

Right Care, Right Time, Right Setting

Telehealth in Medicine and Dentistry



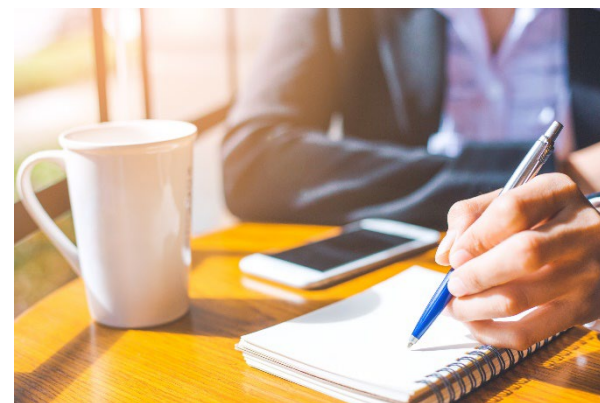
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A National Telehealth Center of Excellence

Disclosures



- I have no actual or potential conflict of interest in relation to this program/presentation.
- I have no relevant financial interest in any organizations related to commercial products or services discussed in this program.



Objectives



- Introduction of different Telehealth Modalities.
- Discuss Clinical Programs Administered by the Center for Telehealth
- Describe innovative Statewide Initiatives



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)

Benefits of Telehealth



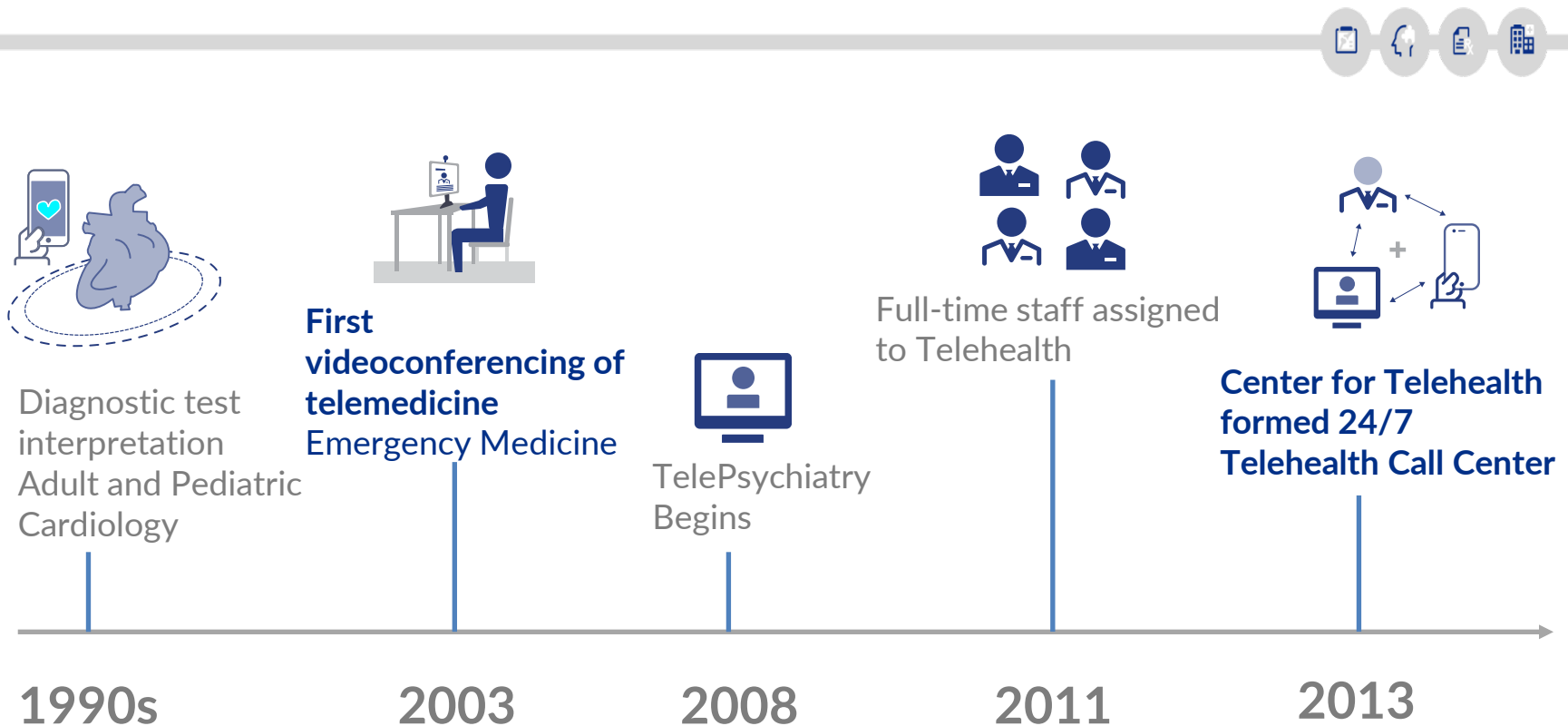
HEALTH OUTCOMES	PATIENT EXPERIENCE	REDUCED COSTS	PROVIDER SATISFACTION
Improved: • Health outcomes • Continuity of care • Compliance with standards of care • Insight about population health • Quality of life • Medication Management Reduced: • ER visits • Complications • Admission rates	Improved: • Patient 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/patient communication



Introduction to the Center for Telehealth at UMMC



Center for Telehealth History



Center for Telehealth History



Telehealth Center of
Excellence awarded to
UMMC

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



FCC Funding for rpm



Telehealth Center of
Excellence awarded to
UMMC

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



RFP Awarded for
School Based
Telehealth

2017

2020

2021

2021

2022

THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

Center for Telehealth

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- Strategy



Telehealth program portfolio development and integration imperatives

Step 1: Identify Priority Clinical Strategies

Optimize Hospital-Level Care

Distribute Access to and Integration of Care

Manage Population Health

Improve Community and Public Health Status

Step 2: Develop Telehealth Program Portfolio

Optimize Hospital-Level Care Telehealth Programs

Distribute Access to and Integration of Care Telehealth Programs

Priority Clinical-Use Cases in Service Lines and Clinical Departments

Full Range of Telehealth Modalities

Manage Population Health Telehealth Programs

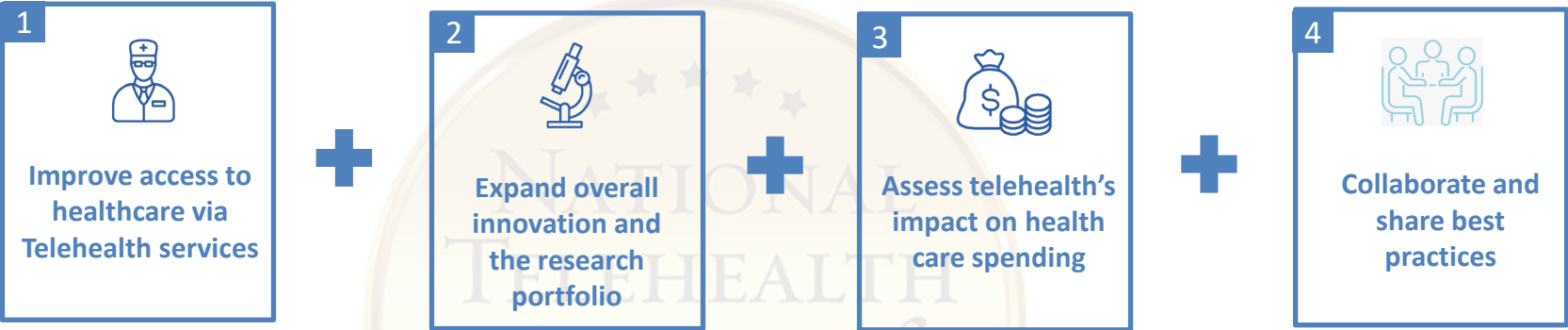
Improve Community and Public Health Status Telehealth Programs

Step 3: Integrate Telehealth Throughout Organization



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



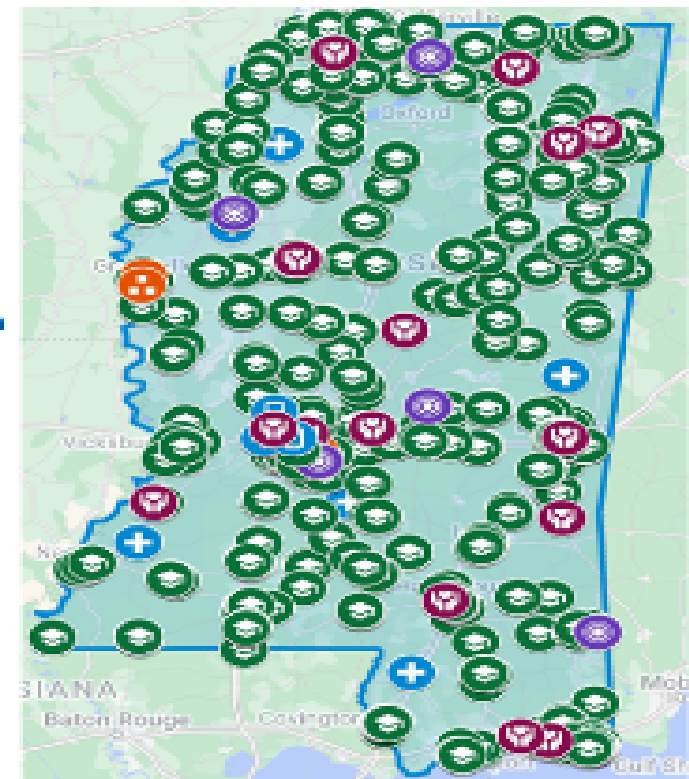
**TELEHEALTH PLAYS A KEY
ROLE BY DRAMATICALLY
INCREASING ACCESS TO
CARE IN RURAL AND
UNDERSERVED AREAS
ACROSS THE STATE**

COMMITTED TO SERVING MISSISSIPPI COMMUNITIES

**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.**

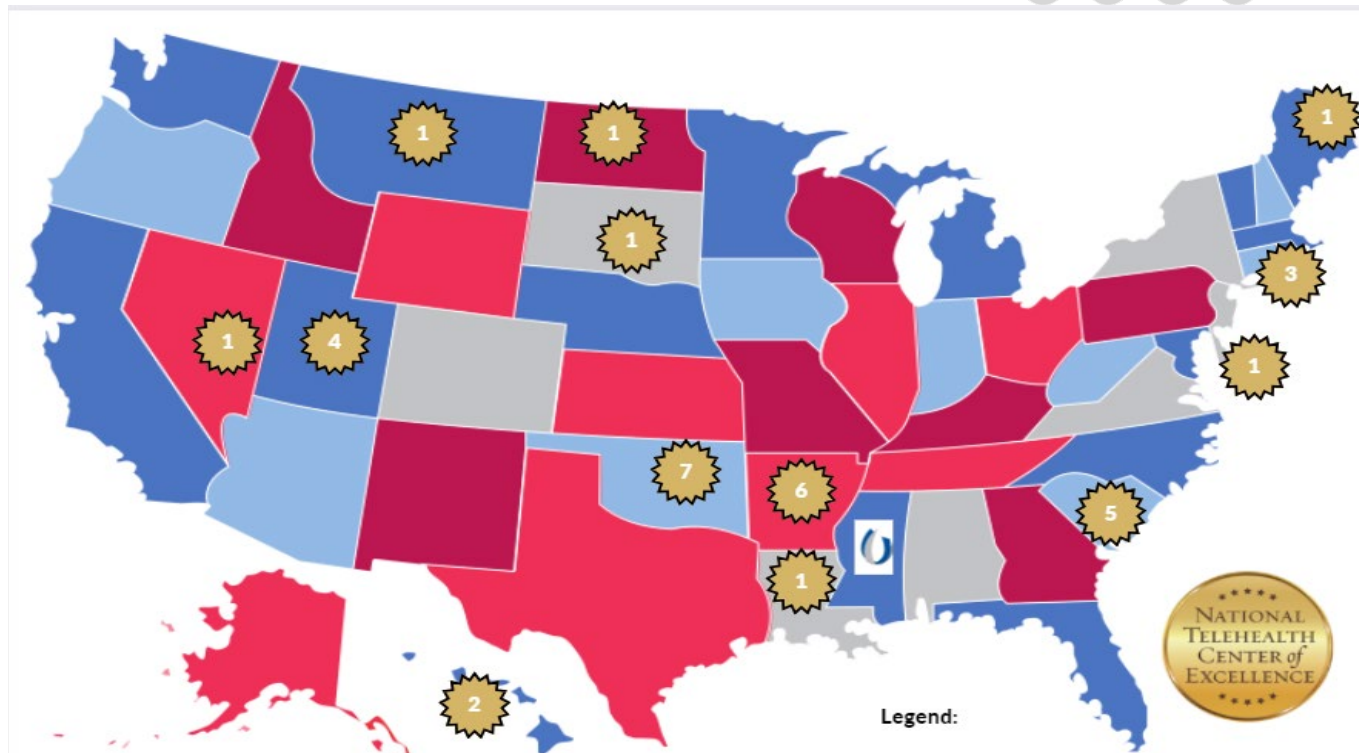
-  **School-Based Telehealth**
-  **TelEmergency**
-  **TeleMental Health**
-  **TeleInfectious Disease**
-  **TeleNetworking**
-  **Corporate**
-  **UMMC2You**



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





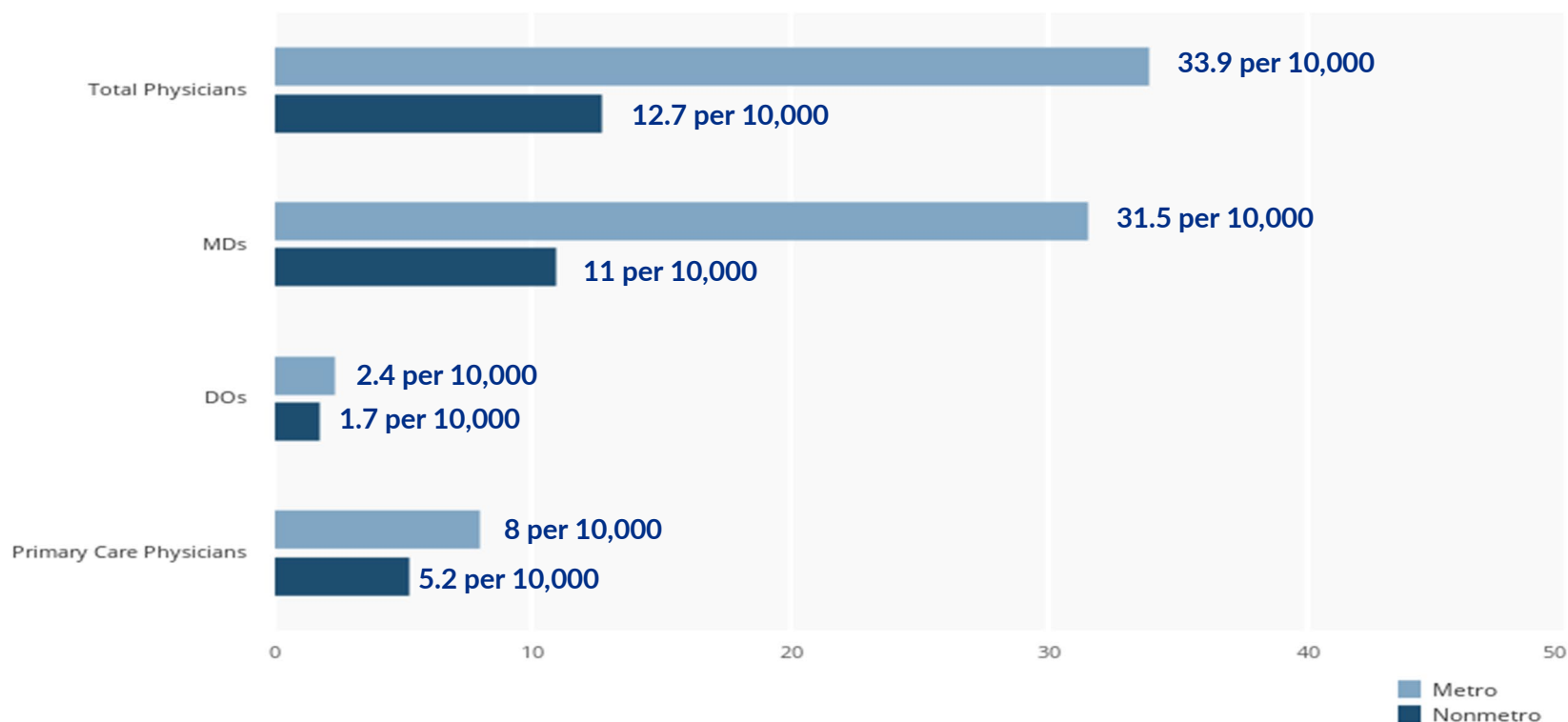
Barriers to Healthcare Access in Rural Areas



Workforce Shortage- Physicians



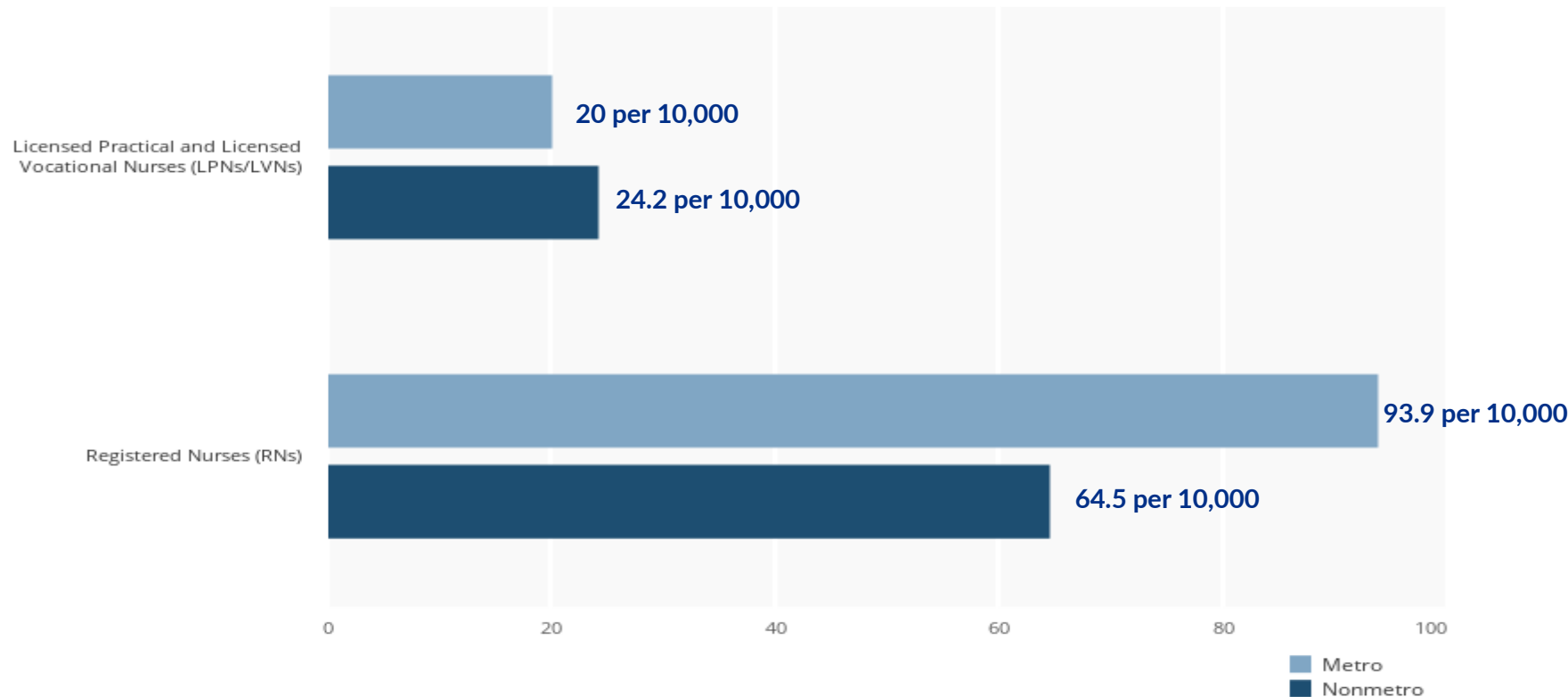
Physicians per 10,000 People for Metro and Nonmetro Counties, 2019



Workforce Shortage- Nurses



Nurses per 10,000 People for Metro and Nonmetro Counties, 2020





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

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.

Social determinants that are barriers for rural communities in accessing healthcare



- Higher poverty rates, which can make it difficult for participants to pay for services or programs
- Cultural and social norms surrounding health behaviors
- Low health literacy levels and incomplete perceptions of health
- Linguistic and educational disparities
- Limited affordable, reliable, or public transportation options
- Unpredictable work hours or unemployment
- Lower population densities for program economies of scale coverage
- Availability of resources to support personnel, use of facilities, and effective program operation
- Lack of access to healthy foods and physical activity options

Travel Burden to Receive Health Care



Figure 1. Average Time Spent in Travel for Care, 2017²

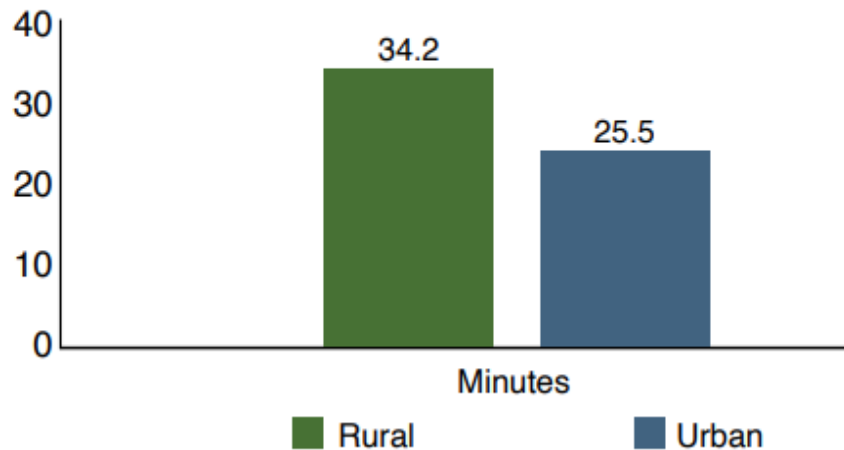
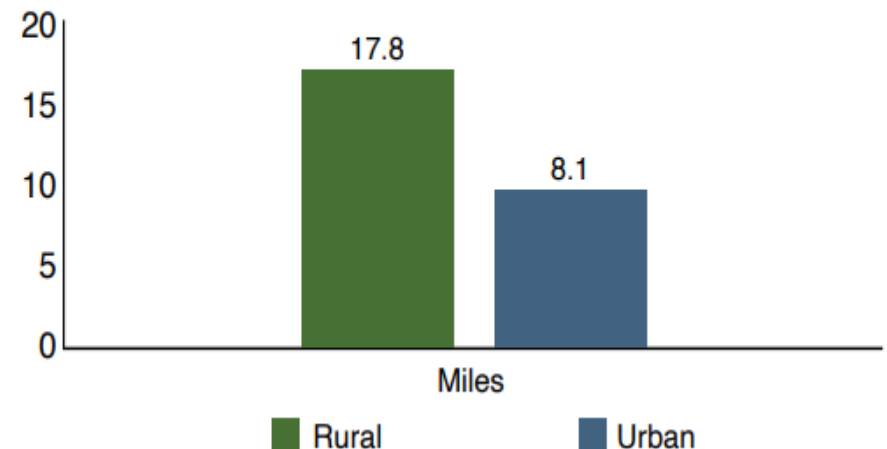


Figure 2. Average Distance Traveled for Care, 2017²



Rural Hospital Closures



- 141 Rural Hospital Closures since 2010
- 631 or 30% of all rural hospitals are at risk of closing in immediate (200 hospitals) or near future





Introduction to the UMMC/Center for Telehealth Programs



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**



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**

TelEmergency



25% reduction in rural
emergency room staffing costs

20% reduction in
unnecessary transfers

Produces patient outcomes
in rural hospital that are on
par with those of the
academic medical center



- Connects 20 emergency departments in rural hospitals with UMMC's Level One Trauma Center
- Uses real-time video and audio connections

Center for Telehealth Administered Clinical Programs

Remote Patient Monitoring (RPM)



681 Patients were remotely monitored in 2023

Remote Patient Monitoring (RPM)



- Remote patient monitoring (RPM) is a form of Telehealth that uses technology to enable monitoring of patients outside of conventional clinical settings, such as in the home or in a remote area, which may increase access to care and decrease healthcare delivery costs.
- Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

Cardiovascular Disease Mortality in Mississippi



- Cardiovascular disease (CVD) is the leading of cause of death in Mississippi, accounting for 29.7% of all deaths in 2018.
- In 2017, Mississippi had the highest mortality rates of heart disease and the second-highest mortality rates of stroke in the US.

What are the implications for public health practice?

Targeted interventions for CVD risk reduction are needed for adults aged 55 to 64 years in Mississippi.

Prevalence of Diabetes and Hypertension in MS



- In 2016, Mississippi ranked first in the nation for overall diabetes prevalence, with an estimated 308,295 adult Mississippians living with diabetes (over 13.6% of the adult population).
- More than 700,000 Mississippi adults have high blood pressure (hypertension), and thousands more may be at risk.

PCP Shortage in Mississippi



Good quality outpatient care provided by primary care physicians (PCPs) is one of the most important contributors to the overall health of a population. Unfortunately as per data published by the Becker's Hospital Review in 2019, **Mississippi ranks 47th in the nation in the number of PCPs available per 100,000 people (108.6 vs national average of 156.7).**

Impact of Chronic Diseases on Mississippi



WHAT IS THE IMPACT OF CHRONIC DISEASE ON MISSISSIPPI?



PARTNERSHIP TO FIGHT
CHRONIC DISEASE
A VISION FOR A HEALTHIER MISSISSIPPI

FightChronicDisease.org/Mississippi

Projected total cost of chronic
disease 2016-2030 in Mississippi

\$405 BILLION

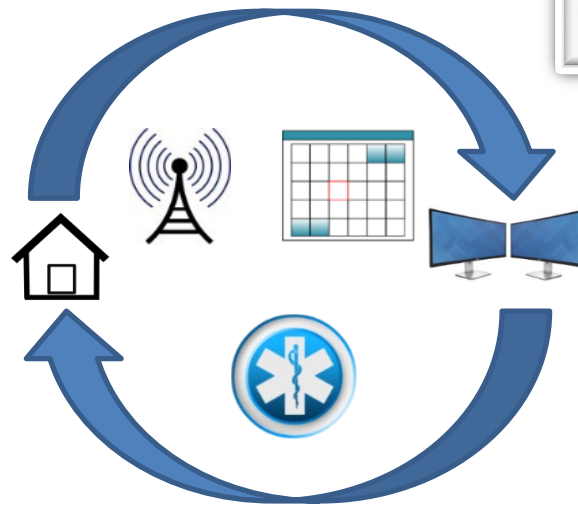
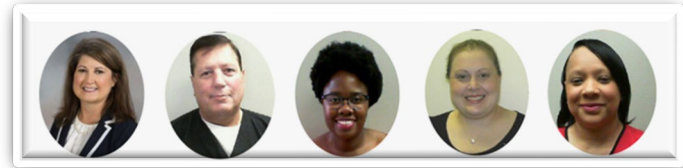
In 2015, **1.9 million** people in Mississippi had at least 1 chronic disease, **788 thousand** had 2 or more chronic diseases.

Chronic diseases could cost Mississippi **\$19.3 billion** in medical costs and an extra **\$7.7 billion** annually in lost employee productivity (average per year 2016-2030).

Remote Patient Monitoring



- Telemonitoring kit
- Linked with Epic EHR
- Full tech support



- Health education
- Medication Compliance monitoring
- RN daily monitoring
- Safety alerts & protocols
- Patient engagement

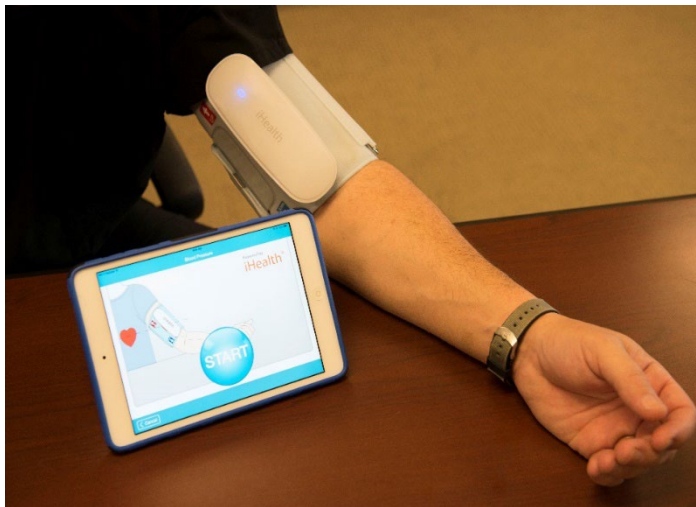
- Weekly team meetings
- Monthly data reviews
- Pharm D med titration and med reconciliation
- Algorithms developed by physicians



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

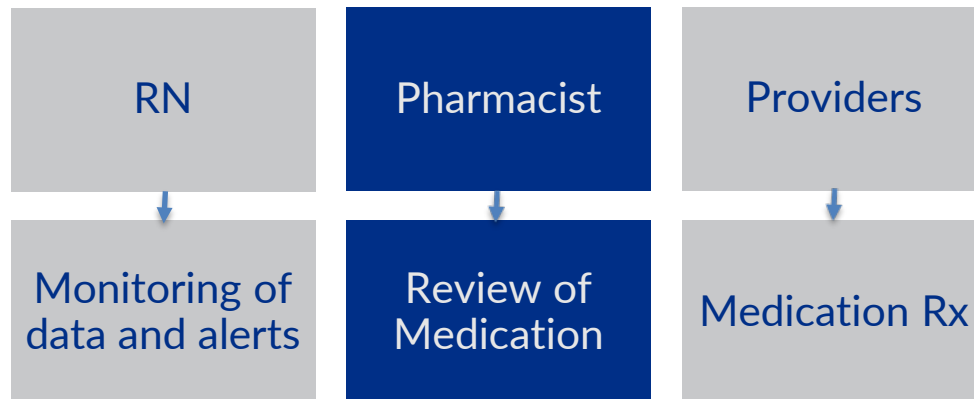
Behavior
Modification

Practice of
EBM

Remote Patient Monitoring (RPM)



Chronic disease management in the patient's home including:





RPM Program- Data on Hypertension





RPM Hypertension Study



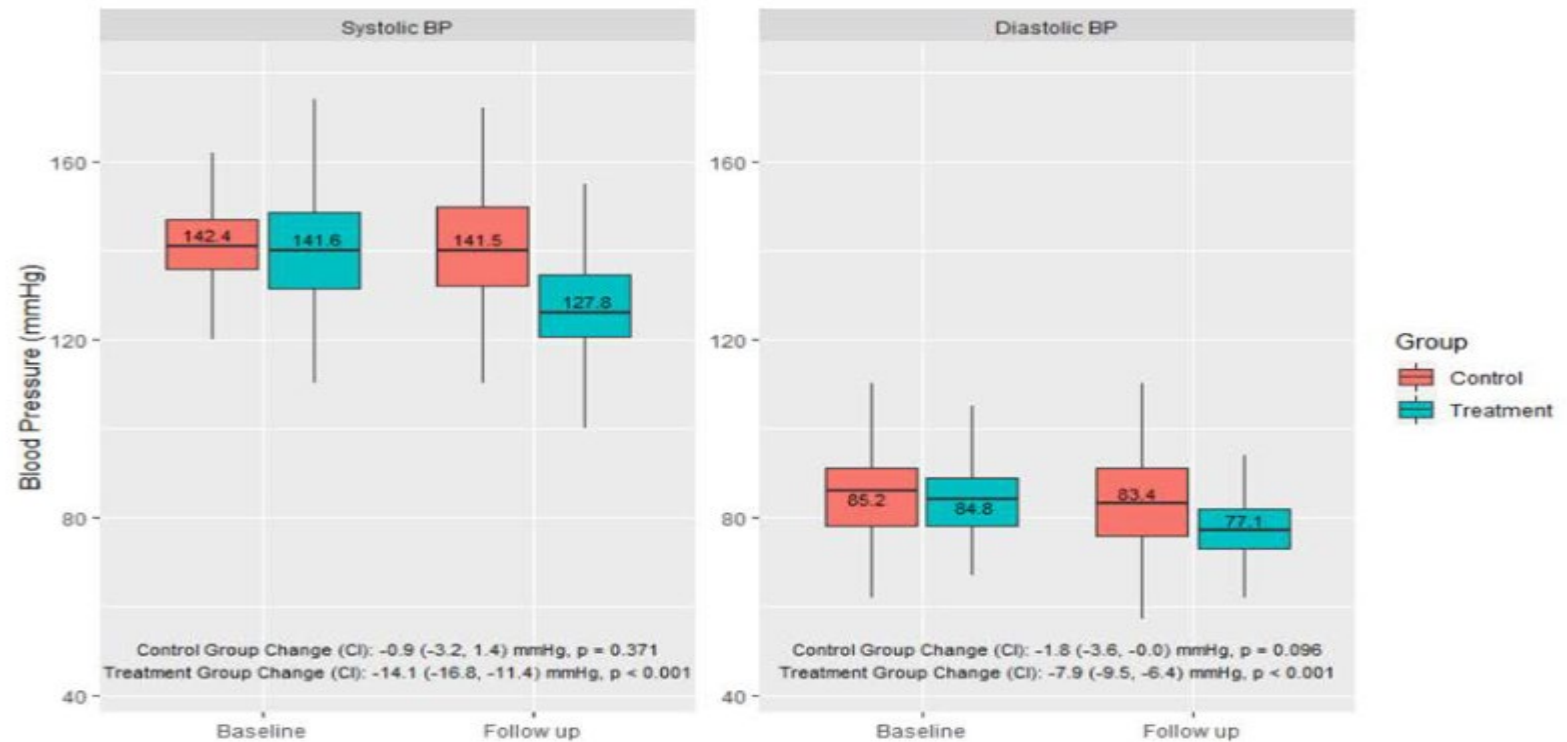
- The aim of the study was to evaluate the feasibility, safety, and effectiveness of home BP Telemonitoring with remote hypertension management among a predominately rural and low-income population.
- Patients with uncontrolled clinic hypertension, BP $\geq$ 140/90 mm Hg, were recruited and monitored between September 2018 and June 2020.
- 120 patients were enrolled out of which 103 completed the 6 months of monitoring.

Participant Statistics



- Mean (SD) age of 59.3 (10.8) years
- 65% were women
- 59.2% were Black individuals
- 46.7% reported an annual house-hold income <\$30,000
- Lived a mean (SD) of 32.6 (31) miles from University of Mississippi Medical Center main campus
- 29.2% resided in a federally designated rural county

RPM Hypertension Study



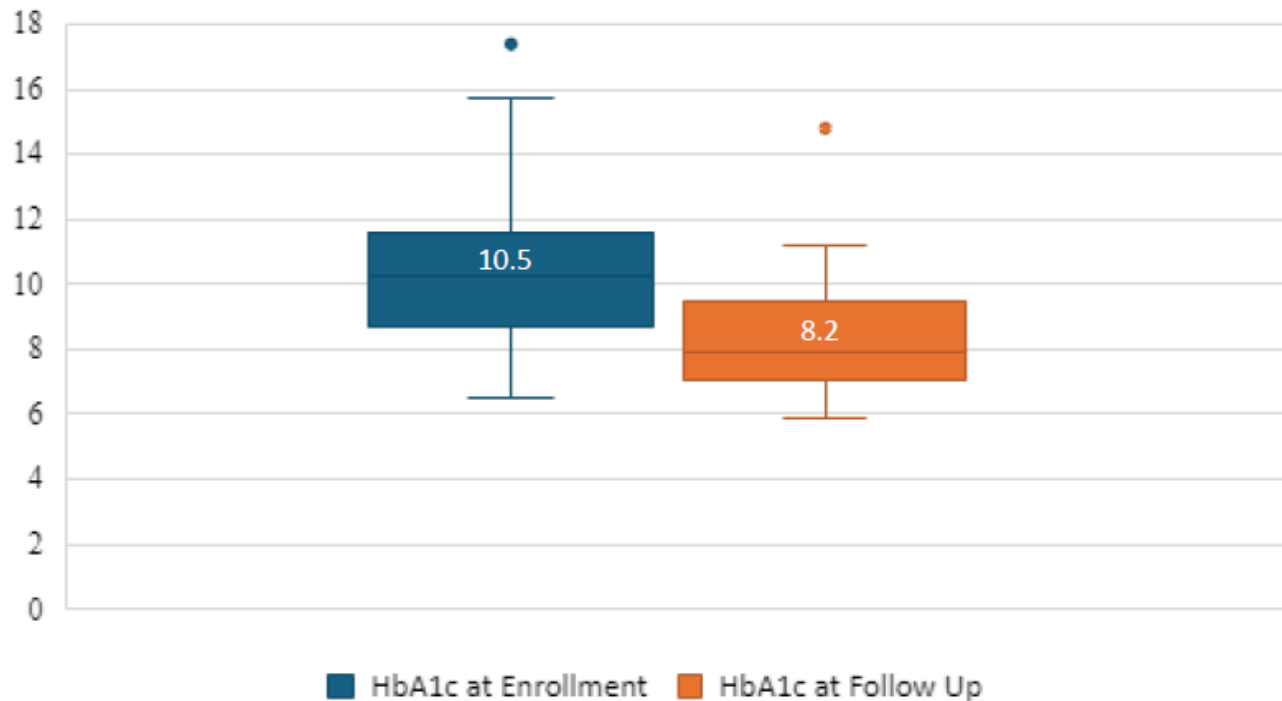
RPM Hypertension Study Findings-



There was a clear association of home BP Telemonitoring and BP reduction among rural, minority, and low-income individuals with hypertension.

Nearly one-third of participants resided in a rural county, the majority were Black individuals, and almost half reported a household income of <\$30 000/year.

Change in HbA1c - All Patients



107 patients referred for DM received RPM kits. Of these, 58 received at least 1 BG reviewed and had follow-up HbA1c data.

Conclusion

- Remote Patient Monitoring aims to:
 - Manage chronic diseases including hypertension, diabetes mellitus, and congestive heart failure
 - Help patients learn about managing chronic disease and take a more active role in their care
 - Provide daily monitoring of physiologic data (blood pressure, glucose, weight)
 - Implement evidence-based management protocols with pharmacist and specialist physician oversight
 - Identify adverse trends and implement appropriate treatment to improve patient outcomes
 - Facilitate annual wellness visits and regular in-person follow up with the PCP.

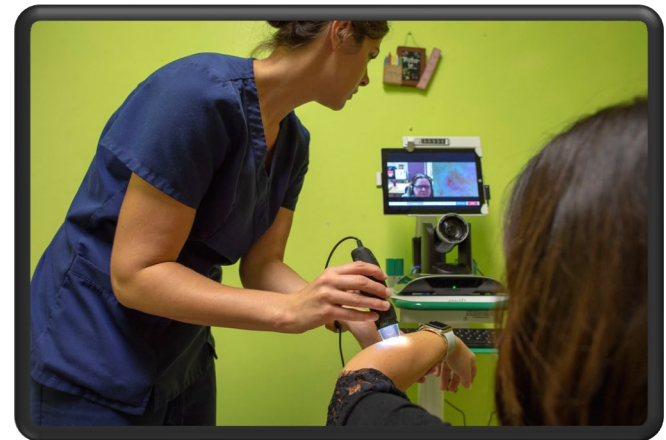




Statewide Telehealth Initiatives



School Based Telehealth Program



HEALTHY
CHILDREN
LEARN BETTER...

SCHOOL
TELEHEALTH
HELPS TO MAKE
IT HAPPEN!!

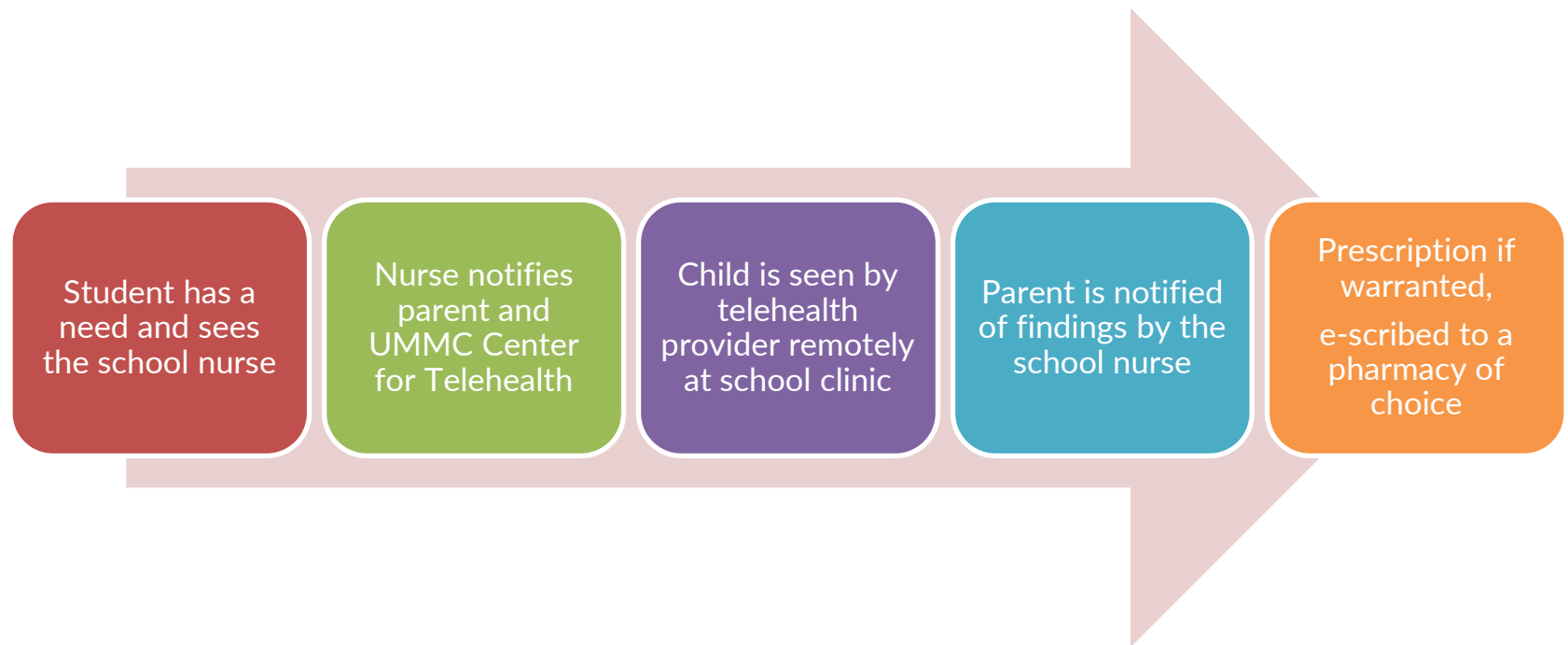


School Based Telehealth Program



- 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



45



URGENT CARE CLINICAL SERVICES



- Same day appointments available
- UrgentCare provided by UMMC Pediatric Nurse Practitioners
- 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.



BEHAVIORAL HEALTH CLINICAL SERVICES



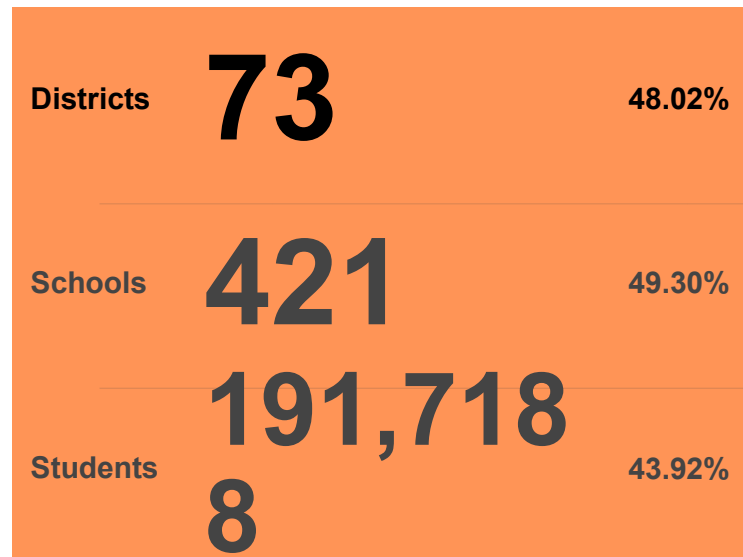
- Behavioral health care from experienced specialists
 - LPCs (initial evaluations and ongoing follow-ups for therapy)
 - NP referrals (medication management) are completed by the LPC when no local provider is available
- We help school counselors and nurses support children's mental and emotional health 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.

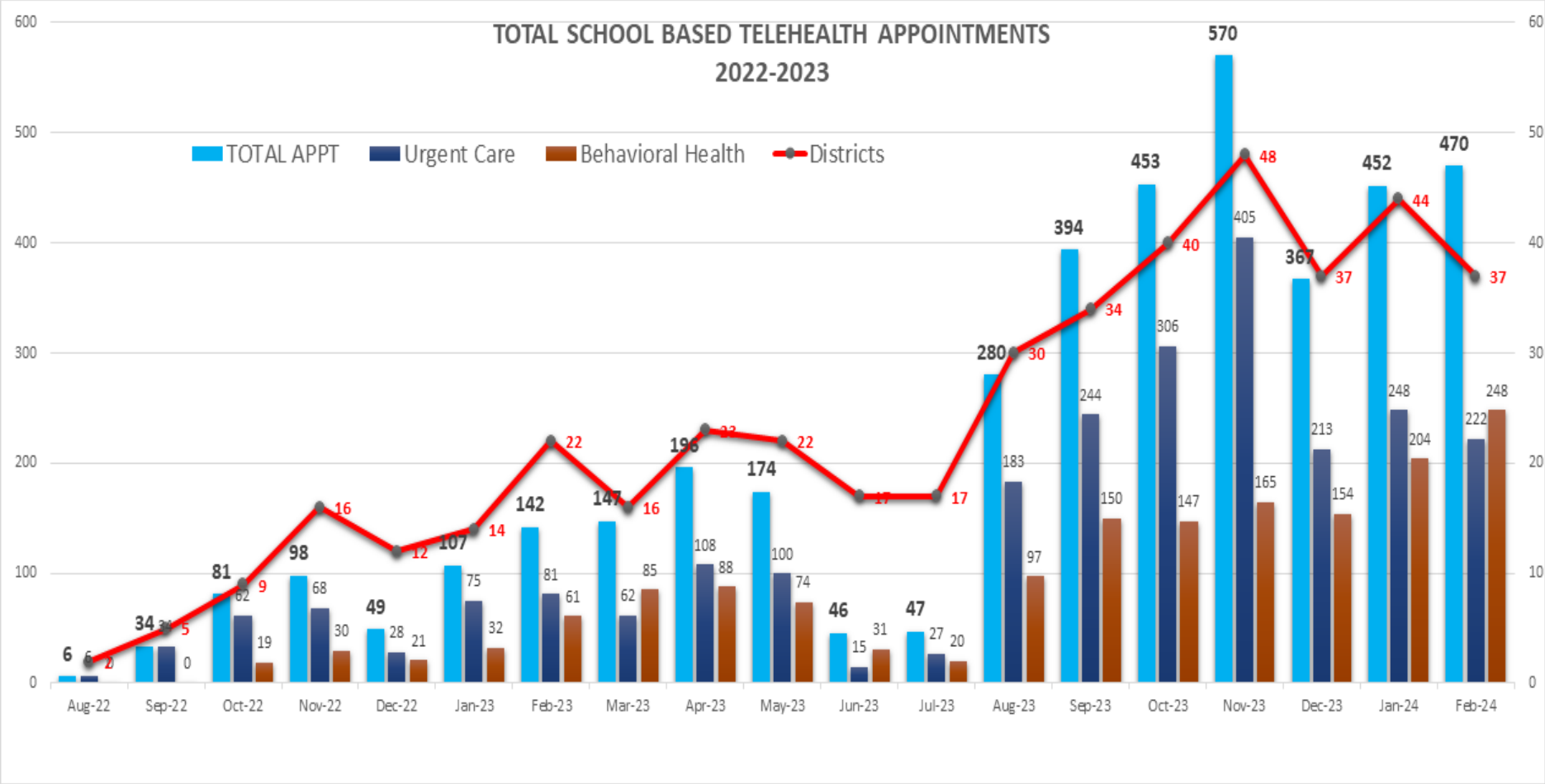


MS School-based Telehealth- Who has access?

Study Timeframe: August 1, 2022 through October 31, 2022



MS School-based Telehealth- Utilization



Telehealth for Schools: Dental Care Education

Providers from UMMC School of Dentistry provide education to Mississippi school nurses on how to promote dental health and identify dental problems in students.



MISSISSIPPI
DEPARTMENT OF
EDUCATION



DENTAL CARE EDUCATION

Providers from UMMC School of Dentistry provide education to Mississippi school nurses on how to promote dental health and identify dental problems in students.



Education provided via live webinar sessions with a total of:

6 Live Dental Health Education Sessions Completed

85 school nurses registered

73 school nurses attended



EDUCATION PRESENTATION COVERED:

Dental basics

Parts of the tooth, dentitions, what to stock in a dental emergency kit

Causes of dental pain

Outlines and discusses common sources of oral and dental pain

Dental emergencies

Focus is on common dental emergencies and how to triage them

- Recorded videos for easy access reference to the information has been added to school telehealth website
- Special emphasis is placed on utilizing local dental offices who have agreed to be a liaison for the nurses to use as resources for advice and referral.



Shortage of Specialists in Mississippi





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

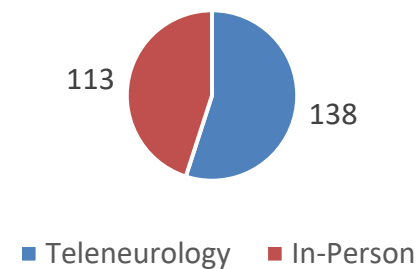


Results



- 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.

Mode of consultation





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

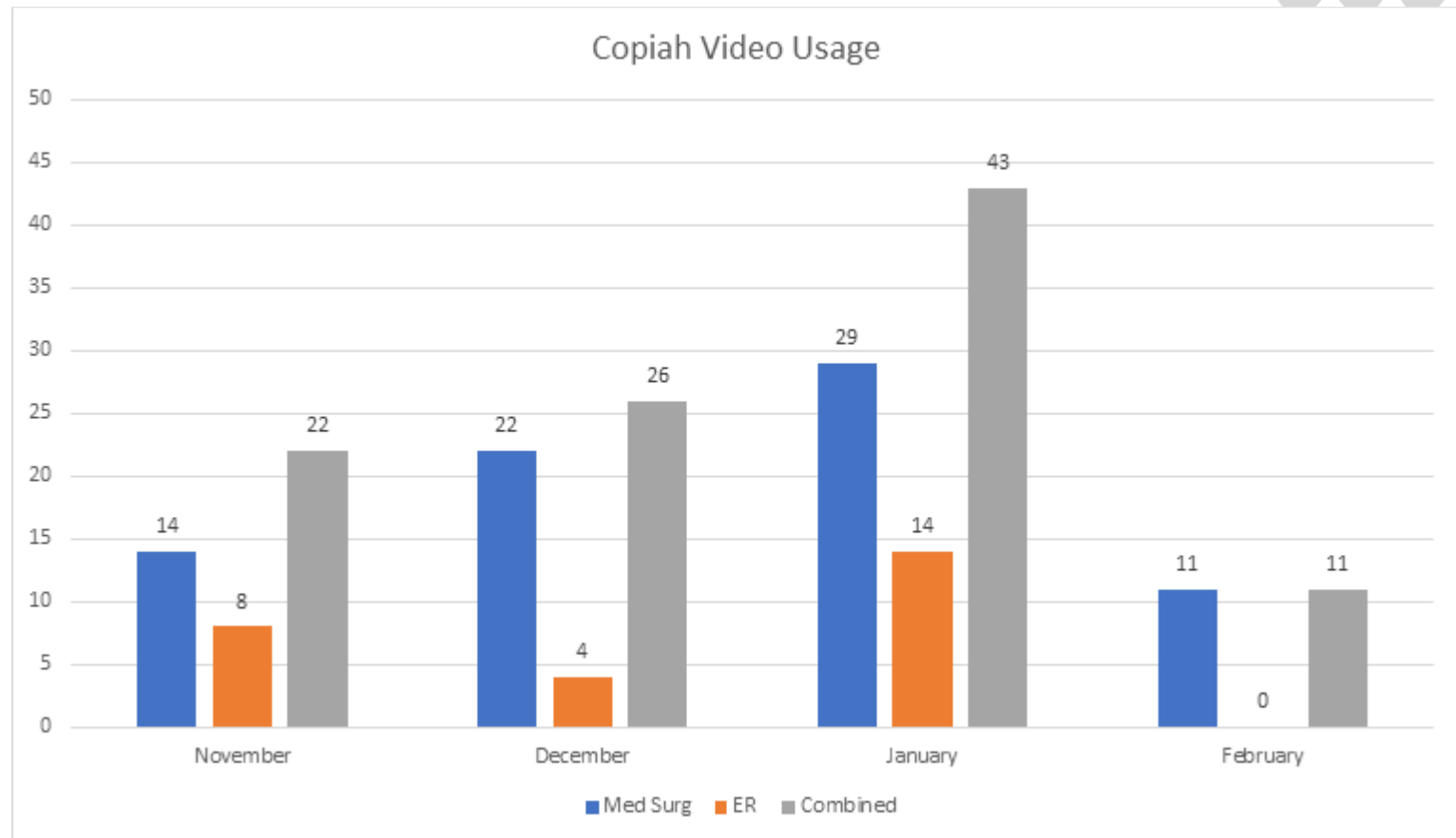


A/V Communication



- 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

Inpatient specialty consults- Tele Critical Care Services





Provider to Provider consults (e-consult)

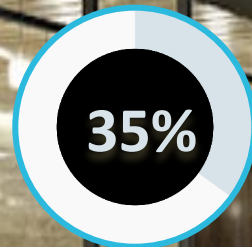


PCP Referrals to Specialty

Overview



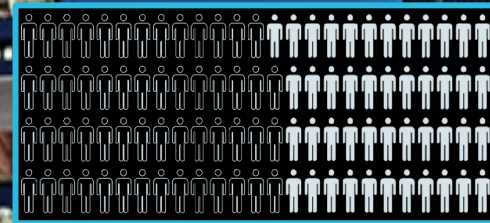
Up to 35% of
primary care patients
are referred to
Specialists annually



Wait Times
Travel
Absenteeism
Duplication
Increased Cost
Poor
Communication
Health Inequity



Up to 52% of these
referrals DO NOT
require a
face-to-face visit



52%

E-consults



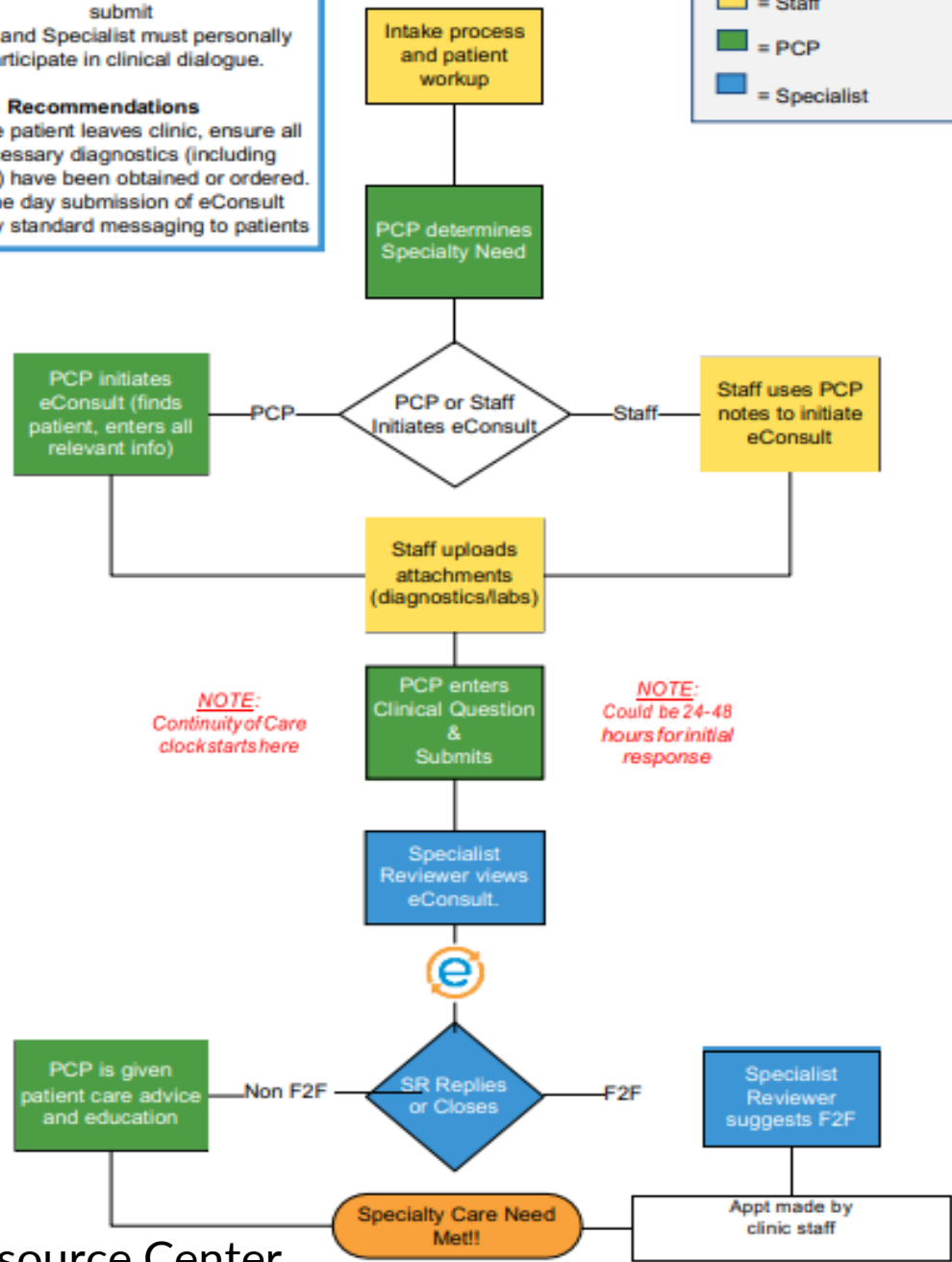
- e-consult is an asynchronous electronic communication that enables primary care providers to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit.
- The initiating provider sends a secure message, often with lab reports, images, or other necessary documentation, to the specialist asking advice about diagnosis and patient management.

- Minimum Requirements**
 - PCP must enter clinical question & submit
 - PCP and Specialist must personally participate in clinical dialogue.

Recommendations
 - Before patient leaves clinic, ensure all necessary diagnostics (including photos) have been obtained or ordered.
 - Same day submission of eConsult
 - Employ standard messaging to patients

INDEX

= Staff
 = PCP
 = Specialist



E-consults



Coding

99451	5 minutes. EMR review only, with written report	Most often used
99446	5-10 minutes. Requires discussion with requesting clinician	
99447	11-20 minutes. Requires discussion with requesting clinician	
99448	21-30 minutes. Requires discussion with requesting clinician	
99449	31+ minutes. Requires discussion with requesting clinician	

Additional Guidance

- Restricted from billing if you have billed an E&M code within 14 days before or after or "next available"
 - Charges are held in a work queue until activity criteria is met
- Referring physician can bill 99452 for time spent preparing information (16-min minimum)
- Clinicians can provide multiple responses to the same eConsult and increase their total time spent responding.
- eConsults require patient consent

E-consult (Evidence from the literature)



- e-consults for four specialties, cardiology, gastroenterology, rheumatology, and endocrinology, were implemented in a large, multi-site FQHC.
- Prior to implementation, 23% of uninsured patients referred to the included specialties completed a visit with a specialist.
- After implementation, 62% received a specialty consultation either through an e-consult or F2F. Wait times for referrals improved from a median of 54 days to seven days.

E-consult

(Evidence from the literature)



- This retrospective cohort study compared two groups: (1) Medicaid patients referred to an endocrinologist 1 year before the implementation of eConsults and (2) those referred in the 1 year after implementation.
- Results: Before eConsult implementation, only 138 out of 365 (37.8%) of referrals to endocrinology were completed. Postimplementation, 281 out of 469 (59.9%) of referrals were completed either by F2F visit or by an eConsult, of whom 194 (41.4%) did not require a F2F. Thyroid conditions were the most common reason for a consult.

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

Pandemic-Driven Innovation

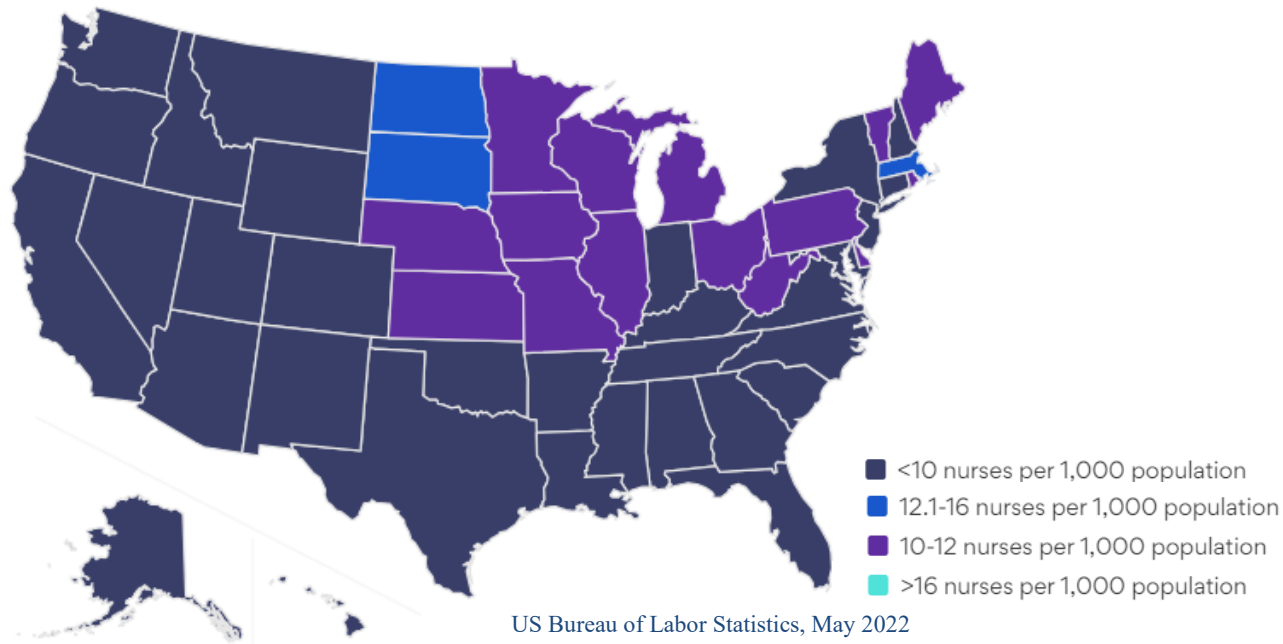
During the COVID-19 pandemic, a national survey found that almost **two-thirds of nurses** (62%) reported experiencing **burnout** related to strain on healthcare staffing. (American Nurses Association, 2020)

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.



Nurse Staffing: A National Crisis



Nurse Staffing Crisis: Mississippi

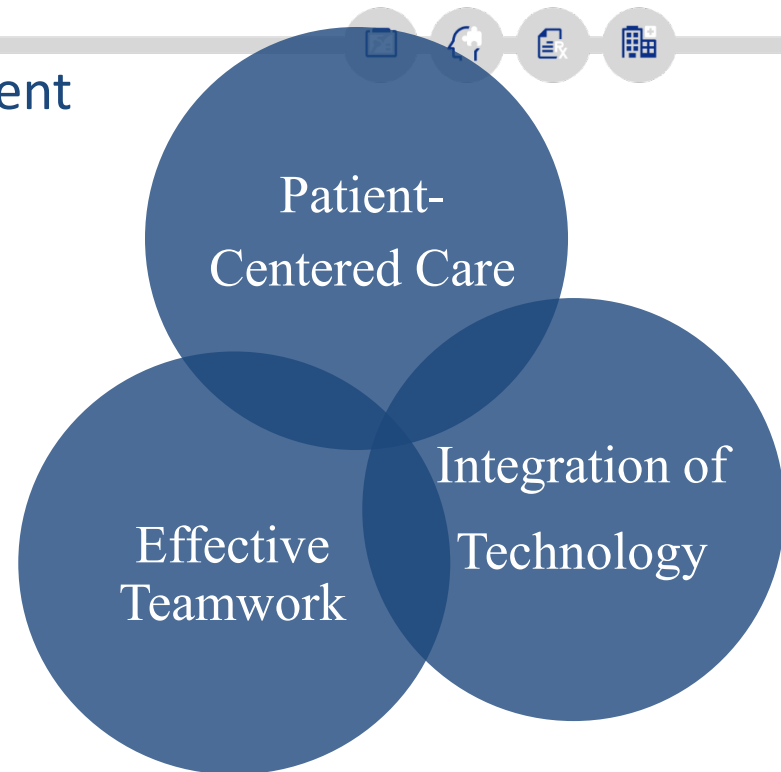


- Mississippi hospitals are experiencing record-high nurse staffing shortages
 - Vacancy, turnover, separations, and hiring of contract/agency/travel workers are at an all-time high (Mississippi Hospital Association)
 - **Numbers specific to UMMC?**
- As a result, nurses are experiencing burnout at a high rate.

Higher nurse staffing is associated with better patient outcomes, shorter hospital stays, and reduced mortality rates.



The institutional **Vision** for a Virtual Nursing Program is to augment nurse staffing to reduce workplace stress and increase retention of bedside nurses for better patient outcomes.



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.

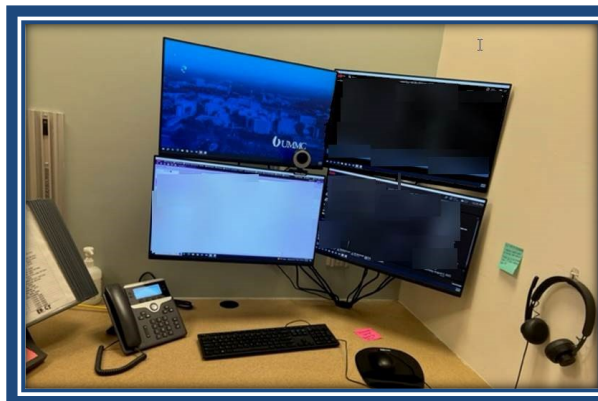
- 6 West: 14-bed unit
- Adult acute care patients

Virtual RN Staffing Structure

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

Technology:

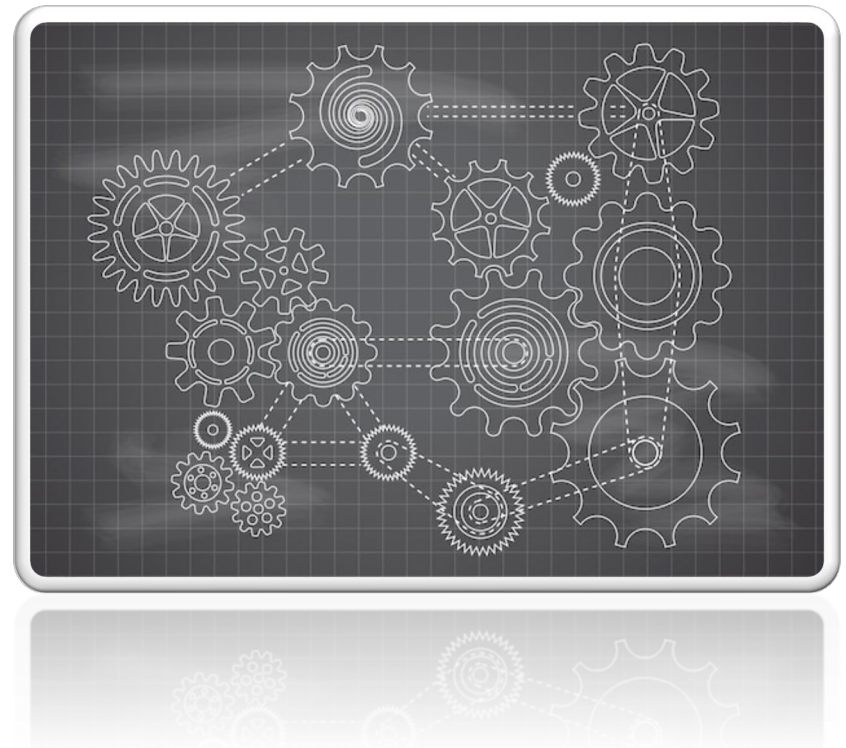
- In every patient room
 - Pan/Tilt/Zoom Camera and monitor, speakers
 - iPad with MyChart Bedside (education, satisfaction questionnaire)
- In Virtual Nurse Bunker
 - Secure chat integrated with EPIC platform
 - 4 screens: Hyperspace, Focused Patient, Video Call, Epic Monitor



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



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**.

55 total hours
saved

Time saved (so far)
for bedside nurses

Discharges

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

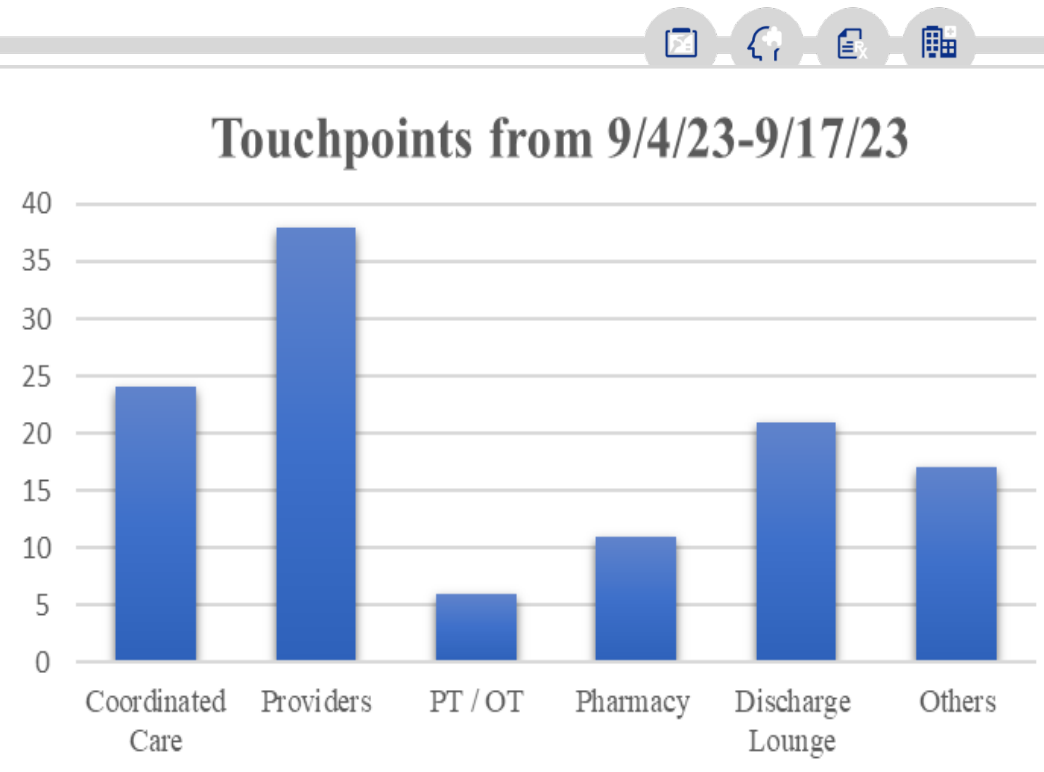
VS

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

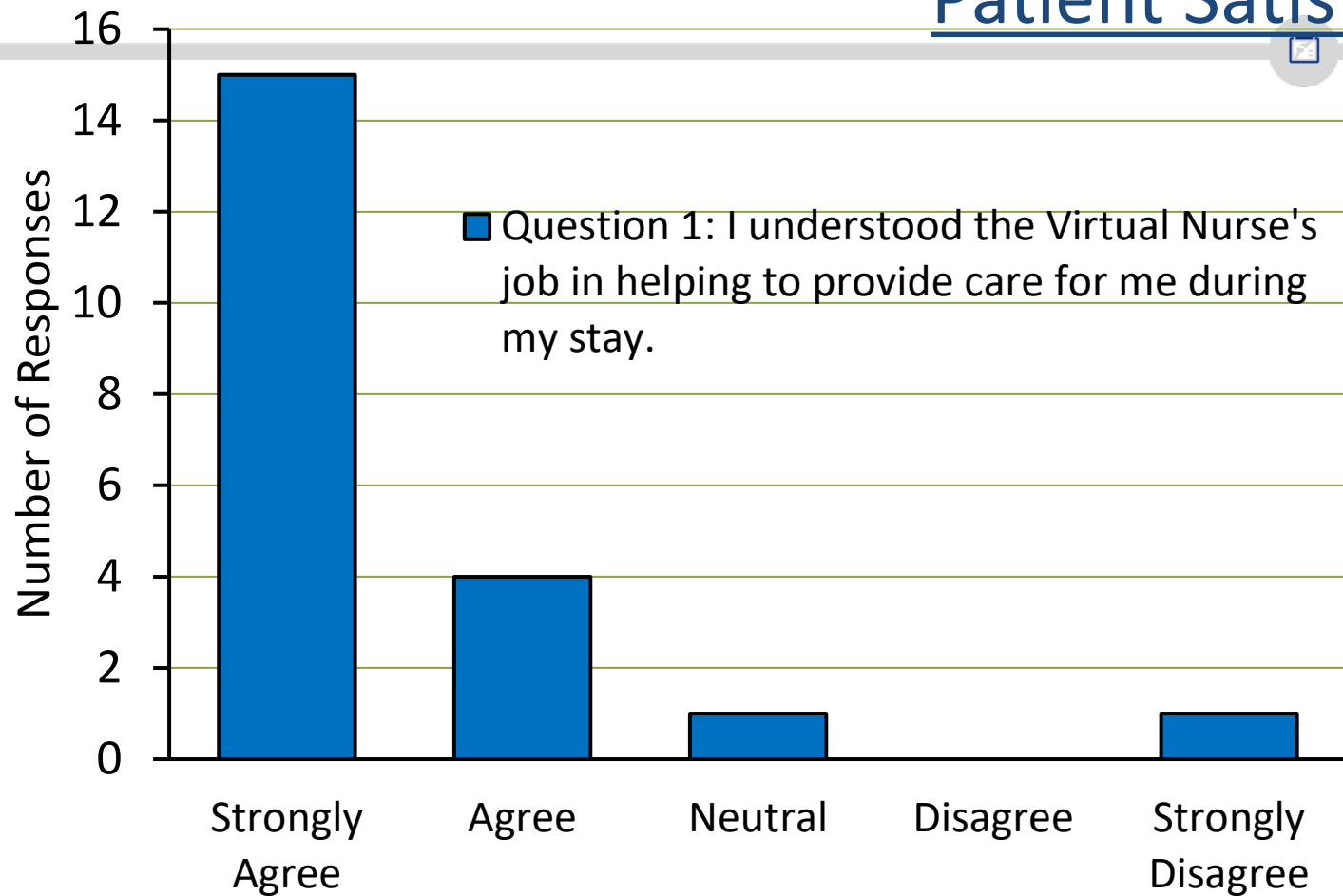
67 total hours
saved

Effective communication

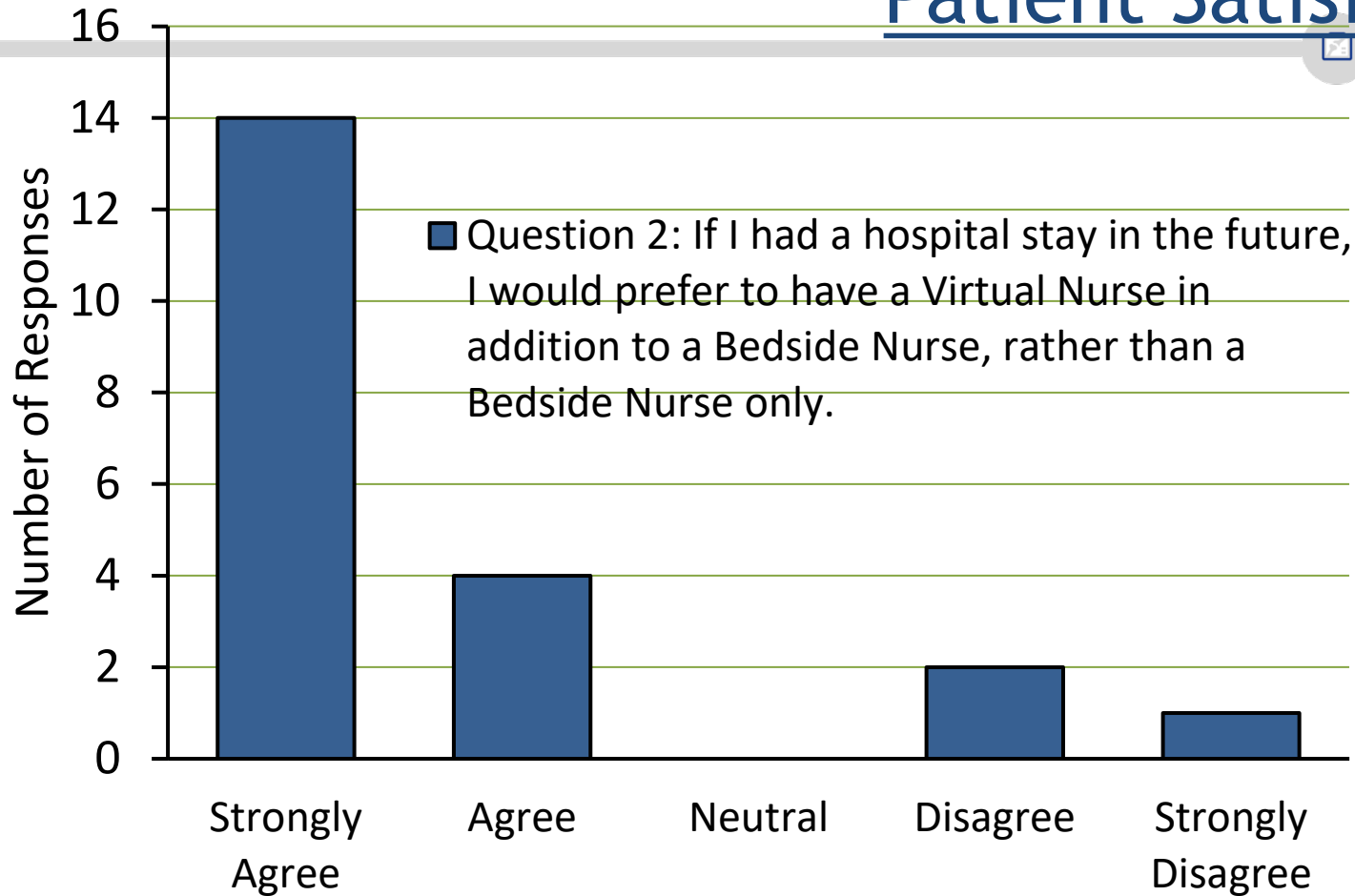
Virtual nurses facilitate communication with each patient's **interdisciplinary team**.



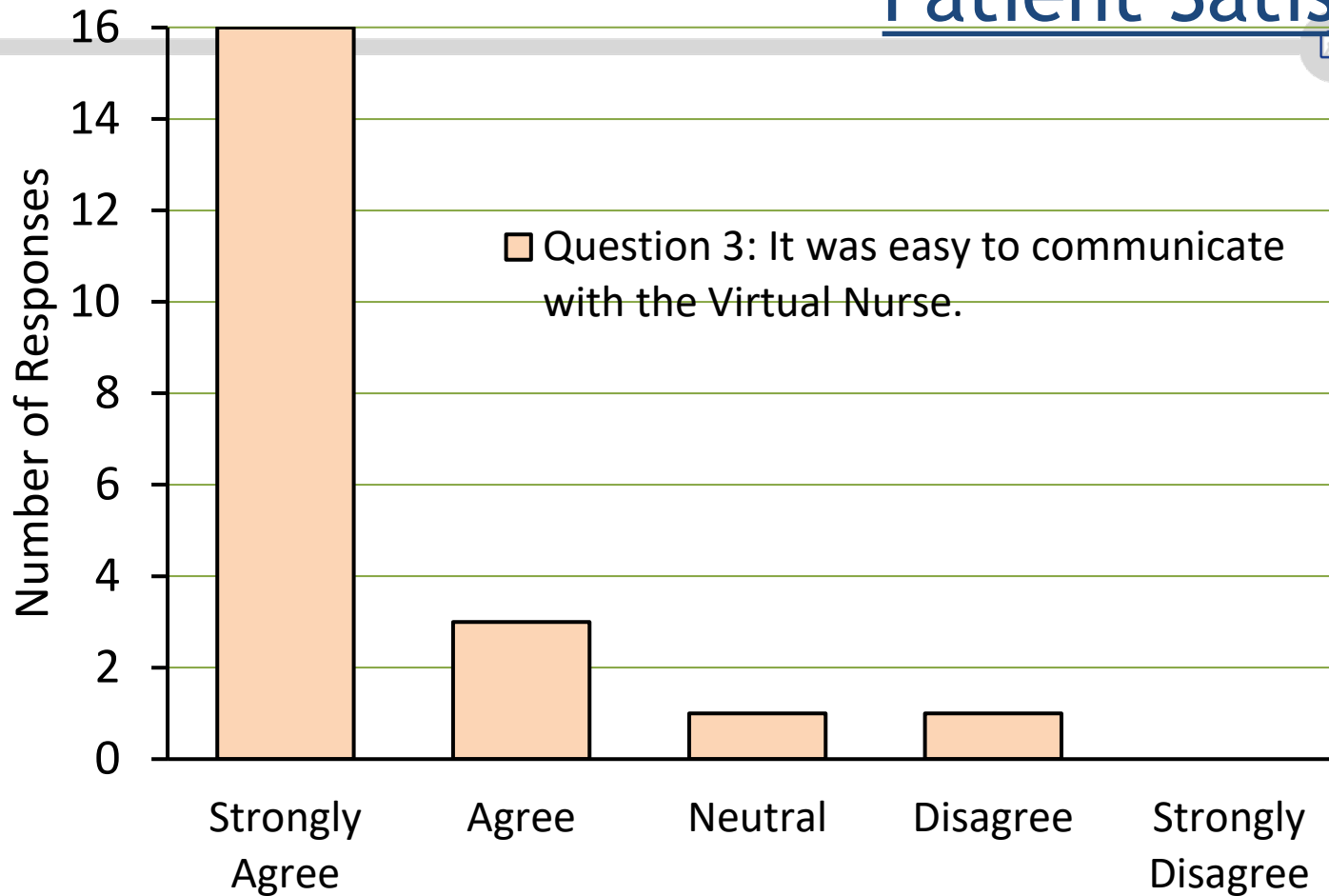
Patient Satisfaction



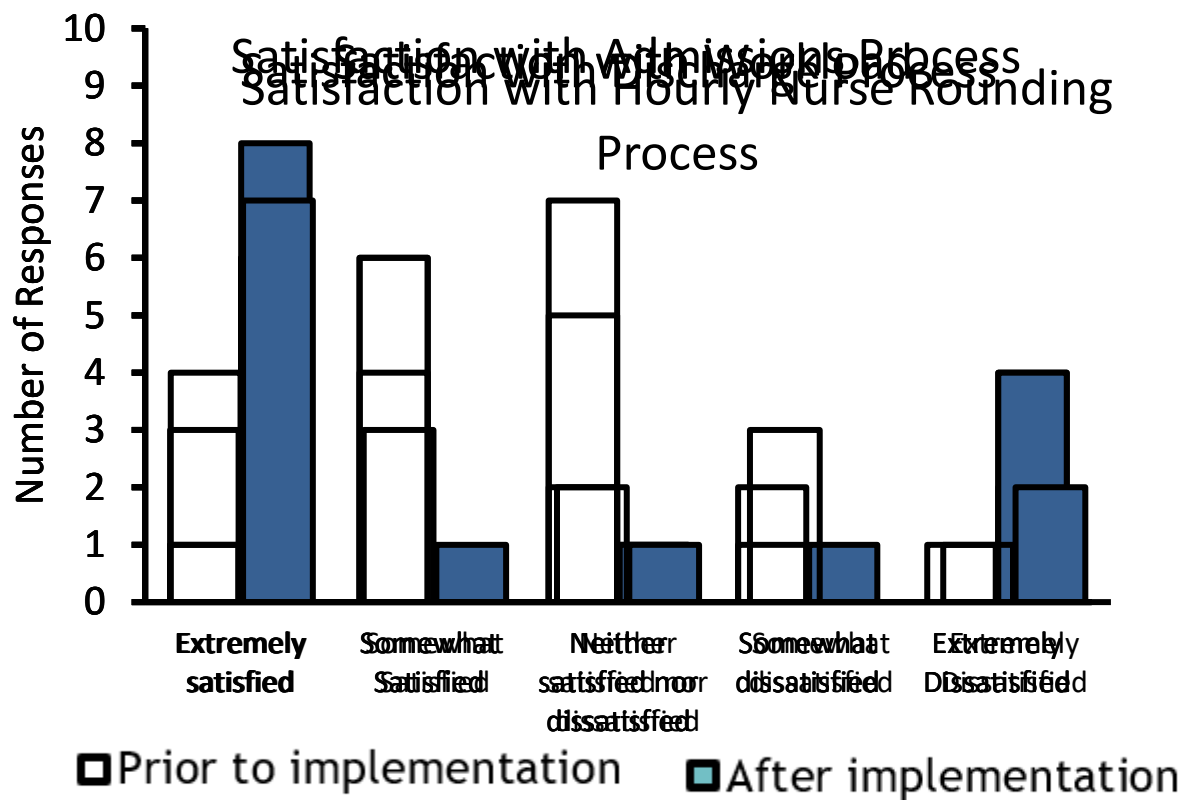
Patient Satisfaction



Patient Satisfaction



Staff Satisfaction

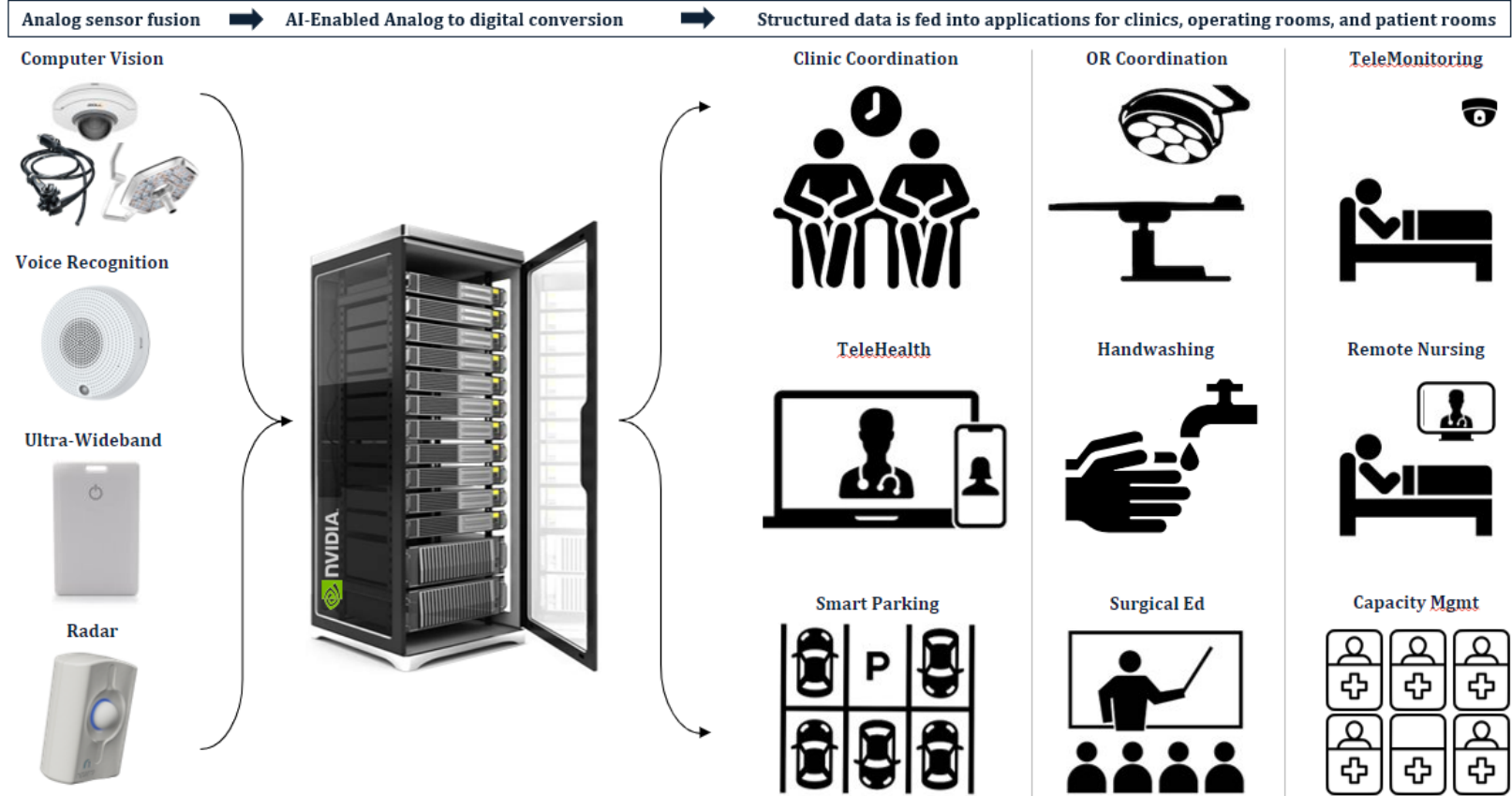


Future Directions

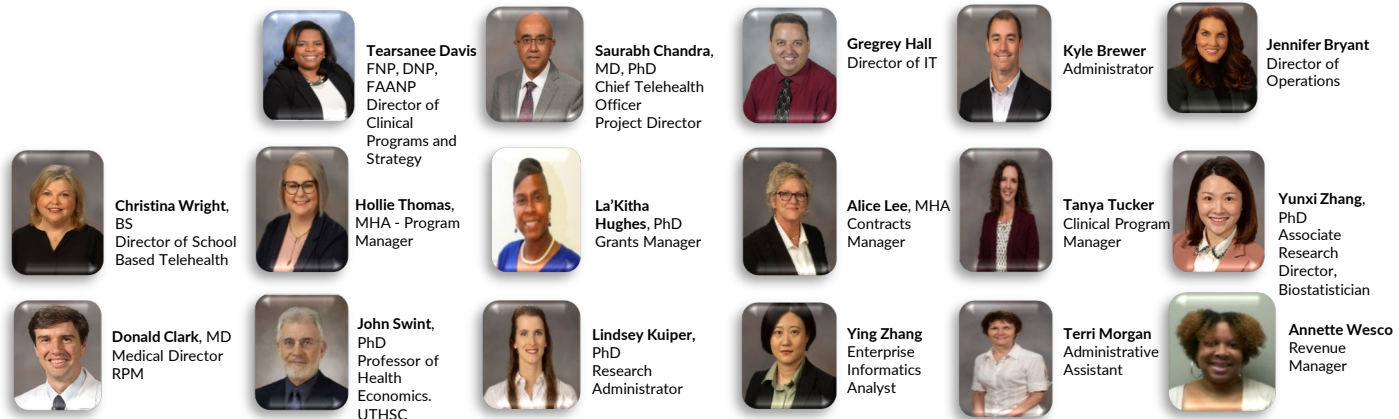


- Expand program
 - Implement on larger units
 - 24h coverage
- Additional layers
 - Human-Technology integration for harm reduction:
 - Upgrades to visual equipment
 - “Virtual Sitting:” uses night vision camera to alert the Virtual RN of continuous movement to facilitate an early response before falls occur.
 - Technology to detect deterioration or sepsis and alert Virtual RN care team.

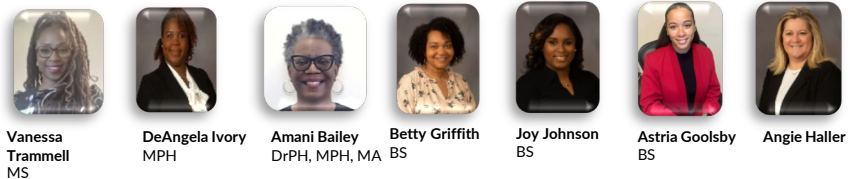
Artisight Platform and Initial Applications



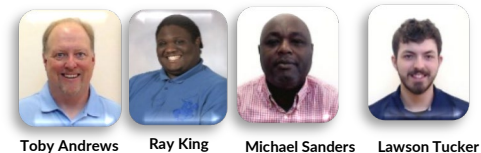
It's all About the Team!



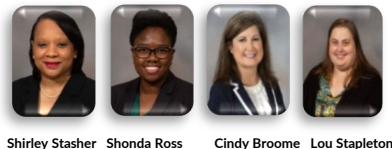
Project Managers



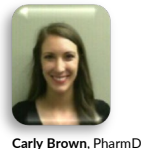
IT



RN Care Coordinators



Pharmacist



Cheryl Lasource
Darries Langston
Judith Groff
Susan Lewis
Tiffany Reagan

Questions?



Bridging the gaps in quality healthcare

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