

Legislative Commission on the Interdisciplinary Primary Care Workforce

July 23, 2020 2:00-4:00pm – Zoom Conference

Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/92200564713?pwd=Qk9uQVNnTUlyZWV2WjgxZmRpdmVWdz09>

Meeting ID: 922 0056 4713

Password: 285136

One tap mobile

+13017158592,,92200564713#,,,,0#,,285136# US (Germantown)

Find your local number: <https://nh-dhhs.zoom.us/u/aKOQXwxmX>

Dial *6 to mute or unmute if you connect by phone

Agenda

- 2:00 - 2:10 **Read Emergency Order #12 Checklist and Take Roll Call Attendance**
- 2:10 – 3:00 **NH Children’s Health Foundation and Pediatric Trauma Informed Care Project** – Devan Quinn, Project Director, and Felicity Bernard, Project Director, Institute for Health Policy and Practice, UNH and Holly Tutko, Project Director, NH Pediatric Improvement Project
- 3:00 - 3:50 **COVID – 19 Impact on Primary Care Practices & Patients** – Marcy Doyle, Quality and Clinical Improvement Director, Janet Thomas, Practice Transformation Director, and Jeanne Ryer, Director, all from the New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, UNH
- 3:50 - 4:00 **Election & Farewell**

Next meeting: Thursday September 24, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: July 23, 2020

TIME: 2:00 – 4:00pm

LOCATION: Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: July 23, 2020

Members of the Commission:

Rep. Polly Campion, NH House of Representatives

Laurie Harding – Chair

Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, APRN, NH Nurse Practitioner Association

Don Kolisch, MD, Geisel Medical School

Kristina Fjeld-Sparks, Director, NH AHEC

Jeanne Ryer, NH Citizens Health Initiative

Mike Ferrara, Dean, UNH College of Health and Human Services

Trinidad Tellez, M.D., Office of Health Equity

Scott Shipman, MD, Director, Primary Care Affairs and Workforce Analysis, AAMC

Bill Gunn, NH Mental Health Coalition

Tyler Brannen, Dept. of Insurance

Pamela Dinapoli, NH Nurses Association

Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association

Guests:

Danielle Weiss, Health Professions Data Center Manager, Rural Health and Primary Care

Kim Mohan, Executive Director, NH Nurse Practitioner Association

April Mottram, Executive Director, NNH AHEC

Paula Minnehan, NH Hospital Association

Anne Marie Mercuri, QI Nurse, Maternal and Child Health Section

Marcy Doyle, UNH, Health Policy & Practices

Peter Mason, Geisel School of Medicine, IDN region 1

Jan Thomas, UNH, Health Policy & Practice

Ann Turner, Integrated Healthcare, CMC

Priscilla Marsicovetere, Franklin Pierce PA Program

Lindy Keller, Behavioral Health

Courtney Tanner, Dartmouth-Hitchcock

Christina Dyer, Committee Researcher at New Hampshire House of Representatives

Meeting Discussion:

2:00 - 2:10 **Welcome and Introductions/Read EM #12 Checklist and Take Roll Call** – Laurie Harding – Chair

2:10 – 3:00 **NH Children’s Health Foundation and Pediatric Trauma Informed Care Project** – Devan Quinn, Project Director, and Felicity Bernard, Project Director, Institute for Health Policy and Practice, UNH and Holly Tutko, Project Director, NH Pediatric Improvement Project

Refer to the attached presentations, “NH Children’s Health Foundation-Strategic Plan” and “Trauma-Informed Care QI Project.”

3:00 - 3:50 **COVID – 19 Impact on Primary Care Practices & Patients** – Marcy Doyle, Quality and Clinical Improvement Director, Janet Thomas, Practice Transformation Director, and Jeanne Ryer, Director, all from the New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, UNH

Refer to attached presentation, “COVID-19 Impact on Primary Care_ECHO.”

3:50 - 4:00 **Election & Farewell**

- Governor addressed telehealth issues including the reimbursement parity bill and broadband bill, which enables communities to create broadband districts, not previously allowed, and \$50m available for municipalities.
- Polly Campion is not running again so her seat will need to be filled

Next meeting: Thursday September 24, 2:00-4:00pm



Prevent and Reduce Childhood Trauma (families with children up to age 5)

January 2019

Newly established effort with dedicated resources and targeted strategies that -

- could yield deeper impact
- demonstrate momentum
- provide opportunity for leveraging other resources (private and public)

Prevention/Reduction through focus on Adverse Childhood Experiences (psychological/emotional trauma, as opposed to physical)

Investment: approximately \$500,000 annually (no defined end date)

Both statewide and community-level efforts using a policy, system and environment approach



Developing the Approach

Build on what we've funded and what we know

- no need to start funding completely new interventions when we're seeing promising results (Child Parent Psychotherapy, ACERT, Home Visiting)
- Learn from and disseminate interventions in other communities

Assess the Current Landscape

- Survey, interview and analyze "the field" to learn about and establish a baseline existing resources, needs, gaps and barriers
- Utilize assessments to inform recommendations for investment and next steps, and to cultivate partnerships (funding and other)



Strategies to Prevent and Reduce Childhood Trauma

Prevention

- Increase participation in **home visiting**
- Prevent **unintended pregnancy**

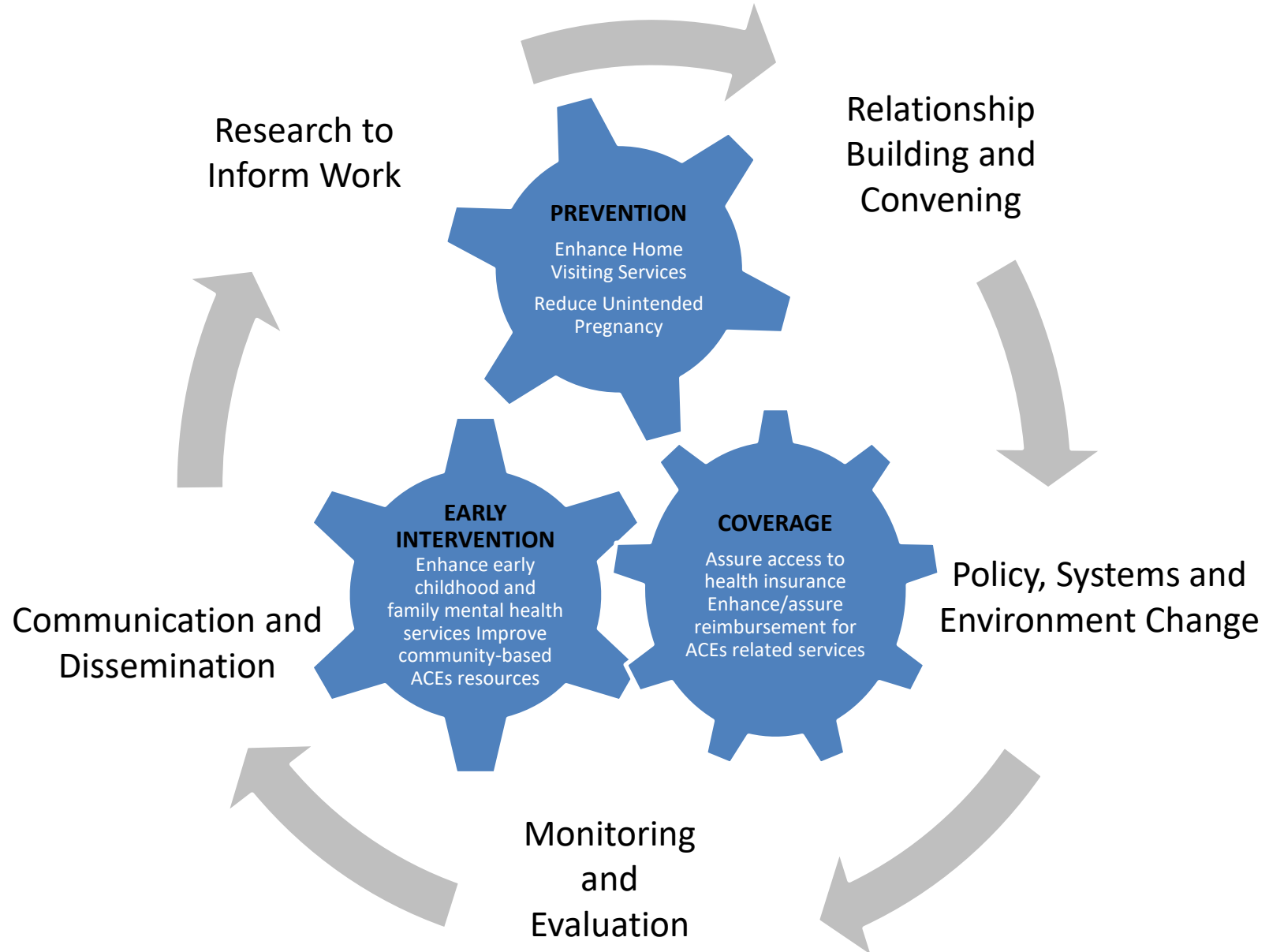
Early Intervention

- Increase **mental health workforce capacity** for families with children up to age 5
- Improve **community based referral and response** to adverse childhood experiences (ACEs)

Health Insurance Coverage

- Assure **enrollment** in coverage for families with young children
- Provide **resource and reimbursement** for ACEs services

NH Children's Health Foundation Prevent and Reduce Childhood Trauma (workflow)





Trauma-Informed Care Quality Improvement Project



DEVAN QUINN, MPP

HOLLY TUTKO, MS

FELICITY BERNARD, MA, LCMHC

PEDIATRIC IMPROVEMENT PARTNERSHIP

UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE

AGENDA



About the Pediatric Improvement Partnership and ACE report

Trauma-Informed Care Quality Improvement Project Overview

Phases & Lessons Learned


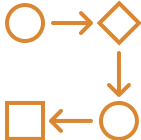

Questions

Pediatric Improvement Partnership Overview



MISSION:

To improve child health through the use of measurement-based quality improvement processes in medical care settings.

CONVENE  <ul style="list-style-type: none">• Honest broker• Identify opportunities	AUGMENT  <ul style="list-style-type: none">• Share research• Build quality improvement capacity	CONDUCT  <ul style="list-style-type: none">• Knowledge transfer• Test approaches
--	---	--



Pediatric Improvement Partnership Structure



Pediatric Improvement Partnership Staff



Holly Tutko, MS
NH PIP Director



Erik Shessler, MD
NH PIP Medical Director



Jo Porter, MPH
IHPP Director



Devan Quinn, MPP
Project Director



Jeanne Ryer, EdD
CHI Director



Felicity Bernard, MA,
LCMHC
Project Facilitator



Janet Thomas, RS, BS
Project Director



Corina Chao, BS
Research Associate





Adverse Childhood Experiences (ACEs)

- Emotional abuse
 - Physical abuse
 - Sexual abuse
 - Emotional neglect
 - Physical neglect
 - Mother treated violently
 - Household substance abuse
 - Household mental illness
 - Parental separation/divorce
 - Incarcerated household member
- (Felitti et al., 1998)

But can also be:

- War/refugee experience
- Racial or ethnic discrimination
- Natural disasters
- Motor vehicle accidents
- Life threatening illnesses, hospitalizations
- Family or community violence
- Or other traumatizing events



Adverse Childhood Experiences (ACEs) Report Recommendations and Challenges



Key Recommendations

- In-office
 - Engage respected clinician champions
 - Education & training on trauma-informed care
 - Share best practices & conduct research about ACEs
Research looks at adversity on child health but not how to implement screening
- Systems Challenges
 - Public awareness/education
 - Referral clearinghouse and processes
 - Reimbursement
 - Workforce (Behavioral Health)/Service Capacity
If screening, have to have capacity to do something.
- Cultural Competence
Linguistic and cultural adaptations in context of addressing ACEs

Addressing Childhood Adversity and Social Determinants in Pediatric Primary Care:

Recommendations for New Hampshire

Authors

Marguerite Corvini, MSW
Katherine Cox, MSW
Molly O'Neil, MPH Candidate
Jeanne Ryer, MSc, EdD
Holly Tutko, MS

July 2018

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Institute for Health
Policy and Practice

Identified Need for Addressing Trauma in NH Pediatrics



Addressing Childhood Adversity and Social Determinants in Pediatric Primary Care: Recommendations for New Hampshire


Authors

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 Katherine Cox, MSW
 Molly O'Neil, MPH Candidate
 Jeanne Ryer, MSc, EdD
 Holly Tutko, MS

July 2018

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Advancing Investments in the Early Years

Opportunities for Strategic Investments in Evidence-Based Early Childhood Programs in New Hampshire

Lynn A. Karoly

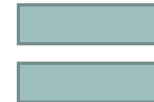
Key Findings

- There is tremendous variability across New Hampshire communities in the extent to which the state's youngest children and their families face risks and stressors that can compromise healthy child development.
- Home visiting programs serve up to 1,100 families and children in New Hampshire each year, far below the estimated 9,200 who could benefit. Further work is needed to map where the gap in services relative to need is greatest.
- There is little information about the nature and quality of school district preschool programs, which reach about 4,000 children annually, including both children with special needs and their typically developing peers. Information from the districts in our focal communities—Claremont, Manchester, Nashua, and Coös County—shows that most of their preschool enrollment is in part-day and part-week programs, with teacher qualifications, class sizes, and teacher-child ratios consistent with high quality.
- Access to district preschool programs is not aligned with the districts where children are most at risk of poor academic performance because of high rates of poverty and other disadvantages.
- To maximize the expected return, there is scope for expanding evidence-based home visiting and preschool programs in a strategic fashion, focusing first on those communities with the greatest need but with current low rates of enrollment.
- Strategic investments going forward should involve public funds at the state and local levels, as well as private contributions from philanthropy and business, to (1) expand access to high-quality evidence-based home visiting and preschool programs, starting in those communities with the greatest access gap; (2) continue strategies to realize an effective and efficient integrated early childhood system; and (3) build the data systems and other infrastructure at the state level to support informed decisions about future investments and to ensure that quality is achieved and expected impacts are realized.

By some measures, New Hampshire's children ages 0 to 5 are relatively well-off compared with their counterparts in other states. New Hampshire ranks first nationally on the 2018 Annie E. Casey Foundation KIDS COUNT composite index of child well-being, which comprises 16 indicators related to economic status, education, health, and family and community.¹ For example, New Hampshire's child poverty rate stood at 8 percent in 2016, compared with the national average of 19 percent and the highest rate of 30 percent in Mississippi and New Mexico. This pattern of better outcomes than the national average holds for each of the indicators in the KIDS COUNT index, several of which are outcomes specific to children younger than age 5, such as the prevalence of low-birth-weight babies, preschool attendance, and the teen birth rate.

At the same time, New Hampshire's consistently high ranking on the Casey Foundation index, which is based on state averages, conceals the high levels of poverty and material hardship for a subset of the state's children living in both rural and urban communities. For example, the statewide poverty rate for children under age 5 was 11.8 percent in 2017 but was nearly 50 percent in Colebrook, a rural community in Coös County, New Hampshire's largest, least populated, and poorest county (the countywide poverty rate for children under age 5 was 18.7 percent). This rate was 19.9 percent in Manchester, the state's largest city.² These two communities, at opposite ends of the rural-to-urban continuum, are illustrative of the disparities in well-being across a state where children are relatively well-off on average.

With a growing recognition of the importance of the early years and the lifelong detrimental effects of growing up living in poverty, leaders in the public and private sectors across New Hampshire have sought to increase investments in early childhood programs that promote the cognitive, social, emotional, and physical well-being of at-risk children



Trauma-Informed Care (TIC) for Pediatric Primary Care Practices



PROJECT GOALS:

- Increase pediatric practice knowledge of trauma-informed care
- Gather community-based ACEs resources
- Practice system change



Trauma-Informed Care Quality Improvement Project: Outline



PHASE I

Increase Pediatric provider knowledge about trauma and existing tools

- 1-hour presentations in 12 practices (11 pediatric, 1 FP; focused on pedi)
- Partnering with DTIRC*
- Recruit for Phase II

Out of those in Phase I, who would like to dive deeper, which is phase II.

PHASE II

Plan and pilot an approach to address childhood trauma in clinics, using QI methods

- 9-month planning phase
 - ✓ Monthly facilitation
 - ✓ Advanced training
 - ✓ Practice Guide
 - ✓ Community Engagement
- 6-month pilot phase
 - ✓ Access to Psychiatry
 - ✓ PDSA/QI

PHASE III

Identifying lessons learned and analyzing and reporting data

- Public final report
- Release Practice Guide

* Dartmouth Trauma Intervention Research Center



TIC Quality Improvement Project, Phase I: Findings



- Varying degrees of knowledge or exposure to ACEs/childhood trauma
- Experience and language
- Interest across clinic role - Large interest from provider champions to leadership to front desk.
- Workforce challenges, including secondary exposure to trauma and self-care
- Issue of reimbursement - Providers being reimbursed for time.
- Lack of AAP or state standards
- Leadership throughout state on this issue is heartening and inspiring
 - IDN practices have ACE questions incorporated into the required Comprehensive Core Screening Assessment that all their Medicaid recipients must be screened with. There are different instruments used for kids and adults.
 - At DHMC for residents of FP and pediatrics, 2 modules on ACEs are providing a strong thread between care for children and adults.

TIC Quality Improvement Project, Phase II: Plan & Timeline



Preparation

Designed to ensure longevity

Facilitation, training,
and Guidebook

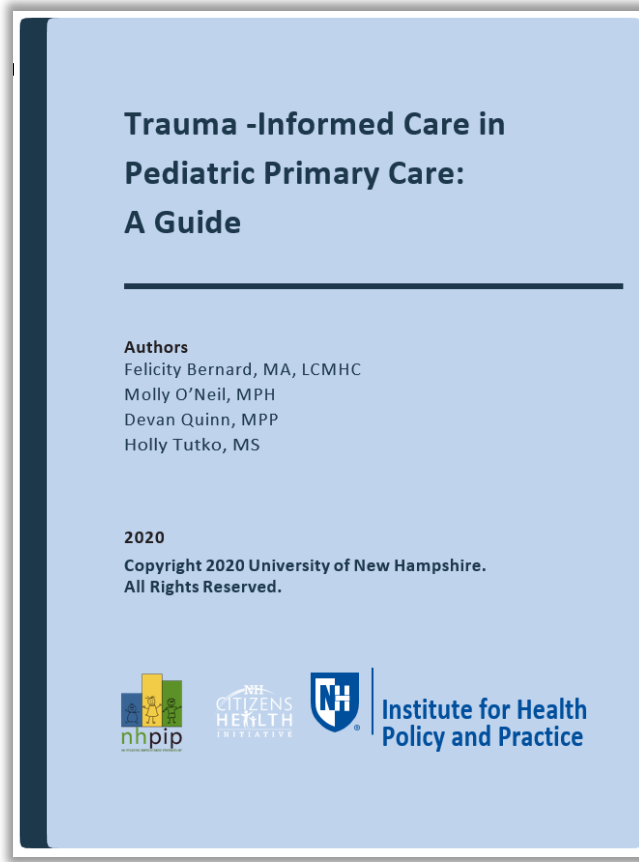
March –November
2020

Implementation

Piloting Small Tests
of Change

December 2020-
May 2021

TIC Quality Improvement Project, Phase II: Practice Guide

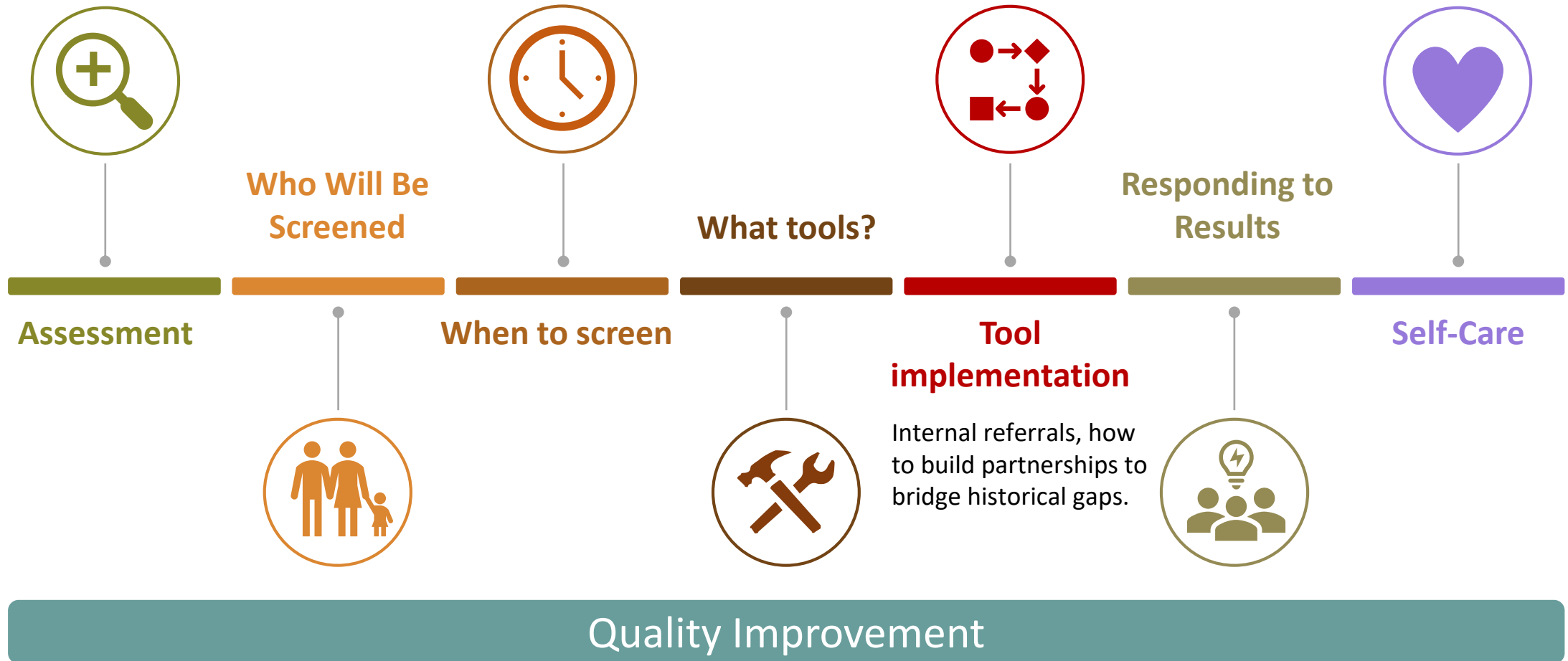


For help deciding on an informed approach and trauma-informed culture.

- Dr. RJ Gillespie - reviewed guide and will provide advanced training for practice teams.
- What barriers were faced, how to overcome, to create the practical guide.

- Based on AAP recommendations
- Walks a practice through the decision making
- Examples of workflows, tools, team-based care
- Will evolve in response to practice experience/findings
- Will add to the growing body of work on a “gold standard”

Guided Decision Making



TIC Quality Improvement Project, Phase II: Lessons Learned (surveys)



Readiness Assessment :

- Lack of local referral sources
- Staff Time
- Patient and Family Engagement
- Prioritizing among other initiatives or changes

Do behavioral health and primary care providers have what they need?

TIC Self-Site Assessment:

- Screening and Assessment
- Workforce development
- Safe and secure environments
- Data Collection

“Everything we are currently doing is on the fly as no single, reliable and easy to use tool in the EMR”

“We need a system to help our patients”

“We are routinely screening new mom's for postpartum depression but not presently doing anything else specific related to trauma”

TIC Quality Improvement Project, Phase II: PEARLS



- Having a project sponsor makes things move more smoothly
Having strong partner relationships has strengthened the project.
- Tool for screening decision-making filters out things that aren't going to meet their needs so leaves 2-3 to be reviewed.
- Operationalized provider burnout prevention Self care is about systems change, need top-down approach.
- Entering the pilot phase in the late Fall – more to come



TIC Quality Improvement Project, Phase III: Analysis & Publications



- Advance evidence-base for addressing ACEs through public facing report
- Publish revised Trauma Guide for use by other clinics

Concrete deliverables; public-facing report to look at impact of project but also process that clinics used to plan and implement screening processes so can learn and build evidence base.

- Taking lessons learned from pilot to produce new and improved trauma guide for NH and beyond.

TIC Quality Improvement Project, Phase II: Enrolling NOW!



JOIN
US!

There's space for 2 more practices to join.

Trauma Informed Care in Your Practice

Opportunity:
Project opportunity to increase your pediatric or family practice's knowledge of and capacity to respond to trauma and Adverse Childhood Experiences (ACEs).

Project Goals:
Must start by September 2020

Planning Phase - 9 Months

- Goal:
 - Develop workflow to screen and respond to ACEs
- Supports Provided:
 - Monthly quality improvement facilitation
 - Practice-wide ACEs 101 training
 - 3 advanced trainings with CME/CNE Credit
 - A Practice Guide to support AAP recommendations for planning
 - List of evidence-based ACEs screening tools

Pilot Phase - 6 Months

- Goals:
 - Pilot and refine workflow
 - Collect data on key metrics
- Supports Provided:
 - Monthly quality improvement facilitation
 - Technical assistance on trauma and data collection

Benefits:

- Improve care for children and families who have experienced trauma
- Staff training to meet patient needs
- Address trauma early and build trust with patients to support long term health
- Meeting AAP recommendations for social-emotional screening

Please contact Devan Quinn for more information: Devan.Quinn@UNH.edu

Funding for this project is provided through grant funds from The New Hampshire Children's Health Foundation

Q: Is there specific staff engagement across practices; physicians and AAPs may be busy and not good at adapting to new implementation practices?

A: Teams vary - MAs, nurses, docs, NH professionals, anyone impacted by work flow needs to be there.



Q: Is there an opportunity to cross-pollinate projects, primary care research in NH, VT, ME, NY? There's a big project on ACEs looking at challenges of patient flow and acceptability. Dartmouth Co-Ops research network, more than just QI, pediatric improvement partnership, and others.

A: Piggybacking off relationships, used as a guide in case studies.



Q: Are there modules that will be incorporated in health professions training programs?

A: The curriculum is made by national body and must follow core curriculum. It's dependent on faculty at school and ability to offer that training. It is thread through the nursing curriculum at UNH, AHEC scholars program, Geisel.



VISIT US

www.citizenshealthinitiative.org

www.nhpip.org



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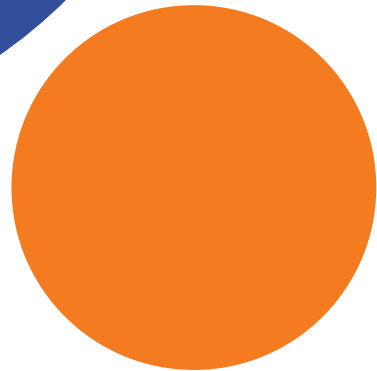
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FELICITY BERNARD

Felicity.Bernard@unh.edu



*New Hampshire leaders
working toward better
health care for all*





Health Analytics & Informatics



Health Law & Policy



Delivery System & Payment Reform



Long Term Care & Aging

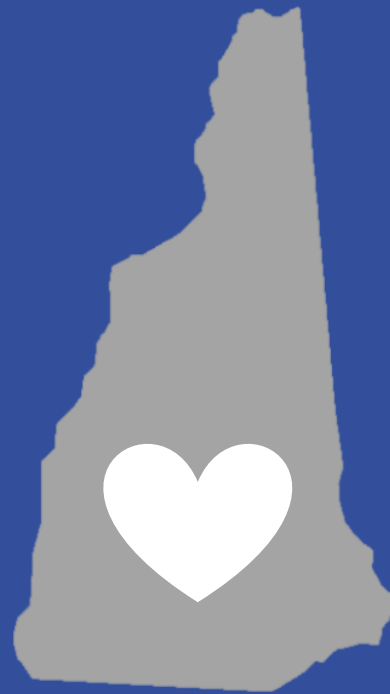


Public Health & Health Promotion

WHAT WE DID...

WHO WE ARE...

22
staff
members



401 Informed
stakeholders:

- 256 providers
- 24 payers
- 18 public/patient advocates
- 16 policy/government
- 55 academia

1,917+ providers in network
50% of New Hampshire
patients served



14 learning sessions
presented

More than 30
CEU hours provided



4 Project ECHO learning
communities launched

141 site self-
assessments reported



29 projects & grants
(12 newly awarded)

23 conference
presentations



Meet the Team



Jeanne Ryer, MSc, EdD,
 Director, NH Citizens
 Health Initiative
 Director, Delivery System &
 Payment Reform, IHPP



Annie Averill, BA, MPP
 Candidate
 Research Associate



Katherine Cox, MSW
 Project Director; Practice
 Facilitator



Ruth James, MD, MPH
 Clinical Practice Advisor



Holly Tutko, MS
 Project Director



Felicity Bernard, MA,
 LCMHC
 Project Director



Melanie Currier, MPH
 Project Director



Devan Quinn, MPP
 Project Director



Molly Umana, BA
 Research Associate



Corina Chao, BS, MPH
 Candidate
 Research Associate



Marcy Doyle, DNP, MS,
 MHS, RN, CNL
 Quality and Clinical
 Improvement Project
 Director; Faculty, Dept.
 Nursing



Olivia Skaltsis, MS
 Research Associate



Kelsi West, BS, MPH
 Candidate
 Project Director



Marguerite Corvini, MSW
 Project Director



Hwasun Garin, MEd
 Project Director, Learning
 & Instructional Design



Jan Thomas, RN, BS
 Project Director, Practice
 Transformation



Dee Watts, LSSBB
 Practice Facilitator

The Initiative serves to...



Apply research to the
NH health care delivery
system



Be an independent
convener of NH
stakeholders



Educate clinicians,
policy makers, and
leaders throughout the
NH health care system



Share evidence-based
best practices

What we heard from our partners...



- Closures, retirements, financial burdens
- Just getting through, doing the best they can w/ work flow changes, staffing relocations and realignments
- Varying degree of satisfaction - some want physical proximity to patients

- Students asked to bring own PPE then asked to leave, worry about how to continue precepting moving forward. Questions around teleprecepting and how to make it work.

How we respond to the needs of our partners

10 STEPS FOR IMPROVING DIABETES CARE IN NEW HAMPSHIRE:
A PRACTICAL GUIDE FOR CLINICIANS AND COMMUNITY PARTNERS

NH CITIZENS HEALTH INITIATIVE | Institute for Health Policy and Practice

NH CITIZENS HEALTH INITIATIVE
NH Citizens Health Initiative
Annual Symposium
Wednesday, September 25th, 2019

Connecting the Pieces of Whole-Person Care

GRAPPONE CONFERENCE CENTER
CONCORD, NH 9:00AM - 3:00PM

Mental Health Care Access in Pediatrics (MCAP)

Cohort 1: Depression & Anxiety

NH CITIZENS HEALTH INITIATIVE
Project ECHO
University of New Hampshire
NH MCAP
Mental Health Care Access in Pediatrics

Institute for Health Policy and Practice | nhpip | unh.projectecho@unh.edu | © 2020 University of New Hampshire All Rights Reserved | 7/16/20 | 1

Listen, survey, ask questions. Using project ECHO.

- Integration - how to help pediatrics get kids into mental health. ECHO model focusing on depression and anxiety.

How we responded – Resources, Guides

- WORKFORCE** (Red circle with people icon)
- SDOH** (Orange circle with puzzle pieces icon)
- PRACTICE** (Grey circle with computer monitor icon)
- ACCESS** (Yellow circle with car icon)
- POLICY** (Dark grey circle with scales icon)
- PAYMENT** (Blue circle with money icon)

Tips for Taking an Accurate Blood Pressure at Home

Your health care provider uses your blood pressure measurements to help make decisions about medications and treatments

Here are some tips for taking your blood pressure to ensure you are giving your provider the most accurate measurement:

- Step 1:** Relax for 5 minutes before taking your blood pressure. It is best not to talk while taking your measurement.
- Step 2:** Sit with your back supported by a chair and both feet on the floor.
- Step 3:** Place the cuff directly on the skin. Do not put it over clothing.
- Step 4 - with Wrist Cuff:** Place the cuff on your wrist. With your elbow on the table, place your hand over your heart. Relax your arm and rest your hand while the device is measuring.
- Step 4 - with Arm Cuff:** Place the cuff on your arm above your elbow. Ensure that your arm is supported by a hard surface, like the arm of a chair or a table.
- Step 5:** Once you have completed taking your blood pressure, be sure to write down the date, time, and result.

Keep the list of your blood pressure results and any questions you have for your health care provider in a safe place so you can share it during your telehealth visit.

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Quick Guide to Telepractice Best Practices

Telepractice (noun): the delivery of remote health care services through a wide range of virtual models

TELEPRACTICE PLATFORMS

Health care providers use a range of telepractice platforms and applications (for example, Doxy.me, VSee, Zoom for Healthcare) to allow providers to communicate with individuals during telepractice. If you are selecting a platform, keep in mind ease of use for providers and individuals, privacy and security, compatibility with Electronic Health Records, and cost.

TELEPRESENCE ETIQUETTE

Telepractice has its own rules of etiquette. Using the right techniques to deliver care by telepractice will help put the individual at ease and make them feel more comfortable during the visit. Try these strategies for delivering telepractice visits that will be as professional, person-centered, and clinically useful as in-person.

- Maintain a person-centered focus and communication technique
- Make eye contact by looking right at the camera
- Use the live feedback video to evaluate your appearance and environment
- Dress professionally (as you would if you were seeing the individual in person)
- Ensure your background looks clean and professional
- Eliminate any visual or audio distractions
- Position the camera so your image is centered on the screen

CONSENT & PRIVACY

As a best practice, include language in your consent form to start a conversation about engaging in a telepractice visit. Be sure to check with your licensing board for specific requirements relative to your specific profession. Use an appropriate consent form approved by your compliance officer.

*Check with your compliance team to confirm you are approved for telepractice services, codes and policies to ensure compliance.

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Tips for a Successful Virtual Visit with Your Health Care Provider

The conversation with your health care provider will be much like an in-person office appointment. The conversation will be private and confidential. Before the visit begins, write down what you want to discuss to ensure you cover everything. Being prepared will help you make the most of your telehealth visit.

Setting the Scene:

Get a quiet, private space to talk – away from children, pets, and other types of distraction

1. Make sure your device is on, or a good signal
2. Make sure your space has good lighting
3. Have your camera at eye-level
4. Check to see that your volume is on and not muted

What to have ready before the visit:

Medications, with dosage and the time taken each day

Questions or concerns to discuss with your health care provider

	Date	Result	Date	Result	Date	Result	Date	Result
Blood pressure								
Blood sugar								
Weight								
Temperature								
Swelling								

Pat yourself on the back!

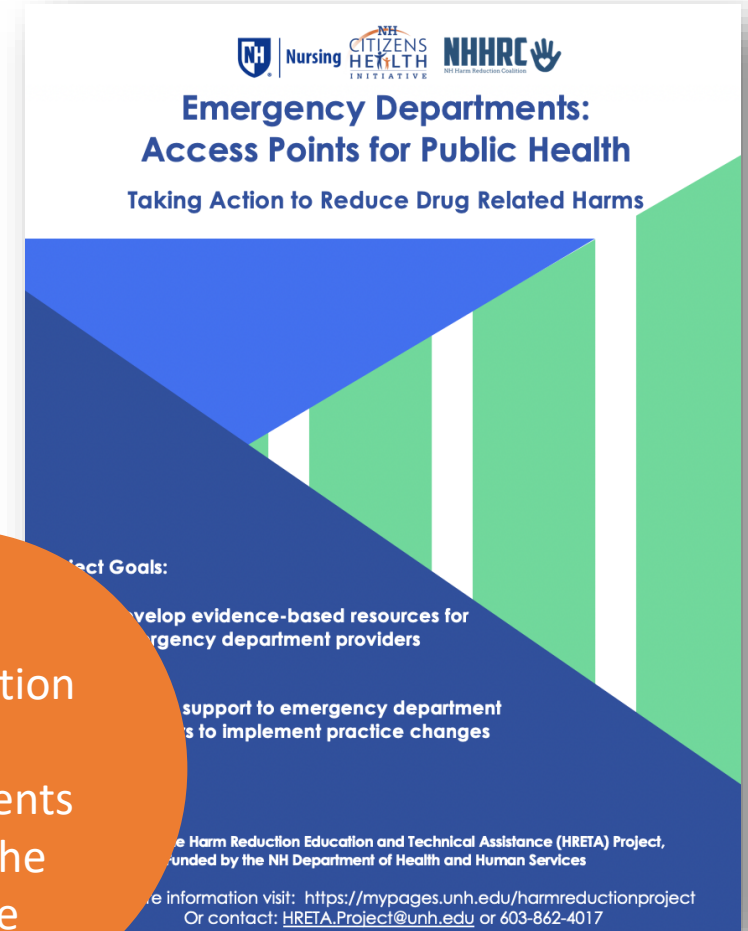
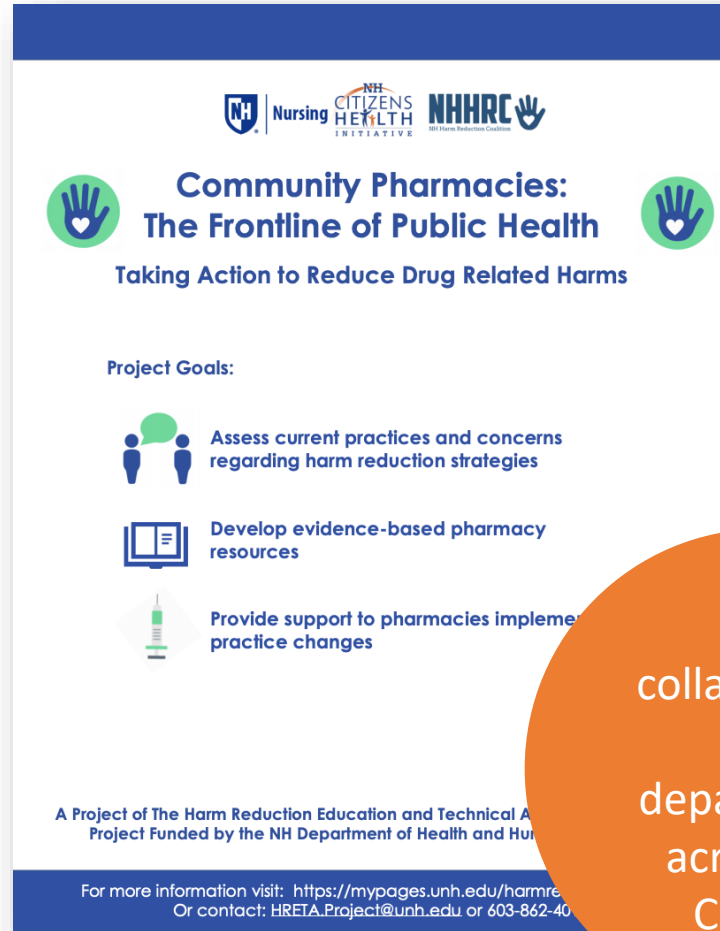
Completed your first virtual visit! Follow any instructions your health care provider gave you, and if you have any questions or concerns, please give the office a call

Project is made possible by Cooperative Agreement NUS8DP006515 between the New Hampshire Department of Health and Human Services, Division of Public Health Services, and the Centers for Disease Control and Prevention. © 2020 University of New Hampshire. All Rights Reserved

How to take BP at home?

- Got visual and guide out, "How to have successful visit with provider remotely."

How we responded – Resources, Publications



In collaboration with departments across the College

- Collaborated with nursing group on harm reduction - substance use disorders
- Publications released for pharmacists
- Collaborations w/ nursing and IEP/IPP/IAP staff

How we responded – Education & Training



- Launched telehealth ECHO in response to colleagues in field because of Executive Orders 8 and 13. Early adopters did great but much of staff was out of the loop
- Pulled funding together to look at 3 populations - substance use, pediatrics, elderly
- Launched 4-part series with local and national experts to look at policy and pearls of telehealth (how to engage, assessments)

How we responded – Education & Training



Partnership for Academic-Clinical Telepractice: Medications for Addiction Treatment Project ECHO®

MOTIVATIONAL INTERVIEWING

"...is a technique in which you become a helper in the change process and express acceptance of your client." SAMHSA Publication No. PEP19-02-01-003 Published 2019.

1. PRECONTEMPLATION

Definition: Not yet ready to change or not aware of the need to change.

Primary Task: Establish rapport.

2. CONTEMPLATION

Definition: Considering the pros and cons of the problem.

Primary Task: Explore the pros and cons of the problem.

3. PREPARATION

Definition: Getting ready to change.

Primary Task: Develop a plan of action.

4. ACTION

Definition: Making the change.

Primary Task: Implement the plan of action.

5. MAINTENANCE

Definition: Sustaining the change.

Primary Task: Monitor the change and prevent relapse.

RESIST feeling that what to do, how to do it, or how long to do it is not yours to decide.

UNDERSTAND what motivates, leads to substance use, social, family, cultural, economic and personal factors that influence substance use.

LISTEN with respect. Seek to understand their values, needs, attitudes, emotions and personal history that influence substance use.

EMPOWER make sure that clients are knowledgeable and to actively participate in decisions.

ahhealth.org/event/the-st-lawrence-patient-experience-com-a-new-lens-motivational-interviewing-part-2/

www.nwri.com/motivational-interviewing

IN A CRISIS?

CRISIS TEXT LINE | Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support via a medium people already use and trust: text. <https://www.crisistextline.org/>

Text HOME to 741741 from anywhere in the United States, anytime. Crisis Text Line is here for any crisis. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment.

POLICY UPDATE

The Senate HHS Committee held a remote public hearing on Thursday, June 4 to consider amendments to HB 1623, relative to telemedicine and SUD. The amendments serve to create a telemedicine omnibus bill that would incorporate all components of both House and Senate bills. Sen. Sherman and Rep. Marsh have been working with a small group to create this version.

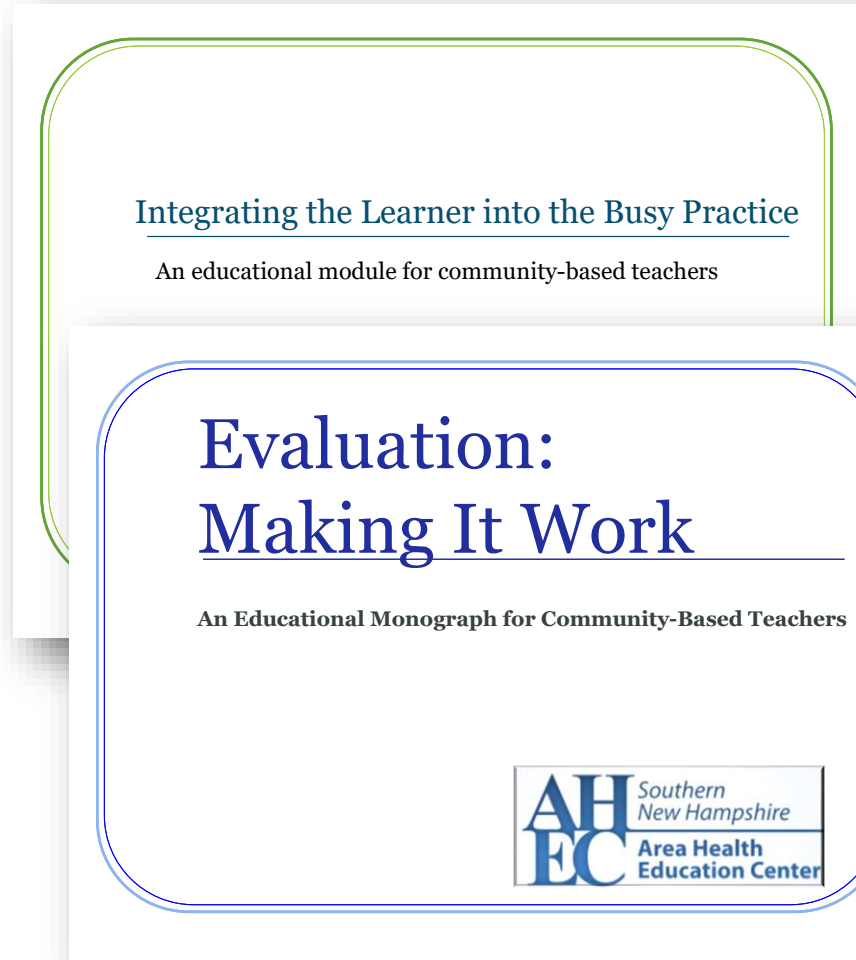
See the full bills printed in the Senate Calendar, http://gencourt.state.nh.us/Senate/calendars_journals/calendars/2020/sc%2021A.pdf

UNH Partnership for Academic-Clinical Telepractice: Medications for Addiction Treatment (PACT-MAT) Cohort 2

What does parity mean and is there legislation on books that could impact it? Is it contiguous?



How we responded – Education & Training



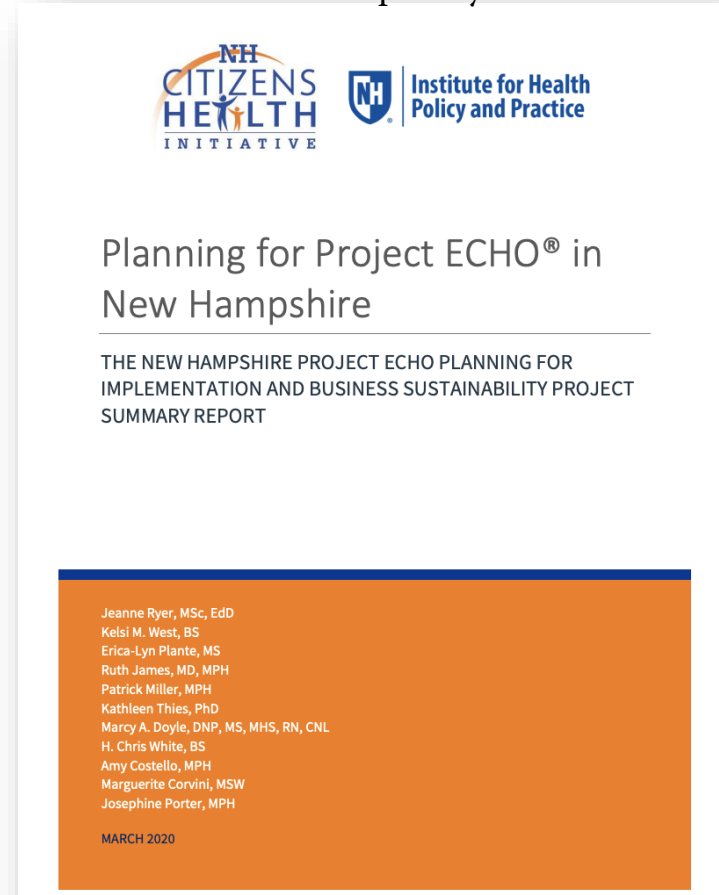
SNH AHEC helping with learning modules.

- Not great attendance for preceptors. Only one signed up but didn't show; understaffing/coverage is a major concern when considering attendance
- Precepting in ECHO - marketing across states.

How we responded – Resources, Online

Wrapping up 5th year in behavioral health integration project.

- Create greater knowledge and engagement. Adding beyond specialty to primary care and many uses of ECHO.
- Approach comes from interdisciplinary team-based care.

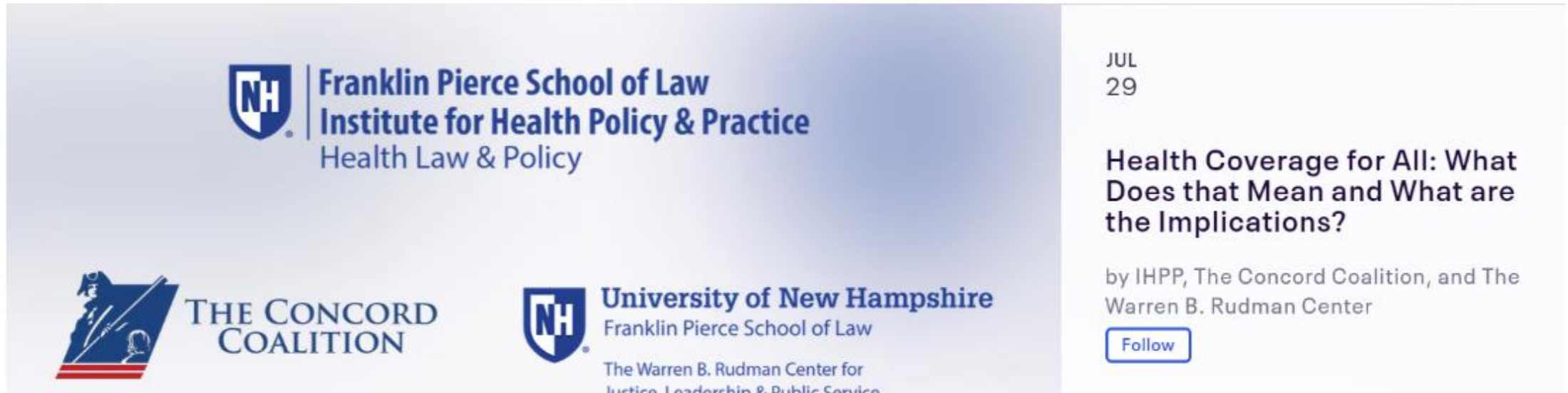



- First ECHO for MAT invited teams of clinicians. When COVID hit, trying to manage 100s of squares in Zoom.
- First ECHO just wanted to dive into clinical pieces. Had to work with clinicians on telehealth.


How we responded - Dialogue




Coming Event – Health Coverage for All



 **Franklin Pierce School of Law**
Institute for Health Policy & Practice
Health Law & Policy

 **THE CONCORD COALITION**

 **University of New Hampshire**
Franklin Pierce School of Law
The Warren B. Rudman Center for
Justice, Leadership & Public Service

JUL
29

Health Coverage for All: What Does that Mean and What are the Implications?

by IHPP, The Concord Coalition, and The Warren B. Rudman Center

[Follow](#)

<https://www.eventbrite.com/e/health-coverage-for-all-what-does-that-mean-and-what-are-the-implications-tickets-113338135414>

What's next?



How can we work toward better health care for all?



CONTACT



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info@citizenshealthinitiative.org



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