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North Country Telemedicine Conference



Adirondack Health Institute



Crowne Plaza Resort
Lake Placid, NY
November 3, 2016



Agenda

Registration 8:30am—9:30am	Registration and Networking, Continental Breakfast <i>Olympic Room</i>	
Opening 9:30am—9:45am	Welcome David Johnson, Telemedicine Program Coordinator, FDRHPO <i>Olympic Room</i>	
Keynote 9:45am—10:45am	Integration of Telemedicine into Better Patient Outcomes Dr. Eric Mitchell, TeleMed Group <i>Olympic Room 2/3</i>	
Breakout Sessions 10:50am—11:30am	UR Medicine Project ECHO®: Improving Access to Complex Care Through Videoconferencing Dr. Michael Hasselberg, University of Rochester Medical Center <i>Olympic Room 4</i>	Telemedicine and the State of the Law Loretta LeBar, LeBarLaw, LLC <i>Olympic Room 2/3</i>
Lunch 11:30am—12:30pm	Buffet Lunch in MacKenzie's Restaurant	
Plenary Session 12:30pm—1:40pm	Telepsychiatry for Vulnerable and Underserved Populations Dr. Terry Rabinowitz, University of Vermont College of Medicine <i>Olympic Room 2/3</i>	
Breakout Sessions 1:45pm—2:30pm	Telehealth Readiness Factors Bryan Arkwright, Schumacher Clinical Partners Consulting Services <i>Olympic Room 2/3</i>	The Challenge of Actionable Evidence on Primary Care Telemedicine: Getting Lost in Translation Dr. Kenneth McConnochie, University of Rochester Medical Center <i>Olympic Room 4</i>
Final Plenary Session 2:40pm—3:30pm	Telemedicine: Yesterday, Today, Tomorrow—This is Where We are Headed Rena Brewer, Global Partnership for Telehealth, Inc. David Johnson, Fort Drum Regional Health Planning Organization <i>Olympic Room 2/3</i>	



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Presentations

Integration of Telemedicine into Better Patient Outcomes—Dr. Eric Mitchell

Ways + Means = Ends. VideoHealth™ is not a change in health care. VideoHealth™ is a new WAY to deliver the many different MEANS of disease health care recognition and treatment to a better END, which will result in better patient outcomes. VideoHealth™ is the future and the future is NOW! A recent study showed that the consumer-centric public is using IT health intervention 43% of the time, but Video consultation is only at about 5%. VideoHealth™ is real time, face-to-face interaction with your provider so he or she can use two of the three principles for a physical examination—inspection and observation. Patient-centric outcomes are the END GAME.

UR Medicine Project ECHO: Improving Access to Complex Care Through Videoconferencing—Dr. Michael Hasselberg

By providing primary care clinicians with skills and knowledge to treat complex patients in their own practices, ECHO® aims to improve health outcomes while also improving the health care experience of the patient and family and reducing the cost of care through a multidisciplinary team-based approach. The University of Rochester Medical Center (URMC) Project ECHO® was the first ECHO® in New York State (NYS). The primary objective was the establishment of TeleECHO Clinics that connect “hub” URMC specialists with “satellite” primary care practice and long-term care sites across NYS using videoconferencing technology.

Telemedicine and the State of the Law—Loretta LeBar

Medicine has become increasingly reliant on a variety of technologies to manage information needs. Escalation in deployment of remote technology to enhance health care, accompanied by expanded public and private reimbursement for distant care, indicates increasing acceptance of telemedicine. Yet many legal and regulatory questions regarding the provision of health care using these technologies remain stagnant. This presentation will review the importance of the role of the nurse in telemedicine and the impact of the law of the nursing licenses, privacy, parity of care and other timely topics in this area of health law.

Telepsychiatry for Vulnerable and Underserved Populations—Dr. Terry Rabinowitz

Many people who live in rural or underserved areas cannot easily access psychiatric care. Using a telemedicine approach can often address these needs by enabling the provision of high-quality, real-time psychiatric services to many who might not otherwise receive it. Target audience includes nurses, physicians, social workers, mental health providers in general, and interested lay persons.

Telehealth Readiness Factors—Bryan Arkwright

Telehealth Readiness Factors inform the audience on methodology that can be applied to any Telehealth opportunity. Readiness factors along with proven development approaches will guide the audience through key current workflow and ideal workflow process mapping for re-designing clinical care. There are seven factors that will be discussed and defined during the session. They include: Physician/Provider Engagement, Administrative Support, Strategic Plan Congruence, Access to Funding and Technology, Clinical Capacity, Operational and Logistical Complexity, and Clinical Value.

Getting Lost in Translation

—Dr. Kenneth McConnochie

Telemedicine: Yesterday, Today, Tomorrow—This is Where We are Headed—Rena Brewer and David Johnson

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Speakers

Bryan Arkwright, Senior Consultant, Schumacher Clinical Partners Consulting Services

Mr. Arkwright's focus is on Telehealth and Telemedicine Strategy and Operations. His immediate past experience was serving as Director of the Mission Center for Telehealth in Asheville, NC, where he oversaw the expansion and growth of their Telehealth clinical programs by reaching more than 44 locations and establishing a comprehensive multi-year telehealth strategic plan. Bryan's other experiences include working at Wake Forest Baptist Health, serving as lead for their Office of Telehealth and launching key regional telehealth programs. His additional areas of expertise include Project Management, Business Development, mHealth, Strategic Planning, and Process Improvement.

Rena Brewer, RN, MA, Chief Executive Officer, Global Partnerships for Telehealth, Inc.

Ms. Brewer has eleven years experience in building telemedicine networks across the southeast. Global Partnerships for TeleHealth, Inc. is a charitable nonprofit corporation acting as the umbrella organization to several nonprofits dedicated to promoting improvements in health care by assisting in the establishment of telehealth programs. Prior to her current position, she served as the Director of the Southeastern TeleHealth Resource Center, one of 14 federally-funded regional and national resource centers providing support and guidance to those wishing to implement telehealth services.

Michael Hasselberg, PhD, Assistant Professor of Psychiatry and Clinical Nursing, University of Rochester

Dr. Hasselberg is a board certified psychiatric nurse practitioner, and is the Director of the UR Medicine Telepsychiatry Program, and the UR Medicine Project ECHO®. He has a special interest in leveraging technology to deliver high-quality, evidence-based care to adults with mental health conditions and the transformation of health care delivery systems from volume to value.

David Johnson, Telemedicine Program Coordinator, Fort Drum Regional Health Planning Organization (FDRHPO)

Mr. Johnson has a solid track record of building telehealth programs through a highly relational approach; from one to 24 projects in 30 months. He operates as a strategic and practical advisor, preparing and equipping hospitals, FQHC's, and PCP's for telehealth initiatives. He is a determined and enthusiastic leader who has met strategic objectives ahead of schedule. As a subject matter expert in the field of telehealth in New York State, he keeps up-to-date on regulations and policies affecting implementation.

Loretta LeBar, Attorney, LeBarLaw, LLC

Ms. LeBar has been practicing health law since 1989, beginning her career as a Delaware Deputy Attorney General representing the state on all health matters relating to its state hospital, public and mental health. She has also acted as a civil prosecutor before various boards, such as the Board of Nursing, Medical Practice, Health, and other health care professional licensing boards. Ms. LeBar is licensed in New York, as well as many other states, and now defends health care professionals and entities in a variety of matters.

Speakers

Kenneth McConnochie, MD, MPH, Professor of Pediatrics, University of Rochester Medical Center

Dr. McConnochie is a pediatrician at the University of Rochester Medical Center. His experience with telemedicine includes the development and evaluation of the Health-e-Access Telemedicine Model. Through this initiative, children located at convenient access sites (city childcare centers, schools, child development centers and community service centers) have received care in more than 14,000 telemedicine visits, mostly conducted by physicians and nurse practitioners from the child's own primary care practice.

Eric Mitchell, MD, MA, FACPE, CPE, President, TeleMed Group

Dr. Mitchell has 24 years experience in Telemedicine/Telehealth. He is a practicing orthopedic surgeon and sports medicine doctor specializing in pain management from a telecommunication platform globally. His education includes Saint Joseph's University, Perelman School of Medicine, University of Pennsylvania, orthopedic residency and two fellowships in orthopedic research and sports medicine at PENN, Masters in International Relations, and Fellow at the American College of Physician executives.

Terry Rabinowitz, MD, DDS, MS, Professor, University of Vermont College of Medicine

Dr. Rabinowitz is Professor in the Departments of Psychiatry and Family Medicine at the University of Vermont College of Medicine. He has been Medical Director of the Division of Consultation Psychiatry and Psychosomatic Medicine at the University of Vermont Medical Center (UVMCMC) since 1996 and has been Medical Director of Telemedicine since 2005.





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Genoa Telepsychiatry is the nation's leading Telepsychiatry network operator, whose psychiatry team has treated more than 40,000 patients in over 80 clinics across more than 20 states. Founded in 2011, Genoa Telepsychiatry has been building networks across the country to improve access to mental health treatment in settings where patients need it the most. Telepsychiatry services can be provided in inpatient, outpatient, residential and emergency room settings, with a focus on reimbursement to sustain program growth. For more information, visit www.genoa-qol.com.



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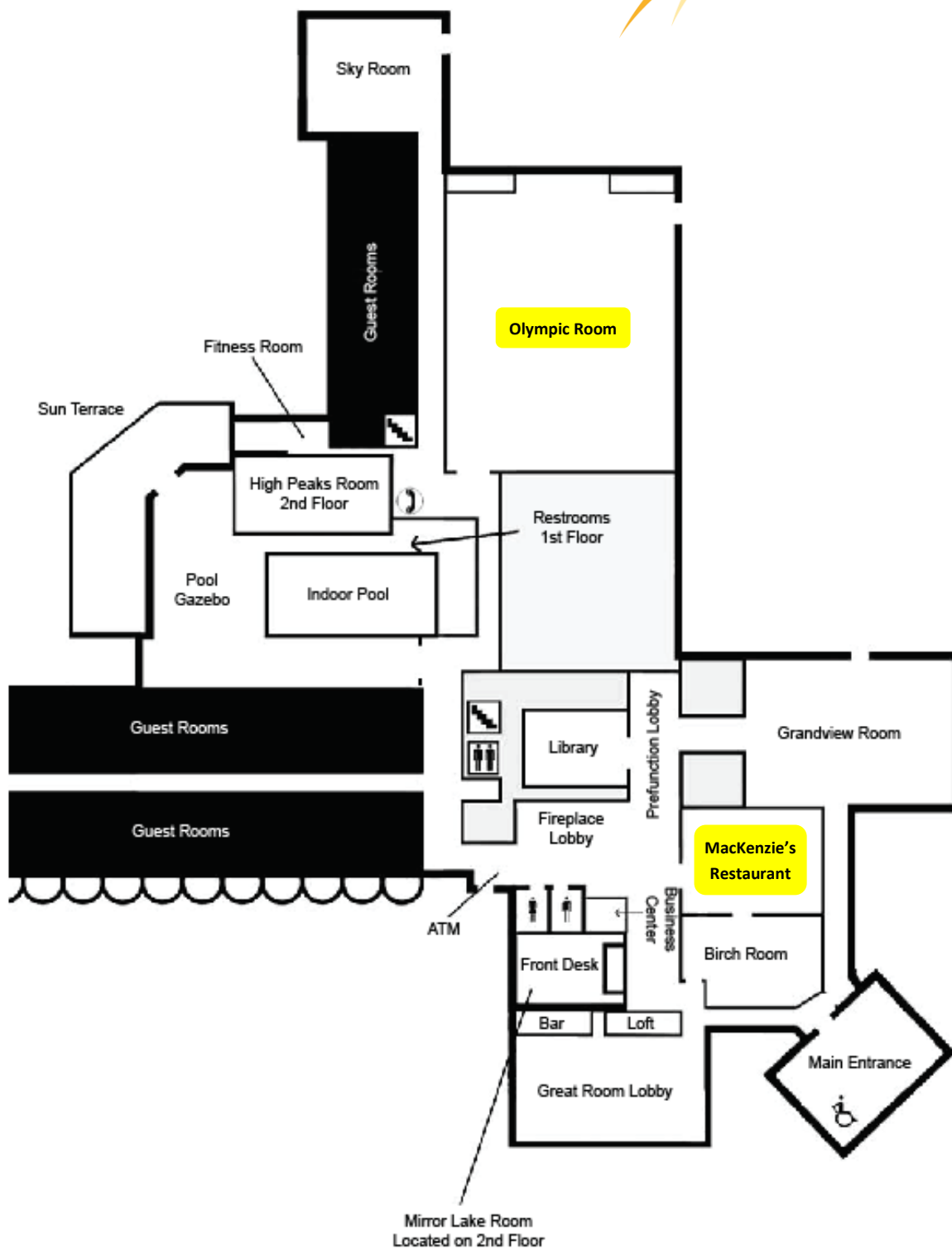
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MINUTES
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TIME FOR AN
ER VISIT



50%

OF HEALTHCARE LEADERS RANK
"IMPROVING THE
QUALITY OF CARE"
AS THEIR TOP REASON.



HOW DOES IT AFFECT YOU?



7 MILLION

PATIENTS ARE EXPECTED TO USE
TELEHEALTH IN 2018,
UP FROM 350,000 IN 2013.

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