Right Care, Right Time, Right Setting

Research Collaboration Day
Tulane University
March 22, 2025

Dr. Saurabh Chandra, MD, PhD
Chief Telehealth Officer
Associate Professor,
Department of Medicine
University of Mississippi Medical Center.

A National Telehealth Center of Excellence

The University of Mississippi Medical Center
Center for Telehealth

Acknowledgement

This presentation was made possible by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of the National Telehealth Centers of Excellence Award (U66RH31459). The contents are those of the author(s) and do not necessarily represent the official views of nor an endorsement by the HRSA, HHS or the US Government.

Telehealth Modalities

Deliver care using interactive media and electronic information exchange (e.g., video, monitoring, transmitted images)

Telemedicine: Distance Care via Live (Audio-Video) Interaction

- Scheduled and unscheduled visits

Emergency Medicine

D2C (behavioral Health)

Specialty Care

Store & Forward & Diagnostic Tests Interpretation

Providers can share patients' medical information such as lab reports and images with physicians and patients, across time zones and locations

Dermatology

Ophthalmology

Radiology

Mobile Health & Remote Patient Monitoring

Transmission of physiologic and other data electronically to remote care team.

Endocrinology (e.g., diabetes)

Congestive Heart Failure & Hypertension

Pulmonary (e.g., Asthma, COPD)

The University of Mississippi Medical Center
Center for Telehealth

What success means to different stakeholders?

Stakeholder	Definition of Success
Patient	Access
Provider	Increased engagement
Financial Administrators	Revenue, decrease in cancellations and no shows
Quality Administrators	Throughput, readmission, quality metrics, transfers
Payors, policy makers	Overall health spending

Benefits of Telehealth

HEALTH OUTCOMES	PATIENT EXPERIENCE	REDUCED COSTS	PROVIDER SATISFACTION
Improved: • Health outcomes • Continuity of care • Compliance with standards of care • Insight about population health • Quality of life • Medication Management **Reduced:** • ER visits • Complications • Admission rates	**Improved:** • Patient satisfaction • Patient engagement • Patient retention and loyalty • Convenience of care • Care plan compliance • Safety • Access to care **Reduced:** • Wait time to receive care	**Reduced:** • Cancellations/No-Shows • Labor costs • Cost per case • Costs due to re-admission penalties • Non-reimbursable care • ER visits **Improved:** • Patient reach	**Reduced:** • Burnout • Turnover rate • Appointment length **Improved:** • Continuity of care • Efficiency of care delivery • Care team/patien communication

[5] https://www.ama-assn.org/system/files/2020-10/telehealth-implementation-playbook-appendix-c1.pdf

Introduction to the Center for Telehealth at UMMC

Center for Telehealth- What we do

Vision Statement

Be the world class leader in Innovative Telehealth Solutions.

Purpose Statement

Make significant contributions to the health and wellbeing of the population of the State.

Center for Telehealth History

1990s

Diagnostic test interpretation Adult and Pediatric Cardiology

2003

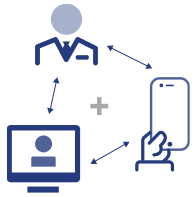
First videoconferencing of telemedicine
Emergency Medicine

2008

TelePsychiatry Begins

2011

Full-time staff assigned to Telehealth



2013

Center for Telehealth formed 24/7 Telehealth Call Center

Center for Telehealth History

2017 — Telehealth Center of Excellence awarded to UMMC

2020 — Rapid Response to COVID-19 Pandemic Integration of A/V capability in EMR

2021 — FCC Funding for rpm

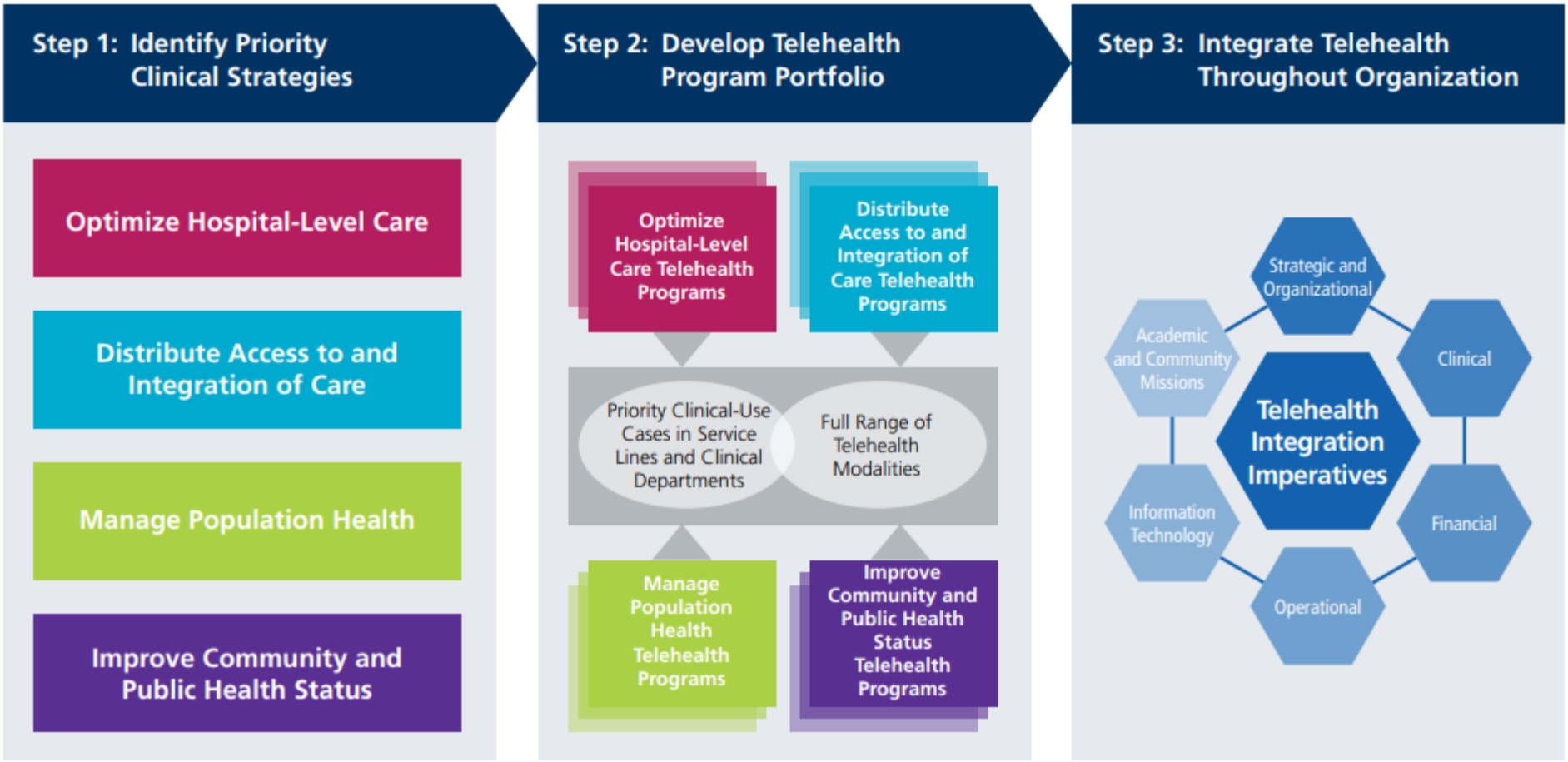
2021 — Telehealth Center of Excellence awarded to UMMC

2022 — Preferred Telehealth Provider for State BCBS Members for Urgent Care, Behavioral Health and Medical Nutrition Therapy

2022 — RFP Awarded for School Based Telehealth

Center for Telehealth- Organizational Structure

Telehealth program portfolio development and integration imperatives



Center for Telehealth- Research Structure

Research Team

Health Economics Team
- Yunxi Zhang PhD
- Yueh-Yun Lin PhD
- Mike Swint PhD*
- Lincy Lal PharmD PhD*

Conceptualization, design, methodology, analysis, writing

*UT Health Sciences

Data Analytics Team (UMMC CIA)
- Ramona Sandlin
- Ying Zhang PhD
- Jessica Sullivan

Data collection, patient protection

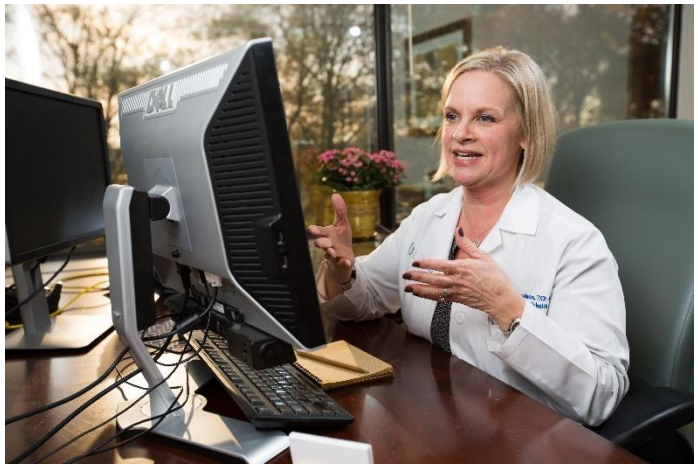
- Jennifer Reneker PT, PhD (IRB 1 Chair; Human Research consultant)
- Lindsey Kuiper PhD (Research Administrator: correspondence with IRB; leadership and coordination of research team activities)

Center for Telehealth Administered Clinical Programs

Tele Urgent Care- D2C

Telehealth providers examine and treat patients remotely, in real time, using online streaming video technology via UMMC 2 U app.

- Fast, convenient minor medical care online
- Access to a board- certified UMMC provider via your smartphone, tablet or computer
- An alternative to taking off work and sitting in a waiting room to receive treatment for minor illnesses
- Same-day appointments, which typically take 15 minutes or less
- Appointments are available 24/7, 365 days a year.
- **2,392 urgent care visits in 2023**



The University of Mississippi Medical Center
Center for Telehealth

Center for Telehealth Administered Clinical Programs

Tele Mental Health

The Center for Telehealth offers general and specialized psychiatric services provided by experienced mental health providers.

Delivery Models

- Outpatient, inpatient, scheduled and/or unscheduled
- All age types: child, adolescent, adult, geriatric

Multiple Services

- Mental health evaluations
- Commitment evaluations/consultations
- Medication management
- Treatment for acute and chronic mental illnesses
- Assessment/management of age-related conditions

Types of Locations

- Hospitals
- Clinics
- Schools/ Universities
- Community Mental Health Centers
- Prisons/ Detention Centers

Patients Served in 2023

- **3,562 Visits**

The University of Mississippi Medical Center
Center for Telehealth

Center for Telehealth Administered Clinical Programs

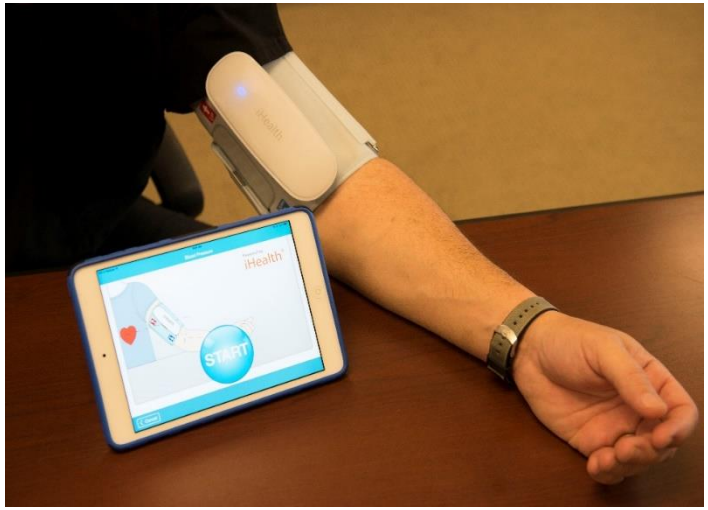
Remote Patient Monitoring (RPM)

681 Patients were remotely monitored in 2023

The University of Mississippi Medical Center
Center for Telehealth

Remote Patient Monitoring (RPM)

Chronic disease management in the patient's home including:



Acquisition of data from devices	Daily monitoring	Review of Data by clinical team
Daily Health Sessions	Behavior Modification	Practice of EBM

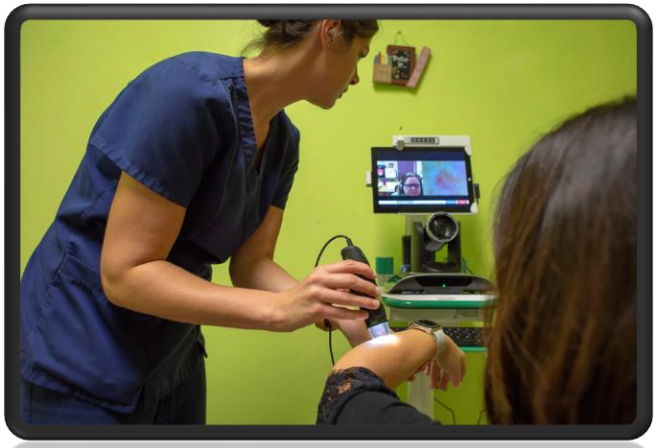
The University of Mississippi MEDICAL CENTER
Center for Telehealth

Remote Patient Monitoring (RPM)

Chronic disease management in the patient's home including:

The University of Mississippi Medical Center
Center for Telehealth

School Based Telehealth Program



HEALTHY CHILDREN LEARN BETTER...

SCHOOL TELEHEALTH HELPS TO MAKE IT HAPPEN!!

UMMC Center for Telehealth

National Telehealth Center of Excellence

Mississippi Department of Education

The University of Mississippi Medical Center

Center for Telehealth

School Based Telehealth Program

- Faster student access to health care on campus
- Better attendance & student performance (same day return to classroom and reduction in absenteeism)
- Decrease in utilization of health services for low acuity issues.
- Decrease in behavioral health related issues.
- Benefits for parents

Enhancing UMMC's core mission areas- Clinical / Research / Education

The University of Mississippi MEDICAL CENTER
Center for Telehealth

Snap shot of Telehealth Programs

- **Direct to Consumer:** Behavioral Health, 24/7 Urgent care
- **Rural Hospitals:** TelEmergency, Tele Neurology, Tele Critical Care.
- **Medical Center**: Virtual Nursing
- **Population Health:** School Based telehealth program, remote patient monitoring.
- **FQHCs / Rural Clinics:** Behavioral Health
- **Ambulatory:** Tele Neuro-Opthalmology, Cardiac Rehab

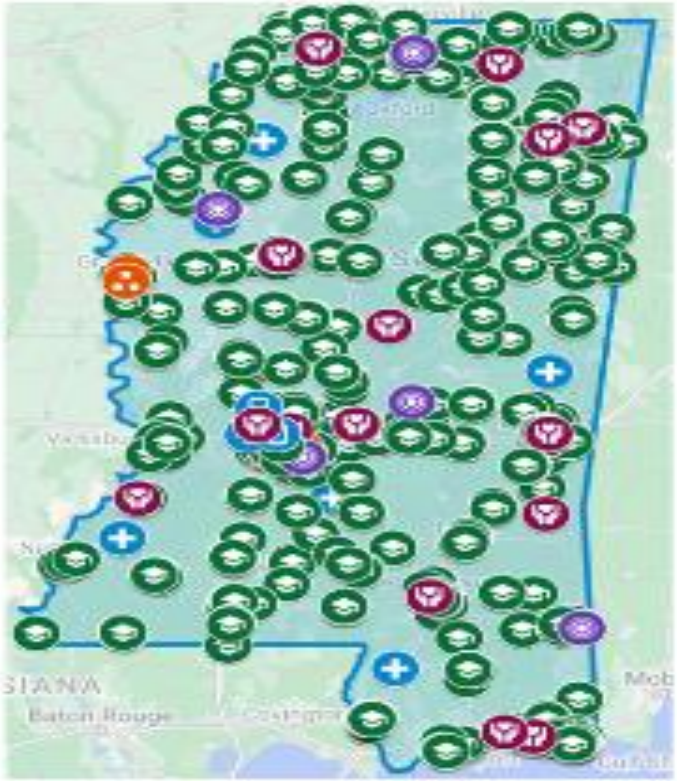
COMMITTED TO SERVING MISSISSIPPI COMMUNITIES

TELEHEALTH PLAYS A KEY ROLE BY DRAMATICALLY INCREASING ACCESS TO CARE IN RURAL AND UNDERSERVED AREAS ACROSS THE STATE

53 OF MISSISSIPPI'S 82 COUNTIES ARE MORE THAN A 40 MINUTE DRIVE FROM SPECIALTY SERVICES.

UMMC TELEHEALTH HELPS COMMUNITIES OFFER MUCH-NEEDED MEDICAL CARE IN AREAS WITH FEW OR NO MEDICAL SPECIALTIES.

- School-Based Telehealth
- TelEmergency
- TeleMental Health
- TeleInfectious Disease
- TeleNetworking
- Corporate
- UMMC2You



The University of Mississippi Medical Center
Center for Telehealth

OUR ROLE AS A NATIONAL CENTER OF EXCELLENCE

UMMC earned the "Center of Excellence" designation from HRSA (October 2017). The CfT is expected to guide/support new and established telehealth programs across the nation, and conduct focused research on telehealth outcomes/economics

1

Improve access to healthcare via Telehealth services

+

2

Expand overall innovation and the research portfolio

+

3

Assess telehealth's impact on health care spending

+

4

Collaborate and share best practices

Programs supported by Center of Excellence

Innovative Technology and Programs	1) Home-based Stroke and Cardiac Rehab 2) Implementation of AI-based Scribe 3) Timely Discharge at Home Program 4) Enhancing Inmate Healthcare via Telehealth 5) Virtual Nursing 6) UMMC Cares - HIV Application
RPM Programs	1) RPM Program Evaluation: OSU 2) RPM Program Evaluation: FQHCs 3) RPM and Medical Complexities 4) Home-Based Cardiac Rehab 5) RPM Hypertension 6) RPM Diabetes 7) End-stage Renal Disease
Virtual Visits and Clinical Services - departmental	1) Virtual Visits for Rural Patients 2) Trauma and Acute Care 3) Pediatric Pain Management 4) Pediatric Surgery 5) CMA-Assisted Endocrinology
Virtual Visits and Clinical Services - external	1) Critical Care (Copiah, Greenwood Leflore) 2) Neuro-Opthalamology 3) Inpatient Specialty Consults (TeleNeurology) 4) School-Based Telehealth

COE Website

Telehealth Centers of Excellence

Resources Projects Events About News Contact

A HRSA-funded collaboration with the Medical University of South Carolina and the University of Mississippi Medical Center

The Telehealth Centers of Excellence (COEs) develop resources for telehealth organizations, researchers, providers, and staff based on their experience, research and innovation.

About COEs

Share in our experiences:
Search through our developed resources.

Search... Search

Recent Resources

AUGUST 17, 2023
Establishing a Centralized Virtual Visit Support Team: Early Insights
Resource › Publications

JULY 19, 2023
A New Frontier in Telehealth Research: A National Telehealth Data Warehouse
Resource › Publications

JULY 18, 2023
Webinar: Telehealth Implementation of Trauma-Focused Treatment for Underserved Youth in Low-Resourced Contexts in the US and Puerto Rico
Resource › Presentations

Upcoming Events

SEPTEMBER 2023

FRI 15

Project ECHO®

SEPTEMBER 13 @ 11:45 AM – SEPTEMBER 26 @ 12:45 PM
UMMC - Project ECHO Dermatology

UMMC - Project ECHO Dermatology

Zoom Platform – Dermatology ECHO

FRI 22

Project ECHO®

Projects

- Behavioral Health
- Emergency Health
- Health Equity
- HIV/AIDS
- Infrastructure
- Maternal Health
- Medicare & Medicaid

The University of Mississippi Medical Center
Center for Telehealth

NATIONAL PRESENCE

1. Pediatric Dermatology Echo (7 locations)

2. Waianae Comprehensive Health Center

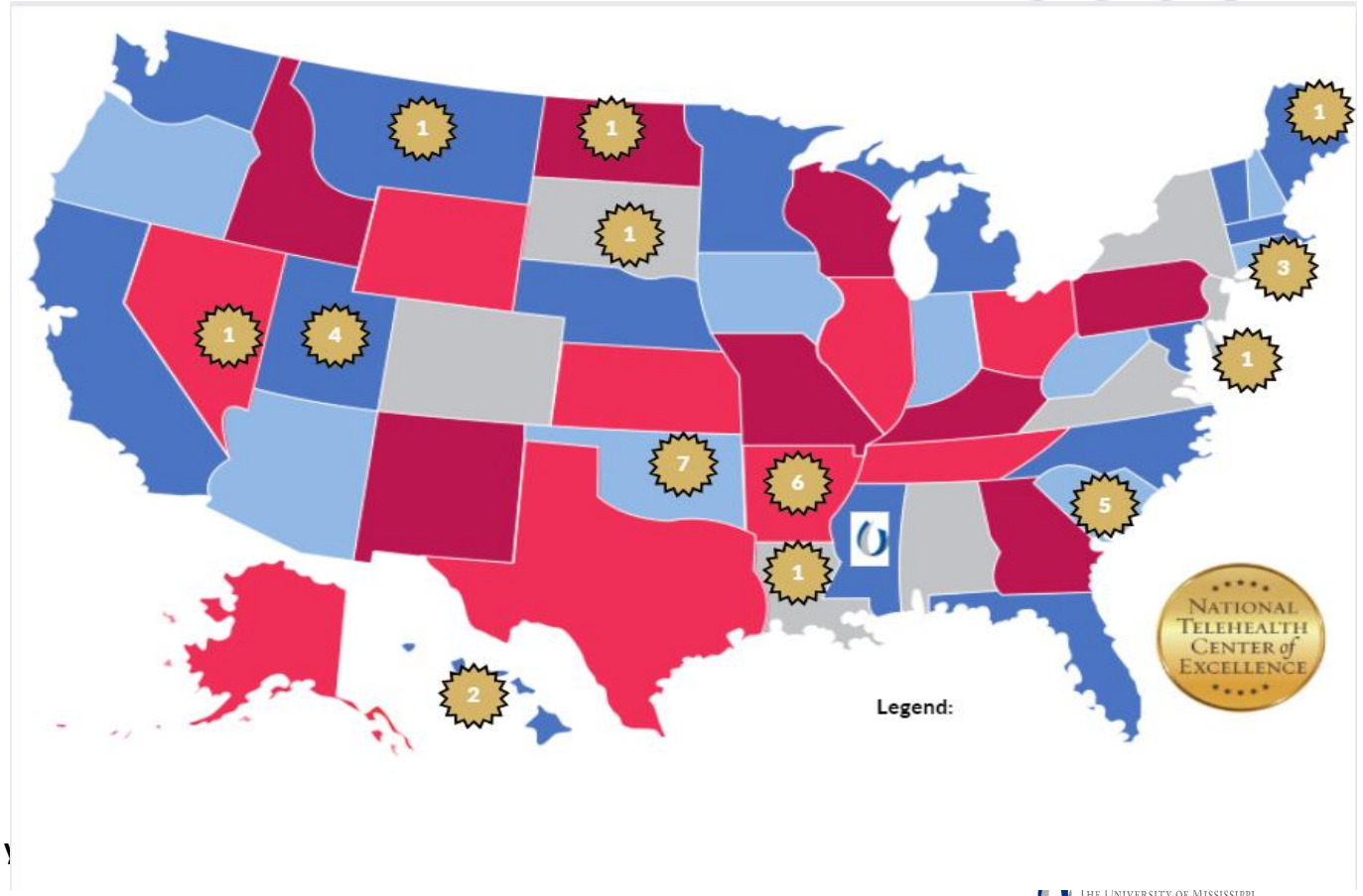
3. Northwell Health

4. Northwest Regional Telehealth Resource Center

5. Medical University of South Carolina

6. University of Arkansas for Medical Sciences

7. Oklahoma State University



The University of Mississippi Medical Center
Center for Telehealth

Enhancing UMMC's core mission areas- Research

Research Productivity 2023-current

Published/ In Press	Under Review	Conference/ Webinar Talks	Conference Abstracts
9	4		17

Grant funding 2023-2024 - $10 million

The University of Mississippi MEDICAL CENTER
Center for Telehealth

FOCUS AREAS

- BRIDGING THE GAPS IN ACCESS TO SPECIALTY CARE
- BEHAVIORAL HEALTH
- RPM AS PART OF VALUE BASE CARE
- AI AND TELEHEALTH
- BRIDGING HEALTH DISPARITIES
- SCHOOL BASED PROGRAM
- CREATING THE RESEARCH DATAWARE HOUSE

Shortage of Specialists in Mississippi

Workforce Shortage- Access to Specialists

- According to NRHA- there are 30 specialists / 100,000 people in rural area compared with 263/ 100,000 people in urban areas.
- According to a study published in Health Affairs, Dec 2019, in Medicare beneficiaries with one or more complex chronic conditions, access to specialists accounted for 55 percent and 40 percent of the rural-urban difference in preventable hospitalizations (40% higher for rural) and mortality (23% higher), respectively.

Limited access to specialty care is a major cause of inequity in healthcare

- More work for PCPs and staff
- Delayed care for patients
- More ER use
- Worse clinical outcomes

The University of Mississippi MEDICAL CENTER
Center for Telehealth

National Telehealth Center of Excellence

The University of Mississippi Medical Center
Center for Telehealth

Synchronous (A/V consultations) to Rural Hospitals

Inpatient specialty consults- Tele Neurology

A/V Communication

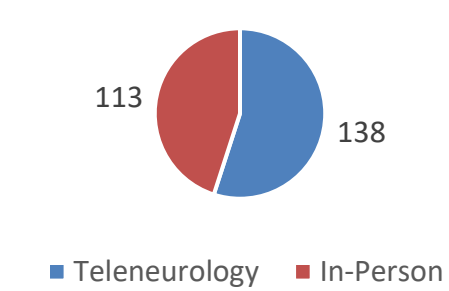
- Inpatient Neurology Service at one rural hospital
- Difficulty recruiting specialists
- Rounding facilitated by NPs
- 10-15 days / month

- Remote Neurologist at UMMC
- Access to EMR
- Access to PACS
- Block schedule

The University of Mississippi Medical Center
Center for Telehealth

Results

- 138 of 251 total patients seen exclusively through teleneurology team.
- 4 patients required transfer to higher level of care.
- Common diagnoses via telehealth:
  - Stroke (32%)
  - Epilepsy (10%)
  - Encephalopathy (8%).
- 61% of teleneurology patients were discharged home with self-care or home health care.
- Other diagnoses included myocardial infarction, acute kidney injury, and sepsis, among others.



The University of Mississippi MEDICAL CENTER
Center for Telehealth

Conclusion

- It is feasible to implement teleneurology service in rural Mississippi.
- A hybrid model is feasible and helps with gap coverage where rural hospitals do not have personnel for 24x7 coverage.
- We can provide specialty care via telemedicine that the underserved population would otherwise not have.
- Teleneurology service may reduce interfacility transfers for specialty care.
- Future research is necessary to evaluate the long-term clinical outcomes and patient satisfaction with Teleneurology services.

Inpatient specialty consults- Tele Critical Care Services

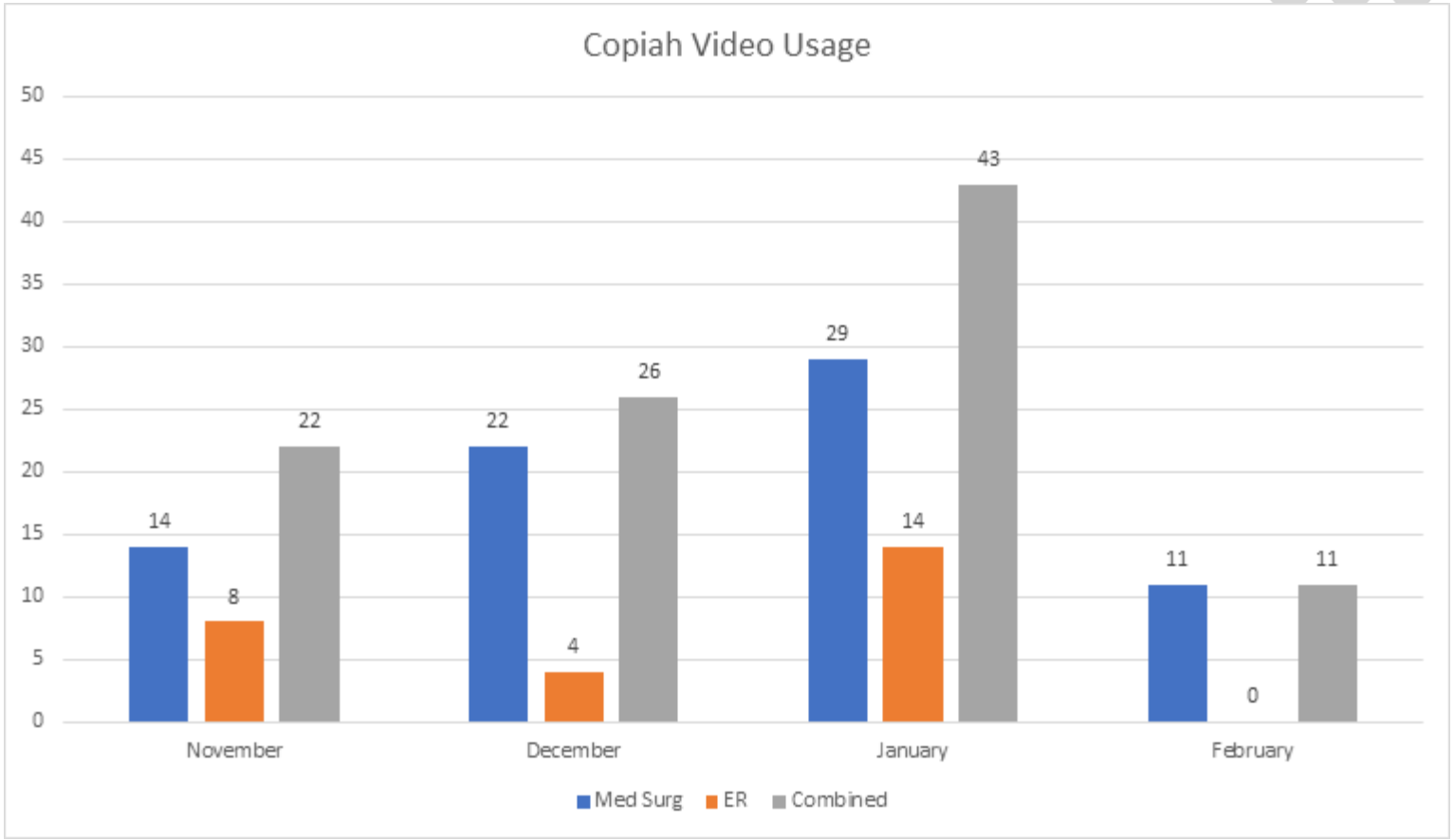
A/V Communication

- Support to two small Rural Hospitals (Copiah Medical Center, Leflore Greenwood Hospital)
- 24/7 Access to Critical Care Providers
- Goal: Prevent unnecessary transfers, improve Clinical outcomes.

- Remote providers in NY
- Access to EMR
- Access to PACS
- 24/7 schedule

The University of Mississippi Medical Center
Center for Telehealth

Inpatient specialty consults- Tele Critical Care Services

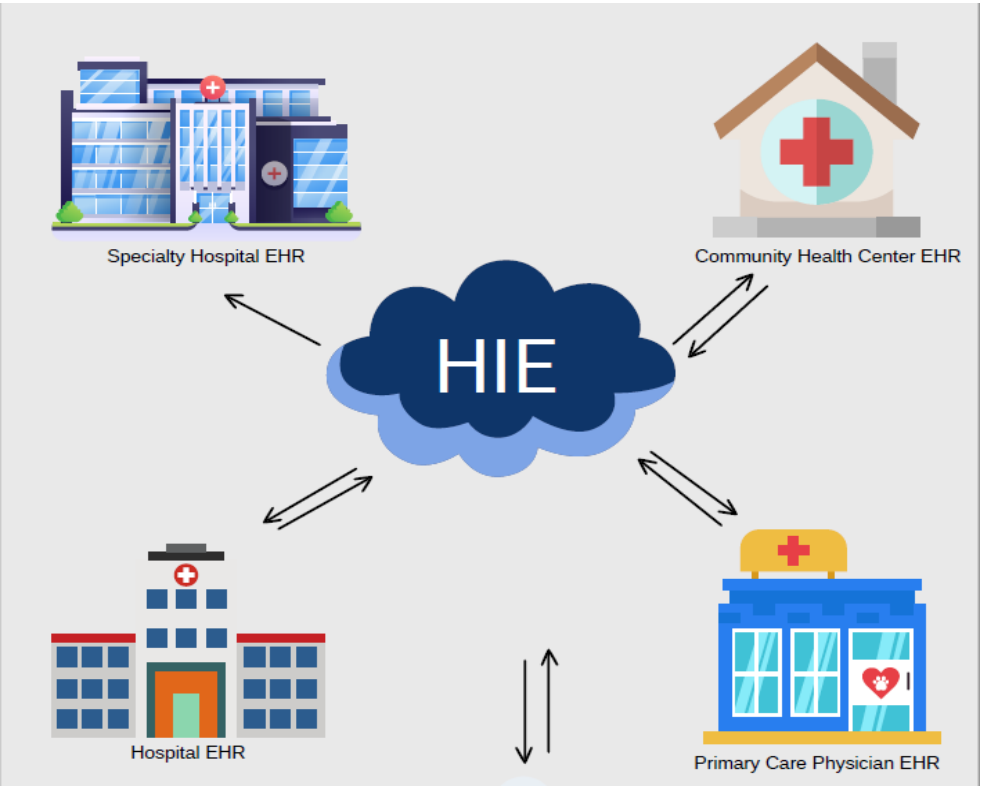


The University of Mississippi MEDICAL CENTER
Center for Telehealth

MHA Health Information Exchange

majority of acute care hospitals in the state are participating in the HIE.

Phase I: COE is partnering with MHA to include FQHCs in the network.



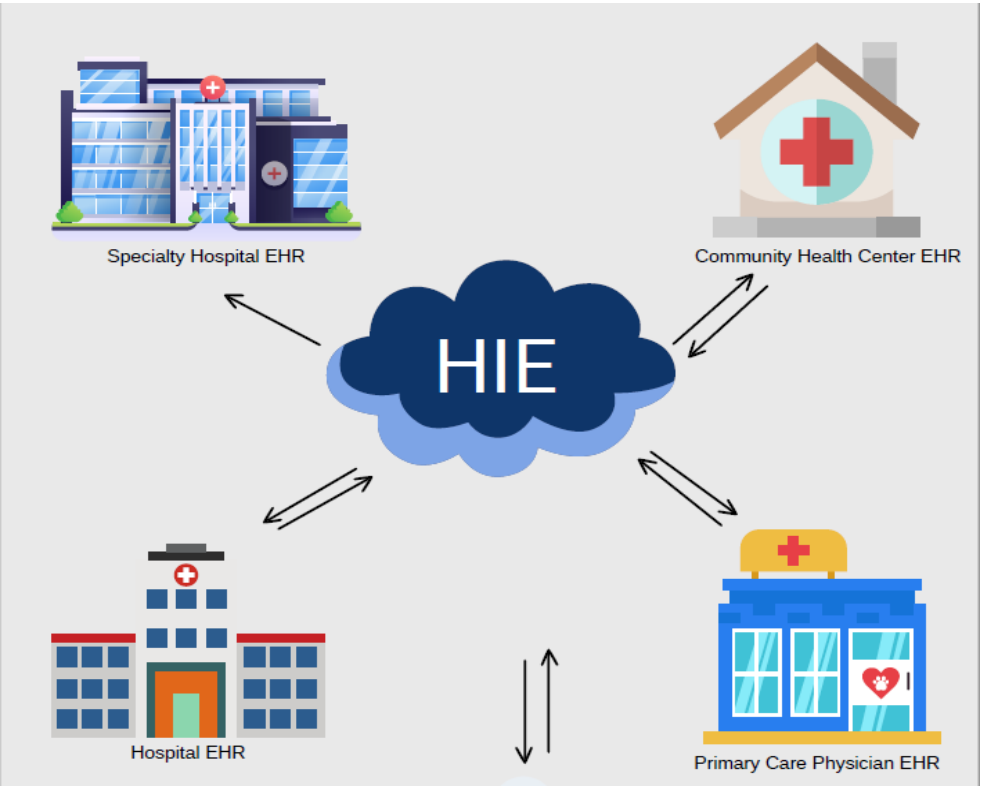
Data Shared to HIE:
Admissions/Discharge/ Transfers both Inpatient and Ambulatory/ED

Labs*
Meds*
Notes*

*These require additional interfaces that not all health systems utilize

MHA Health Information Exchange- Phase II-Adding the referral network

The Referral Network will allow each system to refer to each other. An FQHC can send a referral to a hospital, for instance, and the FQHC will receive updates on the referral, and outcomes of the referral once the appointment has been completed.



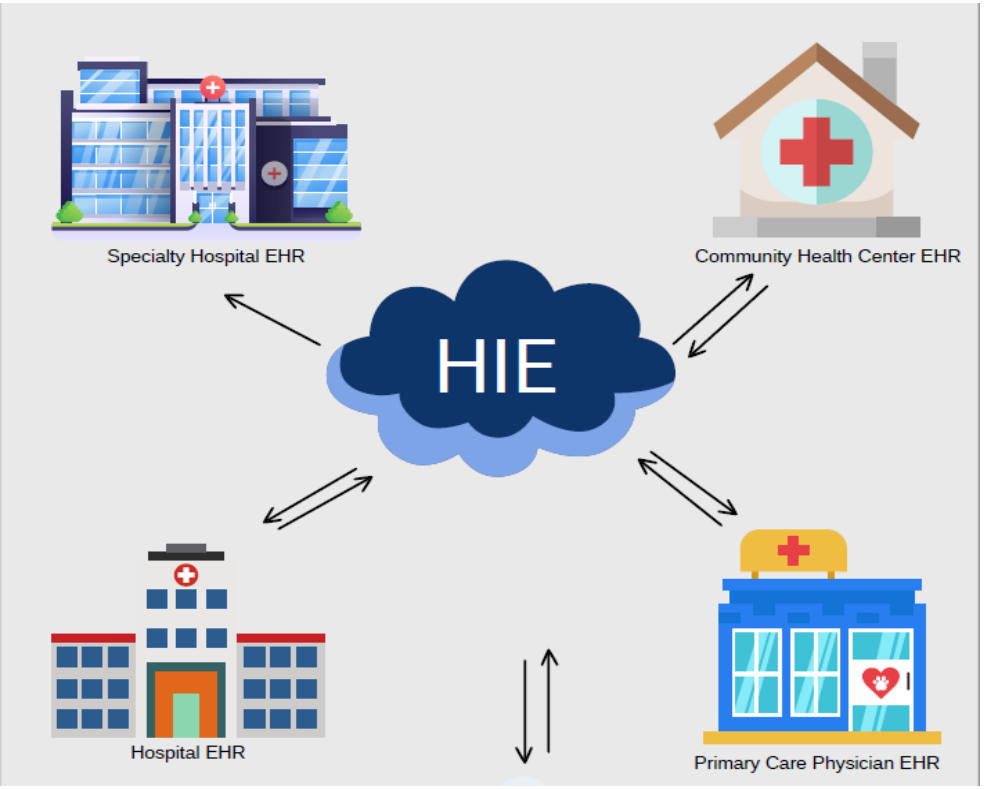
Data Shared to HIE:
Admissions/Discharge/ Transfers both Inpatient and Ambulatory/ED

Labs*
Meds*
Notes*

*These require additional interfaces that not all health systems utilize

MHA Health Information Exchange- Phase III- Customizing the referral network

The referral will be customized to what is needed based on the type of referral / specialty. For instance, diabetes referral would include data around A1C level, weight history, relevant labs, etc



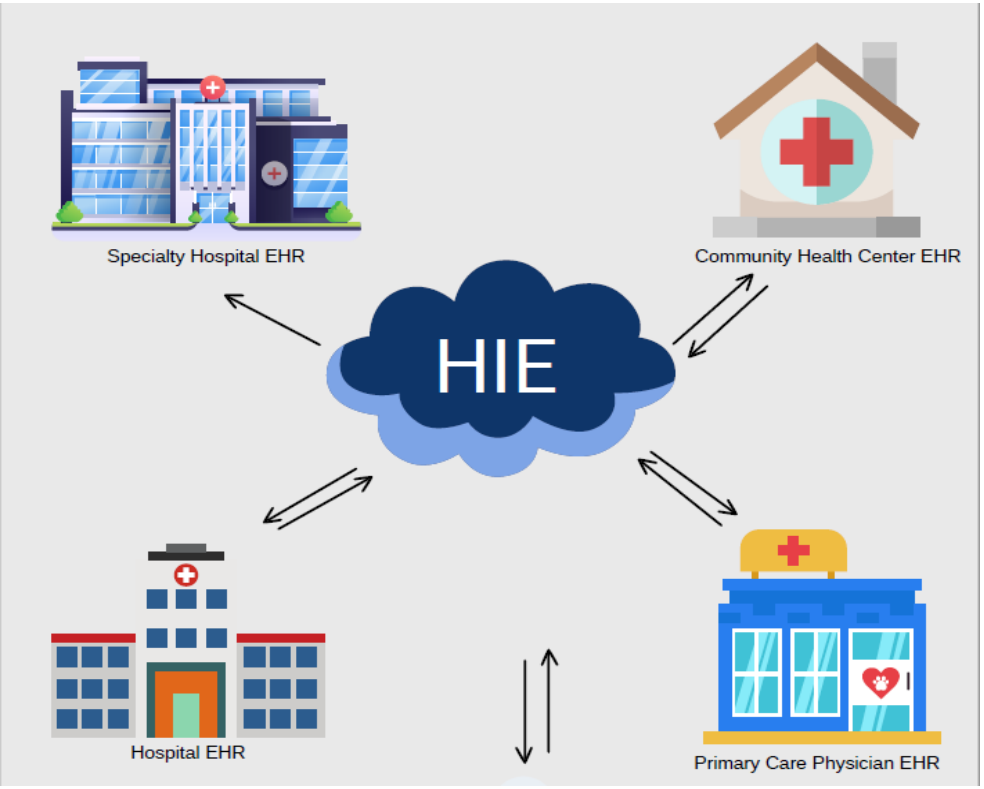
Data Shared to HIE:
Admissions/Discharge/ Transfers both Inpatient and Ambulatory/ED

Labs*
Meds*
Notes*

*These require additional interfaces that not all health systems utilize

MHA Health Information Exchange- Phase III- Customizing the referral network for e-consults

The referral will be customized to what is needed based on the type of referral / specialty. For instance, diabetes referral would include data around A1C level, weight history, relevant labs, etc



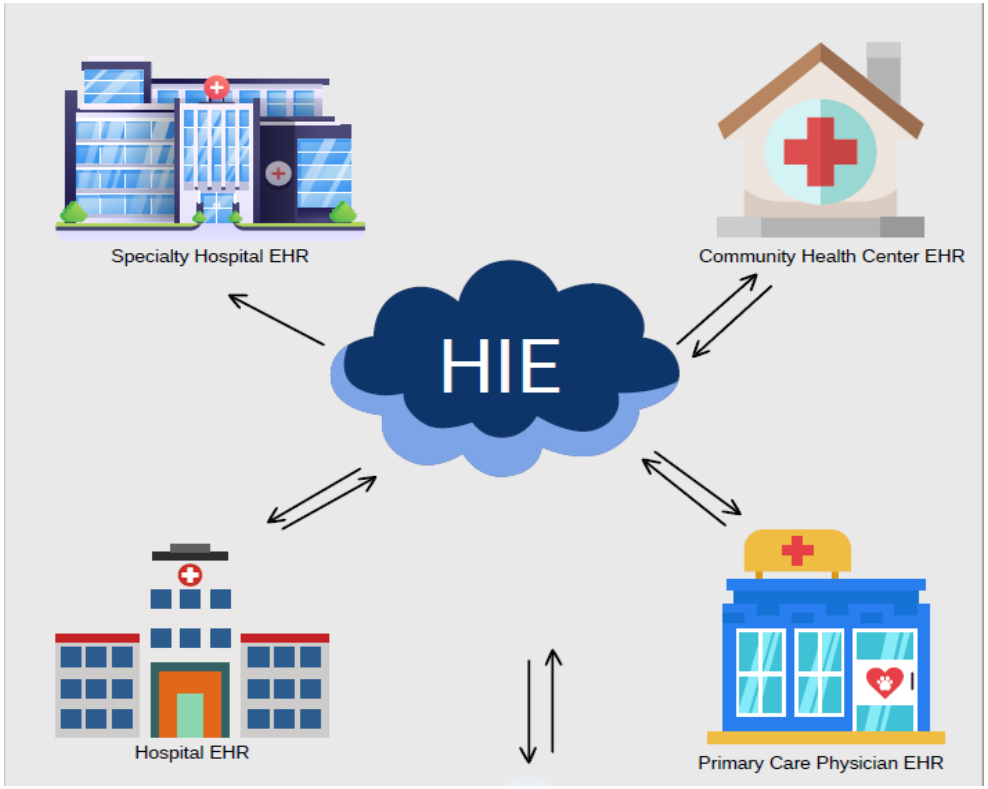
Data Shared to HIE:
Admissions/Discharge/ Transfers both Inpatient and Ambulatory/ED

Labs*
Meds*
Notes*

*These require additional interfaces that not all health systems utilize

MHA Health Information Exchange- Phase III- Overlaying a Telehealth Platform

This phase will include a video component for real time Telehealth consultations where the relevant clinical history is included in the referral



Data Shared to HIE:
Admissions/Discharge/ Transfers both Inpatient and Ambulatory/ED

Labs*
Meds*
Notes*

*These require additional interfaces that not all health systems utilize

Implementation of a Virtual Nursing Program in an Adult Acute Care Medical-Surgical Unit

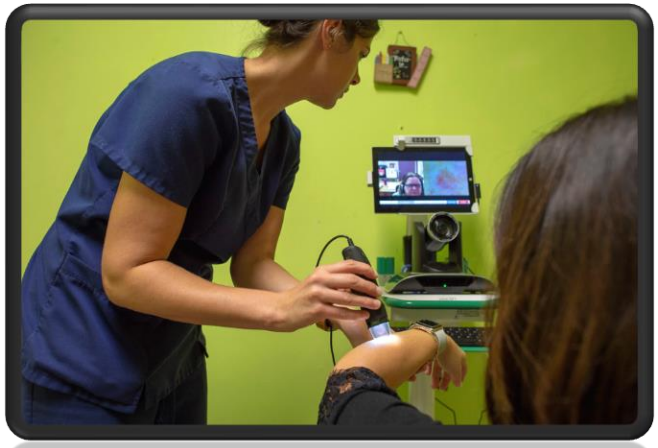
Saurabh Chandra MD, PhD

OAT Telehealth Research Directors Meeting

March 5th, 2024

The University of Mississippi Medical Center
Center for Telehealth

School Based Telehealth Program



HEALTHY CHILDREN LEARN BETTER...

SCHOOL TELEHEALTH HELPS TO MAKE IT HAPPEN!!

UMMC Center for Telehealth

National Telehealth Center of Excellence

Mississippi Department of Education

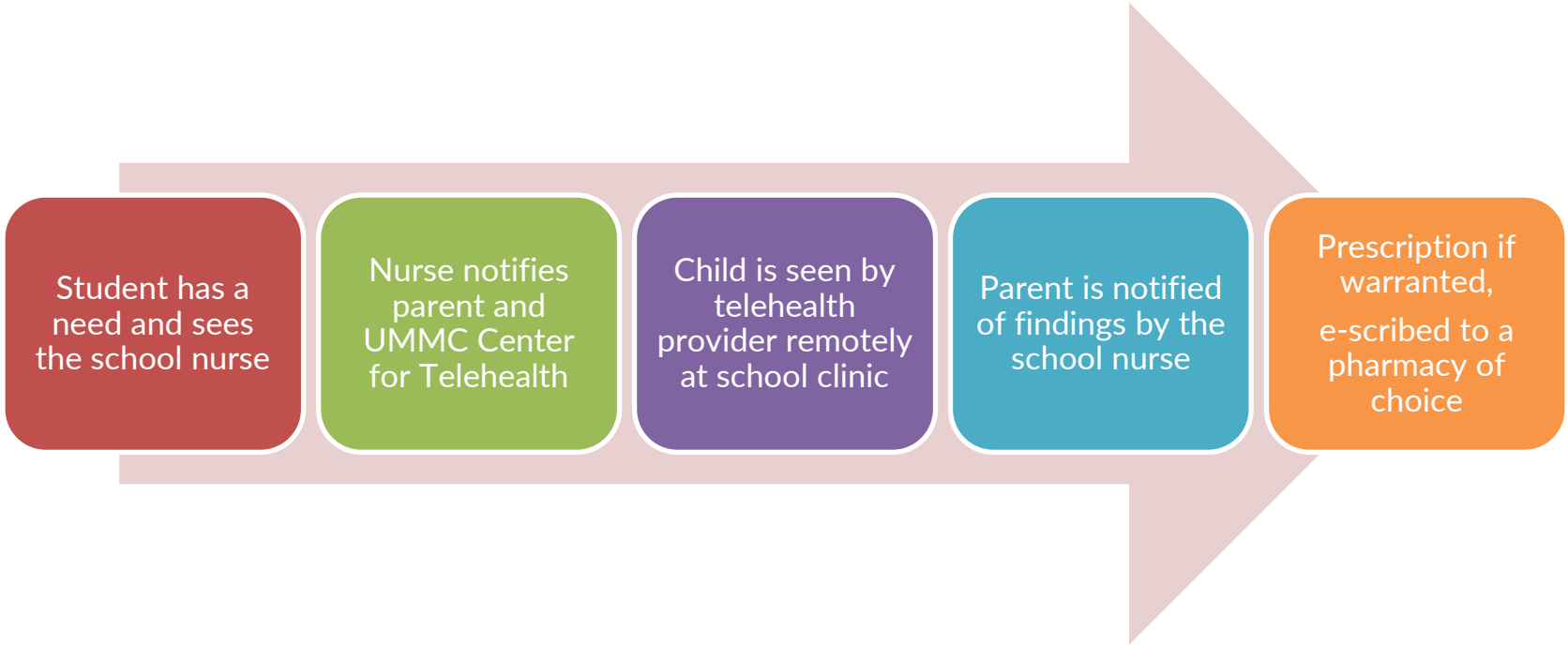
The University of Mississippi Medical Center

Center for Telehealth

School Based Telehealth Program

- Faster student access to health care on campus
- Better attendance & student performance (same day return to classroom and reduction in absenteeism)
- Decrease in utilization of health services for low acuity issues.
- Decrease in behavioral health related issues.
- Benefits for parents

HOW IT WORKS! - SCHOOL TELEHEALTH



UMMC Center for Telehealth

Mississippi Department of Education

The University of Mississippi Medical Center
Center for Telehealth

URGENT CARE CLINICAL SERVICES

- Same day appointments available
- UrgentCare provided by UMMC Pediatric Nurse Practioners
- Parents/guardians are free to join the visits virtually
- Treatment available for issues like asthma, allergies, colds, flu, headaches, fever, skin irritation, head lice, pink eye rashes and MORE!
- Video visits are at NO CHARGE.

Any costs for prescriptions and follow-up visits with primary care physicians or specialists, however, are the responsibility of the parent or guardian.

The University of Mississippi MEDICAL CENTER
Center for Telehealth

BEHAVIORAL HEALTH CLINICAL SERVICES

- Behavioral health care from experienced specialists
  - LPCs (initial evaluations and ongoing follow-ups for therapy)
  - NP referrals (medication management) are completed by the LPC when no local provider is available
- We help school counselors and nurses support children's mental and emotional health needs, including anxiety, depression, behavioral difficulties, coping skills, expressing feelings, and more.
- Nonurgent (but may be scheduled same day)
- Parents/guardians may join the visits virtually
- Video visits are at NO CHARGE.

Any costs for prescriptions and follow-up visits with primary care physicians or specialists, however, are the responsibility of the parent or guardian.

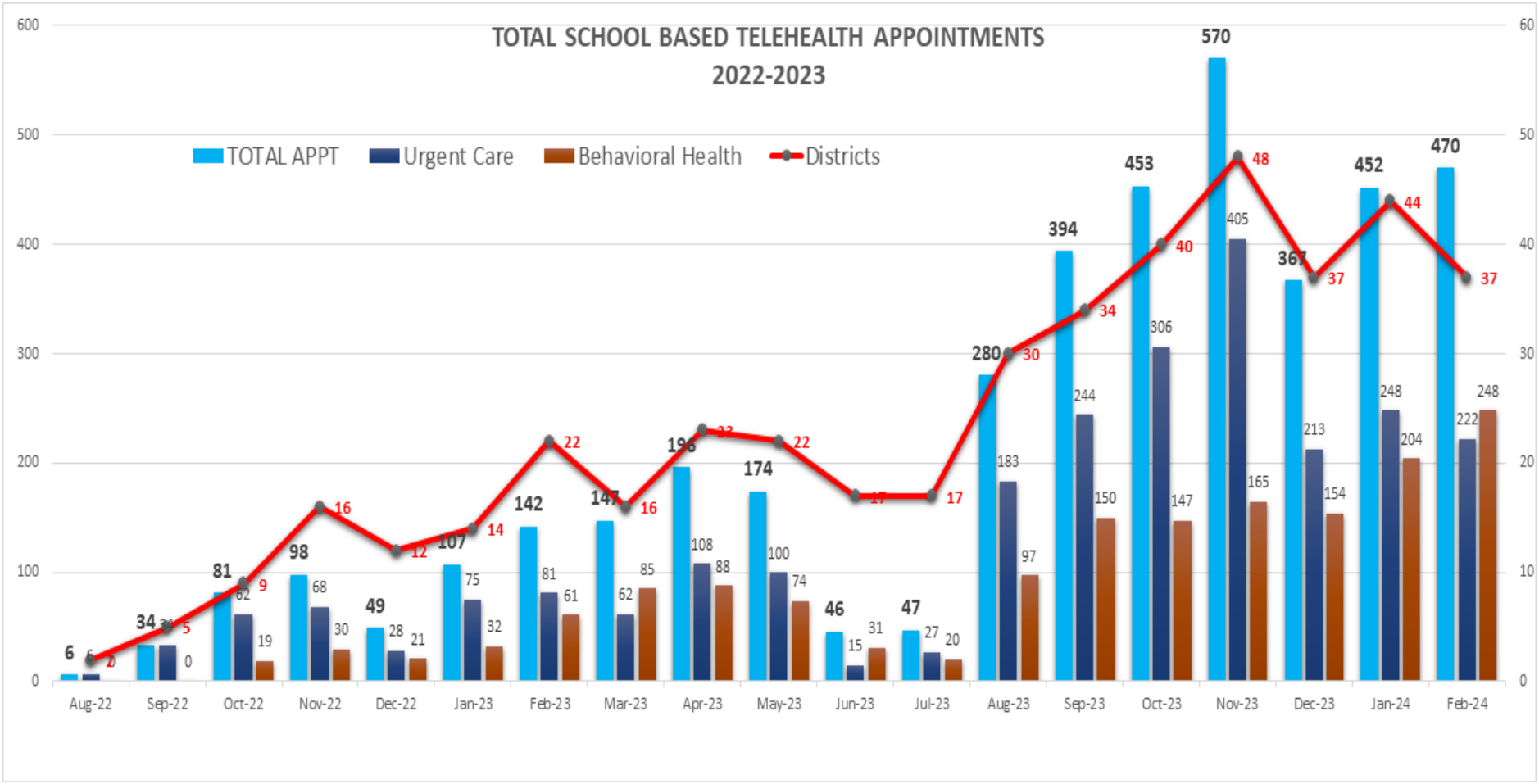
The University of Mississippi Medical Center
Center for Telehealth

MS School-based Telehealth- Who has access?

Districts	73	48.02%
Schools	421	49.30%
Students	191,7188	43.92%

The University of Mississippi Medical Center
Center for Telehealth

MS School-based Telehealth- Utilization



Pandemic-Driven Innovation

During the COVID-19 pandemic, a national survey found that almost **two-thirds of nurses** (62%) reported experiencing **burnout** related to strain on healthcare staffing. (American Nurses Association, 2020)

Though high levels of demand were already affecting nurses and other health workers, the pandemic greatly accelerated the need for **innovative solutions** to alleviate burnout and other workplace hazards.

Objective: Increase nurse staffing via the introduction of a **Virtual RN** to reduce the workload of the bedside nurse.

Potential of Virtual Nursing Program:

Facilitating teamwork, enhancing patient-centered care

Goal: Reduce Bedside Nurse's Workload

- Facilitation of patient care coordination with continuous updates to interdisciplinary teams.
- Accurate, timely documentation of admission, discharges and pain reassessment

Goal: Increase Patient's Safety

- Address patient needs promptly.
- Perform of frequent rounding to minimize the occurrence of a harmful event.

Goal: Improve Communication with Patient

- Patients receive a detailed discharge education process to ensure complete understanding.
- Patient given the opportunity to ask questions regarding their care.

Pilot Program

Virtual nursing was implemented in a small unit at UMMC on March 20, 2023.

- 6 West: 14-bed unit
- Adult acute care patients

Virtual RN Staffing Structure

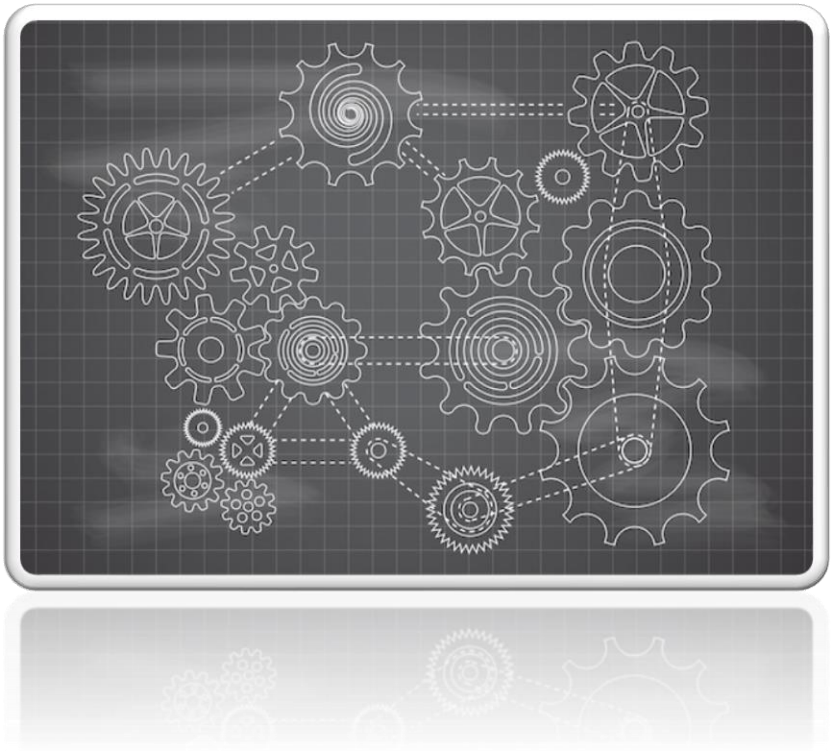
- Created an on-floor “bunker” staffed by a virtual nurse
- 9am – 9pm, 7 days/wk

Technology:

- In every patient room
  - Pan/Tilt/Zoom Camera and monitor, speakers
  - iPad with MyChart Bedside (education, satisfaction questionnaire)
- In Virtual Nurse Bunker
  - Secure chat integrated with EPIC platform
  - 4 screens: Hyperspace, Focused Patient, Video Call, Epic Monitor

Roles and Responsibilities of Virtual RN

- Admissions
  - Review of patient data
  - All required documentation not requiring a physical assessment
- Discharge
  - Patient education
  - Collaboration with coordinated care, discharge disposition
- Rounding
  - Identification of need for intervention or activity (i.e. entertainment, position/gown/linen change)
  - Safety checks
  - Pain reassessment



Analysis of Virtual Nursing Pilot

Table 1 Patient Characteristics in 6 West during the study period (04/11/2022 -02/29/2024)

	Patient with VN (n = 657)	Patient without VN (n = 728)
Age at admission, yr., mean (SD)	56.6 (17.9)	54.3 (17.6)
Female, no. (%)	309 (47.0)	332 (45.6)
Race, no. (%)		
White or Caucasian	258 (39.3)	251 (34.5)
Black or African American	377 (57.4)	446 (61.3)
Others	22 (3.3)	31 (4.2)
Rural, no. (%)	208 (31.8)	261 (35.9)

Measurable reduction in bedside nurse workload

Admissions

The average time of bedside nurses completing the admission navigator is **38 minutes**.

VS

The average time of a virtual nurse completing the entire admission process is **23 minutes.**

Discharges

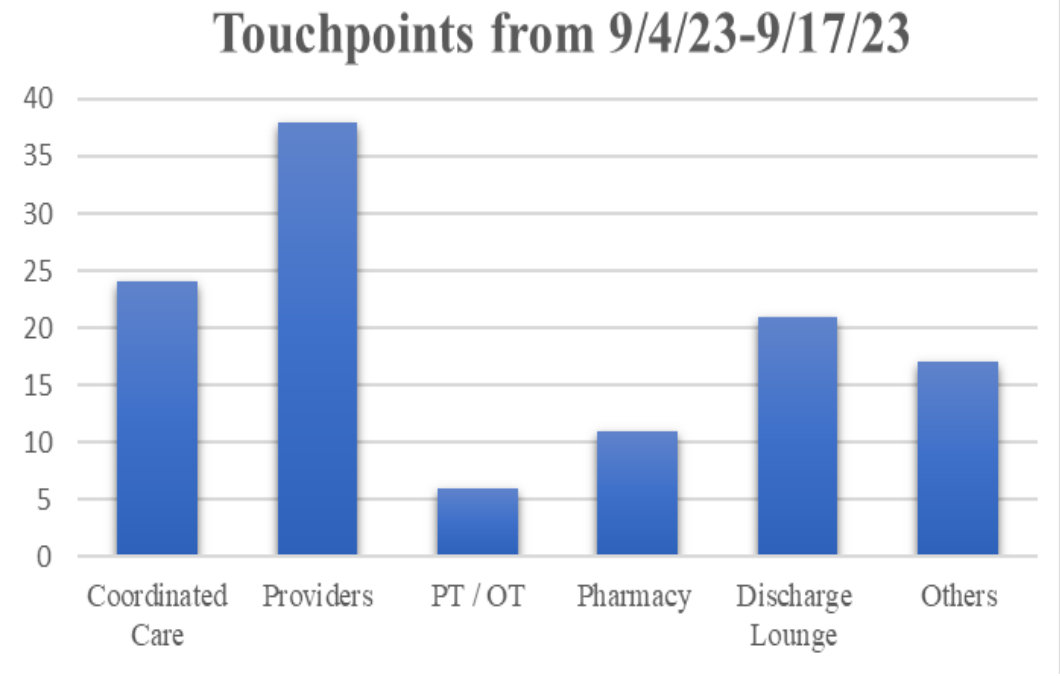
The average time of the bedside nurse going through the AVS for discharge is **31 minutes**.

VS

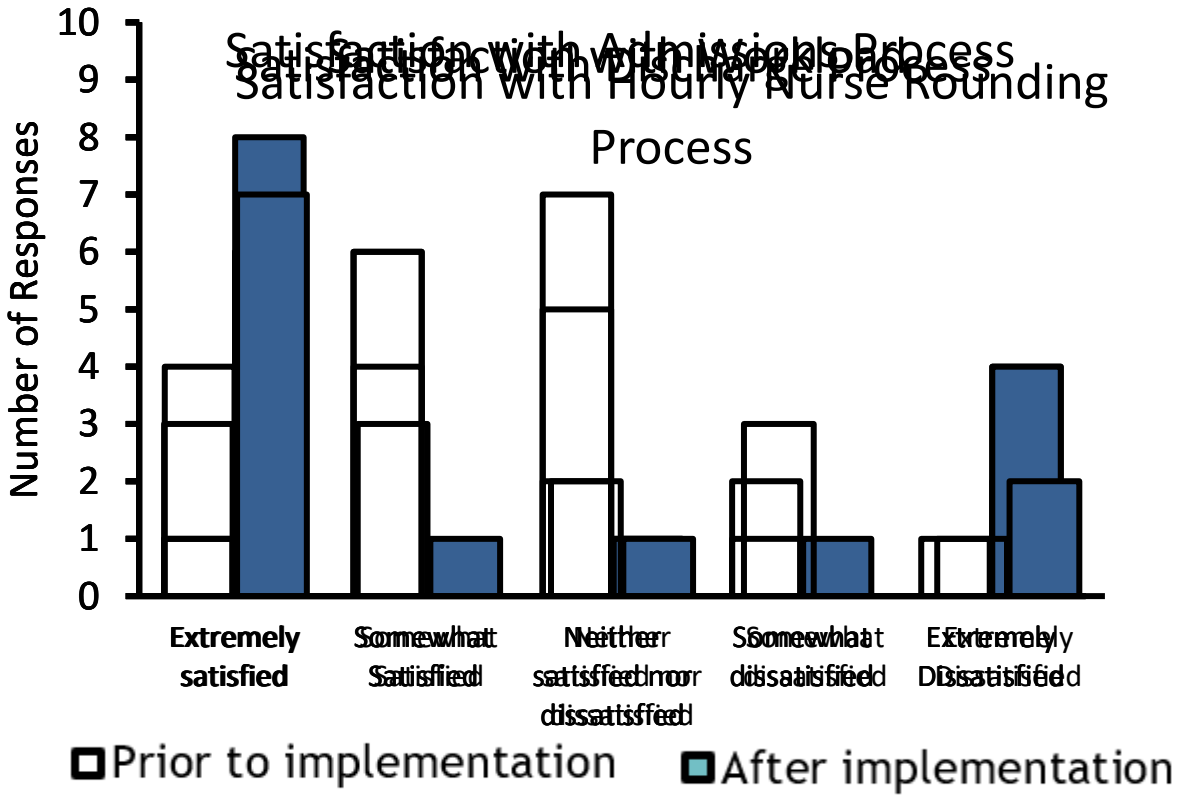
The average time of a virtual nurse providing thorough education for discharge is **13 minutes**.

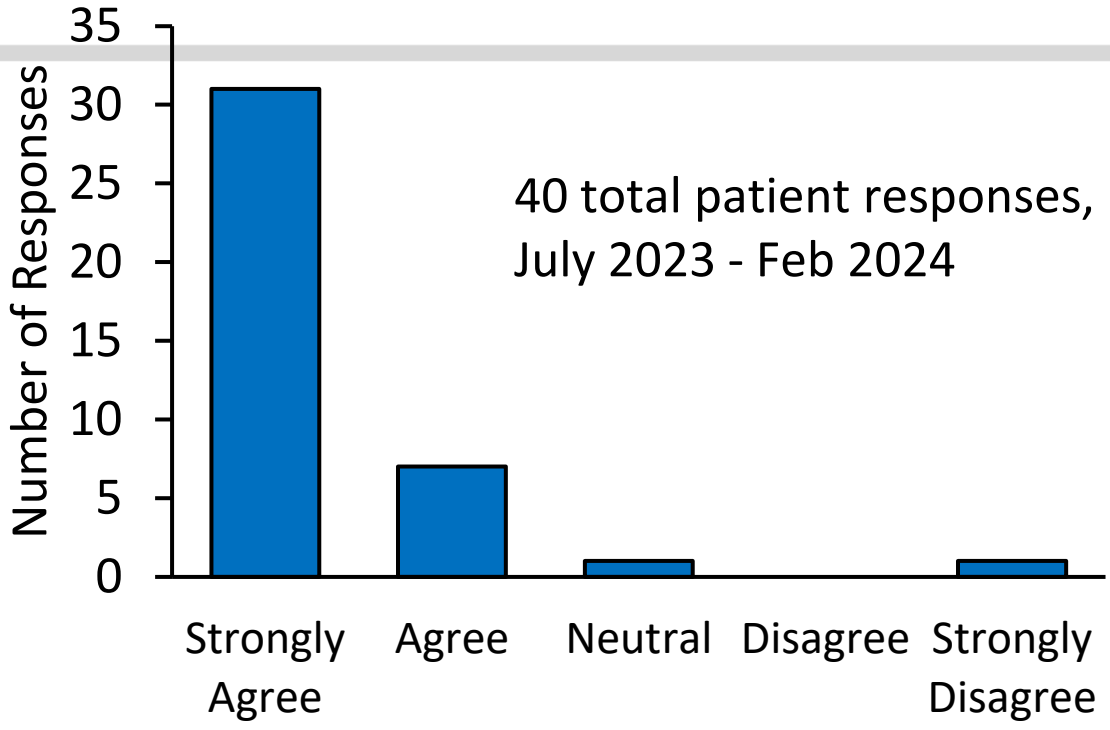
Effective communication

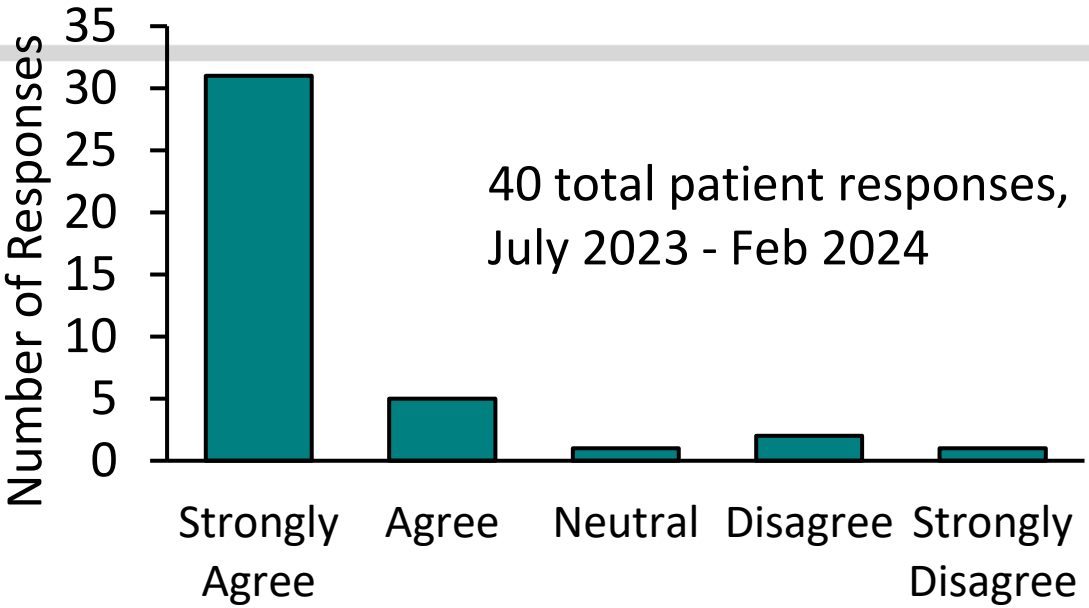
Virtual nurses facilitate communication with each patient's **interdisciplinary team**.



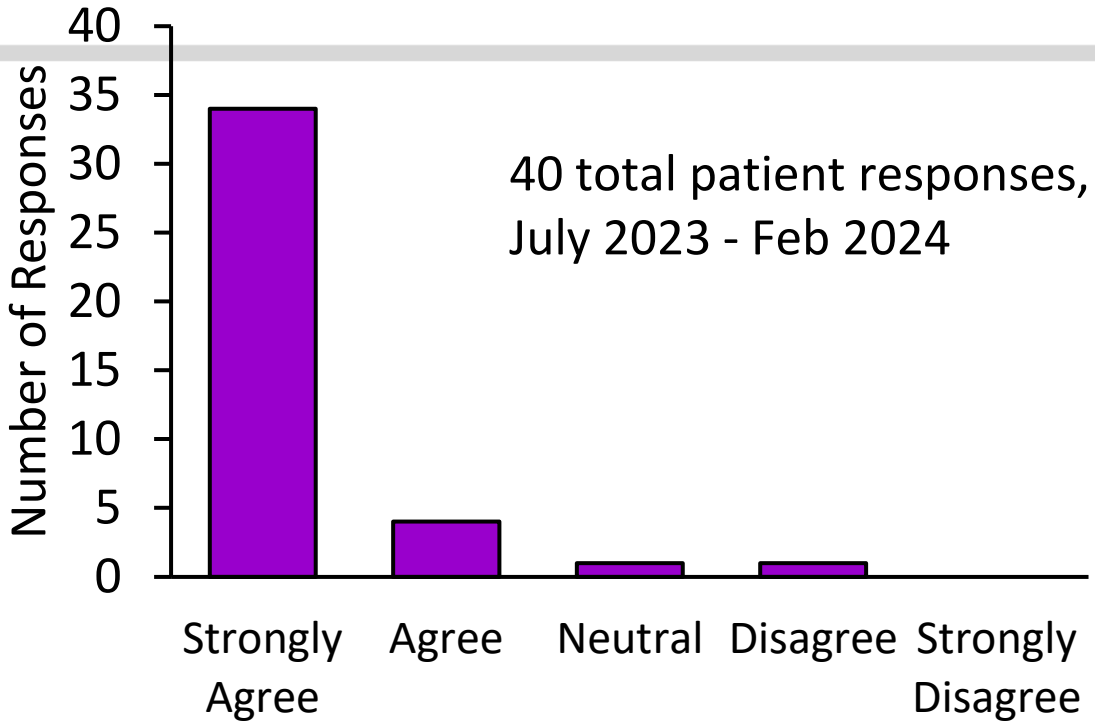
Staff Satisfaction




35
30
25
20
15
10
5
0
Number of Responses
40 total patient responses,
July 2023 - Feb 2024
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Question 1: I understood the Virtual Nurse's job in helping to provide care for me during my stay.



Question 2: If I had a hospital stay in the future, I would prefer to have a Virtual Nurse in addition to a Bedside Nurse, rather than a Bedside Nurse only.


40
35
30
25
20
15
10
5
0
Number of Responses
40 total patient responses,
July 2023 - Feb 2024
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Question 3: It was easy to communicate with the Virtual Nurse.

Future Directions

AI-Enabled Sensor Platform

Artisight Platform and Initial Applications

Analog sensor fusion ➡ **AI-Enabled Analog to digital conversion** ➡ **Structured data is fed into applications for clinics, operating rooms, and patient rooms**

Computer Vision

Voice Recognition

Ultra-Wideband

Radar

Clinic Coordination

OR Coordination

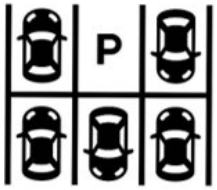
TeleMonitoring

TeleHealth

Handwashing

Remote Nursing

Smart Parking



Surgical Ed

Capacity Mgmt

Artisight

The University of Mississippi Medical Center
Center for Telehealth

Remote Nursing Assistant & Preceptors

A 36-Hospital Time and Motion Study: How Do Medical-Surgical Nurses Spend Their Time?
The Permanente Journal/ Summer 2008/ Volume 12 No. 3 (https://www.issuelab.org/resources/8134/8134.pdf)

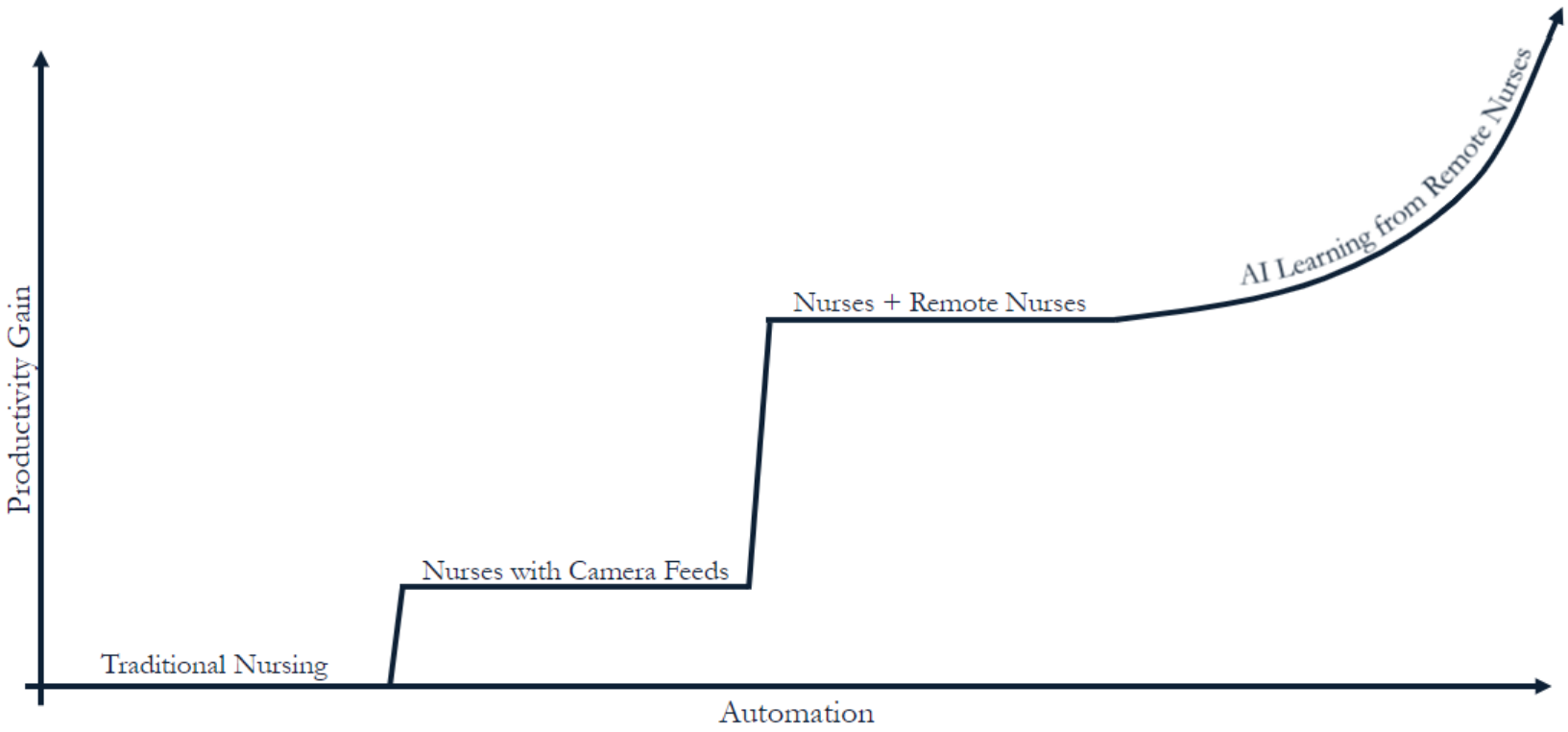
Nursing Activities by Time		
Documentation	35.3%	147.5 min
Care Coordination	20.6%	86 min
Patient Care	19.3%	81 min
Medication Administration	17.2%	72 min
Patient Assessment	7.2%	31 min

233.5 minutes back on top of 184 of work
(**127% increase in clinical productivity**)

Eliminating just 70 min of documentation/care coordination yields a 20% productivity gain:

1. Solves the ~20% nursing shortage
2. Improves patient satisfaction
3. Improves nursing satisfaction
4. Improves patient outcomes

Rollout Strategy



The University of Mississippi MEDICAL CENTER
Center for Telehealth

Remote Patient Fall Prevention ROI

Average Daily Census	900

Direct Sitter Cost			Cost of Artisight Remote Sitting	
Patients needing a sitter	32		Patients needing a sitter	32
Average sitter hourly wage	$ 15		Average sitter hourly wage	$ 15
Total daily sitter cost	$ 11,340		Number of sitters needed	1
			Annual sitter cost	$ 262,800
			Cameras needed	32
			Annual cost per camera	$ 2,000
			Hardware Fee	$ 96,000
Total annual sitter cost	$ 4,204,800	vs.	Total Hospital Remote Sitting Cost	$ 402,800
			5-year ROI	12.9

The University of Mississippi MEDICAL CENTER
Center for Telehealth

It’s all About the Team!

Tearsanee Davis
FNP, DNP, FAANP
Director of Clinical Programs and Strategy

Saurabh Chandra, MD, PhD
Chief Telehealth Officer
Project Director

Gregrey Hall
Director of IT

Kyle Brewer
Administrator

Jennifer Bryant
Director of Operations

Christina Wright, BS
Director of School Based Telehealth

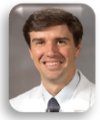
Hollie Thomas, MHA - Program Manager

La’Kitha Hughes, PhD
Grants Manager

Alice Lee, MHA
Contracts Manager

Tanya Tucker
Clinical Program Manager

Yunxi Zhang, PhD
Associate Research Director, Biostatistician



Donald Clark, MD
Medical Director RPM

John Swint, PhD
Professor of Health Economics. UTHSC

Lindsey Kuiper, PhD
Research Administrator

Ying Zhang
Enterprise Informatics Analyst

Terri Morgan
Administrative Assistant

Annette Wesco
Revenue Manager

Project Managers

Vanessa Trammell
MS

DeAngela Ivory
MPH

Amani Bailey
DrPH, MPH, MA

Betty Griffith
BS

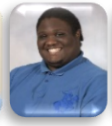
Joy Johnson
BS

Astria Goolsby
BS

Angie Haller

IT

Toby Andrews



Ray King

Michael Sanders

Lawson Tucker

RN Care Coordinators

Shirley Stasher

Shonda Ross

Cindy Broome

Lou Stapleton

Cheryl Lasource
Darries Langston
Judith Groff
Susan Lewis
Tiffany Reagan

Pharmacist

Carly Brown, PharmD

The University of Mississippi MEDICAL CENTER
Center for Telehealth

Questions?

Bridging the gaps in quality healthcare

schandra@umc.edu

The University of Mississippi MEDICAL CENTER
Center for Telehealth