



Overview of SWTRC & Key Telehealth Policy Issues Emerging from Pandemic

Elizabeth A Krupinski, PhD FATA, FSIIM, FSIPE, FAIMBE
Department of Radiology & Imaging Sciences Emory University
Director, Southwest Telehealth Resource Center

SWTRC



Health Resources & Services Administration

- **Continuously funded since 2009**
- **Subsidiary of ATP**
- **Originally grant now cooperative agreement sustainability emphasis**
- **Periodic supplements with most recent for COVID response**
- **September 2021 most recent 3-year funding period**
- **2024 added so next renewal for 2025 (likely 5 years)**
- **<https://southwesttrc.org/>**



NATIONAL
TELEHEALTH
RESOURCE CENTER

Funded by the U.S. Health Resources and Services Administration (HRSA) The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Staffed with telehealth experts to who are available to provide guidance and gain more visibility and recognition in order to provide assistance for all.

Regionals

CTRC



apTRC

HTRC



MATRC

NETRC



NRTRC



PBTRC



SCTRC



SETRC



SWTRC



TexLa



UMTRC



Nationals

CCHP



TTAC



<https://telehealthresourcecenter.org/>

SWTRC Team



Elizabeth A. Krupinski, PhD
Director, SWTRC
Associate Director, Evaluations
[CV, PDF Format](#)
Area(s) of Expertise:
Evaluation & Assessment
General Telemedicine
ekrupin@emory.edu



Melanie Esher, MAdm
Distance Education & Event
Coordinator
Area(s) of Expertise:
Training & Education
mesher@telemedicine.arizona.edu



Carrie Foote
Associate Director,
Administration
Area(s) of Expertise:
Building Relationships
Healthcare Operations
Regulatory Compliance
carriefoote@telemedicine.arizona.edu



Nancy C.O. Hart
Service Provider Directory
Coordinator
Area(s) of Expertise:
Service Provider Directory
nco@telemedicine.arizona.edu



Chris Martin
Assistant Director, T-Health
Institute
Area(s) of Expertise:
T-Health Institute
cmartin@telemedicine.arizona.edu



Karen Rogge-Miller
Manager, Application
Development
Area(s) of Expertise:
Web Development
Database Management
karenmiller@email.arizona.edu



Tara Sklar, JD, MPH
Policy, ATP Senior Advisor,
Health Law
Area(s) of Expertise:
State Policy
Federal Policy
Telehealth Law
Aging Law & Policy
trsklar@arizona.edu



Pete S. Yonsetto
Video Conferencing
Administrator
Area(s) of Expertise:
Engineering & Networks
pyonsetto@telemedicine.arizona.edu



Mari Herrerias
Communications Manager
Area(s) of Expertise:
Communications Manager
mherrerias@telemedicine.arizona.edu



Michael Holcomb
Associate Director,
Information Technology
Area(s) of Expertise:
Engineering & Networks
Information Technology
T-Health Institute
mholcomb@telemedicine.arizona.edu



Robert Kerr
Budget Analyst, Principal
Area(s) of Expertise:
Business
rkerr@telemedicine.arizona.edu



Janet Major
Associate Director for
Innovation and Digital Health
Area(s) of Expertise:
Broadband
Correctional
Distance Education
Equipment
Facility Design
Grants
Telehealth Alliances
jmajor@telemedicine.arizona.edu

Blogs

- <https://southwesttrc.org/index.php/blog>



New Mexico telehealth partnership allows newborns in critical care to stay close to home

By Mari Herreras on Jun 15, 2023



Supporters of new Arizona telemedicine law say pets will receive greater access to care

By Mari Herreras on May 25, 2023

Webinars

- <https://telemedicine.arizona.edu/webinar>
 - Several partners (e.g., HRSA, NRHA, NCTRC)
- <https://telemedicine.arizona.edu/webinars/previous>

The image shows a screenshot of the YouTube channel page for the Southwest Telehealth Resource Center. The channel banner features the text "SOUTHWEST TELEHEALTH RESOURCE CENTER" in white and orange letters against a blue background with a network of glowing nodes and lines. Below the banner, the channel name "Southwest Telehealth Resource Center" is displayed along with the handle "@southwesttelehealthresourc1576", 16 subscribers, and 17 videos. A "Subscribed" button is visible. The navigation menu includes "HOME", "VIDEOS", "PLAYLISTS", "COMMUNITY", "CHANNELS", and "ABOUT". The "VIDEOS" tab is selected, showing a list of six video thumbnails with their titles and view counts:

- NAVIGATING TELEHEALTH LEGISLATIVE AND POLICY CHANGES BEYOND THE PUBLIC HEALTH EMERGENCY** (58:45, 57 views • 2 months ago)
- Medicare Physicians Fee Schedule 2023 draft and the Impact on Rural Health** (1:00:45, 12 views • 10 months ago)
- ¿Qué es la telemedicina?** (55:42, 3 views • 11 months ago)
- Telehealth Essentials for FQHCs and RHCs** (1:00:20, 8 views • 11 months ago)
- Building Bridges, Connecting Two Worlds** (1:01:01, 9 views • 11 months ago)
- Ransomware in Health Care** (1:03:30, 1 view • 11 months ago)

July, 2023: Update on NTIA and USDA Broadband Infrastructure Funding



SWTRC NEWSLETTER - JULY 2023

Bringing you up-to-date telehealth information resources on the Southwest region and the USA

Regional Update on federal grants focused on national, state and community broadband and internet connectivity

The National Telecommunications and Information Administration (NTIA) recently announced \$930 million in funding for middle-mile broadband. The 35 projects encompass 350 counties distributed across 35 states, including Puerto Rico. The allocation of \$930 million in federal funds accounts for approximately fifty percent of the total project costs, estimated at \$1,778,482 billion. The NTIA also announced \$42.45 billion in Broadband Equity, Access, and Deployment (BEAD) program funding allocations to states and territories to increase access to affordable high-speed internet. The United States Department of Agriculture (USDA) also recently announced funding for its Rural Development ReConnect programs to serve rural community economic development projects around broadband and connectivity.

State allocations and awardees of these grants located in Southwest TRC's region are highlighted below:

	<p>NTIA Enabling Middle Mile Broadband Infrastructure Program Pima County Regional Middle Mile Fiber Optic Ring \$43,283,954 total cost of project \$30,281,277 federal funding request Purpose: The purpose of the Pima County Regional Middle Mile Fiber Optic Ring is to ensure that affordable, reliable, and accessible high-speed broadband services can be provided to as many communities, county and local facilities, anchor institutions and recreational areas as possible. The proposed project will create a 134-mile contiguous open access fiber network ring. The infrastructure will be made available to all viable internet service providers (ISPs) and other government entities to lease, share or swap resources. This future proof design has the capacity to accommodate expansive growth in the region. The network is designed in a ring surrounding the outer area of greater Tucson, Arizona and surrounding rural communities. The proposed middle mile network path connects to four Central Office facilities. These four Tier 1 connections provide a link to the backbone of the public internet with physical interconnections for the exchange of traffic. The proposed middle mile infrastructure will reduce the cost for last mile providers to connect unserved and underserved communities by providing a neutral network that last mile providers can access in a non-discriminatory open access model. NTIA BEAD Program: \$993,112,231</p> <p>USDA Rural Development ReConnect Grants South Central Utah Telephone Association Inc. \$3,485,976 This Rural Development investment will be used to deploy a fiber-to-the premises network to provide high-speed internet. This network will benefit 24 people and one farm in Coconino County in Arizona. South Central Utah Telephone Association Inc. will make high-speed internet affordable by participating in the Federal Communications Commission's Affordable Connectivity Program (FCCs-ACP).</p> <p>Colorado River Indian Tribes \$25,000,000 This Rural Development investment will be used to deploy a fiber-to-the premises network to provide high-speed internet. This network will benefit 1,946 people, 41 businesses, three farms and four educational facilities in La Paz County in Arizona. Colorado River Indian Tribes will make high-speed internet affordable by participating in the FCCs-ACP. This project will serve the Colorado River Indian Reservation and socially vulnerable communities in La Paz County.</p>
--	--

 CO	<p>NTIA Enabling Middle Mile Broadband Infrastructure Program Pueblo Middle Mile Project \$4,631,407 total cost of project \$2,710,971 federal funding request Purpose: The purpose of the Pueblo Middle Mile Project is to fund 78,129 feet of aerial and 29,173 feet of underground fiber to provide a protected ring from the Pueblo datacenter to six remote Colorado cabinets. This will lead to a last mile project that will connect 41,074 homes and small businesses. The double ring network created in this project will prevent single points of failure across the proposed broadband network. NTIA BEAD Program: \$826,522,650</p>
 NV	<p>NTIA Enabling Middle Mile Broadband Infrastructure Program Eastern Nevada Middle Mile fiber network \$87,094,919 cost of project \$43,547,459 federal funding request Purpose: The proposed Eastern Nevada Middle Mile fiber network, a 431-mile open-access middle-mile fiber optic network running north to south along US 93, is intended to improve regional network redundancy and resiliency for networks that serve last-mile residential areas, the government and anchor institutions by completing a statewide fiber ring. Operated on a non-discriminatory basis, the network will support interconnections with any provider seeking access to deliver last-mile broadband services. NTIA BEAD Program: \$416,666,230</p>
 NM	<p>New Mexico NTIA BEAD Program: \$675,372,312 USDA Rural Development ReConnect Loan and Grant Combination \$21,665,524 Grant \$21,665,524 Loan Panhandle Telephone Cooperative Inc. Purpose: This Rural Development investment will be used to deploy a fiber-to-the premises network to provide high-speed internet. This network will benefit 1,284 people, 36 businesses, 696 farms and three educational facilities in Beaver and Cimarron counties in Oklahoma and Union County in New Mexico. Panhandle Telephone Cooperative, Inc. will make high-speed internet affordable by participating in the FCCs-ACP and Lifeline Programs.</p>

RESOURCES:

[Biden-Harris Administration Announces State Allocations for \\$42.45 Billion High-Speed Internet Grant Program as Part of Investing in America Agenda](#)

[NTIA Enabling Middle Mile Broadband Infrastructure Program](#)

[USDA Rural Development ReConnect Round 4 Awards](#)

[The Southwest Telehealth Resource Center](#) serves Arizona, Colorado, Nevada, New Mexico and the Four Corners Region.

See the [SWTRC blog](#) for original, timely, and interesting content about telemedicine and telehealth

Visit SouthwestTRC.org for telehealth [toolkits](#), [resources](#) and to [contact us!](#)

Original: 03/01/2022
Updated: 06/30/2022, 09/30/2022,
12/30/2022, 3/31/2023, 6/30/2023

Prepared for:
Southwest Telehealth Resource Center

Virtual Visit & Reimbursement Guide Colorado

Brought to you by:



Partnered with:



[Virtual Visit Types](#)

- [Telehealth](#)
- [Evisit](#)
- [Virtual Check Ins](#)
- [Telephone](#)

[Payor Matrix](#)

[Payor Guidelines](#)

- [Aetna](#)
- [Anthem BCBS](#)
- [Cigna](#)
- [Medica](#)
- [Medicare](#)
- [Colorado Medicaid](#)
- [United Healthcare](#)

[Cost Sharing Waivers](#)

[Telehealth Guidelines By Facility Type](#)

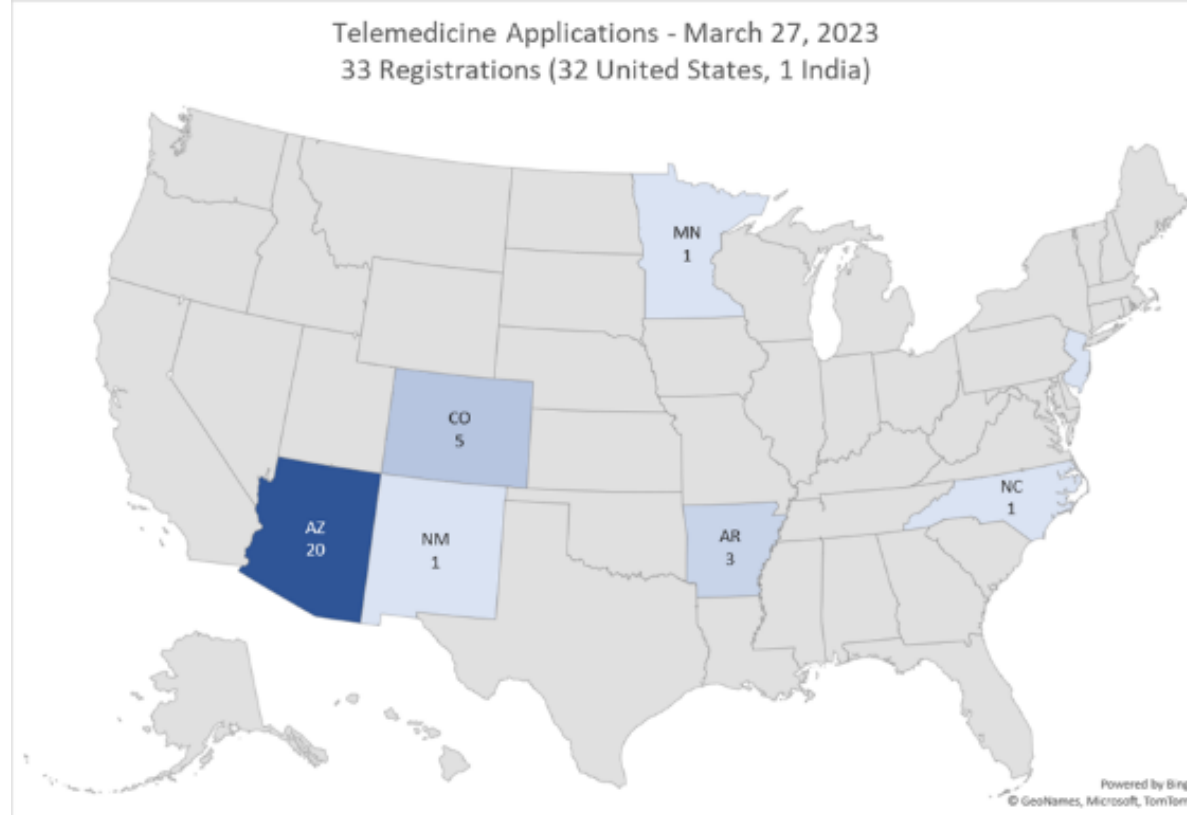
[Rural Health Clinics/FQHC](#)

[HIPAA Compliant Software](#)

[References and Resources](#)

Training

- **Telemedicine Applications & Developing a TM Program**
 - CME available
 - Tucson & Phoenix sites ~20 attendees/event



Website Highlights

Digital Health Navigators

Digital Health Navigators are individuals who address the whole digital inclusion process — connectivity, devices, and digital skills — to support community members and provide access to healthcare. The digital health navigator model draws from volunteers, librarians, social services or healthcare staff who offer remote and in-person guidance.

[Telehealth Navigator Program Ups Video Visit Adherence in Primary Care](#)

[Link Health: Leveraging the health sector to connect patients to the Affordable Connectivity Program](#)

[Telehealth Readiness: Developing Northstar's Digital Literacy Assessment](#)

[Patient Engagement HIT: Is the Digital Divide the Newest Social Determinant of Health?](#)

The US Department of Education funded RTI International to develop Building the Technology Ecosystem for Correctional Education: [Brief and Discussion Guide](#)

Digital Privacy / Security Resources

[Tips to protect electronic health data](#)

[Your Health Data and HIPAA](#)

[Health Data Confidentiality Requires Health Information Literacy](#)

Quality Improvement and Quality Assurance



[Continuous Quality Improvement Worksheet](#)



[PDSA Worksheet](#)



[Telehealth Measures Starter Set](#)

Comagine (Trudy Bearden, PA-C, MPAS)

[Resources](#) [Events](#) [Training](#) [Contact Us](#)

[Accessibility](#)

[Billing Guides](#)

[Business & Finance](#)

[COVID-19](#)

[Digital Health Navigators](#)

[Fact Sheets](#)

[For Healthcare Providers](#)

[Form Templates](#)

[Funding Opportunities](#)

[General](#)

[Library Telehealth Resources](#)

[National Telehealth Access Points \(TAP\) Map](#)

[Newsletters](#)

[PodCasts](#)

[Policy & Sustainability](#)

[Quality Improvement and Quality Assurance](#)

[Standards & Guidelines](#)

[State Specific](#)

[Telemedicine & Telehealth Service Provider Directory](#)

[Telemedicine Information](#)

[Tools & Tips](#)

Colorado

CTN's mission is to maximize access to health care services, especially in underserved regions of the state, through information and communications technology. CTN is the state consortium leader in administering federal dollars to aid eligible health care entities, especially in underserved regions of the state, gain access to broadband connectivity to provide health care services in their communities. CTN leverages an annual \$581 million federal fund to administer these subsidies. The Colorado Department of Health Care Policy & Financing summarizes their research from June 2020 through December 2020 in the March 2021 report:



[Health First Colorado Telemedicine Evaluation](#)



[SWTRC and Telehealth in Colorado Office of eHealth Innovation Nov 2021 IT Roadmap](#)



State broadband website:

[Colorado Broadband Office](#)

State broadband contacts:

Tony Neal-Graves

Executive Director

Colorado Broadband Office

anthony.neal-graves@state.co.us

(303) 764-7830

Teresa Ferguson

Director, Federal Broadband Engagement

Colorado Broadband Office

Teresa.ferguson@state.co.us

(303) 764-7954

Colorado Department of Public Health & Environment

<https://www.colorado.gov/cdphe>

County: Denver

4300 Cherry Creek Drive South

Denver, CO 80246

303-692-2000

Karin McGowan, Interim Executive Director

Twitter: @CDPHE

Colorado Public Health Association

<https://www.coloradopublichealth.org/>

County: Arapahoe

2851 S Parker Road, Suite 1210

Aurora, CO 80014

303-339-0391

Jason Vitello, Health Equity Director

jasonvitello@gmail.com

Twitter: @COPublicHealth

Colorado Rural Health Center (CRHC)

(State Rural Health Association)

<https://coruralhealth.org/>

County: Arapahoe

3033 S Parker Rd #606

Aurora, CO 80014

303-832-7493 or 800-851-6782

303-832-7496-fax

Jenn Dunn, Director of Programs

info@coruralhealth.org

Twitter: @coruralhealth

Colorado Medical Society (CMS)

(State Medical Association)

<http://www.cms.org/>

County: Denver

7351 E. Lowry Boulevard, Suite 110

Denver, CO 80230-6083

720-859-1001 or 800-654-5653

720-859-7509-fax

Alfred Gilchrist, Chief Executive Officer

720-858-6324

Alfred_Gilchrist@cms.org

Twitter: @CoMedSoc

Colorado Nurse Associations (CNA)

(State Nursing Association)

<https://www.coloradonurses.org/>

County: Arapahoe

2851 S. Parker Road, Suite 1210

Aurora, CO 80014

720-457-1194

<https://www.coloradonurses.org/board-of-directors>

info@coloradonurses.org

Twitter: @ColoradoNurses

Colorado Hospital Association (CHA)

(Other State Healthcare Association)

<https://cha.com/about-us/>

County: Arapahoe

7335 East Orchard Road

Greenwood Village, Colorado 80111-2512

720-489-1630

Twitter: @COHospitalAssn

Colorado Health Care Association (CHCA)

(Other State Healthcare Association)

<https://www.cohca.org/>

County: Denver

225 E. 16th Avenue, Suite 1100

Denver, CO 80203

303-861-8228

303-839-8068-fax

Doug Farmer, President & CEO

Rural Health Information Hub (RHI)

(State Centers for Rural Health)

<https://www.ruralhealthinfo.org/states/colorado>

Four Corners Region

The Four Corners is a region of the [Southwestern United States](#) consisting of the [southwestern corner of Colorado](#), [southeastern corner of Utah](#), [northeastern corner of Arizona](#), and [northwestern corner of New Mexico](#). Most of the Four Corners region belongs to semi-autonomous [Native American](#) nations, the largest of which is the [Navajo Nation](#), followed by [Hopi](#), [Ute](#), and [Zuni](#) tribal reserves and nations. The Four Corners region is part of a larger region known as the [Colorado Plateau](#) and is mostly rural, rugged, and arid. In addition to the monument, commonly visited areas within Four Corners include [Monument Valley](#), [Mesa Verde National Park](#), [Chaco Canyon](#), [Canyons of the Ancients National Monument](#) and [Canyon de Chelly National Monument](#).



Indian Health Service

Albuquerque Area

<https://www.ihs.gov/albuquerque/>

Navajo Nation

<https://www.ihs.gov/navajo/>

Phoenix Area

<https://www.ihs.gov/phoenix/>

Tucson Area

<https://www.ihs.gov/tucson/>

Indian Health Service Telehealth

<https://www.ihs.gov/telehealth/>

[HHS Introduction to Telehealth for American Indian and Alaska Native communities](#)



[ASU Indigenous Health Summit Report, 2021](#)

Four Corners Telehealth Consortium

<https://fourcornerstelehealth.org/>

Four Corners Health Department

<https://www.fourcorners.ne.gov/>

Online Education: Video Library

TAKE
SURVEY

Click here to take our quick survey and get a user name and password (on the last page of your survey) to access the videos below. Then click on the title to start the video. If you already have your username and password, click [here](#) to login.

Telemedicine and Telehealth Overview

The history, progression and current uses of Telemedicine and Telehealth.

Clinical Applications Overview

Clinical services (real-time and store-forward) that have been amenable to telemedicine consultation and how these services can help underserved areas.

Telecardiology

Definition of telecardiology services, requirements to provide this service, and current applications.

Teledermatology

Definition of teledermatology services, requirements to provide this service, and current applications.

Telenursing

How telenursing can help close the nursing shortage gap. Case studies are presented and outcome results are discussed.

Telepathology

Definition of telepathology services, requirements to provide this service, and current applications.

Telepsychiatry

Definition of telepsychiatry services, requirements to provide this service, and current applications.

Teleradiology

Definition of teleradiology services, requirements to provide this service, and current applications.

Teletrauma

Definition of teletrauma services, requirements to provide this service, and current applications.

Case Referral Process

Go through the steps required to set up, carry out and complete a clinical telemedicine referral.

Training Tips

How to set up a telemedicine/telehealth conference training program. Organizing a conference over distance is different than on-site conference management. Includes tips for success.

Training Telepresenters

How to develop good distance communication skills and conduct a telemedicine/telehealth session (how to look and speak, what to wear, etc.).

Distance Education

The role of tele-education in continuing medical education for various healthcare professionals and the necessary components to set up such a program.

Evaluation

The importance of evaluation in telemedicine/telehealth and how it relates to acquiring and organizing data about the program that can be used to obtain funding for increased sustainability.

Business

Sources of funding for telemedicine/telehealth programs, the business model developed and used by the Arizona Telemedicine Program, and paths towards sustainability and business planning.

Facility Design

Go through the steps required to set up a telemedicine/telehealth facility, including placement of the equipment, lighting, wall color, etc.

Video and Data Communication

Basic introduction to networking and data communications. Description of the Internet, local area networks, Ethernet, wireless communications and communication modes (e.g., Internet, satellite, wireless), including the advantages and disadvantages of each as they relate to telemedicine/telehealth.

Telemedicine/Telehealth Network

Basics of how a telemedicine/telehealth network is set up and the roles of various pieces of equipment: CODECs, MCUs, computer applications (e.g., videoconferencing, Skype), video bridges, gatekeepers, and communication protocols (e.g., H.239).

Culture, Etiquette & Technology

The impact of technology on social interaction and the universal rules of good manners and technology.

Information Services

The best Internet-based information resources available to healthcare professionals and consumers, as identified by university-based librarians.

Challenges & Barriers

The challenges and barriers to implementing a successful telemedicine/telehealth program and lessons learned from successful programs.

Navajo

Telemedicine and Telehealth Overview (PDF)

Béesh lichíí'ii biyi'doo azee' aah ál'í dóó béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á Nél'í. Dii baa ya'áti'ígíí éí níléi nát'áá' baa náhane', dóó hoshdęę' dóó diiji béesh lichíí'ii biyi'doo bee azee' aah ál'í dóó béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á choo'ínigíí.

Clinical Applications Overview

Na'alkid Dóó Naaltsoos Bee Alch'j' Ya'áti'. Dii baa ya'áti'ígíí éí binahji' éé hózindoo diné bil na'anish biniiyé dóó naaltsoos bee alch'j' ya'áti' bá. Béesh lichíí'ii bee na'anishígíí éí kódoó binahji' hane'ígíí t'áá ákqó béesh lichíí'ii bil oonish bil haz'ánigíí óolyé, béesh lichíí'ii t'áá bí nitsékeesigíí dóó béesh bee hane'í bita' ninit'i'ígíí, béesh lichíí'ii doo bida'diit'i'góó biyi'ji' dahane'ígíí, dóó naaná la'. Binahji' al'áá át'éego dahane'ígíí éí kódaat'é (e.g., internet, satellite, wireless) dóó bee yá'a'daat'éhígíí áádóó doo béé yá'adaat'éhígíí éí kwe'é il iishjání ádaalye' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bidadeet'i'ígíí.

Video and Data Communication

Na'alkid Dóó Naaltsoos Bee Alch'j' Ya'áti'. Dii baa ya'áti'ígíí éí binahji' éé hózindoo diné bil na'anish biniiyé dóó naaltsoos bee alch'j' ya'áti' bá. Béesh lichíí'ii bee na'anishígíí éí kódoó binahji' hane'ígíí t'áá ákqó béesh lichíí'ii bil oonish bil haz'ánigíí óolyé, béesh lichíí'ii t'áá bí nitsékeesigíí dóó béesh bee hane'í bita' ninit'i'ígíí, béesh lichíí'ii doo bida'diit'i'góó biyi'ji' dahane'ígíí, dóó naaná la'. Binahji' al'áá át'éego dahane'ígíí éí kódaat'é (e.g., internet, satellite, wireless) dóó bee yá'a'daat'éhígíí áádóó doo béé yá'adaat'éhígíí éí kwe'é il iishjání ádaalye' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bidadeet'i'ígíí.

Business

Na'anish. Dii baa ya'áti'ígíí béeso bee áká'a'áyeedigíí nél'í' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/ béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bida'iniishji bá, na'anish bik'ehgo áda'al'ínigíí hadadiilyaa dóó ATP chodayool'í, dóó náásgóó t'áá bí deiyilyéedgo bee oonish dóó naanish bináhat'á bika'áhat'í.

Arabic
English
French
Mandarin
Navajo
Spanish

PARTNERS

2022

Become a Partner →

TAW 2022 Endorsing Partners

The Endorsing Partners of TAW share a commitment to expanding education around virtual care and supporting access to telehealth for all patients and healthcare providers nationwide.

Telehealth Awareness Week September 17-23, 2023

TAW 2022 Media Partners

--	--	--	--	--



Society for Education and the Advancement of Research in Connected Health

SEARCH 2023

The National Telehealth Research Symposium

November 7-9 | Philadelphia, PA

<https://searchsociety.org/search2023/>



Key Medicare Changes – Permanent

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



Key Medicare Changes – Through 12-31-24

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

DEA



- **March:** 2 proposed rules
 - Only allow prescribing 30-day supply non-narcotic controlled substance or buprenorphine
 - Beyond 30-days requires at least one: in-person visit with prescribing practitioner, prior in-person referral from another practitioner, audio-video visit with another provider present with patient
 - 180-day grace period meet requirements relationships established via TH during PHE
- **May:** joint with SAMHSA temporary stay in response to ~39,000 comments
 - *Full set TM flexibilities prescribing controlled medications in place during COVID-19 PHE will remain in place through Nov 11, 2023*
 - *For any practitioner-patient TM relationships that have been or will be established on or before Nov 11, 2023 full set TM flexibilities will continue via 1-year grace period through Nov 11, 2024*

Policy & Billing Resources

- **CO Dept Health Care Policy & Financing COVID & PHE**
<https://hcpf.colorado.gov/phe-end>
<https://hcpf.colorado.gov/provider-telemedicine>
- **CO Dept Public Health & Environment TH for Providers**
<https://covid19.colorado.gov/telehealth-for-providers>
https://hcpf.colorado.gov/sites/hcpf/files/Bulletin_0623_B2300495.pdf
- **CCHP** <https://www.cchpca.org/colorado/>
- **HHS** <https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency>
- **CMS** <https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf>

AMA CPT Appendix S: AI taxonomy for medical services & procedures

- **Assistive:** Machine detects clinically relevant data without analysis or generated conclusions – Requires physician or other QHP interpretation & report.
- **Augmentative:** Machine analyzes &/or quantifies data in clinically meaningful way - Requires physician or other QHP interpretation & report
- **Autonomous:** Machine automatically interprets data & independently generates clinically relevant meaningful conclusions without concurrent physician or other QHP involvement, including interrogating & analyzing data
 - may or may not include acquisition, preparation, &/or transmission of data
 - clinically relevant meaningful conclusion may be characterization of data (e.g., likelihood of pathophysiology) to establish diagnosis or implement therapeutic intervention
 - **Level I.** AI draws conclusions & offers diagnosis &/or management options that are contestable & require physician or other QHP action to implement.
 - **Level II.** AI draws conclusions & initiates diagnosis &/or management options with alert/opportunity for override, which may require physician or other QHP action to implement.
 - **Level III.** AI draws conclusions & initiates management which require physician or other QHP action to contest

Service Components	AI Category: Assistive	AI Category: Augmentative	AI Category: Autonomous
Primary objective	Detects clinically relevant data	Analyzes and/or quantifies data in a clinically meaningful way	Interprets data and independently generates clinically relevant <u>meaningful</u> conclusions
Provides independent diagnosis and/or management decision	No	No	Yes
Analyzes data	No	Yes	Yes
Requires physician or other QHP interpretation and report	Yes	Yes	No
Examples in CPT code set	Computer-aided detection (CAD) imaging (77048, 77049, 77065-77067, 0042T, 0174T, 0175T)	Continuous glucose monitoring (CGM) (95251), external processing of imaging data sets	Retinal imaging (92229)

Clinical Use VR & AR

- New Category III codes:
- **0770T:** VR-mediated therapy: covers expenses for software used in VR-mediated therapy involving skill building for social communication, emotional regulation & daily functional skills in people with neurodevelopmental & mental health disorders such as autism spectrum disorder
- **0771T–0774T:** VR procedural dissociation services: covers using computer-generated VR audiovisual immersive environment to modify patient's perception of pain to avoid higher levels of sedation so can respond to verbal commands & stimuli





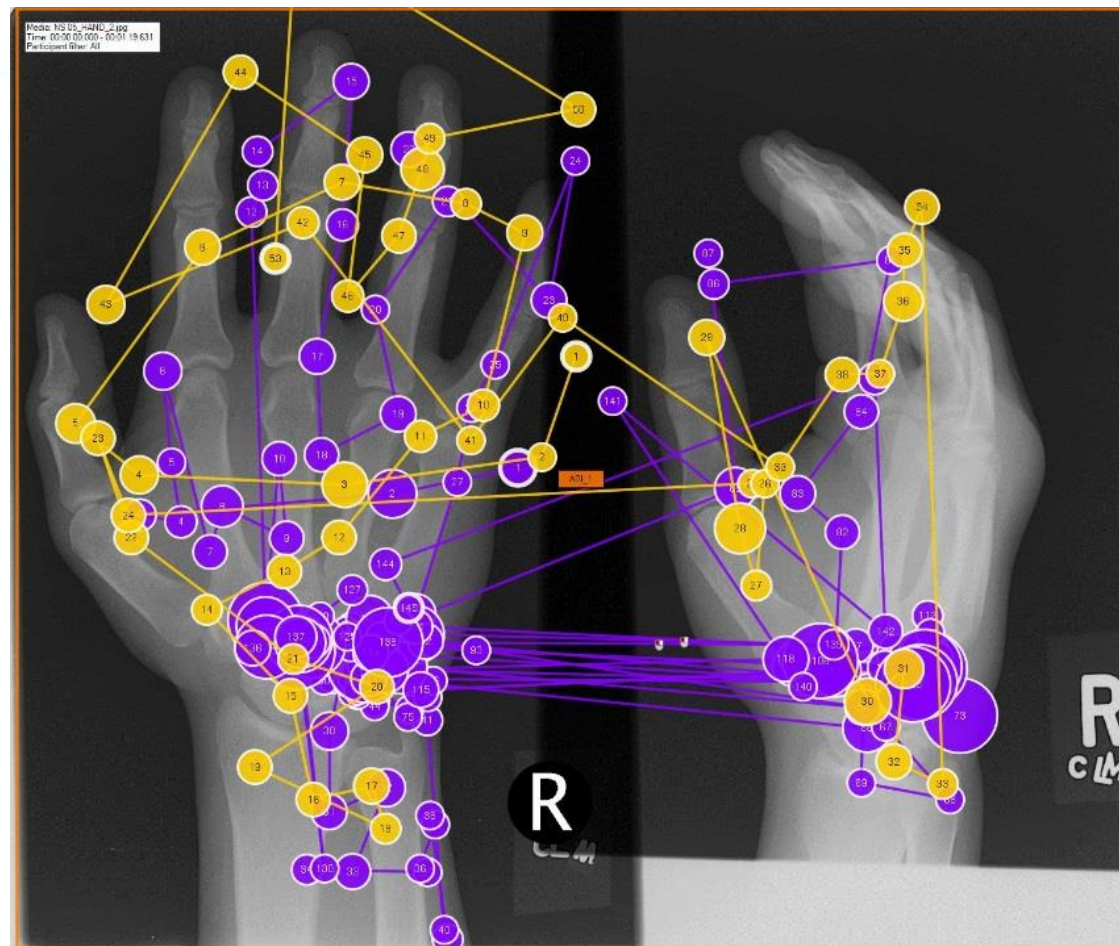
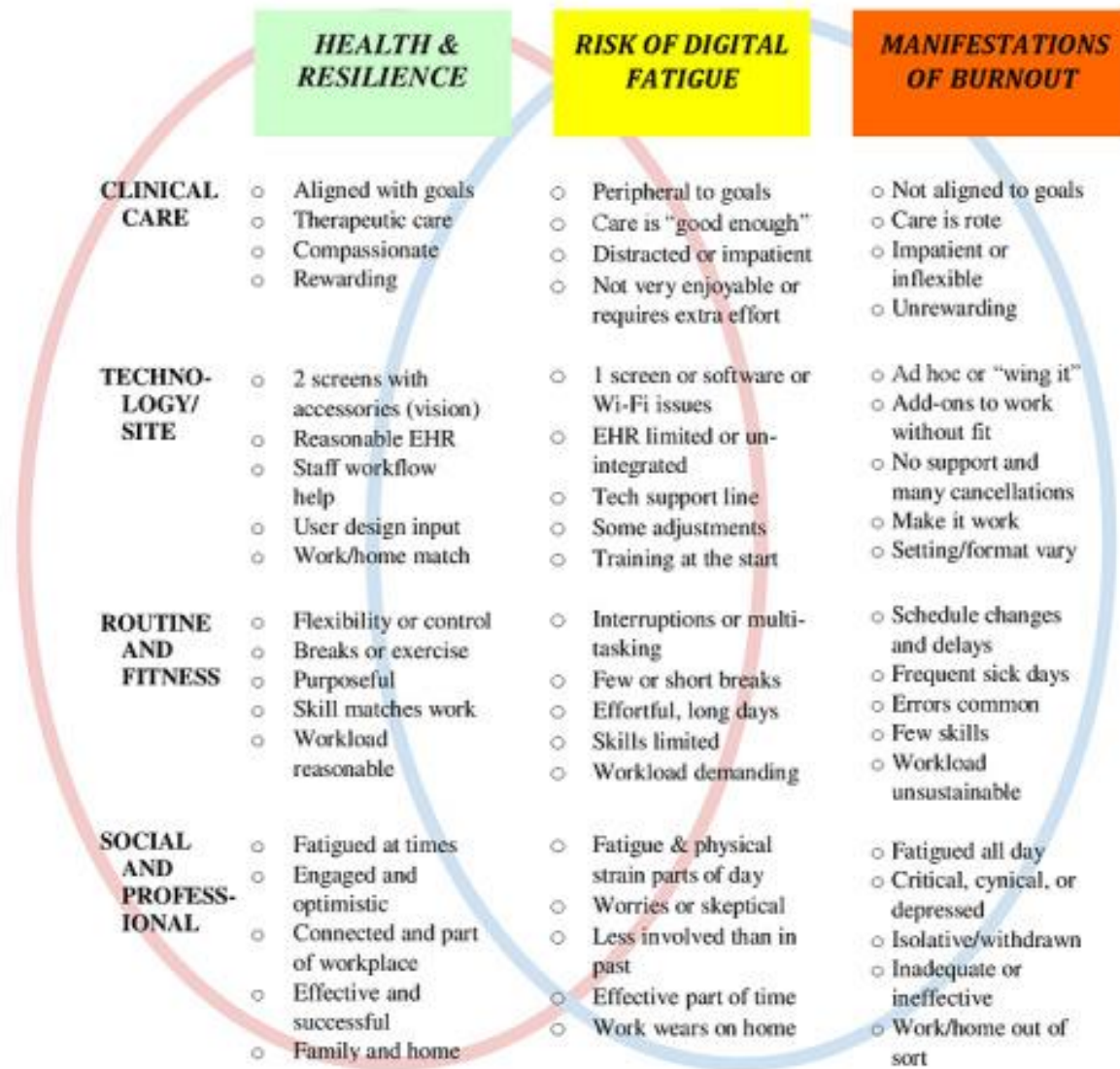
LLMs, CHATGPT & Beyond

- Improve productivity
- Increased efficiency
- Automated code generation
- Improve code quality
- Enhance collaboration
- Increase innovation
- Data mining
- Tool (ESL)
- Hybrid teams
- New skills
- Novices
- Triage

- Generate malicious content
- Data privacy, copyright violation
- Misinformation
- Harmful advice
- Bias
- Generalizability
- Explainability
- Auditability
- Novices
- Diffusion misinformation
- Deskilling
- Case complexity



King M. Harmful biases in AI.
 The Lancet Psychiatry
 2022;9:E48
 Midjourney prompt =
 schizophrenia



[J Med Internet Res](#). 2022 May; 24(5): e34451.
Published online 2022 May 25. doi: [10.2196/34451](#)

PMCID: PMC9178447
PMID: [35612880](#)

Findings and Guidelines on Provider Technology, Fatigue, and Well-being: Scoping Review

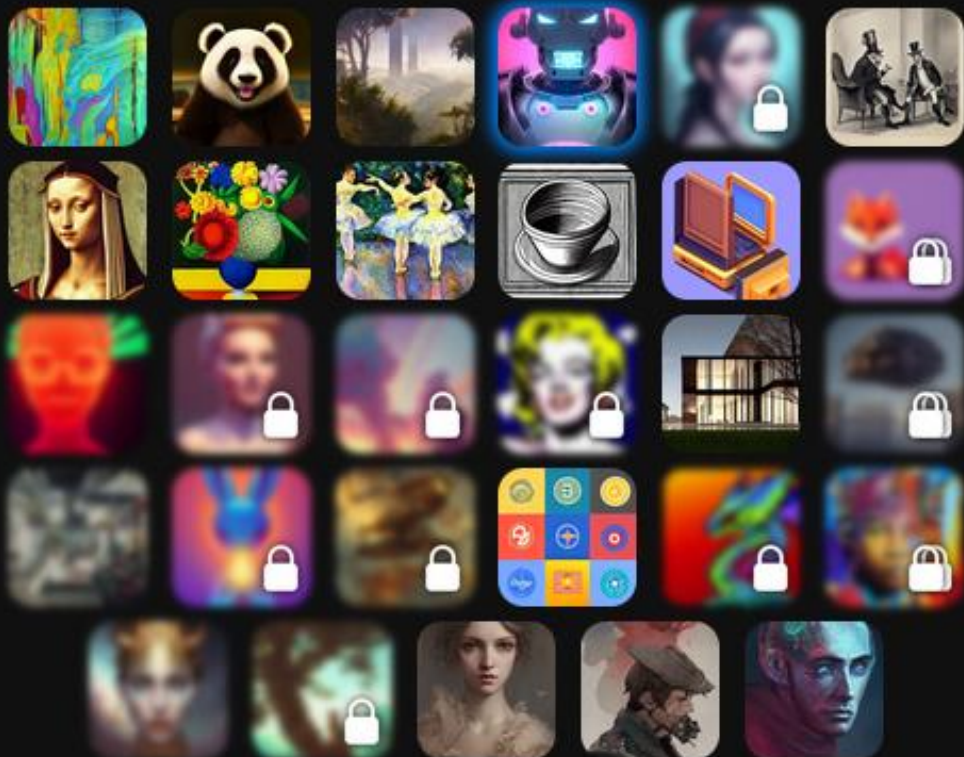
Monitoring Editor: Amaryllis Mavragani

Reviewed by Kane Hélène, Theophile Ndabu, Farnia Velayati, Haleh Ayatollahi, and Peter George Tian

[Donald M Hilty](#), MBA, MD,^{1,2} [Christina M Armstrong](#), PhD,³ [Shelby A Smout](#), MS,⁴ [Allison Crawford](#), MD, PhD,⁵ [Marlene M Maheu](#), PhD,⁶ [Kenneth P Drude](#), PhD,⁷ [Steven Chan](#), MBA, MD,⁸ [Peter M Yellowlees](#), MBBS, MD,¹ and [Elizabeth A Krupinski](#), PhD⁹

psychiatrist using artificial intelligence

Choose a style



THANK YOU!!

ekrupin@emory.edu

@EAKrup

@SWTRC1

@UAZATP

