sharkey 23:09
Calvin.

Speaker 1 23:10
Calvin is partner there at A and THC come out, do a couple of site visits. And we went to the anchorage Correctional Complex, and then we went to the Goose Creek Correctional Center. And the first visit, it was very difficult to coordinate all the timing and schedules to make that work, and our first visit had to be canceled because of an extreme weather event, and so just trying to go out and do a site visit was compromised by the road conditions and getting out there. So anytime we have the opportunity to mitigate transportation, we're very interested in that. And telemedicine, obviously, is a tremendous tool that we could potentially use for that. All these facilities, too, are all various scopes and scales. The smallest one has a census of about, you know, 70 people at any one time, with the largest facility, Goose Creek, being about 1200 and everything in between. So there's not one size fits all for anything that we're doing with this program. We have to be very nimble and flex what we're going to do and make it, you know, site specific for whether it's equipment or business process or all the rest of it associated with telemedicine, all these facilities are unique. Yeah.

Quinn Sharkey 24:19
And I think one other thing that that to point out to going back to this is you can see our and on this hub and spokes model, everything kind of comes into Anchorage, and that's where a vast majority of all the specialty, all the specialists, actually are. And so it's we have the same issue as a lot of rural locations, where specialists tend to congregate in higher urban areas, and then actually getting those that care out to these more rural sites is a challenge, and I know you've had to deal with that as well. Just kind of the getting specialty care out to these remote locations is a big challenge, absolutely. So this

Speaker 1 24:59
is just a little bit of demographic information about the system. So again, on the snapshot in time, I think was 4420 24 So on any given day, we've got, you know, somewhere around 4500 you know prisoners within the system, all of which have healthcare needs, and they vary in scope. Some of their needs are, you know, pretty straightforward and don't require a lot of services, and others are extremely complex and require a lot of services, including specialty care. And so it's quite a process to make sure that all those needs are met, and then we get the right resource to the right patient, and hopefully not with a significant delay. When you look at the circle at the bottom, the Goose Creek Correctional Center is by

far our largest facility, and it has the highest census, with about 1200 folks at any given time. And we also have federal prisoners in our system as well. There's no federal jail in Alaska, so anyone who's taken into federal custody ends up in the state department of corrections system, which is also atypical for a lot of other places around the state. I think this is an important slide to talk about demographics, and I think this is reflective of the whole country, and I think it's reflective of what you guys see over at THC, where, you know, the population is aging a little bit. And of course, we all know that as we age, our healthcare needs potentially increase, especially the needs for, you know, some of the specialty care and things like that. So years ago, it was a much younger population incarcerated, and so the needs probably weren't as great. But over time, as that population ages, the care needs of that population grows, and we have to be able to pivot to meet those needs. And certainly, telemedicine is one of the tools that we're becoming increasingly invested in to try and meet that need.

Quinn Sharkey 26:59
Yeah, and one of the things that we're seeing a lot too, is a massive increase in chronic disease management and kind of that sort of thing. Is that something that you're seeing within your population as well,

Speaker 1 27:11
absolutely so anything you're going to see in the community, as far as chronic disease problems, you know, all the all the issues that we're facing as a society, whether it's, you know, obesity, hypertension, diabetes, all those kinds of things that would be reflected in our patient population as well. So it's the same challenges. It doesn't really matter whether they're incarcerated or in the community. Those challenges are pretty much equal. So this is talking about the kind of staffing, you know, mix that we have, and this will become more important later on, and some of the services that we offer, like on site and inside our facilities. So we've got physicians, nurse practitioners, nurses, mental health clinicians, social workers, dentists, hygienists, pharmacists, you know, a huge number of administrative staff to make sure all the other administrative tasks to support all these professions are all there as well. And so it's a big operation to support the care and custody of 4500 people every day, 24 hours a day, seven days a week. And as far as the care that we're I get a lot of questions about what kind of care we're delivering inside the facility. And you can think of our clinics as as primary care centers with a bit of an urgent care component attached to it. That's a level of service that we're going to offer at all of our facilities. And then as those facilities become larger, the the service line increases a bit. Our largest facility, Goose Creek, has a dialysis unit and is able to provide dialysis on site. Our larger facilities in Anchorage and at Goose Creek also have an infirmary level care. And then the infirmary would be more of a an acute care type environment, slash extended care, type environment. So folks who are recovering from surgery or may have some kind of acute medical condition that needs closer monitoring, or folks that that are in firm or potentially, you know, not able to ambulate effectively anymore, those folks would be in Infirmary level care. And then we have dental suites at most of our facilities to provide dental care. And then we have an actual optometry room at our largest facility. And then we have visiting optometrists that bring their portable equipment to almost all of our facilities as well. So we're providing that care inside, but through providers that come to visit and we're always looking we have physical therapists. I left that off that, so that's a recent development. We've been able to arrange for some physical therapists to come inside the facilities and provide physical therapy inside and expand that capability. And so that's been a real win. So I probably left some things off this list, but it's, as you can see, that this is a this is a large operation, and we provide a whole host of services, and most of these folks are really dedicated professionals that really go the extra mile when it comes to delivering care, and they're all on board with telemedicine as a resource.

Quinn Sharkey 30:13

Yeah, one of the things that struck me, especially when we went out and did the Goose Creek technical assessment, was just the number of different things that you guys were doing. It's almost like you're running your own like hospital tertiary facility, but you're focused on primary care, you're focused on acute care, but you have to support all these other specialties as well where possible. And then the other thing that always stands out to me is just how varied your sites are, both in terms of size, space, location and then the services that you're actually able to offer at each of these sites you have. If you've seen one POC site, you've seen one Doc site, and it just floors me the amount and variety of care that you guys are able to offer.

Speaker 1 31:01
Yeah, I think that's fair. You're right. They're not all the same. And we've gone to two, and my hope is that you'll be able to come on to a couple more here in the spring, when the snow melts, after we've implemented some of our equipment, and you'll get to see they'll be different again, how they're set up, you know, the capabilities, how much staff they have, all those sorts of things. I think you're going to see that they're all different. You're right, yeah.

Quinn Sharkey 31:22
And then old facilities, new facility, newer facilities, you know, and just kind of all of the things that go along with that. But yeah, the only constant is change, right? The only constant is change.

Speaker 1 31:39
So these are some of the challenges and sort of the operational barriers that we have to address that a clinic in the community potentially would not have to address. And so, you know, if you have to make an appointment to go see, you know, a specialist, let's say, in the community, you know, you get your appointment time, and then you're expected to find your way there, or, in some cases, medicine, case management, help you get there, maybe with an Uber a Lyft ride or something like that. When our folks go to specialty clinics or off site to get you know specialty care, there's a lot of security and transportation list logistics associated with that. That's not a simple process and requires a lot of planning and a lot of foresight. You just mentioned that all of our sites are different in space, and the functional limitations by site is a challenge. So a lot of times, if you, if you were part of an enterprise that had a number of different sites and they were all relatively the same, you could approach it with a, you know, a model where you would set up one of your facilities, work out all the bugs, and then just copy it at all your facilities. And you know, we immediately identified that that is not a model we're going to be able to employ here. We're going to have to come up with some some some fundamentals, and then we're going to have to tailor it to each facility, site by site, and make sure that that whatever we're going to do with that particular site is going to work at that particular institution, and not assume that we could copy what we've done at one and it'll be a carbon copy at another. We also have a lot of challenges with coordination and scheduling with our community care partners. So you know, a jail in the lower 48 potentially, would have a relationship with one big clinic or one big hospital or one big entity, and they would, they would work out arrangements for, you know, how they're going to provide those services to all the patients, and have more control, potentially, where we are partnered with almost every care delivery organization in the State at some capacity, and each one is different, and so trying to to coordinate all of these pieces with each one of these care partners in the community becomes a real logistical challenge. And I take my hat off to the staff in the field that are involved with scheduling and organizing all this, because they really go the extra mile. And it's kind of amazing how they make it all work. And I think you guys saw some of that when you're out there. I think you met one of our our nurse schedulers who, you know, not only schedules but also facilitates these telemedicine encounters and and, you know, it's like running. It's It's like choreography, trying to make it all work and get all the players involved to make sure that this runs smoothly. And then we have, you know, the entire state, you know, has issues with, you know, connectivity and bandwidth and our facilities are no stranger to

that, either. So as we become more and more electronic and start putting more and more demand on our internet connections, we're finding that the bandwidth is becoming a problem and and there's always the question of how much we can support and what, how you know if there's going to be a need to invest more in infrastructure to support the expansion of some of this stuff. And then staffing, you know, each facility is is staffed a little differently. Some have more than others. And then, you know, the workflow is different based on that staffing model. And when it comes to telemedicine, you know someone's going to go out for an appointment. You know that person is going to be with security or custody staff, and you know they're not going to need the health care staff with them during those visits. Where, if we're going to do that encounter with telemedicine and keep the individual within the facility, now someone on the health care staff is going to have to facilitate that visit. So now it becomes a strain on the staff, you know, if the staffing pattern wasn't designed with that in mind, now they have to be nimble enough to start to pivot and start thinking about, okay, if this really expands and becomes, you know, a lot busier, what does that staffing model look like? And again, it's going to have to be catered to each facility, because they're all so different.

Quinn Sharkey 35:42
Want to underline kind of one point that you're making at the care coordination, scheduling with the community care partners. One of the challenges that we talked about early on was just the number of different platforms that you had to engage with because you were working with so many different providers, services and hospitals and clinics and organizations, each of them could have their own way of doing a basic video conference or doing a basic telemedicine, or had a different system for getting in a referral or getting in a request for service. And that's that was one of the things that. So what one visit, you know, you could have several visits in a day with three different things, and one would be on Zoom, and one would be on teams, and one would be in some sort of telemedicine, like a Doxy me, or something like that, that, and having to pivot was, was it was that was eye opening as we saw kind of the and again, it goes back to your staff. We were really impressed with the ability of your staff to basically keep track of all of these balls that they were juggling at the same time. Like, okay, we're having this visit. We need this equipment in this room, and we need to make sure that we are meeting with this one. We are meeting this way, can you talk a little bit about the failover system that you guys had with the with the phones,

Speaker 1 37:10
the refresh memory, which part of the phone system?

Quinn Sharkey 37:14
So the story that I'm thinking about is so you guys had your your telemedicine endpoint, but you also had a phone that you would bring in into the clinic space. Oh,

Speaker 1 37:26
yeah, yeah. We, before we pivoted some of this equipment, we, you know, we had a laptop set up, and then there's some Wi Fi challenges. And so the staff had, because when we make the appointments, they would be associated with a phone number, and then the staff person who would answer that phone would potentially be with the patient, which was nowhere near that phone. And so what they did is they assigned a phone to the workstation, took it into the room with them, so if there was some kind of technical problem or they couldn't join the meeting, the folks on the other end would call, and they would do it telephonically, over the phone, I think is what you're referring to. Yeah, you saw the phone on the card, and you're like, What are you doing with that? And that's what that was about, which I think we've mitigated that need now, but that, you know, in the first iteration, that's that's what they were thinking outside the box, and that's how they problem solved. And

Quinn Sharkey 38:19
it speaks to the difference in your guys' organization is that there's an assumption on our end, or there was an assumption on our end of some basic things that you have when you go into a clinic space and for a corrections facility, you can't necessarily have those same things. It's not You're not going to have a room in every single clinic or a phone in every single clinic space. You can't do that. You're not going to have the same kind of level of supplies and things like that you bring you're bringing in a lot, you're taking out a lot. And so the transport of all of these things was really something that that was eye opening for us as we were kind of helping you guys with your needs assessment?

Speaker 1 39:02
Yeah, absolutely. There may not be an Ethernet port in a room. There may not be an electrical outlet in a room, depending on what we're rendering the care. So you're right. It's not like in a normal clinic, where you can make assumptions that all this stuff is readily available in every single care environment. It is in some but it isn't in others. And again, it's very facility specific, and the staff are really, you know, sort of ingenious at troubleshooting. You know, when we started this program, you know, one of the the the asks I made of the staff, I said, Listen, we need to make this work. And this is really important to the department, but you got to help me. We got to make this work. And they really stepped up to the plate. And I can't be out at all these facilities, helping them all the time. They're too far away, and there's too many so they really think outside the box. And that phone example was one where they're just like, we need to make this work. Let's figure it out. And that's what they did.

Quinn Sharkey 39:56
I think this is, yeah, let me introduce this one. So this is one of the things that we try to talk with folks about as we do a we call them technical assistance, as we do a conversation, is there needs to be a process for really understanding the problems that you're trying to solve and then going step wise through to get to a solution that you can Support and manage long term. And these are the steps that we typically talk about when we're doing an assessment, really starting with understanding your need, understanding your users, understanding the processes that you are trying to support, moving through making sure that you get the the items that you need. And then finally, like having a good plan for how you're actually going to get these into the space and how you're going to support them long term. Yeah, so Quint just any thing along this path that you kind of the I know that we kind of took a lot of these out of order, and we kind of approached it a different way several times as we were kind of having our conversations about, like, what we're trying to do and how we're trying to go about this. But I think at the end of the day, we probably hit all of these in kind of your process. I

Speaker 1 41:11
think that's absolutely correct. This is the correct process this. And I think the slide is important, and that's why I wanted to include it, because especially for folks who are going to start out in this space, this is the model you should follow. And I think you're right. I think ultimately, we did touch all of these points, but you're also absolutely correct that our trajectory was not a straight line. We we we went in a number of different circles around this. This, this trajectory for a variety of different reasons, operational challenges, competing priorities, opportunities to use grant money to get equipment. And so in the end, we did hit all these, these, these benchmarks. And I think it's extremely important to use this as a template, because there's so much information to process and there's so many things you have to take into consideration if you don't have some sort of, like step wise approach to doing that, I think it's a lot more difficult. And I think this was extremely helpful for us when you guys came out, and I think you guys had all this paperwork, and we sort of went through this methodically, and we wrote it all down and and and kind of plotted it all out. And I think it was extremely helpful. And I think it's also extremely helpful when you're, you know, ready to move forward with a project like this, and inevitably, you're going to have to request resources from leadership. And it's really, really valuable to have a real plan

laid out and explain in detail, like, what you plan to do with the resources that you're asking for. And you're more likely to get the buy in and get that support. And I think we were able to do that, and I think that's part of why they were so supportive of it, because we had a, like, a real plan, and we had gone through all this stuff and user stories, I think is super important too. It's very easy, you know, at an administrative level, to make decisions and not incorporate, you know, the stories from the field and the folks who are on the front lines, who are going to use the equipment every day and who really, ultimately are responsible for making the process work? Is really important that those guys are engaged. And I think we did a good job with that early on. And certainly those site visits were very helpful to get you know staff engagement. And just say, Look, this is what we're thinking about. What do you guys think we need? You know, what kind of equipment do you would you like? And they were pretty assertive with telling us straight up what they wanted and how they wanted it, and we were able to deliver most of that, a couple of things I think we compromised on, but, yeah, I think this is a really good model, and this is what folks should do if they're looking to implement a program like this, because it's extremely helpful.

Quinn Sharkey 43:40
Yeah, I always find when we're doing those user stories, it's always really interesting to me. When you when you come in, initially, people tend to be a little bit shy, but as soon as like, one person starts asking the hot questions, it's like the dam breaks, and then all of a sudden, everybody, like, you have to, like, have, it's a trickle at first, and then it's just like a deluge of like, you know, oh and this and this and this and this, and trying to keep it like, trying to just collect all that information. Because as soon as people, like, realize, oh, like, they're listening with the with the goal of improving a process that we're invested in, you know, that's, it's a it's, it's amazing. The the goal that you can get from an experience like that,

Speaker 1 44:30
I think, too, there's a lot to do with credibility, and especially when you guys came out to the sites, you know, most of staff, they don't know what T tech is, but they all know who a and THC is. And really, it's an organization that is a leader in the telemedicine space in the state, if not the entire country. They have a lot of street credibility when it comes to telemedicine programs. So as soon as you guys showed up and were introduced, they're like, Oh, you're from the telemedicine and THC. Well, you know instant credibility. They know exactly what that program is. They interact with it every day a lot more now, a little bit, you know, when we met them, but it's a lot more now. And they immediately opened up to us, and were, there were really good discussions, and they got a lot of information out of those.

Quinn Sharkey 45:16
I think that's a really important point, and not I want to make sure I'm careful how I do this, not to not to tout necessarily, my organizational experience. But what the point I'm trying to make is that, yeah, trust is so important for those conversations too, and credibility and you may need to come back and do multiple rounds of this as you kind of roll out apply pilot, or as you roll out a solution, where initially, you know, yeah, you might not be getting all the information that you need, but as you, as you kind of iterate, and as you show like, Hey, we're engaged, you know, we've done this before, we have a plan, and like, we're taking your feedback. You know, you build that trust, and as you build more and more of it, or as you build more and more of that kind of depth, you're able to do to better and more interesting things, as you kind of

46:07
move on absolutely

Quinn Sharkey 46:12

any other interesting elements or things that you want to call out from from the overview here, I don't, I don't

Speaker 1 46:19
think so. I think, I think the real value was, was before we got too carried away ordering equipment and making decisions that we, you know, engage with you guys, and we started down this process and started having some kind of a plan. You know, when we started talking about telemedicine some time ago, it didn't necessarily get the buy in that I thought it would have. And then later on, there became a big interest and a desire to move forward really quickly. And you know, it's easy to make decisions and start acquiring equipment and putting things into place without thinking it through. And I thought it was really important to just take a breather. And even though there was a bit of a delay, because it took some time to get out there because of the weather and everything else, but to get out there and get some information and really use that information to make the decisions. And I think we made the decisions our results. So I think it's really important.

Quinn Sharkey 47:08
Yeah, I think you, you're talking about something. I think a lot of folks may be on this call probably see is that things aren't hot until they're hot, and when they're hot, they're red hot. And so that's that was its way. It seems to work in a lot of organizations where, if you're prepared to have the conversation, you when, when the focus is there and the interest is there, you can move the ball forward significantly. But if you're not prepared, because the interest from administration or priorities can kind of shift and wane and and kind of move this way or that. But like, if you're prepared for those conversations, when they come up and you you can show that you have a plan, you know, while the whole like strike, while the iron is hot, piece correct,

Speaker 1 47:53
absolutely, you know, that's absolutely true. And even before we got to this point, you know, I knew at some point telemedicine was going to have to be a part of the equation, I wasn't quite sure how it was going to work out, but I knew it was going to have to be on the menu. And so I started approaching the staff and the facilities and saying, listen, like, we're going to have to go down this road at some point. Start thinking about, like, like, where this is going to occur in your facility. Like, what kind of equipment are you going to need? Like, like, you know, how can we make this work? And they took it to heart, and were immediately engaged. And were like, Well, I think we can do it this way. I think we can do it that way. And the facilities we went to, they already had plans, and they're like, this is what we're thinking. What do you guys think? And we're able to really get into the weeds right out of the gate, because that prep work had been done and, you know, we didn't know when it was going to happen. I just, you know, put in the back of your mind and start thinking about it so that if the opportunity arises, you know, we're ready, and that it worked out,

Quinn Sharkey 48:48
yeah, that that thought, work is hardly ever wasted. And if it's well documented, it's almost never wasted. So, like, you know that, yeah, investing in that, like, kind of the blue sky thinking, you know, you can, you can repurpose a lot of those things before we move on from this slide, I want to make out just one more point. If I were to redo this graphic, I would do it in a circle, because one of the things to think about is that these processes are continuous, right? So we move from needs a point needs assessment to support, and then back to needs assessment. And so as we're as you're building and creating a system and a plan and deploying the equipment, you have to understand that this is the what you're doing that is for now, and to actually tie a timeframe to that. And then that we revisit it all again. We make sure that what works is still working. We fix things that aren't working, and then we revisit technology as it as we find new and better solutions. So, and that's an

Speaker 1 49:51
excellent point, and you're right, it probably should be in a circle, and that is what we're doing, you know. Yeah,

Quinn Sharkey 49:59
all right, so tell us about the solution that you've you've built, and kind of, how, how does it work? And what's, what are some of the design elements that you included that are unique for your for your organization? So

Speaker 1 50:12
once, once we were engaged with you guys, and we did the site business, and we started to talk about, like, you know, what that model is going to look like. Then we started looking at equipment. And one of the challenges, I think, with telemedicine in particular, is the space is saturated with options. There are lots of choices, and it's really tough to hone it down to what it is that you're going to select. And this is the prototype cart that we decided to go with. And we now have four of these in the fleet. This one is at one facility, and we've got three others at another facility. And in some of the design elements that we were really keen on is durability and robustness. We did not want something that was going to, you know, potentially malfunction or break in a short period of time. This is a challenging environment to work in. I mean, all hospitals and all clinics are challenging. They're busy. Lot going on, a lot of people handling the equipment. But I would say that our environment is just a little bit more challenging, even than that. And so the equipment we acquire, we're very, very selective about what we get. There are security concerns that a regular clinic wouldn't have to think about. We want to be able to lock things up in a cart. We want to try to minimize the footprint. So sometimes you can get equipment that is, you know, really slick, but it's also very big. And, you know, space is a problem with all of our facilities, even the big ones, there's, there's, you know, a lot of equipment, and there's only so much storage room. So we wanted to try and minimize the footprint. The other thing that was identified right out of the gate was, was, was the wheels and the casters. And if you look at the the wheels on this cart, they are pretty sturdy, and they're pretty robust. And I remember when I was vetting the solution and speaking to the vendor, I wanted a close up of the wheels, and they were probably kind of rolling their eyes, going like, What is with this guy wanting a picture of the wheels? But the reality is these carts are getting a lot of miles on them. You know, our vision is to be able to deliver care to the patient, and some of these facilities are pretty big, and there's a number of different areas where that care would need to be delivered. And so these, these, these carts, get a lot of mileage on them, and some of the floors are uneven, and there's some some obstacles in the way sometimes, and so we've had really bad luck, or we've bought equipment that's on wheels in other capacities, whether it's a medication card or, you know, a phlebotomy cart. And the wheels break in a very short period of time because the amount of mileage that they get and the environment they're working in, they're just not robust enough. So we we picked something that had really strong wheels. We also decided, you know, in in researching it, to go with a battery backup, and for some of the reasons we cited earlier, like there may or may not be power readily available in some of these environments, or to get to the power would require a long extension cord. And that represents a number of issues that that that would drive us away from using an extension cord. So we went with battery backup so that we would have that capability to run the system, you know, without a electrical source for at least a brief period of time before we get it back to recharge it. And so we went ahead and got that installed in this cart. I also put, you can see a picture there of a dispensing cart with a cleaning equipment. And I put that on there by design, because, you know, we want all of our equipment to be maintained and clean, and we're still dealing with the legacy from covid, where we clean some equipment with the wrong cleaner, and there's white film on things and stuff like that. So you know, the best way to get compliance and to make sure the right stuff is used at the right time, is to make it readily available. So, you know, it seems like a trivial addition, but I think

in the long run, thinking through those kinds of decisions is smart so that you know the stuff to clean it is right there, and it's the correct stuff, so we don't end up with all the staining and all the rest of it. The middle picture is a drawer, and this is a sort of a cautionary tale when we researched this, this, this drawer has, you know, USB ports in it. And the vision was that we would put the ancillary equipment in this drawer that we could lock up, and then those ports would be connected so that, you know, if we wanted to use the exam camera or something like that, all we'd have to do is open the drawer, it would be connected to the system and ready to go. And after we assembled these carts and implemented them, we discovered that those, in fact, are not data ports. Those are only power ports. And, you know, we were pretty certain that they were data ports, and only through research. And finally, reaching out to the vendor with the part number and confirming that, you know, yes, we bought the right part. But No, those are not data ports. So, I mean, it's not a deal breaker, but it's but I think it illustrates that you really have to do your homework and your research before you make a purchase, because none of this equipment is inexpensive, and there's nothing worse than than than making a significant investment in equipment and only to come to find out that it's not going to meet the need or isn't going to do what you thought it was going to do. So we really, and this was a multi stakeholder group that made this decision. This was not one person. So I think you guys were involved with one of our calls when we were, you know, putting out the specs to figure out what we wanted in a car, and we had our state IT guys on that call talking about computer hardware and what kind of software they'd be okay with installing and all the rest of it. So this was a multi stakeholder discussion before we decided to make a purchase. And so we went ahead and got this. And then we got three more because we had a grant opportunity and some funds became available. So we went ahead, and even though this one wasn't tried and tested, it looked pretty good. So it's like, let's do it. And we got three more, and they work like a champ. They're really reliable. They roll nice. The footprints pretty small. The staff are thrilled with them. They work great. And so for those facilities that can accommodate this size of car, I think this is what we've decided we're going to go with. I don't know if we're, we're, we're forever in on the the backup battery. I think that's an unanswered question. We got to use it more and and decide if that that's worth the extra expense and the extra maintenance requirement or not. But I think as a concept to get the ball rolling, I think it was the right choice, and we'll see over time if we're going to continue that. And then for some of our facilities, you know, the space is so small we've already identified that this car just isn't going to fit. We just We can't get it a place to store it, or we can't even physically fit it in in the environment that we're going to do these telemedicine counters in is just too big. So we've ordered a tablet card, and just checked the shipping this morning, and it's somewhere in the Midwest, and we're expecting it by the end of the month. So we'll get that, and we'll set that up, and we'll try that out, and we'll see how that's going to work, and see if we can make that a tool for some of the smaller facilities.

Quinn Sharkey 56:36
There's several things you said that I kind of want to riff on a little bit. One is, I was floored by the amount, like you say, the miles these carts go through, and you are not joking. So the hallways that these go down are very, very long, and then you have to navigate them through security doors, through Sally ports, right, almost like air locks. And so the the ability to easily wheel these around and, like, move them city blocks over, like, kind of uneven surfaces, like, these carts have to that was one of the things that was really, really important was like, you know, like, we have to be able to move these. They have to be mobile, and you have to bring everything into the room, and then you have to take everything out of the room, and you need to be able to move it to different care locations that are pretty much all the way across the facility. So, yeah, that was, I was floored by like that, the amount of of movement that these carts. Most the time we see these, they're like, Oh, we're going to move it. We're at a specialty clinic. We're going to move it from this, this clinic space here, across the hall, and, you know, and then keep it in the closet. But no, you guys are moving these significantly. You should put a pedometer on them so you could start tracking the steps.

Speaker 1 57:53

We probably should. You know, most of the staff, especially the nurses, they definitely get their steps in every day, because you're right, you know, they have to go from environment to environment. And you know, they might have to take this cart to one care environment, bring it back, store it somewhere else, then go get a different cart for another care set in some other place, put that cart back like it's a constant movement. And so the stuff has to be really durable, and it's it's got to be user friendly.

Quinn Sharkey 58:19
Another thing that you mentioned that I thought was really key was how much you learned from actually having a piece of the hardware and having even just one unit that you could put in and kind of kick it around a little bit and try it out. You really figured out very quickly, like, Oh, these are things that don't work. These are the things that are really important to us. And I think that is such a the getting something in, trying it out, you know, at a low, potentially low cost point, rather than ordering 30 of them and then finding out, like these aren't going to work in our really small clinics. So I want to kind of just point that out and kind of applaud that like we are. We really think, you know hands on is you learn more from 30 seconds of hands on than you do from all the little marketing pitches you get from these or from these companies that sell these things. Yeah, absolutely.

Speaker 1 59:10
I think, you know, we're all responsible for being good stewards of finances, and there's always a risk, if you do a bulk purchase, that if you make the wrong decision now you're stuck with equipment that is suboptimal. And so I think for us in particular, it's been a much better move to do a slow roll, go piece by piece, and just be absolutely sure before we double down, that this is going to be the right concept. And I feel real comfortable with that this car was the right choice, and most of the equipment we've added to it, they were the right choices too. In you're right about, you know, having to take all the equipment with you. So one of the asks we've had is, can we, you know, basically, mount a vital signs machine to this cart? And you know, we've resisted that, you know, for a number of different reasons. And in particular, we don't want the cars to get too heavy. And the more stuff you add to it, the heavier it becomes, which then makes it more difficult to transport. So, you know, it's always a balancing act, but you're right, you know, a normal, you know, operating clinic environment would probably not even have that ask, but because of how we operate that that was an Ask that's been made, and we haven't ruled it out. But, and the complexity of ordering the equipment and getting in place, I would cite another example. So we bought this cart, and we bought a bunch of equipment for it. One of the things we identified was the need for some kind of like a microphone and speaker attachment, because what comes in a in a regular car just isn't going to meet the need. And we picked one, and we implemented it, and it worked like a champ. It's perfect. So I'm like, Okay, we'll make that the standard. And then we wrote the other three carts and they put them into service, and I checked in with the staff out there. I said, Well, how's it going? And they said, Well, you know, these are great, except for the sound is terrible. And I'm just like, Well, what do you mean? The sound is terrible, that speaker is amazing. And they're like, What speaker? And I had him, you know, sending me a picture of the car, and then I looked at the order the inventory list, and, you know, and guess what? I forgot to put on that list, right was the speaker. So, you know, I quickly ordered them and got them out there. But, you know, it's a lot of stuff and moving pieces, and even when you're ordering this stuff, sometimes it's multiple components, and it's easy to leave one component off. And that was just an example of the follow through to make sure, hey, they probably would use that cart for a long time without the speaker, not realizing that we had made arrangements to get something better, but they spoke up and we got it fixed.

Quinn Sharkey 1:01:26
So just briefly, kind of, what's, what's, what's next for your you know, so you have a working cart solution, you're looking at maybe some smaller form factors for some of the clinics. But what are some

other things that you're kind of considering moving forward as you move further into kind of deployment and kind of use cases for these

Speaker 1 1:01:45
so I think we've we've pretty much established that we have a use case now at every single facility. What we've done so far has proven very successful. I think there's universal buy and it's the right thing to do. How much and how far, I think, remains an unanswered question, but we're definitely planning on doing something like this at every one of our facilities at some scale, you know, as resources allow we sort of prioritize which facilities for a variety of different reasons. So one by one, we plan to scale up and implement that, and then we plan to step up, you know, our capabilities. So we've got these carts, we now have exam cameras and all these carts, and they're great, but now we're looking at an auto scope and potentially a stethoscope. And you guys were gracious enough to have us over at the clinic last month. I think it might have been August, I can't remember, and I brought a bunch of our providers over, and we did some show and tell and you guys showed us some of the stuff that's in the Space Technology wise and our options. And we took that information, and we've done our own homework, and we're vetting a couple of solutions, and we're interested in getting some kind of an auto scope type device, because I think, you know, for physical exams, that's the next logical step. And so we want to make sure we're able to do that. But we, you know, we want to make sure we buy the right equipment. And again, this is one of those things were in that technology. You know, some of the stuff that I saw over at the A THC clinic, as soon as I saw it, I immediately identified and was like, yep, that's the right equipment. That stuff is first class. But I also understood that, you know, from a maintenance perspective and a technical capability, I don't know that we could support that just yet, so we're looking at some other options that I think we'll probably fit the bill, but, you know, have LEDs in them, as opposed to, you know, a secondary light source and some of the other higher maintenance items, to try and get us to where we need to be, without getting into a position where we're having to do maintenance. That's a too much of a challenge to support, so we'll probably do that here very soon, and at least get one, and we'll deploy in the field. We'll start using it, we'll make sure it's the right equipment for us and it's going to meet our needs, and then we potentially expand that and put one of those

Quinn Sharkey 1:03:48
in every cart as well. So we're going to go ahead and kind of go into some of our wrap up thoughts and some key takeaways, but I do want to just kind of push this out to the group. If you have any questions. Now's a great time to get them in so for our Q and A time, so don't hesitate. Go to that Q and A and put in your questions now, and we'll try to get to as many of those as we can.

Speaker 1 1:04:15
So yeah, I think this is a summary of, sort of like, you know, if we had to, you know, advice to give other people if they're looking to ramp up their telemedicine program, the first thing I do is reach out to your local T tech. I think the you know, you guys have been very generous with your time and your expertise, and I there's no way our program would be where it is today if you guys hadn't been available to help us for someone like you, because it's just too much of a heavy lift for a couple of people to do in an organizing of the scope and scale without having that expertise and previous experience. You definitely want to build a business case. The stuff is potentially very expensive. There's a lot of change management involved, and so before you, you know, embark on it, you want to make sure you have a solid business case, and take that up to your leadership to make sure that you have the leadership buy in before you you go down this road, try it before you buy it. I think is really one of our lessons, and we didn't we didn't learn that as a hard lesson. We did that deliberately because we've learned that lesson in other spaces, and that has served us well. And I think we've made good choices as a result continuous workflow analysis and improvement. I think you're right that that implementation model should be a circle, because we are constantly reevaluating what we're doing and seeing, you know,

whether we need more equipment or potentially a change in workflow, or we may have to change our staffing pattern to support this. If we ramp up telemedicine to the level that that we'd like to it's going to require a change in staffing model, and so we're starting to look at that right now. We're not going to wait, we're going to start visioning for the future and see where that goes. You really got to build trust relationship with Community Care partners. And really what that comes down to is we had some community care partners who potentially were not on board with telemedicine, or not fans of telemedicine, or were rolling back their telemedicine. They had ramped up during covid, and they were, you know, rolling it back, but through, you know, relationship building and investment in equipment and all this kind of, you know, infrastructure, I think some of our care partners are now a lot more comfortable with telemedicine. Are willing to continue it with us where perhaps before, they were not. And we have other care partners that were soliciting and saying, listen, we'd like to do some of this in the telemedicine space. And they're just like, Yeah, I think we can do that. And so we're working with them to try and work out those processes. And then I think there's, there's a real advantage with, you know, we're always trying to restore people to optimum health before they leave us. And when you have telemedicine, are able to build these Care Connections before they're released. And particularly in the telemedicine space, you know, they might be able to continue that relationship with a care provider in the community post release, even if they don't live in the same community. Telemedicine is one of those things in this state where you could continue it outside of of of this organization, and continue it personally. You know, hopefully the regulatory environment, you know, it's a little bit contentious right now, resolves all that, but I think there's a real potential there to help people, you know, be successful when they get out and tell them that assume would be a piece of that plan.

Quinn Sharkey 1:07:19
Thanks. Quinn, those are really great. And I, again, one of the reasons I wanted to have you chat is I think a lot of these lessons are fairly universal and like, they really kind of speak to like, these are the things that kind of matter. I do want us to move into our Q and A here. I've not seen a whole lot of questions that came in, but we do have one for now and then I'll ask a couple. But again, please if you have questions now's a great time to get them in. We have a question from Chris who asks, How do you handle upgrades, updates and connection testings with your partner health system? So if you work with a diverse group, how do you kind of coordinate all that make sure, like logistically, that they go, well,

Speaker 1 1:08:03
um, I think I don't know that that there's, there's, there's one answer that question. Again, it depends on the facility. It depends on on the the community care partner we're connecting to. Our IT support is pretty good. Our IT folks are pretty good about making sure that our computers have the right connections and that sort of thing. And again, we come up with a series of fail, say so, for instance, if we have problems with, you know, a connection, you know, that phone example we use would be probably one thing, or potentially, would radio someone to maybe call to the clinic, to, you know, maybe do it telephonically, if possible. If we have some kind of internet connection problem, those sorts of things, but it's basically case by case over time.

Quinn Sharkey 1:08:49
Think the other thing that I noted was you have dedicated administrative staff that have time to kind of go through, make sure that the schedule is there, check with the clinics and make sure that, you know, there's a plan for, you know, okay, if we going to phone, what's the phone number that we're going to use, like all of that. So you I was, I was and I harped on this a little on my keep harping on it. I was very impressed by the by the the dedicated nature of your, of your, of your administrative staff, who really were putting in a lot of effort to make sure that these videos, the video visits, went off well and smoothly, and that they were a good experience for both you and for your partners, and you're kind of

building that trust to do more and more. So it's great. I want to so so Quinn as as kind of the point person for finding these solutions and deploying them. How do you kind of organize, or think about the just the variety of the different sites that you have to work with? Like, how do you how do you approach? How do you maintain as much like commonality between the technology that you're using, while knowing that you have to kind of pivot and be able to use different solutions in different places?

Speaker 1 1:10:10
I think, you know, there's a few pieces to that. So, you know, the correctional environment is an organization of standards and rules. I mean, it's very, very structured, similar to what you might see in the military, and so we try to make sure that we adhere to a, you know, a distinct standard whenever possible. Now, obviously, when it comes to technology in the telehealth space, we have to be a little bit more nimble because each site is so unique. But generally, what we try to do is, is what we for sure, try to make sure that we're staying within our state procurement rules. So we have to acquire equipment from very specific vendors. There's various there's a lot of rules associated with that. So the first thing we do is get with, you know, the procurement team and make sure that we're using the resources of the vendors that are authorized by the state, or where there's contracts and stuff like that. So we're not looking for things or promising things to folks only to find out that it's not part of the state, you know, purchasing plan or that sort of thing. So we try to, you know, narrow it down with that. And then we have a stakeholder group. So this isn't just me making these decisions. I've got some other nursing administrators here who are very tech savvy and, you know, very smart. And then I've got some some champions in the field that I can also rely on. So we'll, you know, meet at a regular interval, or we'll have, you know, ad hoc meetings and say, Listen, you know, we're thinking about this. What do you guys think is this going to work, you know, that kind of thing. And get a whole, you know, sort of a broad consensus about where we want to go and what we want to do. And that was part of the visit when we went over to the clinic. You know, the providers, you know, we, most of our providers, have been, you know, on the outside. Now we're looking at doing some internal medicine within our own organization, which would be our providers. And so we wanted our providers to get our hands on some of the equipment and have a look at it, what the technical capabilities are, and get them to start giving us some feedback about what they want to see or what kind of tools that they would need. And that's led to a whole host of discussions. Really

Quinn Sharkey 1:11:57
want to thank Quinn for being willing to come and speak with us today. I've really enjoyed our conversation, and I thank you for your time, and I want to turn it back over to ARIA to close us out.

Aria Javidan 1:12:08
Thanks, Jordan. Just a reminder that our next webinar will be held on Thursday, November 20. It will be on burnout and telemental health, reconnecting to ourselves while connect while connecting to others. Registration information is available on the consortium events page. Then lastly, we do ask that you take a few short minutes to complete the survey that will pop up at the conclusion of this webinar. We actually also do have another survey where you can share your telehealth success story for a chance to have it and your organization featured in our monthly newsletter that is that is distributed to our entire national audience. Thank you again to the national tele Technology Assessment Center for hosting today's webinar and to Jordan and Quinn for their presentation. Have a great day, everyone. Goodbye. You.