



Institute for Digital
Health & Innovation

Tuesday, October 1, 2024

WELCOME!

USTTI Scholars



WELCOME & INTRODUCTIONS

About UAMS IDHI & Telehealth Overview

Joseph Sanford, MD
Director, UAMS IDHI

Alex Escobar, MBA
Director of Business Operations, UAMS IDHI

DISCUSSION

DATE

Economic Development & Technology Infrastructure

Roy Kitchen, MBA

Director, UAMS eLink Network

Teague Johnson

Technology Divisional Director, UAMS IDHI



DATE

BREAK

We will get started again shortly!

DISCUSSION

UAMS IDHI Education

Kimberly Lamb, MS

Assistant Director of Instructional Design, UAMS IDHI

Kesha V. James, MA, PMP

Assistant Director of Outreach & Conferences, UAMS IDHI



Instructional Design

Kimberly Lamb
Assistant Director of Instructional Design
Education Team

SERVICES WE OFFER

1

Curriculum
Development

4

Interactive Digital
Courses

7

Scriptwriting

2

Digital Marketing

5

Photography

8

Storyboard
Development

3

Graphic Design

6

Podcast
Production

9

Video Production

PRINT SERVICES

PROGRAM GUIDE



PROGRAM GUIDE

Design Language

PROVIDER COMMUNICATIONS

SPANISH TRANSLATION



MAKE THE MOST OF YOUR TELEMEDICINE VISIT: FOR PROVIDERS

PREPARE FOR A SUCCESSFUL TELEMEDICINE VISIT

To encourage your patients to continue to use your telemedicine services, you must make each telemedicine encounter a positive one. To bill for a telemedicine visit, you must follow the same clinical guidelines as an office visit.

PRACTICE USING THE TECHNOLOGY:

- Test your equipment and virtual platform before you start.
- Have your office staff set up practice calls with patients who are new to telehealth.
- Be sure you have access to your patient's chart during your visit.
- Know how to get technical help for yourself and your patient.



PATIENT COMMUNICATIONS

WHAT CAN I EXPECT DURING A TELEHEALTH VISIT?

During your visit, you should treat it just as you would a regular office visit. But here are a few other things to think about:

- If you have technology problems during your visit, call the clinic to let them know.
- Do not eat, drink, or do other things that may be distracting during your visit.
- Speak at a normal volume.
- Ask your doctor if they can hear you.

FOR A GOOD TELEHEALTH VISIT, MAKE SURE YOU:

- ☐ Use a device with a camera and microphone. You can use a computer with a webcam, a smart phone, or a tablet.
- ☐ Check your Wi-Fi or cellular data before your visit.
- ☐ Move to a quiet, private, place for your visit.
- ☐ Face the brightest part of your room. Make sure there are no windows behind you.
- ☐ Close other apps or



MAKE THE MOST OF YOUR TELEHEALTH VISIT FOR PATIENTS

WHAT IS TELEHEALTH?

Telehealth is meeting with your health

WHAT SERVICES CAN I GET USING TELEHEALTH?

You can use telehealth for many services, including:

Primary care: The care you need for short-term and long-term health problems and minor injuries.

Cómo Involucrar a Sus Pacientes en Telemedicina



¿Cómo comparto esta información con mis pacientes?

PROPORCIONE

Entregueles una hoja de consejos con instrucciones para la plataforma de telemedicina que usted usa.

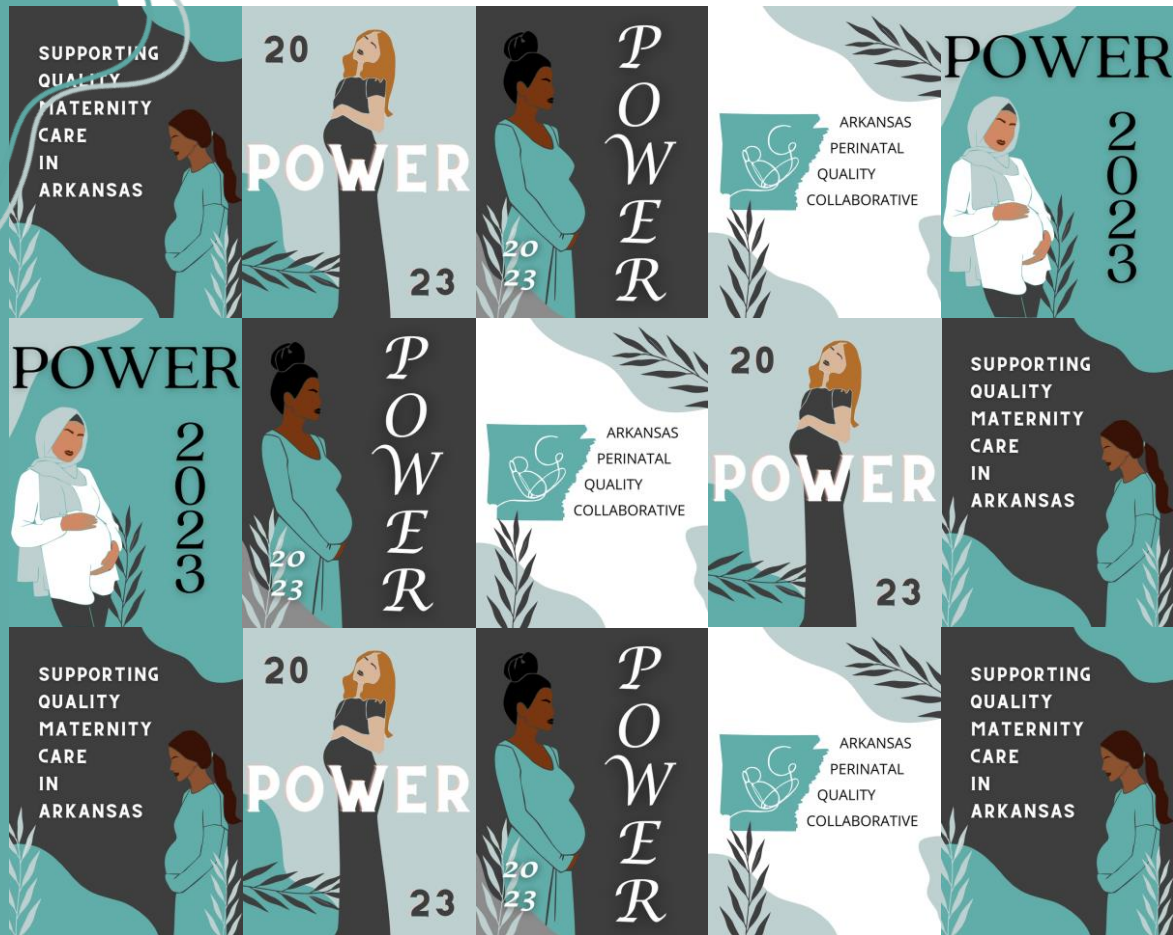
CAPACITE

Entrene al personal de su clínica para

¿Por qué necesito involucrar a los pacientes en telemedicina?

Usted sabe que la telemedicina es buena para su práctica porque es una forma eficiente y conveniente de interactuar con sus pacientes. Puede permitirle seguir tratando y educando a quienes no pueden venir a su clínica. Pero sus pacientes son los que deciden si comienzan a continuar usando telemedicina. Para ganar su interés, usted debe ab

CONFERENCE & EVENT

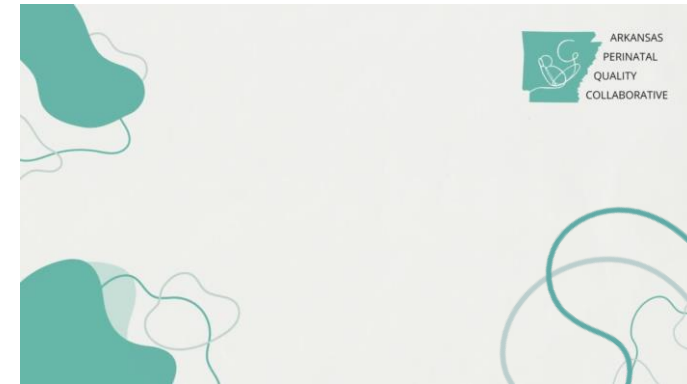


Join the movement to support quality maternity care in Arkansas!

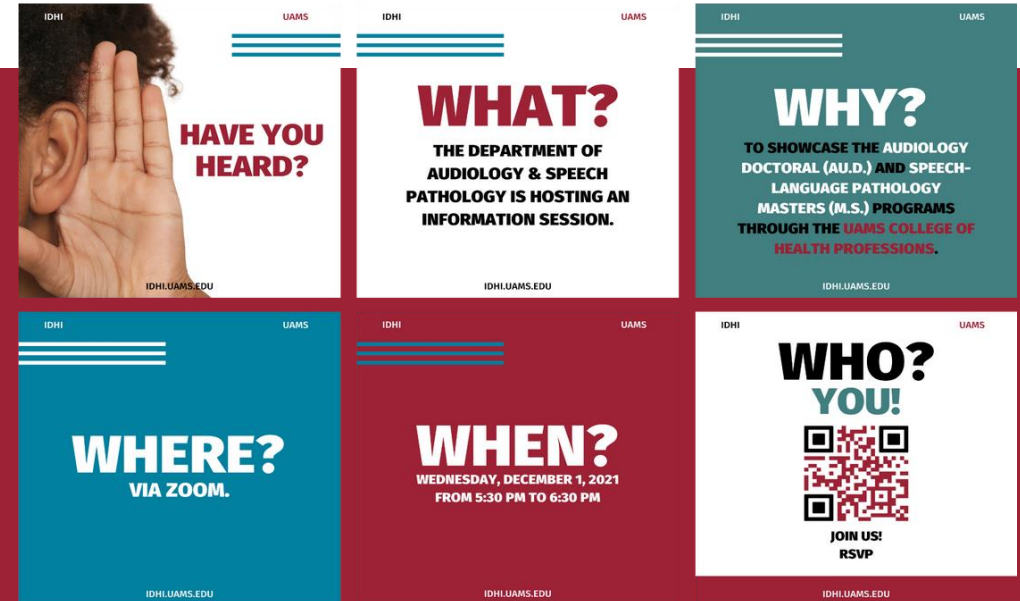
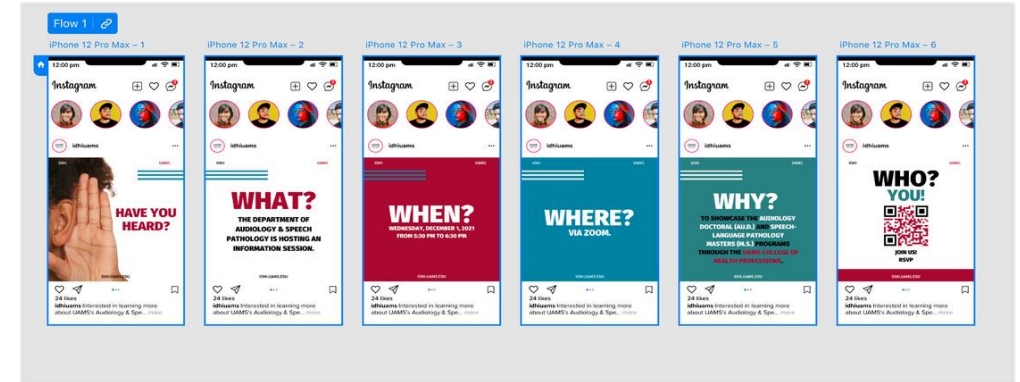


Scan the QR code with your smartphone camera to join the Arkansas Perinatal Quality Collaborative Facebook Group.

As a member, you'll be part of a community dedicated to improving perinatal care for mothers and babies in our state.



Marketing and Social Media Content



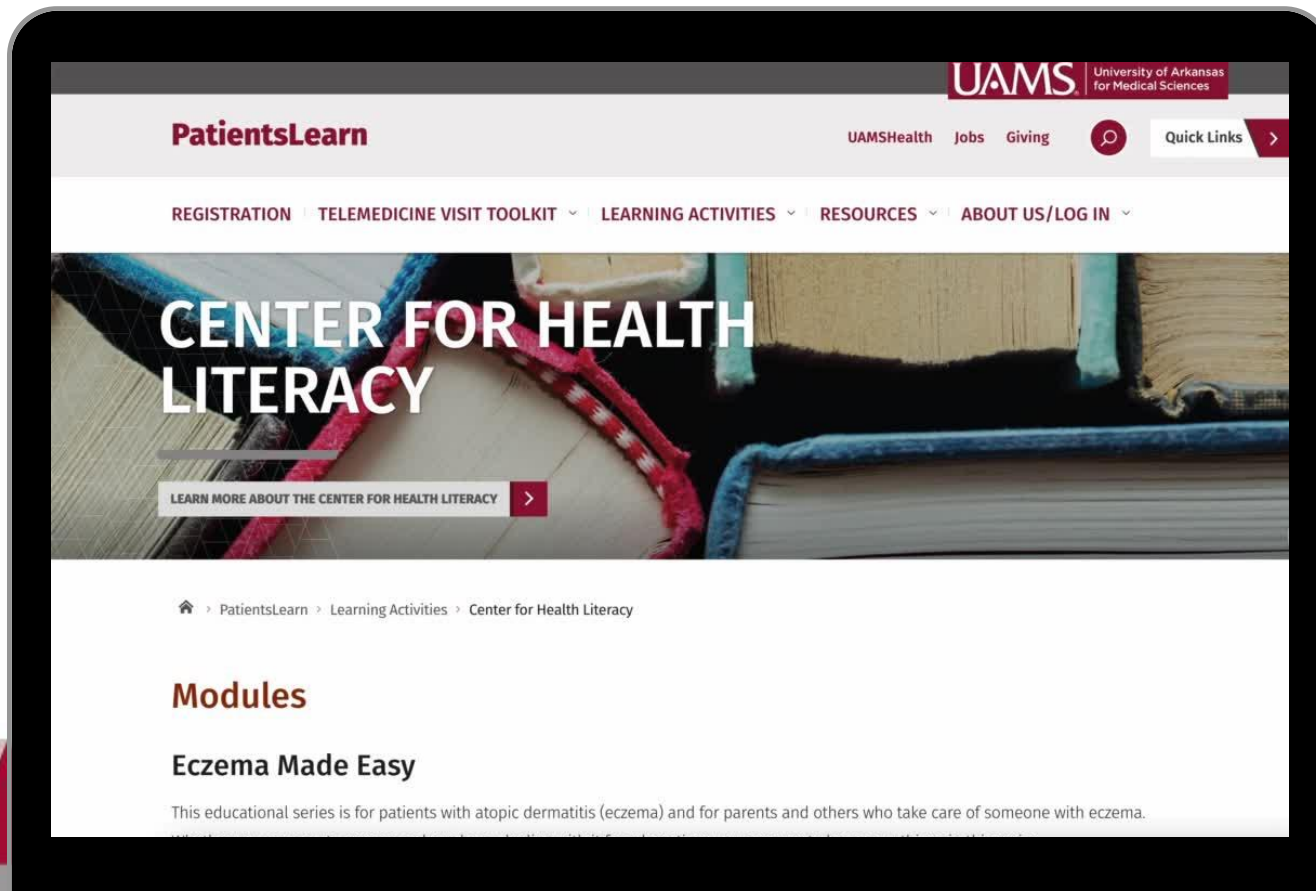
ACCESSIBLE

&

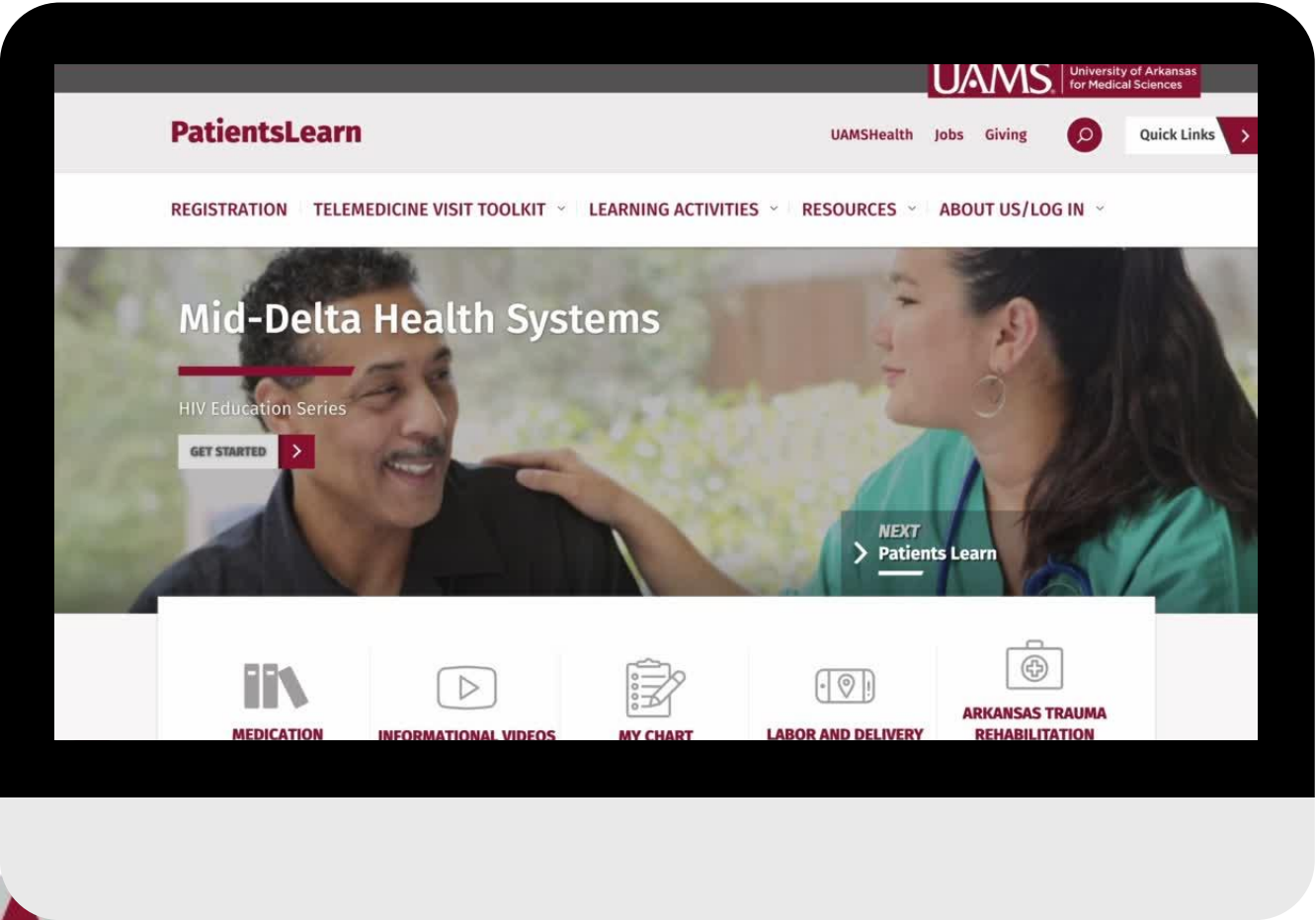
INCLUSIVE



UAMS



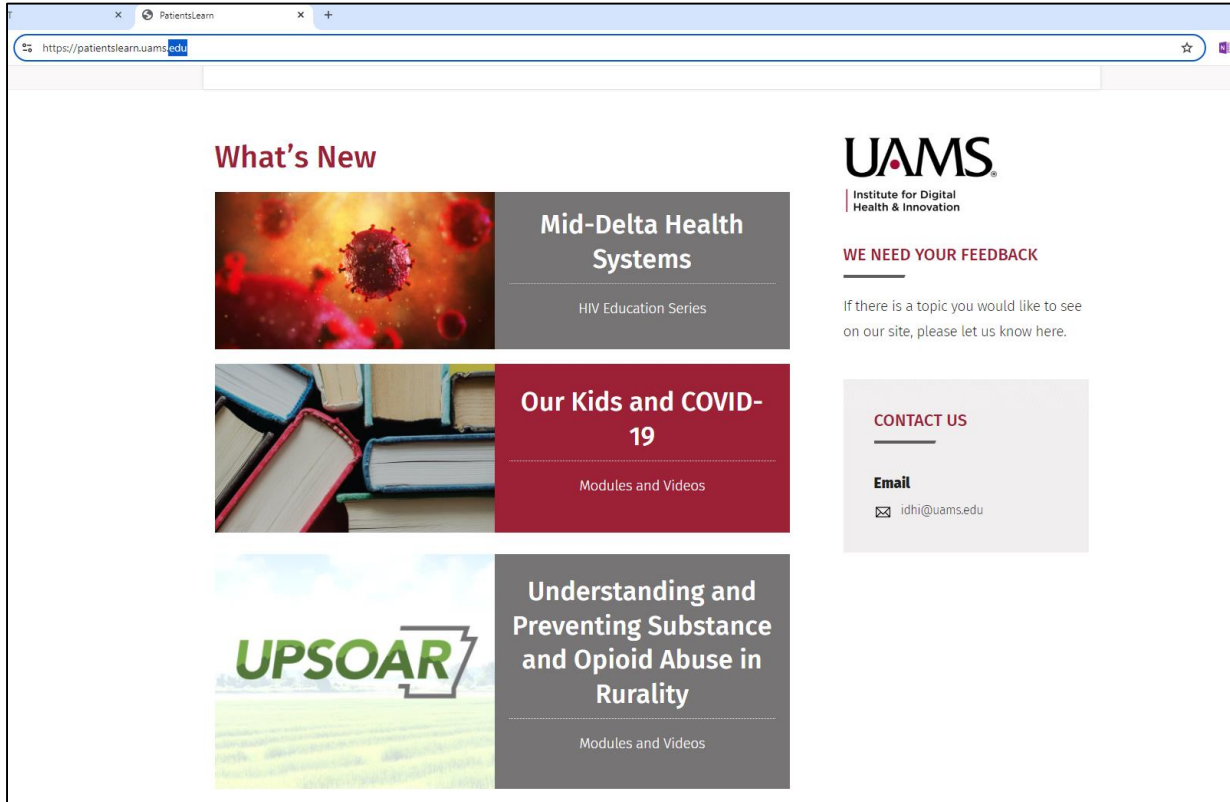
PATIENTSLEARN.UAMS.EDU



USERS 7,600
7/30/23 – 7/30/24

MODULES
& VIDEOS 76

AR
COUNTIES 57



Patients Learn

- Custom programs
- Organized content
- Branded (logo, colors, etc.)

Program Examples

- HIV Education
- Older Adult Education
- Pregnancy and Childbirth
- Much More

Understanding and Preventing

https://patientslearn.uams.edu/deltaupsoar/

☆

DELTA UPSOAR


Understanding and Preventing Substance and Opioid Abuse in Rurality

Home > PatientsLearn > Delta UPSOAR

Delta UPSOAR is an innovative and local response specifically designed to serve youth and adults who have not received opioid and substance abuse awareness education and resources. While specifically designed for those living in Baxter, Fulton, Izard, Sharp, and Stone counties, this information is available for all Arkansans.

- Download our [Fact Sheet](#).
- Download our [Delta UPSOAR flyer](#).
- Visit our website: [Winrock.org](#).

Modules and Videos



Living in Recovery

Module

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WE NEED YOUR FEEDBACK

If there is a topic you would like to see on our site, please let us know here.

CONTACT US

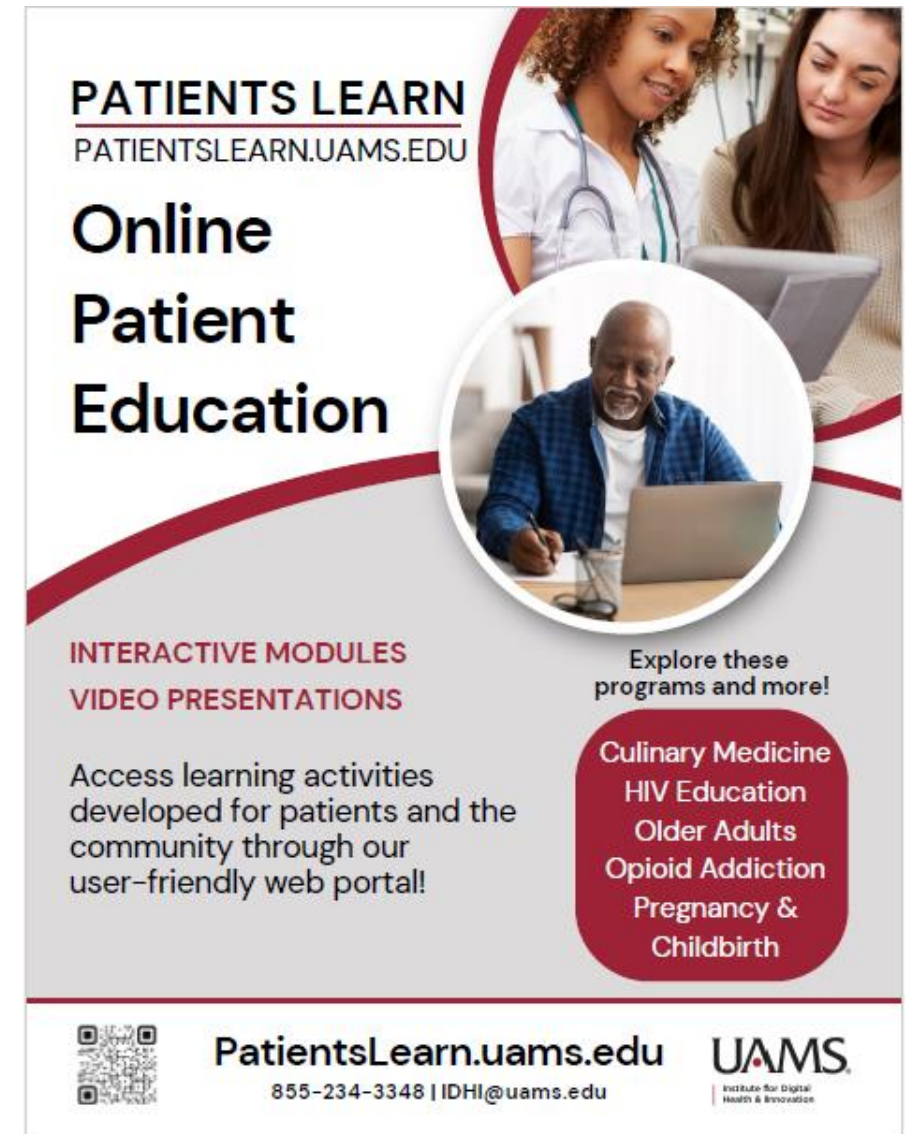
Email
✉ idhi@uams.edu

Benefits to Users:

- Easy to access
- User friendly
- Available 24x7/365

Benefits to Clients:

- Centralized access to information
- Cost-effective due to reducing paper-based efforts
- Provides basic analytics
- Branded and professional



PATIENTS LEARN
PATIENTSLEARN.UAMS.EDU


Online Patient Education

INTERACTIVE MODULES
VIDEO PRESENTATIONS

Access learning activities developed for patients and the community through our user-friendly web portal!

Explore these programs and more!

- Culinary Medicine
- HIV Education
- Older Adults
- Opioid Addiction
- Pregnancy & Childbirth

 **PatientsLearn.uams.edu**
855-234-3348 | IDHI@uams.edu

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LET'S TRANSFORM IDEAS TOGETHER!



UAMS IDHI Education

- Outreach, Teleconference & Conference Management
- LearnOnDemand.Uams.Edu



OBJECTIVES

- Describe IDHI Outreach and Conference Management Services
- Discuss the LearnOnDemand Website and Associated Programs



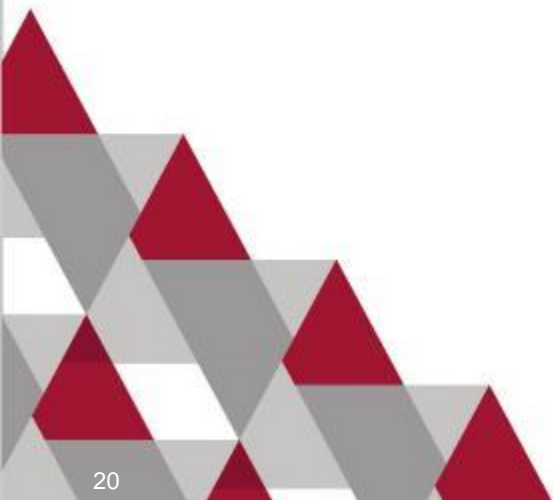
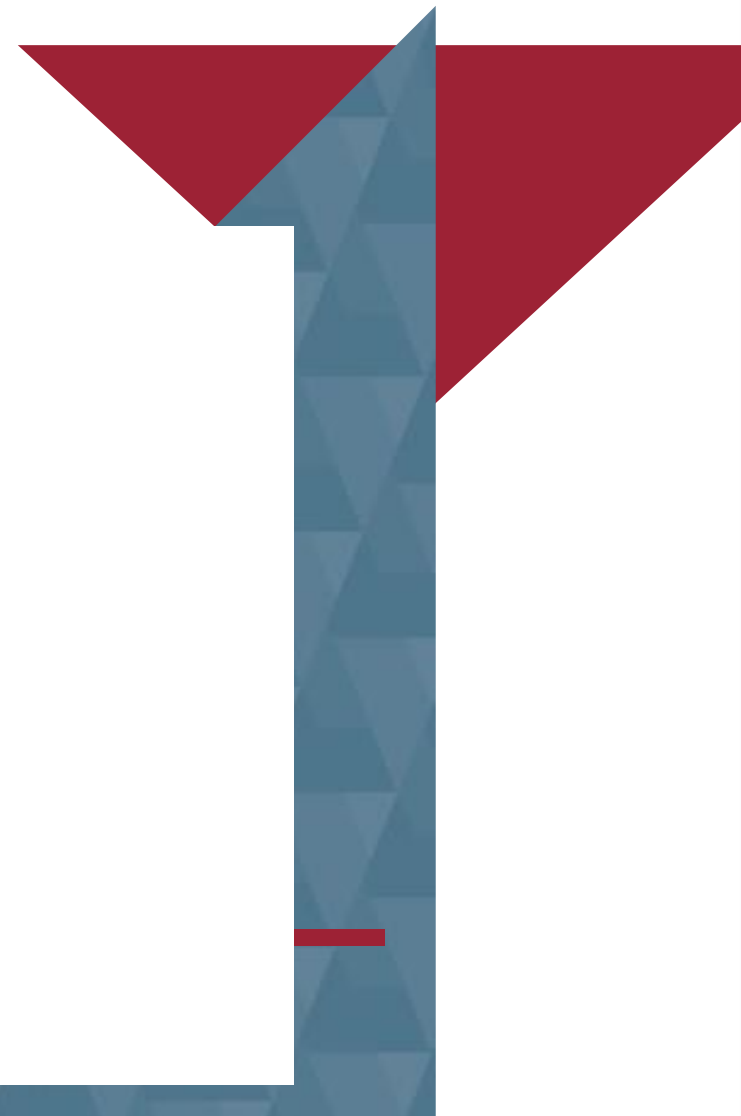
Outreach & Conference Services

We assist with the following services:

- ☐ Teleconference Support & Management
- ☐ Continuing Education Management
- ☐ Speaker Management
- ☐ Registration Management
- ☐ Catering Management
- ☐ eMarketing Management
- ☐ Exhibitor Management
- ☐ On-Site Conference Management



learnondemand.uams.edu





learnondemand.uams.edu

48,029 Users

AR Counties 75

States 50

Countries 45

DISCUSSION

DATE

UAMS IDHI Telehealth Research & South Central Telehealth Resource Center

Hari Eswaran, PhD

Co-Director, UAMS IDHI, South Central Telehealth Resource Center



DATE

LUNCH

Please follow the event hosts to
lunch at *The Gathering Place*.

DISCUSSION

DATE

UAMS IDHI Call Center & UAMS IDHI High-Risk Pregnancy Program

Wanda Standridge, RN, BSN
Call Center Director, UAMS IDHI

Rosalyn Perkins, APRN, MNSc, CNP
High-Risk Pregnancy Program Director, UAMS IDHI



Call Center

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Introductions

Wanda Standridge
Clinical Call Center Director

Chastity Baldwin
Assistant Call Center Director

Susan (Beth) Fogleman
Call Center Reporting Nurse



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Our Awesome TEAM-

Barbie Wilson
Beth Patton
Catherin Chapin
Christy Duncan
Cindy Hairston
Courtney Allison
Cristy Stumbaugh
Danna Shaffer
Diane Landrum
Donna Ahearn

Ebonee Brown
Elena Tuputala
Emily Moore
Elizabeth Sweat
Janice Lee
Jennifer (Hope) Caddy
Kacy Burge
Katerina Bollinger
Katrina Hendrix
Kathy Darden
Kristen Staton

Lauren Eldridge
Mary Burks
Miranda Eldridge
Morgan Hess
Natalie Smith
Patrick Peske
Quanesha Palmer
Rosine Nsah
Samantha Hanard
Sarah Thao
Shannon Davis

Shari Reed
Tana Jones
Tammy Northcutt
Tim Jordan
Tonia Cox
Valerie Sternberg
Yejide Kincaid



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Call Center Call Volume

85,919

IDHI OB Call Volume
Fiscal Year 2023-2024



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Call Center Triage

OB Gyn & Gyn Oncology



- 24/7 Nurse Triage using Schmitt/Thompson Guidelines
- 2nd Level triage by an APRN or MD
- Prevent unnecessary emergency room visits
- Arkansas Prison obstetrical care assistance
- Education concerning acute and chronic health problems during pregnancy
- Counseling services for mental health or bereavement issues:
- Referrals to mental health crisis intervention
- Access to resources, such as high-risk obstetrical services, poison control center.
- Follow-up phone call services to patients recently discharged from the hospital

Call Center Triage cont'd

- The Call Center facilitates health care providers in High-risk maternal transports
- Consult with maternal-fetal medicine specialists
- Assistance with physician's guidelines, evidence-based research, and standards of care.
- After-hours support to private physician offices that contract with IDHI for their patients to be triaged by a nurse instead of a commercial answering service.
- We currently have 8 private after-hours contracts and the Arkansas Department of Health.



Triage Protocol Example

High Blood Pressure

After Hours Telephone Triage Protocols | Adult | 2019



DEFINITION

- Systolic blood pressure > 130 or
- Diastolic blood pressure > 80 or
- Taking medications for high blood pressure

If adult is having symptoms (e.g., headache, chest pain, difficulty breathing), then go to that guideline first and use this guideline afterwards.

INITIAL ASSESSMENT QUESTIONS

1. BLOOD PRESSURE: "What is the blood pressure?" "Did you take at least two measurements 5 minutes apart?"
2. ONSET: "When did you take your blood pressure?"
3. HOW: "How did you obtain the blood pressure?" (e.g., visiting nurse, automatic home BP monitor)
4. HISTORY: "Do you have a history of high blood pressure?"
5. MEDICATIONS: "Are you taking any medications for blood pressure?" "Have you missed any doses recently?"
6. OTHER SYMPTOMS: "Do you have any symptoms?" (e.g., headache, chest pain, blurred vision, difficulty breathing, weakness)
7. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: hypertensive emergency

CA: 40, 1

Severe difficulty breathing (e.g., struggling for each breath, speaks in single words)

R/O: respiratory failure, hypoxia, hypertensive emergency

CA: 40, 1

[1] Weakness of the face, arm or leg on one side of the body AND [2] new onset

R/O: stroke

CA: 40, 1

[1] Numbness (i.e., loss of sensation) of the face, arm or leg on one side of the body AND [2] new onset

R/O: stroke

CA: 40, 1

[1] Chest pain lasts > 5 minutes AND [2] history of heart disease (i.e., heart attack, bypass surgery, angina, angioplasty, CHF)

R/O: cardiac ischemia, myocardial infarction

CA: 40, 1

[1] Chest pain AND [2] took nitroglycerin AND [3] pain was not relieved

R/O: cardiac ischemia, myocardial infarction

CA: 40, 1

1. Care Advice given per High Blood Pressure (Adult) guideline.
2. Call Back If:
 - Weakness or numbness of the face, arm or leg on one side of the body occurs
 - Difficulty walking, difficulty talking, or severe headache occurs
 - Chest pain or difficulty breathing occurs
 - You become worse.
3. Medication Side Effects:
 - Some people experience side effects when they take high blood pressure medications.
 - Possible side effects include cough, dizziness with standing, drowsiness and impotence.
 - Be certain to talk with your doctor before you suddenly stop taking your BP medications.
4. Call EMS 911 If:
 - Patient passes out, starts acting confused or becomes too weak to stand.
 - You become worse.
6. Hypertension Medications:
 - Untreated hypertension may cause damage to the heart, brain, kidneys, and eyes.
 - It is important to take prescribed medications as directed.
 - The goal of blood pressure treatment for most people with hypertension is to keep the blood pressure under 140/90. For people that are 60 years or older, your doctor may instead want to keep the blood pressure under 150/90.
7. High Blood Pressure:
 - Untreated high blood pressure may cause damage to your heart, brain, kidneys, and eyes.
 - Treatment of high blood pressure can reduce the risk of stroke, heart attack, and heart failure.
 - The goal of blood pressure treatment for most people with hypertension is to keep the blood pressure under 140/90. For people that are 60 years or older, your doctor may instead want to keep the blood pressure under 150/90.
8. Reassurance and Education:
 - Your blood pressure is elevated but you have told me that you are not having any symptoms.
 - You should see your doctor and have your blood pressure checked within 2 weeks.
 - On Meds: You might need to have an adjustment in your medication(s).
 - On No Meds: Your doctor might need to give you a blood pressure medication.
22. How to Reduce Your Sodium (Salt) Intake - Do:
 - Buy and eat more fresh foods, especially fruit and vegetables
 - Read the label on processed foods you buy. Choose processed foods with low salt labels or brands with the lowest percentage of sodium on the food label.
 - Use other spices to make food taste better.
 - Eat less food at restaurants and fast food outlets. Ask for less salt to be added in your food.
 Do Not:
 - Buy or eat heavily salted foods. Examples include pickled foods, salted crackers or chips, and processed meats.
 - Add salt while cooking or at the table.
23. Call Back If:
 - Weakness or numbness of the face, arm or leg on one side of the body occurs
 - Difficulty walking, difficulty talking, or severe headache occurs
 - Chest pain or difficulty breathing occurs
 - Blurred vision or face swelling occurs
 - You become worse.
40. Call EMS 911 Now:
 - Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
 - *Triager Discretion:* I'll call you back in a few minutes to be sure you were able to reach them.
41. Go to ED Now:
 - You need to be seen in the Emergency Department.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
42. Go To ED Now (or PCP triage):
 - If No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - If PCP Second-Level Triage Required: You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
43. See HCP Within 4 Hours (or PCP triage):
 - If Office Will Be Open: You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
 - If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
 - If Office Will Be Closed and PCP Second-Level Triage Required: You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. NOTE: If on-call provider can't be reached, send to UCC or ED.

CAMP (Centralized Antenatal Monitoring Project)

CAMP serves several purposes:

- Increase the capacity of the UAMS obstetric service by adding beds
- Keep patients who are at risk for delivery of a pre-term or compromised infant in close proximity to a tertiary care center that can offer specialized Maternal-Fetal Medicine Obstetric and Neonatal services, including a Neonatal Intensive Care Nursery
- To enable prompt transfer to Labor & Delivery for patients with disease processes which often necessitate immediate interventions
- Access to IDHI call center nurses for 24/7 triage, monitoring, and follow up checks daily
- Provide a low-stress educational environment which promotes patient participation in their own care
- Reduce the rate of costly and unnecessary clinical interventions
- Reduce the cost of inpatient care



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Case Management/Referrals/Telemedicine Assistance

- Provides Case Management for High-Risk Obstetrical Patients
- Perinatal Bereavement follow-up and assistance
- Assistance for referring physicians to send their patients for a higher level of Obstetrical care.
- Follow up after the appointment to make sure a continuum of care or co-management is possible.
- Provide check-in and check-out for Telemedicine Obstetrical patients and assist with scheduling.



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Research Pilot Projects

Ejenta Blood Pressure Monitoring

- In Home blood pressure monitoring
- Automatic alerts to the triage nurses



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Questions?



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THANK YOU!

We Will See You Tomorrow For Day Two
at *St. Mary's Regional Health System!*

