# *Optimizing Case Management for Patient-Centered Telehealth Care*

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

*September 25, 2025 | 3 pm EST*

# Zoom Orientation

## 1 Captions

To adjust or remove captions, click the “Live Transcript” button at the bottom of your Zoom window and select “Hide Subtitle” or “Show Subtitle.”

## 2 Questions

Please add your questions for the speaker in either the Q&A tab or in the Chat box.

## 3 Technical Issues

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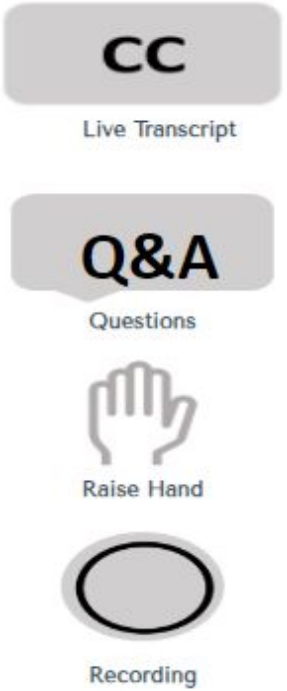
## 4 Recording

This session will be recorded and made available to participants.



Please say **Hi** in the chat and enter your name, credentials, location, role

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-training and technical assistance
-public health programing
-consultation
-direct care

To learn more about NNCC, please visit our website at www.nurseledcare.org.

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# NNCC National Training and Technical Assistance Partnership (NTTAP)

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**Regina Brecker, MPH, CHES**
Project Coordinator

**Lucy Lunay**
Program Intern

# Today’s Agenda

5 min - Welcome

5 min - Background

- Telehealth for housing instability & homelessness
- Role of nurses in case management and telehealth

40 min - Christian Milaster

- Navigate technical requirements
- Design effective workflows
- Integrate video visits into your service delivery

10 min - Questions & Wrap-Up

# Challenges Faced by Health Center Patient Populations in Accessing Healthcare

- Financial constraints
- Transportation
- Limited access to specialists

**Challenges in Public Housing**

- Public housing residents face additional challenges, including loss of continuity of care
- Elderly and disabled populations account for 43% of public housing residents*

*DOI: 10.1300/j045v16n01_09

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# How Nurses Are Using Telehealth Services

- **Triage and Remote Assessment**
  - Symptom management and acute care support
- **Care Coordination and Transitions**
- **Chronic Disease Management and Monitoring**
  - Remote Patient Monitoring (RPM)
  - Health education and self-management coaching
- **Quality, Safety, and Outcome Evaluation**
- **Support in End-of-Life, Palliative, or Home Care**
  - Nurse home visiting


- https://www.apu.apus.edu/area-of-study/nursing-and-health-sciences/resources/the-role-of-nurses-in-telehealth/
- doi: 10.1002/nop2.2092

# Telehealth to Address Housing Instability & Homelessness

- **Reduces barriers to care**
  - Unreliable transportation
  - Difficulty of maintaining regular appointments
- **Provides chronic disease & mental health management**
- **Maintains continuity of care**
- **Decreases reliance on emergency departments**
- **Supports flexible service delivery models**
- **Strengthens partnerships with housing and shelter providers**

# Key Initiatives and Programs

- **HRSA Telehealth Programs**
  - **<u>Evidence-Based Tele-Behavioral Health Network Program (EB THNP)</u>**
    - Focus: Improve access to behavioral health services in rural/Special Medically Underserved Population (SMUP) areas.
    - Goal: Create and evaluate tele-behavioral health networks to enhance mental health care.
  - **<u>Rural Telehealth Research Center (RTRC)</u>**
    - Role: Develop data protocols to assess telehealth services.
    - Contribution: Provide evidence on telehealth effectiveness in rural settings.

# Subject Matter Expert

**Christian Milaster, MS**

CEO, Ingenium Digital Health Advisors

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September 25, 2025

# Optimizing Case Management for Patient-Centered Telehealth Care

Christian Milaster
Founder & CEO
Ingenium Digital Health Advisors

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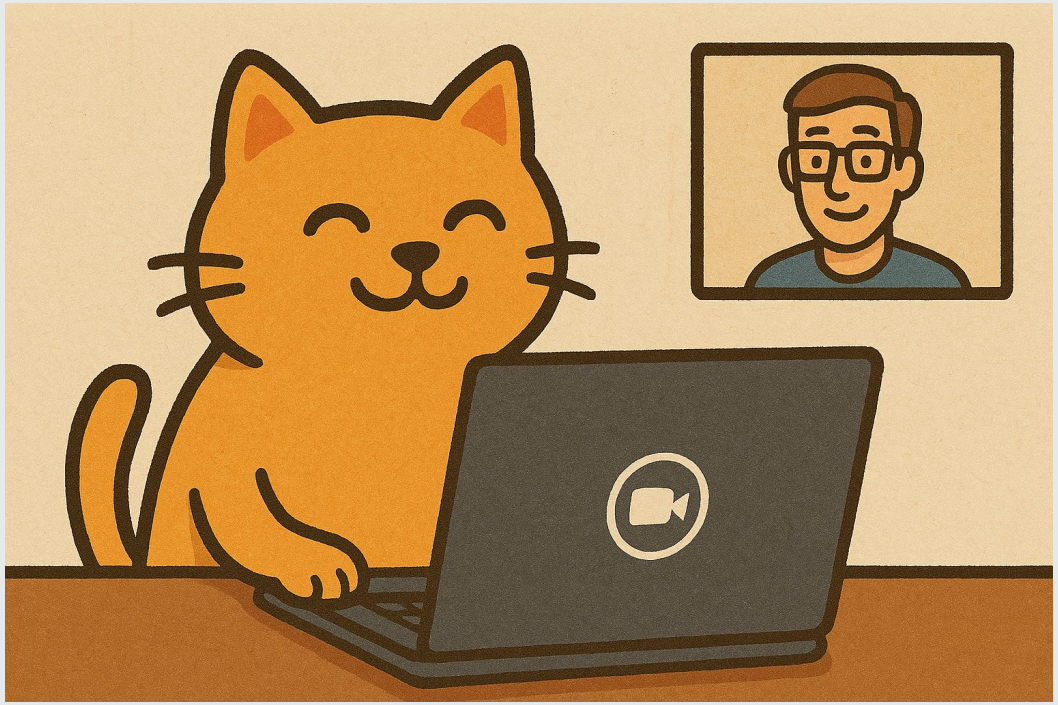
# A Personal Request…

This is a Telehealth Training.

**Please** turn your camera on!



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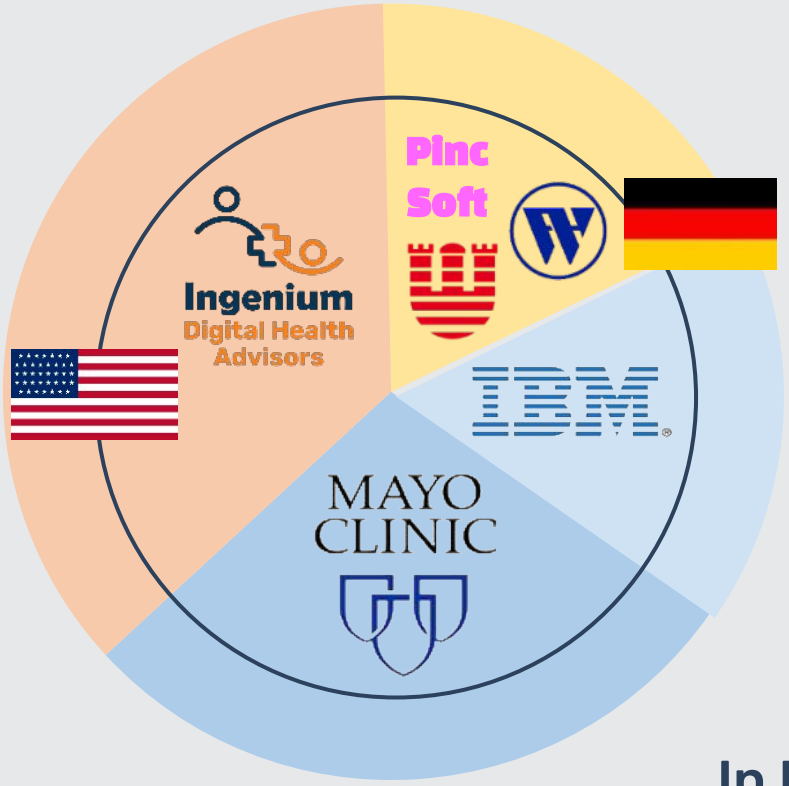
# About Christian Milaster



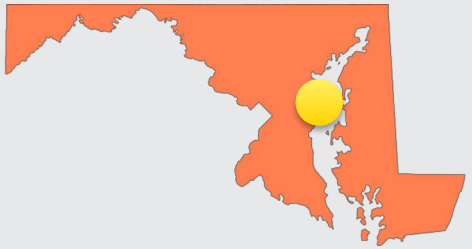

## 35+ years

## "Optimizing Service Delivery"

**In Telehealth since 2003**

**Video Visit Implementations since 2008**

**In Rural Health, Behavioral Health since 2012**





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# Clinical Care Management

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# Chronic Care Management and Wrap-Around Services

## …beyond the exam room

- Conduct regular patient outreach calls
- Monitor vital signs and symptoms
- Provide patient education on disease management
- Coordinate care between multiple providers
- Assist with medication adherence
- Document patient interactions and care plan updates

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# Chronic Care Management and Wrap-Around Services

**…beyond the exam room**

- Schedule and coordinate appointments with specialists
  - Behavioral Health
  - Chronic Disease Specialists
  - Maternal Health / Prenatal Services
- Help patients navigate healthcare systems
- Connect patients with community resources
  - Housing, food, legal resources
  - Community Partners (e.g., transportation, Foodbank, etc.)
- Manage transitions of care (hospital to home)
- Address health-related needs
- Facilitate communication between care team members



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# Current Communication Channels

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# Discussion

- Have you used Video?
- What are the benefits of video over phone, text, email?
- When would video be advantageous?



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# Telehealth Evolution

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# A Brief History of Telehealth

- 1950s: First uses in the 1950s for **store-and-forward** reading of ECGs
- 1960s: Expansion of Telehealth for the **Apollo Missions**
- 1960s: First use of Video Visit from **Boston Logan to Mass General**
- 1970s: **Rural Health** to Native American Reservations
- 1980s: **Video Links** between Sites (Mayo Clinic)
- 1989: **The Internet** @ World-Wide Web
- 1993: **American Telemedicine Association (ATA)**
- 1993: DICOM standard, enabling explosive use of **TeleRadiology**
- 1994: University of Virginia establishes **Center for Telehealth**
- 1999: Medicare **Reimbursement** for Telehealth
- 2000: **Video Conferencing** with Skype, WebEx



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# Definitions

*"Everybody agreed, until somebody defined it."*

## VIRTUAL CARE | HEALTH

**Delivering Care at a Distance**

## Telemedicine

**Practicing Medicine at a Distance**

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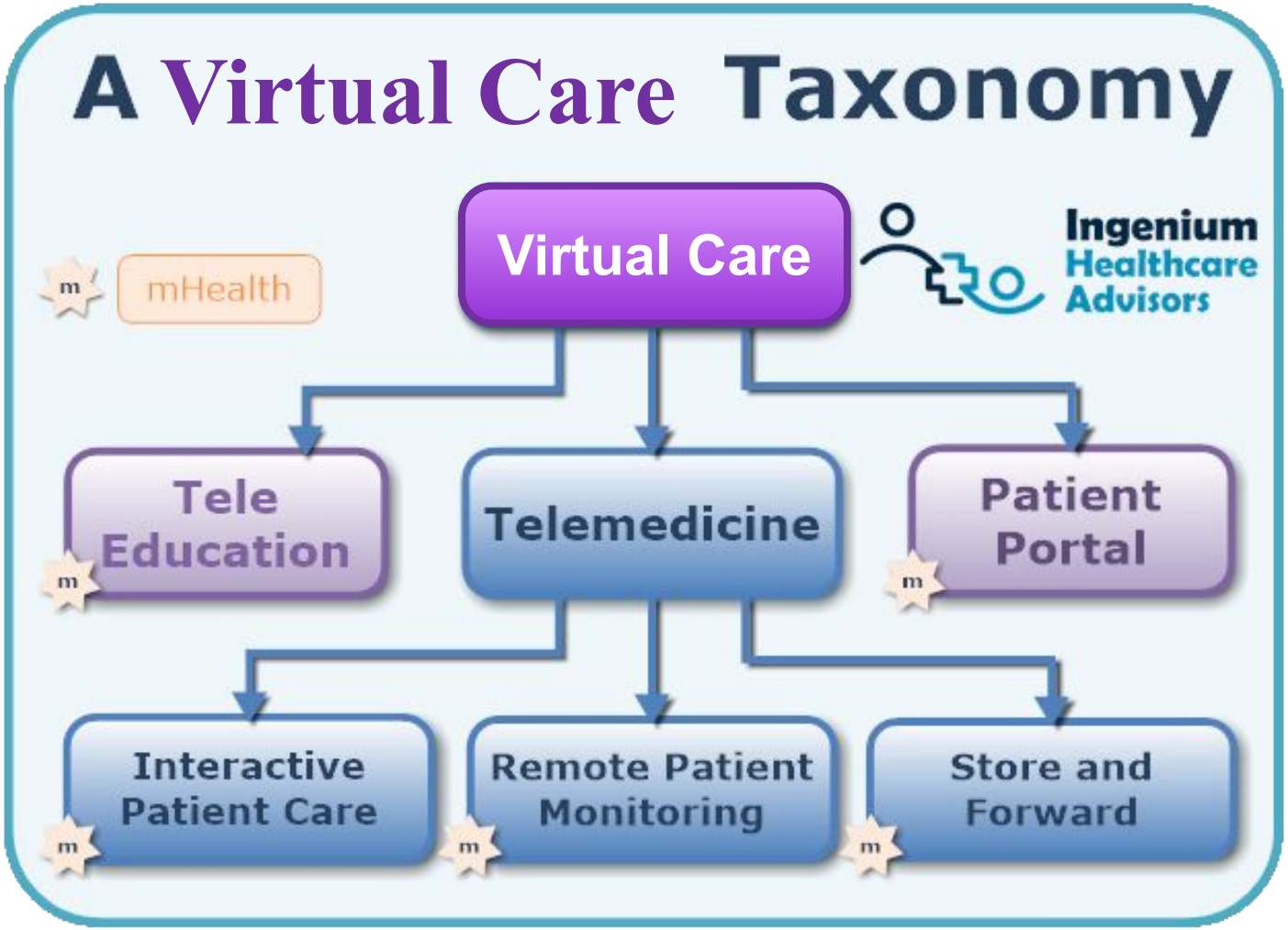
# A Telehealth/Virtual Care Taxonomy

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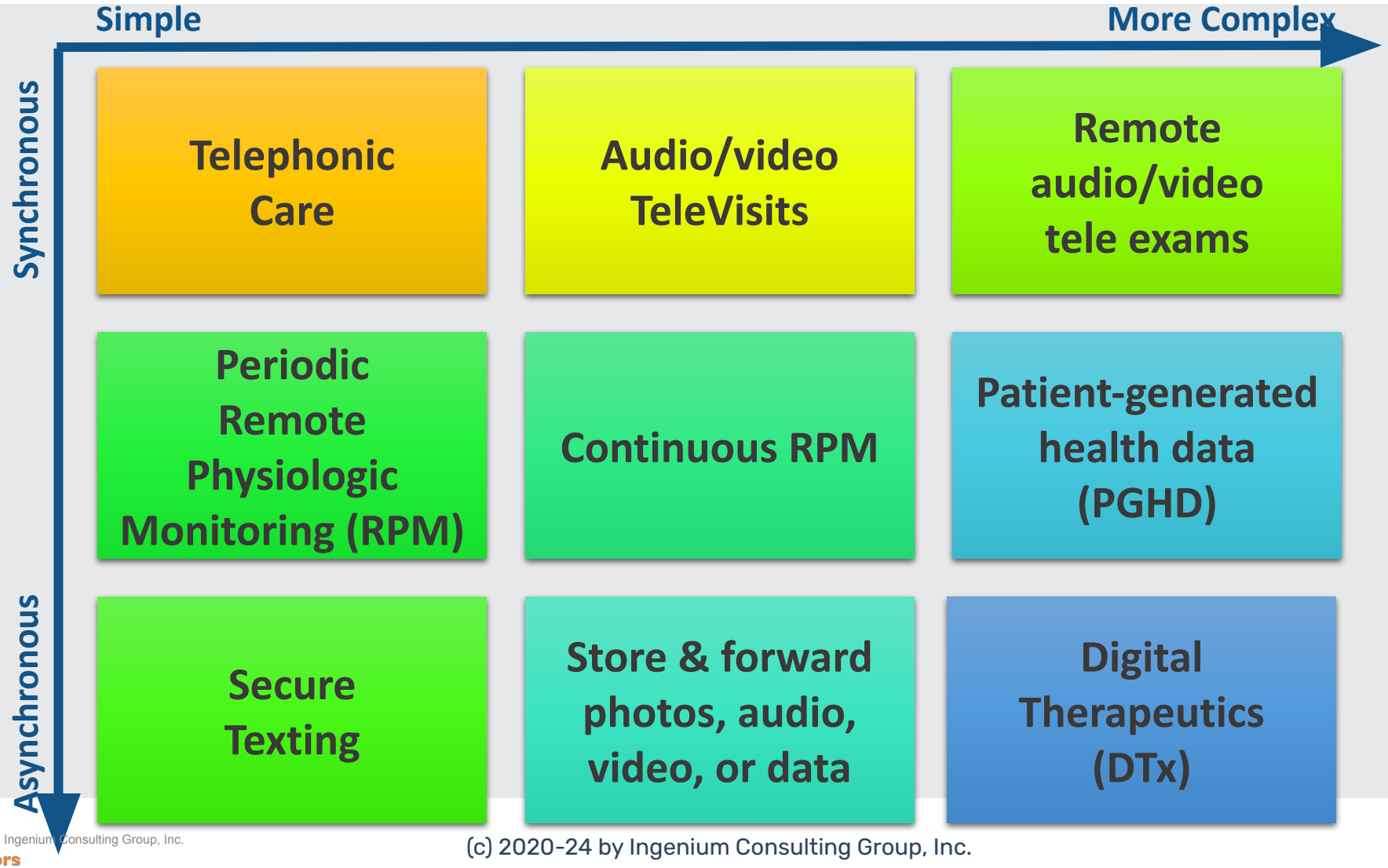
# 9 Common Virtual Care Modalities

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# First Impressions

Sources: https://steemit.com/knowledge/@kokuryo/the-importance-of-body-language
https://web.archive.org/web/20170605080738/http:/stevemartel.com/6-tips-to-make-a-great-first-impression-how-to-impress-everyone-you-meet/



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# When does Video Work…

## …better than phone, text & messaging

**When…**

- The conversation is sensitive and requires display of empathy
- Visual patient verification is needed
- Patient safety must be ensured
- The conversation is to result in the patient taking action
- Need to see the patients' environment or items (e.g., medication)
- Meeting with multiple people - observe others' reactions
- Visual demonstration and/or teach back
- Beyond a transactional relationship
- You want to share information – graphic, visual, webpage
- You want to teach - interactively draw on white board



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# Video Visit Challenges

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# Patient Barriers

- **Technology**
  - Equipment – smartphone, tablet, laptop, computer, camera, speakers
  - Apps – installed, logged in, etc.
- **Connectivity**
  - Reliable and sufficient WiFi or Cellular
  - Data plans
- **Digital Literacy**
  - Level of comfort & experience
  - Email account, patient portal account
  - Technical troubleshooting experience



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# Service Provider Experience

- **Environment**
  - Lighting, background & distractions – visual & audible
  - Office: cubicle vs. private office vs. booth/designated space
  - Home: ensuring privacy/confidentiality
- **Technology**
  - Reliable, secure
  - Properly configured
  - Timely availability of support
- **Knowledge & Ability**
  - Effective video etiquette as service provider (vs. attendee)
  - “Become Friends with the Lens”
  - Self-Troubleshooting



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# Mobile / On the Go

- People take calls, receive & respond to text messages, read and write emails anywhere
  - Secure messages & emails are asynchronous
- Video does not afford that same flexibility
  - Connectivity is a much bigger challenge
  - Environmental noise and visual distraction



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# Technology Decisions

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# Video Conferencing Tools

- **Consumer-Grade Video Visit Platforms**
  - Many patients have used them
  - Typically not appropriate for clinical use
- **Business Video Visit Platforms**
  - Not optimized for consumer experience
- **EHR Integrated Video Visit Platforms**
  - Oftentimes an after thought
  - Directly tied to patient's medical record
- **Telehealth-Specific**
  - Best user experience for patients and providers
  - May not be readily available



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# Clinical Video Conferencing Tools

| Category | Examples | HIPAA Compliant | Patient Experience | Provider Experience |
|---|---|---|---|---|
| Consumer | Facetime, Messenger, WhatsApp, Google Meet | No | Good | Good |
| Business | Webex, Teams, Zoom | with proper license | Good | Good |
| EHR Integrated | Various | Yes | Can be challenging | Usually good |
| Telehealth-specific | Doxy.me, Doximity, VSee, VitelNet, etc. | Yes | Excellent | Excellent |

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# Setup Requirements

- **Clinical Service Providers**
  - Key concern is location to minimize visual/audio distraction
  - 2nd monitor or single 27” monitor recommended
  - External HD webcam (e.g., Logitech C920) recommended
  - Speakers ideal; headset is option, could distract
  - Ensure good front lighting

- **Patients**
  - Computer/laptop ideal; oftentimes smartphone, sometimes tablet
  - WiFi preferred; Cellular with good connection & unlimited data plan
  - May need to be walked through “Telehealth TechCheck” first time



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# Cost & Security Considerations

**Security / Confidentiality / Privacy**

- Clinical service providers should not use their personal devices
- Video visit software needs to be compliant (“IT Approved”)
- Also consider: who else can listen in?

**Cost**

- Most existing workstations can be retrofitted with webcam ($60), 2nd monitor ($150) and speakers ($30)
- Zoom is $160/year; Doxy.me/VSee is $350-$500/year
- A video booth is ~$15,000



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# Workflow Design

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# Scheduling and Preparation

- Keep in mind: using Video for non-clinical interactions is novel
- Take into consideration whether patient is an active telehealth user or a “first timer”
- Be sure to communicate short but clear instructions to the patient:
  - quiet, confidential space; good connectivity; no driving!
- Ideally, patients should receive automated text reminders, just as they do for clinical visits.
  - minimize no shows that waste your time


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# Conducting the Visit

- Make Eye Contact!
- Acknowledge the Novelty. Thank them!
- Take advantage of video to build rapport, trust.
- More below: “Becoming Friends with the Lens”



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# Follow Up and Documentation

No real difference from a phone call.

Document interaction as usual.

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# Troubleshooting Protocols

- Ensure you know who to call in case of technical problems on your end (connectivity, camera, microphone, speaker)
  - Use Video Visit Software built-in Test Functions
- Create a patient **“Telehealth TechCheck”** cheat sheet

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# Telehealth TechChecks℠

## Consider for first-time video calls

*Start with phone call, "Let's start on the phone and get you set up on video."*

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# Video Visit Best Practices

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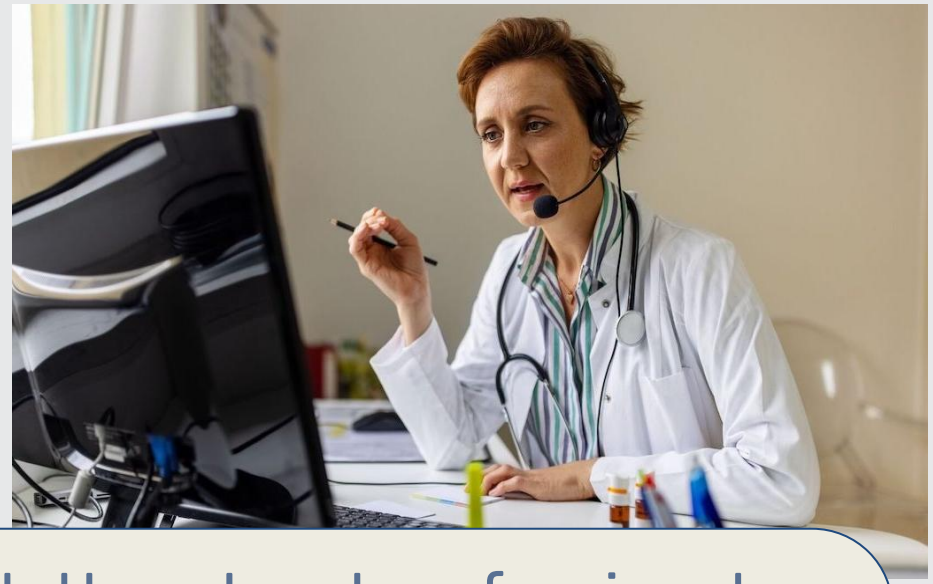
# Your Background: What's Behind You?



Backgrounds should be uncluttered and professional.

Desk clutter and non-work-related information on walls is distracting and can be inappropriate.

No Protected Health Information (PHI) is visible.

Avoid eating, drinking or having food visible.

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# Background Lighting

A bright light in the background will make you look like you are in **witness protection.**

Light to one side will illuminate only half of your face.

Natural light or light in front at a 30-45° angle is best.

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# Proper Attire

- ✔ Wear professional attire
- ✔ Wear what you traditionally wear (white coat, business casual, scrubs)
- ✔ Wear your badge — organization's preference
- ✔ Solid colors with minimal patterns (busy patterns can be distracting)
- ✔ Remember you never know when you might need to stand up…
- ✔ …or when you may need a sip to drink

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# Become Friends with the Lens

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# In the first 10-30 seconds, look directly into the camera

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# Webside Manners Cheat Sheet

Eye Contact for 30 seconds

**ACKNOWLEDGE**

- Background
- Noises
- Newness
- Benefits

Periodic Eye Contact

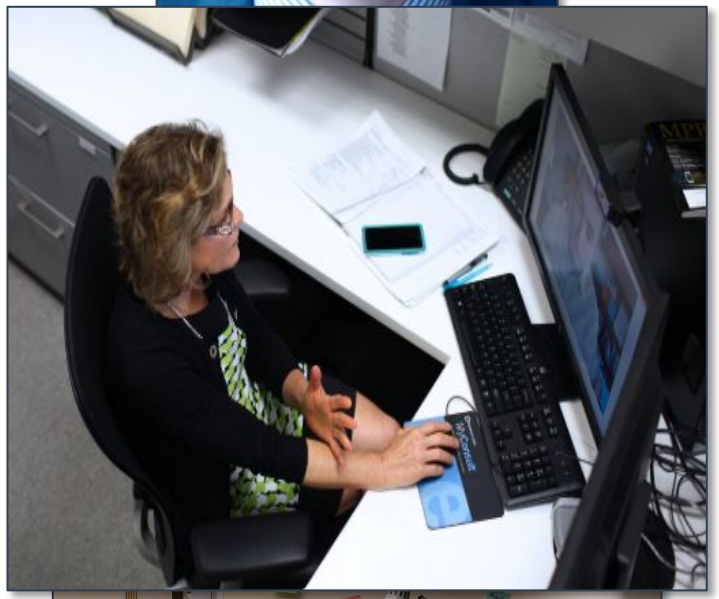
**ENSURE PATIENT**

- Comfort
- Privacy

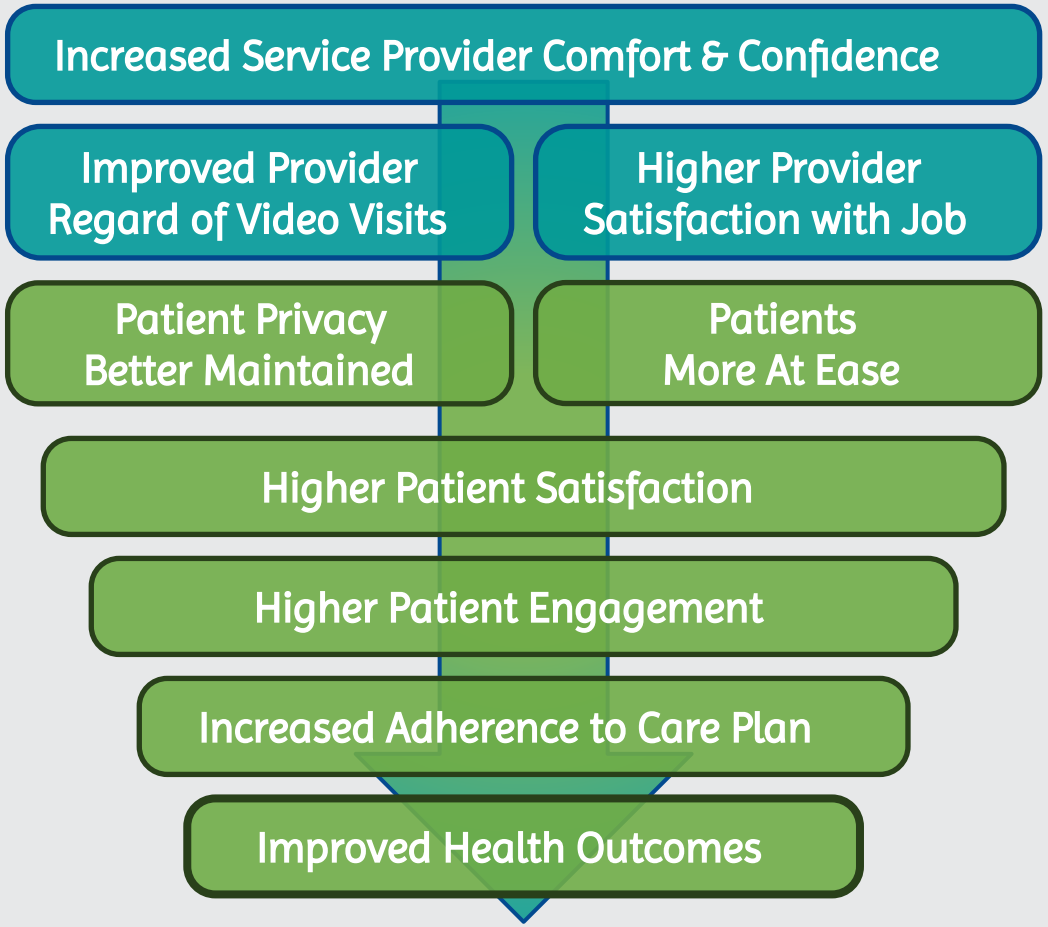
Body Language:
Leaning Back & Leaning In

**CLINICIAN SETUP**

- Background
- Camera Position
- Looking Elsewhere



# Value of Mastering "Video Visits"

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After the Q&A:

# Getting Started.
# A 6-Step Quickstart Guide

## Christian Milaster

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IngeniumDigitalHealth.com

657-Ingenium (657-464-3648)


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Telehealth Tuesday

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# Getting Started

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# Getting Started Using Video Visits

1. **Identify** which services or interactions with patients would be more **effective** when provided over video?
2. **Decide** where the video visit will originate (e.g., private office, home office, designated office/booth)
3. **Select & Acquire** the technology needed (hardware & software)
4. **Develop** a script with colleagues to “enroll” patients in connecting via video (vs. a call)
5. **Train everyone** on the video visit software, on Telehealth TechCheck, on becoming “Friends with the Lens”
6. **Try** it out, **learn** from it, **improve** your processes & training

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# Thank you!

## Let's Stay in Touch


**Christian Milaster**

Founder & CEO

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/in/ChristianMilaster

IngeniumDigitalHealth.com/insights


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# Questions?

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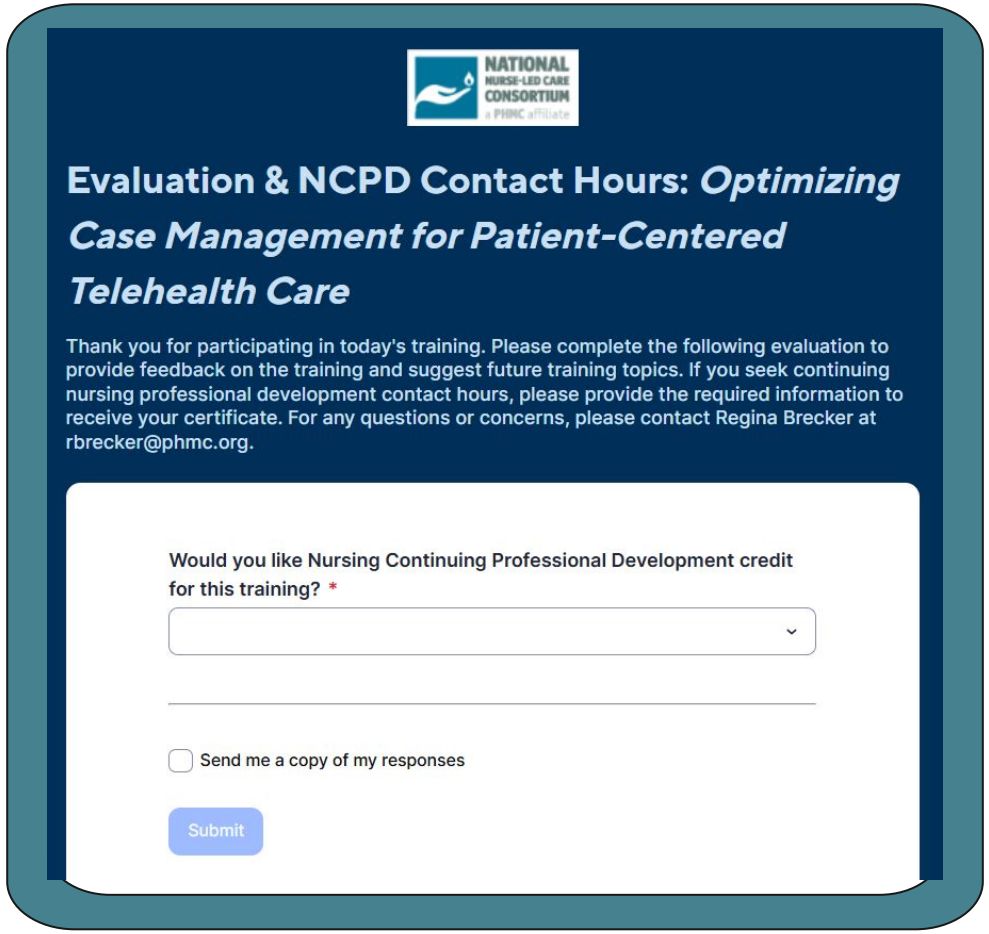
# Evaluation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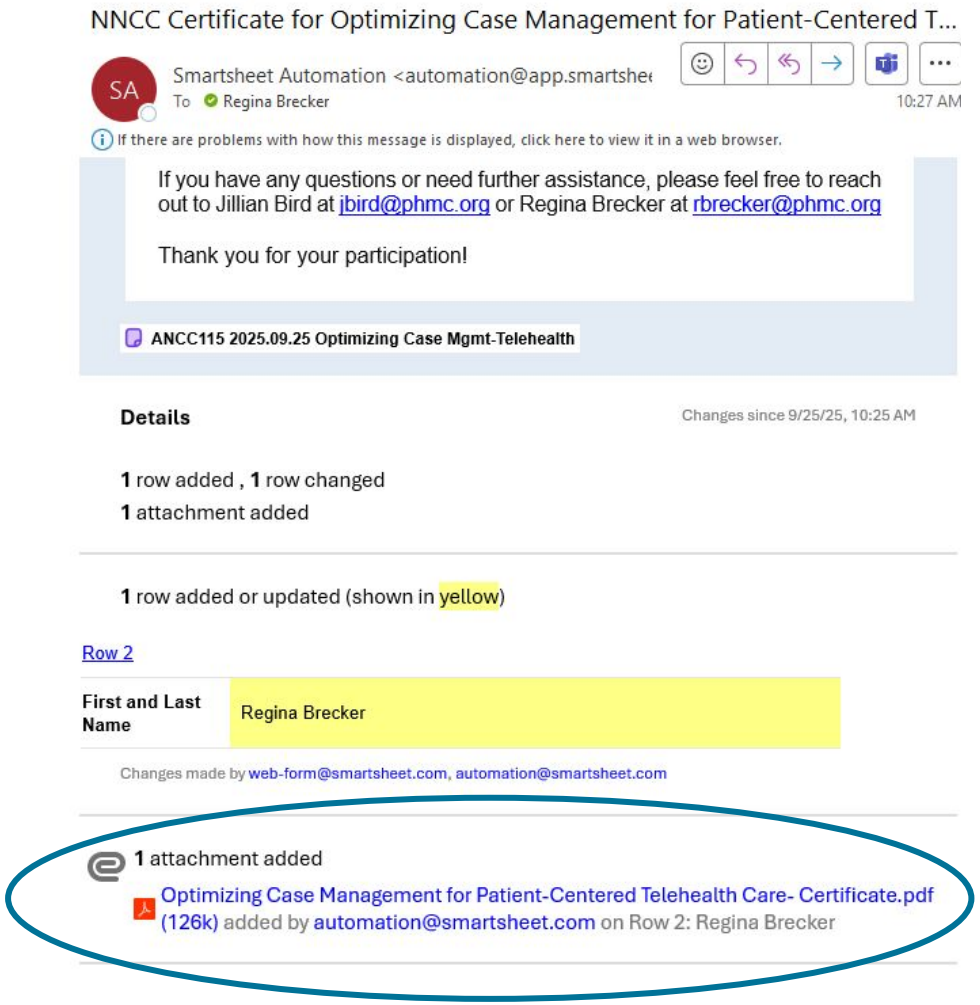
Evaluation & NCPD Contact Hours: *Optimizing Case Management for Patient-Centered Telehealth Care*
Thank you for participating in today's training. Please complete the following evaluation to provide feedback on the training and suggest future training topics. If you seek continuing nursing professional development contact hours, please provide the required information to receive your certificate. For any questions or concerns, please contact Regina Brecker at rbrecker@phmc.org.
Would you like Nursing Continuing Professional Development credit for this training? *
Send me a copy of my responses
Submit

# Certificate

Once you submit the evaluation, please wait approximately **20 minutes** for your certificate to arrive. It will come from “Smartsheet Automation,” and be linked at the **very bottom of the email** (as seen below). You will not need to request access.


NNCC Certificate for Optimizing Case Management for Patient-Centered T...

SA Smartsheet Automation <automation@app.smartshee

To Regina Brecker 10:27 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

If you have any questions or need further assistance, please feel free to reach out to Jillian Bird at jbird@phmc.org or Regina Brecker at rbrecker@phmc.org

Thank you for your participation!

ANCC115 2025.09.25 Optimizing Case Mgmt-Telehealth

**Details** Changes since 9/25/25, 10:25 AM

**1** row added , **1** row changed

**1** attachment added

**1** row added or updated (shown in yellow)

Row 2

| | |
|---|---|
| **First and Last Name** | Regina Brecker |

Changes made by web-form@smartsheet.com, automation@smartsheet.com

**1** attachment added

Optimizing Case Management for Patient-Centered Telehealth Care- Certificate.pdf (126k) added by automation@smartsheet.com on Row 2: Regina Brecker

# Access Health Center Resources

## NNCC Resource Library

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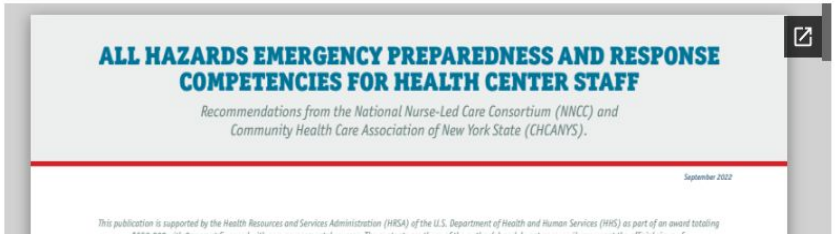
### All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.



# Thank You!

If you have any further questions
or concerns please reach out to
Regina Brecker at rbrecker@phmc.org

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