



Rural Telementoring Training Center: Utilizing telementoring to bolster the rural workforce

January 7, 2025

Suyen Schneegans, MA

Training & Technical Assistance Lead

The University of North Texas Health Science Center at Fort Worth
Center for Health Policy

Laura Potter, MSW, LCSW-S

Training & Technical Assistance Facilitator

Cardea Services

Trisha Melhado, MPH

Evaluation Lead

The University of North Texas Health Science Center at Fort Worth
Center for Health Policy

What is telementoring?

Use of **telecommunication technology** to deliver training, education, and support that builds healthcare capacity

Shares **best practices** with rural and remote areas and increases the **capacity** of the health workforce



Why is a national rural telementoring training center needed?

- Rural populations have **limited access** to care
- Lack of solid evidence base or **common data elements** for measuring quality
- Need for **strong evidence** based on standardized quality measures
- **Tailored** training and technical assistance supports **replicability and sustainability**



What solutions does Telementoring offer?

Challenges

01

Implementation of new protocols/practices (e.g. screenings, telehealth)

02

Workforce Recruitment

03

Workforce Retention

04

Lack of access to specialty care

Solutions

01

Operational guidance & technical assistance

02

Address lifestyle & professional development needs for rural health care workers

03

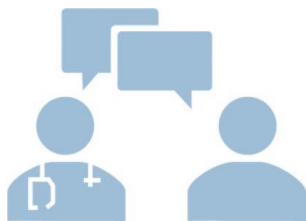
Ongoing mentorship, training & support that offers practical feedback & reduces isolation

04

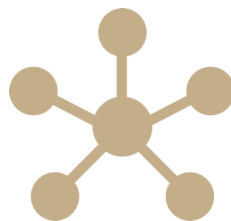
Task-shifting & guided practice to build local capacity for delivering care

Laura Potter – TTA Facilitator





**One-on-One
Consultation**



ECHO



**Adapted Community
Health Club**



Webinars



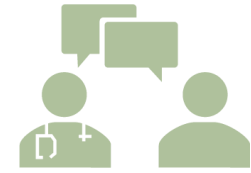
**Online Modules
and Curricula**



Podcasts

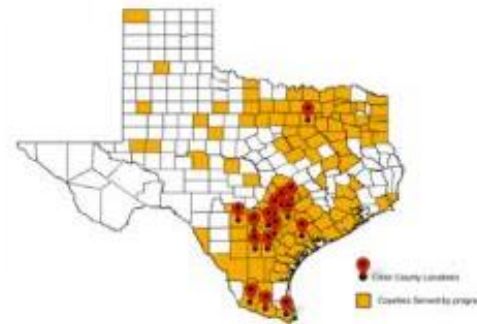
6 Telementoring Models

Telementoring - One-on-one consultation



Phone or video conferencing for one-on-one consultation between specialists and health care workers.

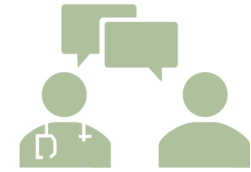
Learning Partner Example: Screen, Treat, Or Prevent Hepatitis C Virus and Hepatocellular Carcinoma (**STOP HCV-HCC**)



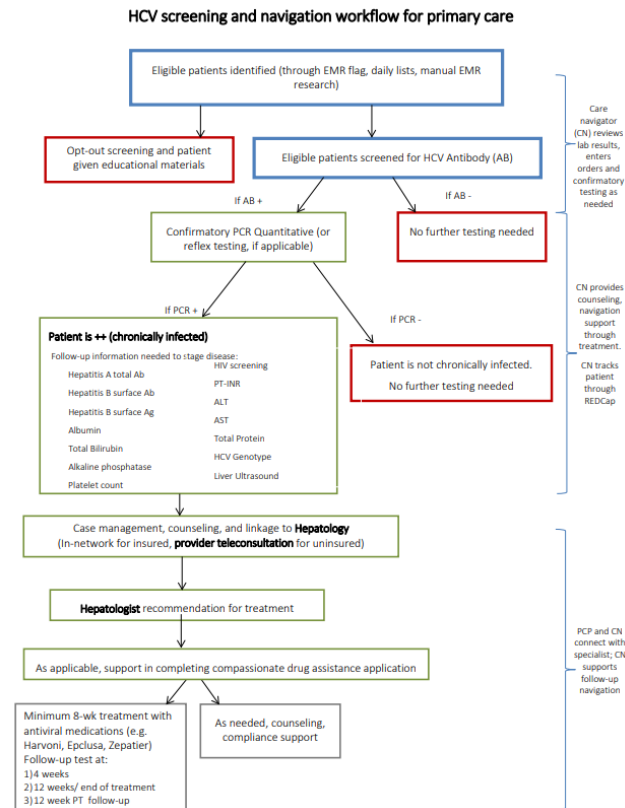
STOP HCV-HCV Program Footprint



Telementoring - One-on-one consultation



Learning Partner Example: Screen, Treat, Or Prevent Hepatitis C Virus and Hepatocellular Carcinoma (STOP HCV-HCC)



Care navigator (CN) reviews lab results, enters orders and confirmatory testing as needed

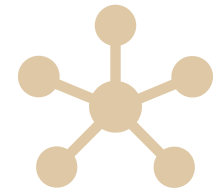
CN provides counseling, navigation support through treatment.

CN tracks patient through REDCap

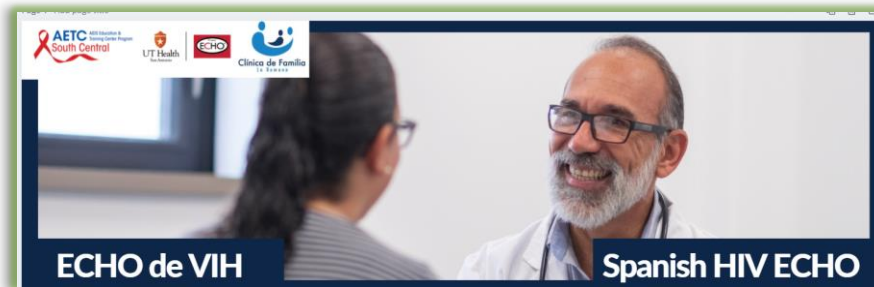
PCP and CN connect with specialist; CN supports follow-up navigation



Telementoring- ECHO



Hub-and-spoke model using videoconferencing to connect a team of subject-matter experts with community-based health care workers.



Telementoring Learning Partner- ECHO




Learning Partner Example: New York Clinical Education Initiative ECHO



NYS HIV Primary Care and Prevention Center of Excellence Presents:





HIV ECHO

Didactic Presentation:
New York State
Ending the Epidemic Update



Wendy Patterson, MPH
Director, Data Analysis and Reporting Unit, AIDS Institute,
New York State Department of Health

Wednesday, January 6, 2021
12:00 pm - 1:00 pm
[Click Here to Register](#)

ACCREDITATION:
University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Telementoring- Adapted Community Health Clubs



Peer-to-peer support and learning through facilitated health clubs consisting of health care workers who meet regularly to build competencies and to discuss health care issues.

Learning Partner Example: Texas South Central Area Health Education Centers (AHEC)



Membership card" for RTTC CHC pilot involving South Texas CHWs

Telementoring Learning Partner - Adapted Community Health Clubs



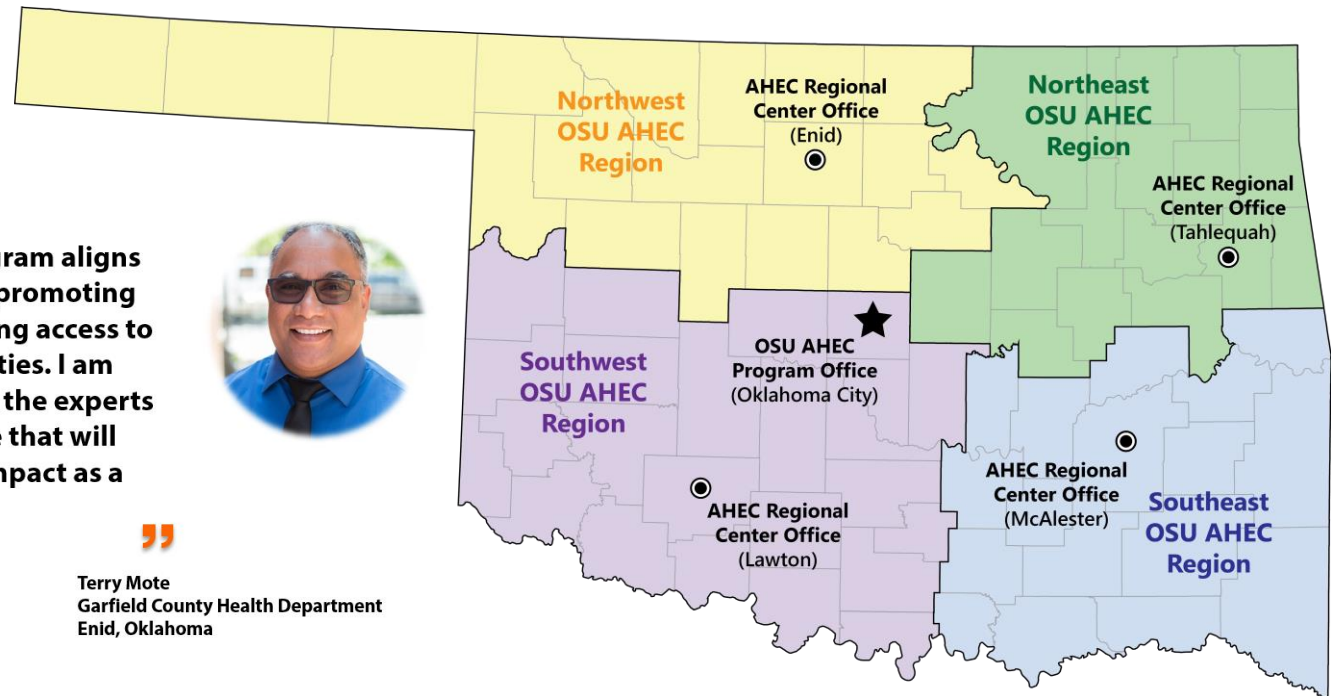
Learning Partner Example: University of Oklahoma Community Health Worker Resource Library

Testimonial

“ Participating in this CHW program aligns perfectly with my passion for promoting health education and improving access to care in underserved communities. I am extremely eager to learn from the experts and gain hands-on experience that will allow me to make a positive impact as a Community Health Worker.



”
Terry Mote
Garfield County Health Department
Enid, Oklahoma



Telementoring Example - **Webinars**



Live audiovisual presentations delivered by an individual or panel with a discussion & interactive question & answer component.

Learning Partner Example: South Texas Oral Health Network (STOHN)



Telementoring Example - Webinars



Learning Partner Example: South Texas Oral Health Network (STOHN)

E - Cigarettes *Let's talk*
webinar

A CDC recent study found that
"99% of e-cigarettes contain
nicotine."

DID YOU KNOW?

- E-cigarettes are electronic devices that heat liquids in a pod insert & produce aerosols inhaled by user.
 - Most common - JUUL
- Content of pod insert or "e-juice"?
 - Even **Nicotine** free liquids contain **Nicotine**.
 - Nicotine** harms the developing brain:
 - attention
 - learning
 - mood
 - impulse control
 - 1 JUUL = 20 cigs of regular cigarettes.

Let's JUUL?

For more info:

SCAN ME

Presented by:
Betsy Jones, MPA
San Antonio Oral Health & Oral Care
Coordinator
Dr. Anisha Revavala, DDS
The Oral & Otolaryngic

UT Health
San Antonio
South Texas Oral
Health Network

Want to learn more?
Join us on **September 10, 2021**
@ 1:40 p.m.

**South Texas Oral Health
Network**

Co-Director: Rahma Mungia, DDS, MSc

Telementoring- Online Modules & Curricula



Self-paced learning via online modules and slides with or without audio.

Learning Partner Example: Montana Department of Public Health & Human Services & South-Central Area Health Education Centers



Welcome to the
Asthma Basics for Community Health Workers

Telementoring Example- **Online Modules & Curricula**



Learning Partner Example: Montana Department of Public Health & Human Services & South-Central Area Health Education Centers



Telementoring Example- Podcasts



Audio (or audio with visual enhancements) broadcasts distributed through the Internet and able to be consumed via platforms such as web pages and handheld devices.



Telementoring Learning Partner: **Podcasts**

Learning Partner Example: Montana Department of Public Health & Human Services

Two **NEW** Telementoring Models

Virtual Preceptorship



Virtual UnConference

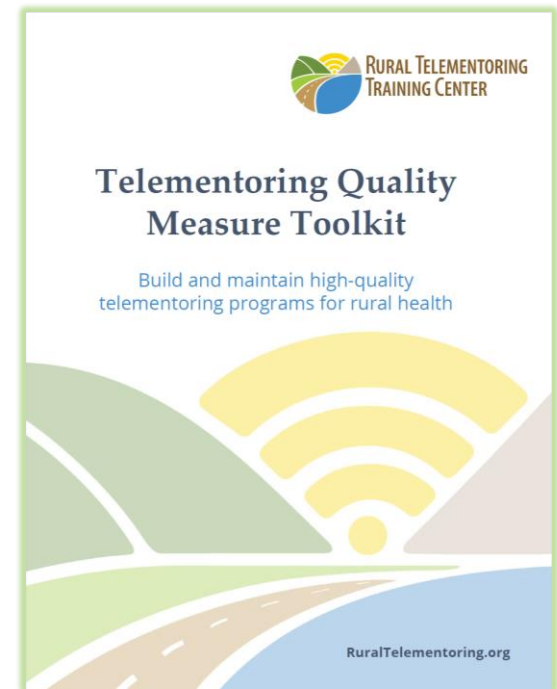


Trisha Melhado – Evaluation Lead

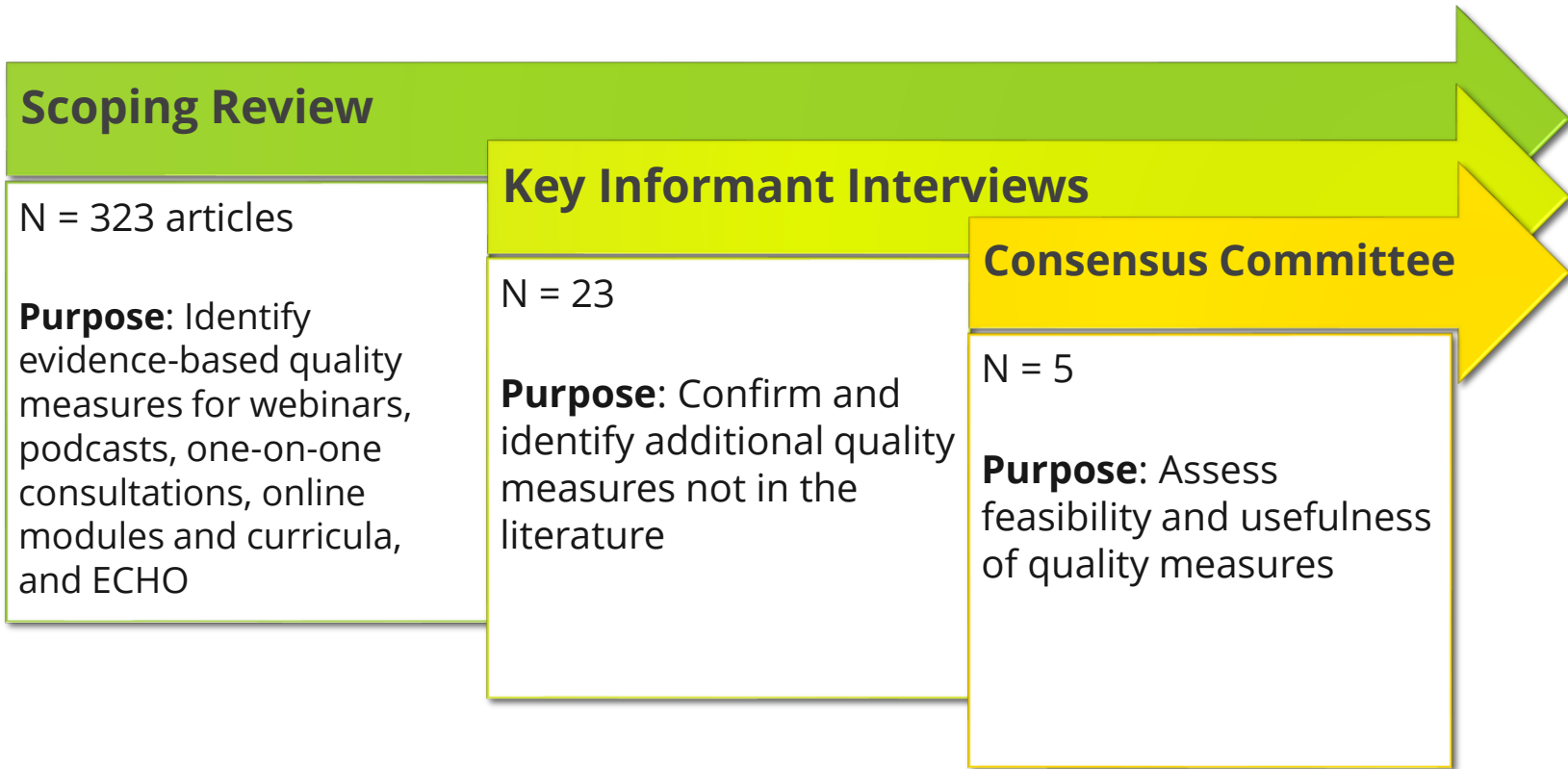


Telementoring Quality Measure Toolkit

- **Quality assurance** tool to assist implementation teams as they develop their telementoring programs
- Provides organizations with the tools needed to **build, maintain, and sustain** successful telementoring programs
- Interpret which aspects of the telementoring program are **strong** and which ones **need improvement**



TM Quality Measure Toolkit **Development**



TM Quality Measure Toolkit Sections

Section 1 – Introduction

- Toolkit Description
- Intended audience
- How to use the toolkit
- Telementoring Model Descriptions

Section 2 – Toolkit Instructions

- Choose telementoring model
- Have implementation team independently complete checklist
- Utilize plan, do, act, for continuous improvement

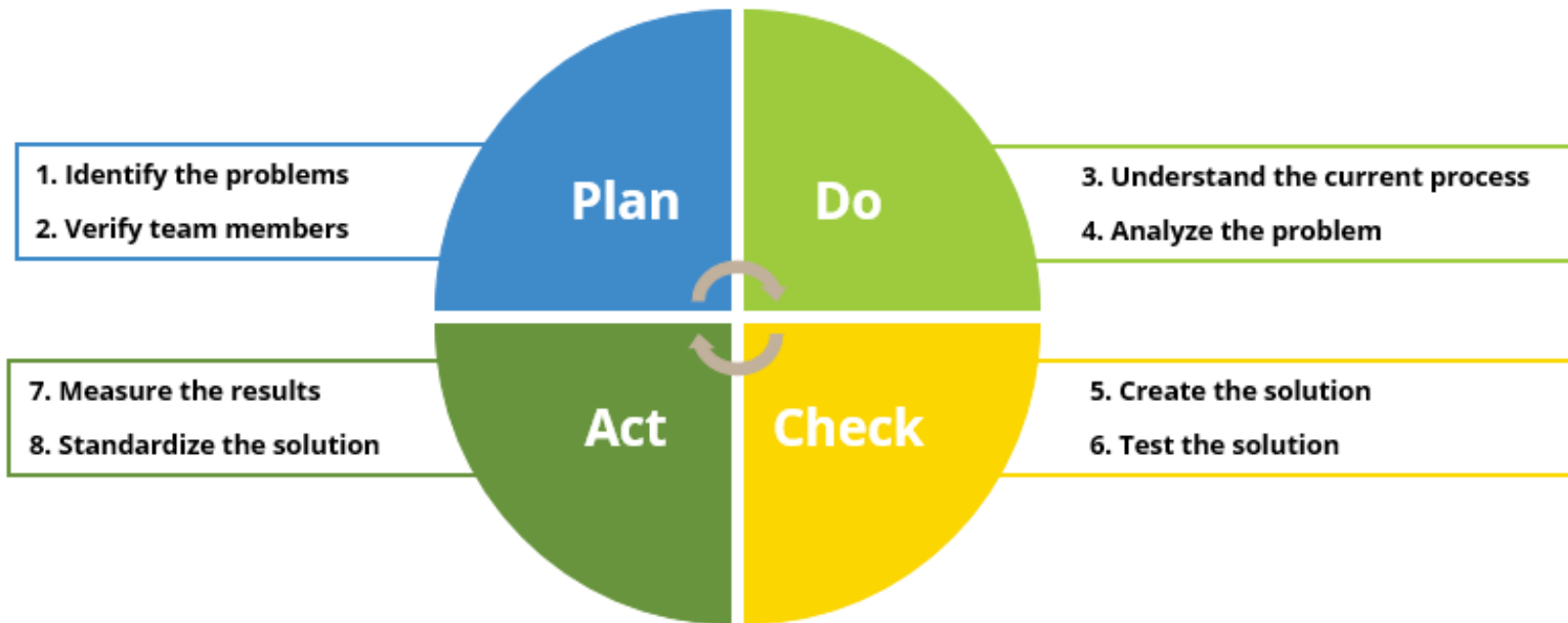
Section 3 – Quality Measure Checklists for each TM model

- Extension for Community Health care Outcomes (ECHO)
- Individual Consultations
- Online Modules & Curricula
- Podcasts
- Webinars

Appendix 1 – Development of Quality Measures

Appendix 2 – Evaluation Resources

TM Quality Measure Toolkit **Use**



TM Quality Measure Toolkit **Domains**

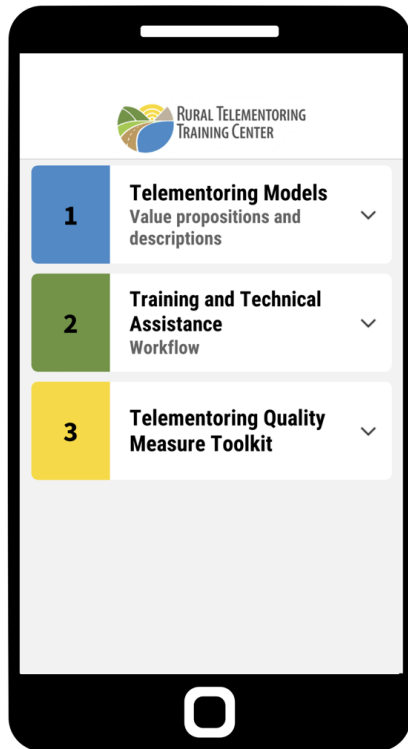
Domain	Domain Definitions
Staffing	Personnel engaged with the implementation of the telementoring program
Content	Didactic, case base presentations or subject matter
Technology	Equipment, network, and accessibility
Learner	Person engaging in the teaching and learning activities or mentee
Marketing	Activities done to promote the telementoring program
Sustainability	The ability to maintain or support the telementoring program continuously
Instructor[^]	Content expert providing instruction or mentorship to the learner
Impact[*]	Effects or influence of the telementoring program beyond the intended learner
[^] individual consultations and online modules and curricula only	
[*] individual consultations, online modules and curricula, and webinars only	

TM Quality Measure Toolkit **Sample Checklist**

Webinar Checklist

2.0	Content	Yes	No	DK	N/A
2.1	Were there iterative review cycles conducted to assess what went well and what could be improved upon?				
2.2	Were the didactics and recommendations evidence-based^?				
2.3	Were audience engagement tools used (e.g. chat and polls)?				
2.0	Content Quality Score				
Total number of "yes" responses					
Total number of "yes" + "no" responses					
Overall Content Quality Score (yes/yes + no)					

Resource: RTTC Mobile App



- Introductions to **6 telementoring models**
- Guidance through the **Training and Technical Assistance (TTA) pathway**
- **Rural Telementoring Quality Measure Toolkit** to evaluate your telementoring program(s)



Still not sure about telementoring?

- Have you identified a health access or health care gap in a rural community?
- What are the effects of that gap?
- Who can you partner with to address it?
- Who can you train, mentor, and support? (Who are the learners?)
- How can you best connect with and support those learners?



What we Provide – **Tools and Training**

○ **Training & technical assistance**

- Online content
- Learning kits
- Live trainings
- Tailored support
- Program design, launch, growth



○ **Telementoring Quality Measure Evaluation Toolkit**



How to access our TTA Trainings & Tools

**Course
Catalog**

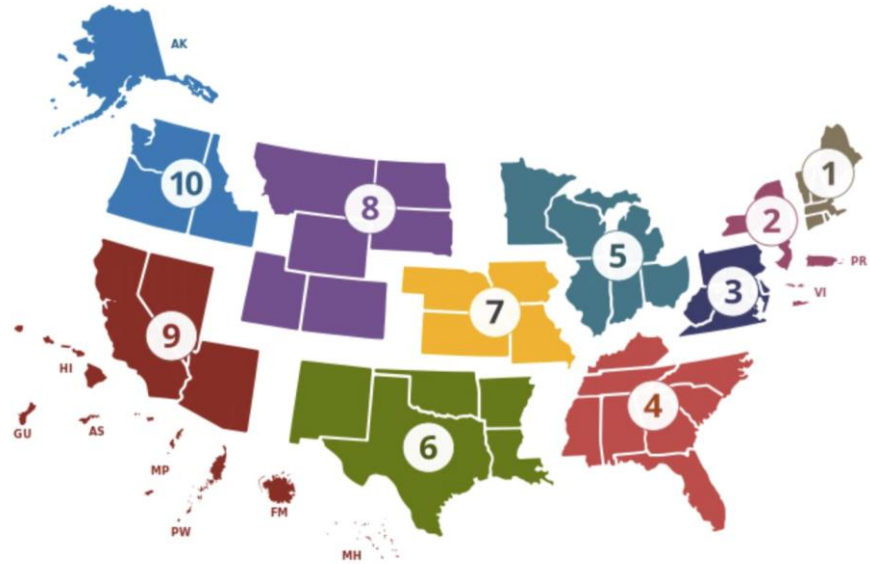
Model
Courses

**TTA Request
Form**

Submit
Online



10 HRSA Regions



Who can participate?

We are a national program so any organization anywhere in the US can work with us (the telementoring program has to have a **rural connection**, not necessarily the organization)

How to become a **Learning Partner**

Three easy steps!



Step 1: Submit a TTA Request Online

Visit our website:

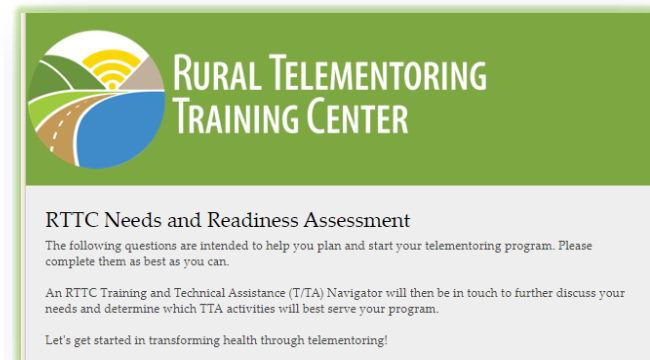


In our courses:

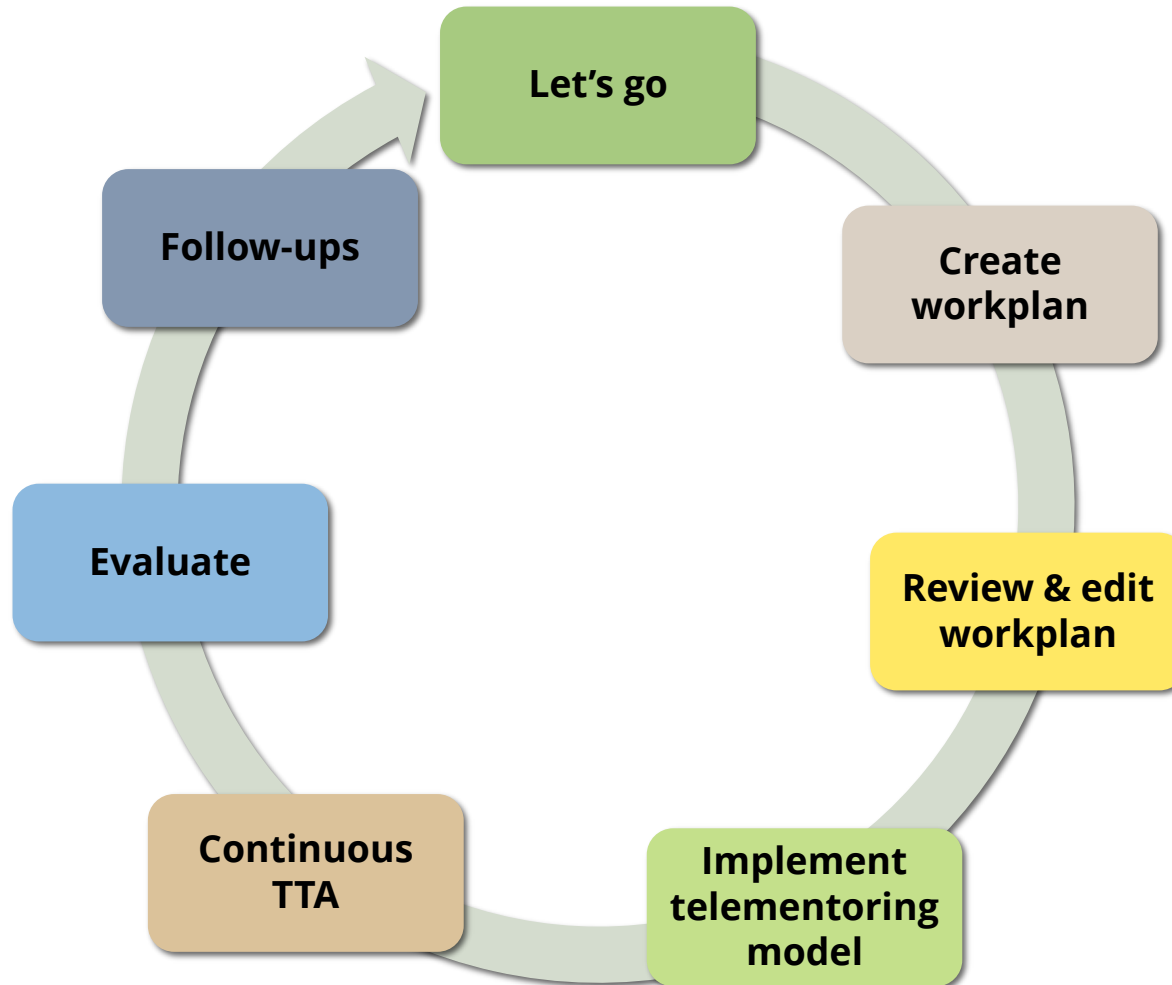


Step 2: Complete Needs & Readiness Assessment

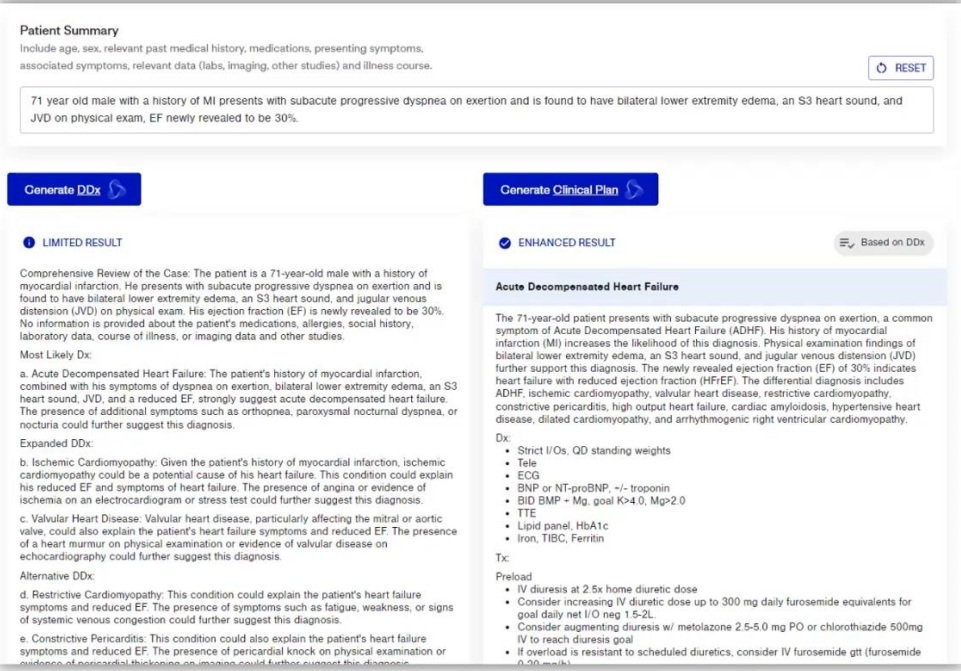
- Identify the health gap being addressed
- Determine your population of focus
- Identify existing resource capacity and partners
- Design a successful telementoring modality program



Step 3: Begin your Discovery Phase



Rural Telementoring UnConference



Patient Summary
Include age, sex, relevant past medical history, medications, presenting symptoms, associated symptoms, relevant data (labs, imaging, other studies) and illness course. RESET

71 year old male with a history of MI presents with subacute progressive dyspnea on exertion and is found to have bilateral lower extremity edema, an S3 heart sound, and JVD on physical exam, EF newly revealed to be 30%.

Generate DDx **Generate Clinical Plan**

LIMITED RESULT

Comprehensive Review of the Case: The patient is a 71-year-old male with a history of myocardial infarction. He presents with subacute progressive dyspnea on exertion and is found to have bilateral lower extremity edema, an S3 heart sound, and jugular venous distension (JVD) on physical exam. His ejection fraction (EF) is newly revealed to be 30%. No information is provided about the patient's medications, allergies, social history, laboratory data, course of illness, or imaging data and other studies.

Most Likely Dx:

a. Acute Decompensated Heart Failure: The patient's history of myocardial infarction, combined with his symptoms of dyspnea on exertion, bilateral lower extremity edema, an S3 heart sound, JVD, and a reduced EF, strongly suggest acute decompensated heart failure. The presence of additional symptoms such as orthopnea, paroxysmal nocturnal dyspnea, or nocturia could further suggest this diagnosis.

Expanded DDx:

b. Ischemic Cardiomyopathy: Given the patient's history of myocardial infarction, ischemic cardiomyopathy could be a potential cause of his heart failure. This condition could explain his reduced EF and symptoms of heart failure. The presence of angina or evidence of ischemia on an electrocardiogram or stress test could further suggest this diagnosis.

c. Valvular Heart Disease: Valvular heart disease, particularly affecting the mitral or aortic valve, could also explain the patient's heart failure symptoms and reduced EF. The presence of a heart murmur on physical examination or evidence of valvular disease on echocardiography could further suggest this diagnosis.

Alternative DDx:

d. Restrictive Cardiomyopathy: This condition could explain the patient's heart failure symptoms and reduced EF. The presence of symptoms such as fatigue, weakness, or signs of systemic venous congestion could further suggest this diagnosis.

e. Constrictive Pericarditis: This condition could also explain the patient's heart failure symptoms and reduced EF. The presence of pericardial knock on physical examination or evidence of pericardial thickening on imaging could further suggest this diagnosis.

ENHANCED RESULT Based on DDx

Acute Decompensated Heart Failure

The 71-year-old patient presents with subacute progressive dyspnea on exertion, a common symptom of Acute Decompensated Heart Failure (ADHF). His history of myocardial infarction (MI) increases the likelihood of this diagnosis. Physical examination findings of bilateral lower extremity edema, an S3 heart sound, and jugular venous distension (JVD) further support this diagnosis. The newly revealed ejection fraction (EF) of 30% indicates heart failure with reduced ejection fraction (HFrEF). The differential diagnosis includes ADHF, ischemic cardiomyopathy, valvular heart disease, restrictive cardiomyopathy, constrictive pericarditis, high output heart failure, cardiac amyloidosis, hypertensive heart disease, dilated cardiomyopathy, and arrhythmogenic right ventricular cardiomyopathy.

Dx:

- Strict I/Os, QD standing weights
- Tele
- ECG
- BNP or NT-proBNP, +/- troponin
- BID BMP + Mg, goal K>4.0, Mg>2.0
- TTE
- Lipid panel, HbA1c
- Iron, TIBC, Ferritin

Tx:

Preload

- IV diuresis at 2.5x home diuretic dose
- Consider increasing IV diuretic dose up to 300 mg daily furosemide equivalents for goal daily net I/O neg 1.5-2L.
- Consider augmenting diuresis w/ metolazone 2.5-5.0 mg PO or chlorothiazide 500mg IV to reach diuresis goal
- If overload is resistant to scheduled diuretics, consider IV furosemide gtt (furosemide 0.20 mg/kg)



3. A Diagnostic Co-pilot

Glass.AI/health

Enter a patient summary, AI generates a differential diagnosis and clinical plan

Gets smarter over time as clinical providers provide feedback on accuracy



John McKenzie

Finally, and this is my favorite to share with you,

Program Goals

Goal 1

To deliver **nationwide training and technical assistance** to academic medical centers and other centers of excellence on telementoring (TM) that meets rural population needs for disease specific clinical practice, for health promotion and for workforce development.

Goal 2

To promote **telementoring best practices** to increase their viability in rural areas.

Goal 3

To utilize established RTTC infrastructure to support **evaluation of rural health TM** services by improving existing and developing new TM program evaluation tools.

Goal 4

To utilize established RTTC infrastructure to **disseminate information about TM programs** and **rural TM materials and resources** developed from meetings, training activities or workgroups.

Ways to stay connected



RuralTelementoring.org



RTTCinfo@unthscsa.edu



www.linkedin.com/in/rttc



bit.ly/RTTCYouTube



Upcoming Events

January 28th, 2025
- HTRC

- 2025 Telehealth Landscape - Critical Medicare Billing and Policy Updates *with Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA*

Contact Us

VISIT OUR WEBSITE WWW.HEARTLANDTRC.ORG

EMAIL US HTRC@KUMC.EDU

FOLLOW US

