

**Guest/Interviewee:**

Maribel Campos Rivera

Karen Martinez-González

**Maribel:** Hello, my name is Maribel Campos Rivera. I am a medical scientist specializing in pediatrics, neonatal perinatal medicine, obesity medicine, and lifestyle medicine. I also lead Emergemos, a project dedicated to the integral family and community transition.

I am very excited to be here to talk about how telehealth is changing the way we connect with our patients and communities. Today, I have the pleasure of joining you on behalf of the Southern and Southeastern Telehealth Resource Centers, SCTRC and SETRC.

**Karen:** Greetings, I am Dr. Karen Martinez-González, I am a child and adolescent psychiatrist, and I serve as the Director of the Department of Psychiatry at the University of Puerto Rico, as well as the Director of the Center for the Study and Treatment of Fear and Anxiety. My work is closely linked to community perinatal mental health with adolescent children, and I am delighted to be able to share experiences about the role of telehealth in these areas.

**Maribel:** Greetings, Karen. From your perspective, how has telehealth transformed the way we deliver patient-centered care?

**Karen:** Well, look, Maribel, I must tell you that telehealth is obviously something that has been used for a long time. Especially in the field of mental health, telehealth has been used for quite some time. But during the COVID-19 pandemic, when telehealth became the safest way for us to continue our work, I believe it really helped break down many of the barriers' people had placed against its use. It was as if we were finally able to overcome those obstacles. So, I would say that the main transformation has been in the acceptance of both providers and patients, and in the fact that we are already at a point where it would be very difficult to go back to a point where services were completely in person.

And you, Maribel, how do you see its impact, for example, in rural areas or with fewer resources?

**Maribel:** Well, in the visits we've been doing, both through our projects in collaboration with community-based organizations, we've seen the value of blending in-person and remote care. The face-to-face phase allows us to do the initial evaluation, but telehealth makes follow-up much easier. This is especially important for families who would otherwise have to transport several members just to access health services. Telehealth lets us continue that relationship remotely, whether it's supporting the family directly or offering guidance to a professional colleague who is seeking our input to better care for their patients. It gives us the power to meet the needs of the community of patients and the community of professional colleagues, from the reality in which we live, where in our environment we have a limited number of professionals of certain disciplines to provide that support. This is something we see not only in community-based, patient-centered care, but also in highly specialized services such as intensive care

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units. For example, gaining access to a subspecialist in perinatal medicine can be very difficult in some countries where such expertise is limited. Through telehealth strategies, however, more primary care units can connect with specialized centers to receive guidance, whether in patient observation or care planning, and make more informed decisions within the resources they have available.

**Karen:** Above all, thinking in terms of mental health, when I think about how much telehealth has greatly supported psychiatrists, psychologists, and social workers- the main providers of mental health services, it really gives you an option of flexibility to be able to offer your services, but also in terms of being able to increase access. Thinking specifically about mental health services, we know that many times patients live in rural areas or places far from the city, where providers are limited. In this sense, telehealth has strengthened access, allowing care to reach people in different locations. One aspect that has been particularly positive for me, especially right now, is the impact on Spanish-speaking populations. In places where most providers speak English, telehealth increases the likelihood of connecting with a Spanish-speaking provider. Even if it's difficult to attend an in-person appointment, telehealth makes it possible to access care. I see this as having greatly strengthened our communities.

Maribel, what opportunities does telehealth offer to expand access to specialists, both in rural and urban areas?

**Maribel:** Well, look, in this case, when we consider the interventions and lifestyle intensities that involve an interdisciplinary team of professionals supporting changes in the way we live our lives- both at the pediatric level and throughout life- several studies have already shown that properly supporting and accompanying people on the challenging path of changing habits requires a certain intensity in the number of contacts and the frequency of those contacts. The combination of providing these services entirely through remote care, or through a mix of in-person visits supported by remote monitoring and ongoing interaction maintained via telehealth, has been shown to be effective in accompanying people as they make changes- that is, as they change the way they live their daily lives.

We have shown in reference at the level of systemic interventions, when we implemented the clinical trial in collaboration with a WIC program, we had to face multiple catastrophic and unexpected situations during the implementation process. Even under those conditions, we were able to move forward and implement a multi-modal intervention that integrated messaging strategies to reinforce habit modification, along with interactions with interventionists who supported the adoption of healthy nutrition habits- all carried out remotely, with monitoring and measurement strategies conducted from the patient's home.

Considering the pillars of lifestyle medicine, the design of our center has been developed as a service focused on mobility and life skills. For example, if one of the pillars of lifestyle medicine is stress management, we do not want to create additional stress for our patients by requiring in-person appointments at fixed times, especially when they have had a difficult day. Doing so could reduce the effectiveness of the contact, whereas our flexible, remote approach allows patients to engage without added stress.

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If they are in a safe place where they can seek the confidentiality that is required for a telehealth contact, it is preferable that they manage their contact from where they are and that they can have the continuity they need to achieve the intensity of their treatment without generating more stress than the one we are trying to serve. So, the way we offer the service and have that diversity in the offering allows us to support those we accompany and achieve their goals.

**Karen:** And look, Maribel, let me give you some examples of how we've been using telehealth. This is something we both share, since we work with a similar population- pregnant women in the perinatal period. As we know, this group already has a lot of appointments lined up: prenatal care, postpartum care, infant care. So, it's often hard for them to find the time for mental health services. On top of that, it can be difficult to leave the baby with someone else just to go see a psychiatrist or psychologist. That's where telehealth has really been transformative. It's improved adherence to treatments and opened up access because of the flexibility it offers. For example, I can tell a patient, "don't worry, bring your baby with you to the appointment- you'll connect by telehealth." This way, they don't feel uncomfortable if the baby cries or if things don't go smoothly. They can be in their own space and still receive the care they need.

So, in those areas, it's been extremely important. Another area that we both share is working with pediatric populations- children and adolescents- which, in my opinion, has also transformed what we're able to do. For example, it's made it possible to offer services directly in schools. Right now, we have a program in collaboration with the Medical University of South Carolina where we're providing telehealth services to schools in Vieques and Culebra. These are two islands that are part of the Puerto Rican archipelago, but they're isolated, and telehealth has made it possible to reach them.

Many times, people in those communities have difficulty traveling to the main island of Puerto Rico. So, it's incredible that by providing these services directly in schools, we've finally been able to solve a problem that has existed for years- how to bring psychiatric services to such a hard-to-reach area. Now, we're finally able to provide that care.

And I wonder, Maribel, what other initiatives do you know of where telehealth has been integrated into school services or even workplaces?

**Maribel:** Well, interestingly, just last week we visited the Vieques community. We've been making visits there to provide multidimensional health evaluation tests, which include physical fitness assessments using the Fitnessgram protocols. These were recently added as one of the mandatory evaluations in the school system by the president. They allow us to see how much children know about healthy habits and give us a way to support them in building that knowledge so they can develop better skills for self-managing their own health.

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And it was a very good experience. Now, based on the observations we made, the goal is to transfer that knowledge to parents and caregivers. Something we noticed is that many grandparents are directly involved in caring for these children. So, the idea is to make sure the data we collect- and the observations we make- truly serve their purpose: to support each child's continued healthy growth and development through periodic evaluations that cover all the pillars of lifestyle medicine. And not everything has to happen in person. The follow-up that ensures the initial evaluation brings the results we want can also be achieved remotely. That way, we can continue building on the interactions happening in the school setting, adding other activities, and always doing so in collaboration with the child's medical home. That's the intention of the service model we've been working on since May. And in the same way, with other groups- even if they are smaller in number compared to other demographic sectors- we believe they still deserve a dedicated space and focus. After all, achieving healthy adults is much easier when we start by supporting healthy children.

**Karen:** Yes, definitely. And even for us, specifically in mental health, we've seen how telehealth has impacted emergency care. It allows us to offer consultations to emergency rooms through telehealth, which is especially valuable in acute situations that aren't necessarily psychiatric. Telehealth makes it possible to quickly connect with the right specialist when immediate access is needed. Not having to physically move to the emergency room, but instead being able to connect with the ER doctor through telehealth, really makes a difference in those moments when acute services are needed. I wonder, do you have any experience with that in emergency care?

**Maribel:** Yes- in emergency care, and even beyond supporting patients, telehealth has also been a valuable tool for supporting colleagues. It helps in those situations where we identify a condition that requires a higher level of care than what can be provided in the current setting. That's something we face regularly in perinatal and neonatal medicine. For many years, while I was practicing in Puerto Rico, especially in hospital-level care, this was part of my daily reality- making sure patients could access the right level of care, even if it was beyond the unit they were in.

And in that regard, when we receive a patient who requires a higher level of care, our role is to support the evaluation and share information with colleagues attending the patient- so that the transfer to our unit happens under the best possible conditions. Likewise, if the intended destination isn't the most appropriate place, we step in to help ensure the patient is transferred to a facility that can truly meet all their needs.

Because sometimes the focus is only on one aspect of the patient's condition, without considering all the elements involved in critical care. It's not just about the diagnosis that places the patient in that situation, but also about everything needed for recovery, especially in neonatal intensive care. The environment, the family, and maintaining that connection between the baby and the family during the NICU stay are all extremely important as well. We need to learn to maximize the resources we have through open communication and by identifying the needs we must address- not only to support our colleagues, but also to create the right plan of care for patients and their families.

**Karen:** So, I think that through everything we've been able to share, discuss, and reflect on together, we've seen how telehealth is not just a technological tool, but a real way to eliminate barriers, strengthen continuity of care, and better connect with our communities.  
With that, Maribel, I think we can close, right?

**Maribel:** Sure, yes. And to those listening, thank you- we hope this conversation inspires other providers, organizations, and communities to explore the power of telehealth

**Karen:** And remember, you can find and follow us on X, formerly Twitter, at Charlas de TeleSalud. We say goodbye for now, but we invite you to stay connected with Charlas de TeleSalud, where we'll continue discussing key topics that are shaping the future of health.

**Maribel:** Until next time!