Susan Sumrell:
This is Susan Sumrell with the National Association of Community Health Centers, NACHC. We are excited to have you all joining us here today for our Telehealth Office Hours for the month of February.

Susan Sumrell:
Today we are excited, we are going to be joined, we are joined by Rachel Mutrux. Rachel, I hope I did that correctly.

Rachel Mutrux:
Close enough, it's Mutrux, but I hear Mutrux a lot.

Susan Sumrell:
Mutrux, I should've... yes, okay Mutrux, who is a Senior Program Director at the Missouri Telehealth Network. We're going to be talking about telehealth etiquette. But before we jump right into that, I want to just quickly jump into or go over the agenda. We're going to do some introductions, we're going to talk a couple of WebEx logistics, then we're going to turn to Rachel, to talk about telehealth etiquette, and then we'll briefly talk about what we're going to cover in our March Office Hours.

Susan Sumrell:
So, webinar logistics. Hopefully you all can hear me. I do not have my video on, so you're not looking at me right now, but you can hopefully hear my voice. We recommend that you call in on your phone, that just seems to be the best way to hear and you get the best connection. Below the 866 number is the access code. Then you can just hit pound for attendee ID and select audio connection. Hopefully this popped up for you when you joined Webex, but if you did not, there's our information.

Susan Sumrell:
You also can, all of your lines have been muted upon entry to help prevent any background noise, but we want you to participate and ask any and all questions that you have throughout the presentation today. You can do that via the chat box, which is on the right hand side of your screen. I ask that you if you do send us a message, a note, a question, if you'll send it to everyone so that we can all see your question. I will read through the questions before we ask them, but this helps to make sure that they get to the right spot.

Susan Sumrell:
Then obviously after today, if you would like a copy of the slides, you can email us at telehealth@nachc.org. You can also find the slides and a full recording posted a few days after the session on the NACHC website, www.nachc.org, under focus area telehealth. It can be a little bit tricky, so if you have trouble finding us you can just send us an email at telehealth@nachc.org, we can get you set there.

Susan Sumrell:
As always, want to say a big thank you to all of our partners on today's Telehealth Office Hours. We have the Center for Connected Health Policy, HITEQ, the HRSA Office for the Advancement of Telehealth, and the Telehealth Resource Center's and then of course NACHC. We're really excited to have such a great group of folks coming together to share the latest on telehealth.
Rachel Mutrux:
So hello everybody, thank you for inviting me. My name is Rachel Mutrux, I'm from the Missouri Telehealth Network. We are part of the School of Medicine at the University of Missouri in Columbia. The Missouri Telehealth Network has been around since the mid '90s, doing all different kinds of telemedicine. One of the most important things that we do is we are a telehealth resource center. We are both state funded and federally funded as a telehealth resource center. So on the slide that Susan put up where it says the TRC's, the TRC that I'm a part of is the Heartland Telehealth Resource Center, which includes Missouri, Kansas, and Oklahoma. We are here to help anybody in our region or in the states that have questions about telehealth programming. In that, I usually include five different domains. I talk about technical, operations, legal and regulatory, clinical, and evaluation. Our Telehealth Resource Centers have expertise in all five of those domains.

Rachel Mutrux:
One of the most important parts of that is what we're talking about today, which is video conferencing etiquette. I'd like to, as we go through this, have you think about two different areas. One would be clinical telemedicine, so we would talk about some people say web-side manner, as a new term that people are saying. So you think about how a provider would best conduct a video visit to care for a patient, instead of being in the same clinic room with them. Then the other thing that I would have you think about is a meeting just like we're doing today, and we do these a lot now but in my experience, we have a lot of people that even though video is available, they don't join by video.

Rachel Mutrux:
So the first thing that I would say for video etiquette is if you are on a video conference, then the polite thing to do is to have your video on so that your presenter and everybody in your meeting can see you. It makes it... and you guys probably will agree with me because I'm sure that you're in meetings like this all the time, but it just makes it a lot more fun and more interesting if you can see the people and see the visual cues of them nodding or smiling or they'll give you the finger like, oh my gosh I have to step
away from my desk for just a second. So you know, you get that immediate feedback and you can tell what's going on.

Rachel Mutrux:
During this presentation, I would just invite you to either chat with me or go ahead and unmute and just give me... I can't see everybody. One of the things that I don't love about Webex is that you can't see a whole lot of the different boxes. We've probably got 25 people on, for some reason no matter how I mess with it, I can still only see about fix boxes at the top. So if you know a better way to do that, you can either tell me or chat me that too, but other video conferencing products, it's a lot easier to see a lot more faces on the screen. So that's one of the things about video conferencing etiquette is, please if you have video, turn your video on and let your colleagues see you when you're talking.

Rachel Mutrux:
Some of the other things that I think are important and you might not think that it falls 100% within video etiquette's, is having your room ready. So both on telemedicine and in what I would consider telehealth, which is a meeting like this, you have to think about how you're dressing, what the background is in your room, what the quality of audio is going to be depending on where you are. So some rooms that are quite large and have maybe tile floors and high ceilings, you're going to get a lot of echo-y sounds there. If you have two people in the same room that are both joined on the same video conferencing, one person is going to have to have both their speakers and mics muted or you're going to get a lot of echoing.

Rachel Mutrux:
So all those kinds of things that have to do with the quality of the audio and the video, that's part of the etiquette. You could either include that in your preparation list so you're testing everything ahead of time and making sure that it works right, or have it in what I would consider a room set up. So even before you are thinking about doing telemedicine, if you're going to use a clinic room for example, if you're going to do tele psychiatry, some clinic rooms, you can hear when people are talking. The audio that comes through your computer or your video conferencing device, often times is much louder than when it's two people conversing in the same room. So to make sure that the privacy of the patient... and a lot of places I have seen people put white noise machines either right outside the door or right inside the door. You can see why that would be helpful to ensure the privacy of the patients.

Rachel Mutrux:
I've seen lots of rooms where they have beautiful bright windows and the sunshine coming in, but if their back is to the window, then all that backlight is going to create it so you can't see the face of the person you're talking to. It's going to look like they're in witness protection program. So the lighting has to be situated in a way that you can see people as well.

Rachel Mutrux:
Then finally, I would think about the angle of the camera for sure. We have to think about that a lot of times in telemedicine, we talk about the head and shoulder shots, and that's similar to when you see all the talking heads on CNN or something. They're very well positioned, so that you can see their eyes, face, and their mouth. Often times, I would say many times, whether it's in a video conference for education, training, or telemedicine, I often see people where they have the camera pointed at the wall or the ceiling, because many people are modest. They don't like seeing themselves on camera and they
don't want to be on camera, but I would say that it's a matter of respect, that if you're going to be doing videoconferencing, that you need to allow yourself to be on camera so that the other people can see you and hear you. Otherwise, you should just maybe use the telephone for that visit.

Rachel Mutrux:
Because I'm mentioning the telephone, this doesn't quite go into video etiquette, but I think it's very, very important that you always have a backup method of communication. So any of your clinics and I don't know where all of you guys work, but I assume that many of you might work at federally qualified health centers. If your clinics are setting up telemedicine services, in the protocol there always has to be a backup method of communication between the provider, whether it's two clinics or a patient and a provider, and the patient's at home. So that if for some reason the video conferencing technology doesn't work well, what are you going to do then? Typically, what I've seen is that it's a phone call, but you would want to make sure that something like that is written out in your protocols.

Rachel Mutrux:
I have a document that I am willing to share with you guys after, and it's a really nice etiquette document because it's framed in a way that says, "always, sometimes, never," for when you're videoconferencing. This one, it was created at the University of New Mexico Health Sciences Center, and it was made for tele education, not just clinical care over telehealth. So some of the things that we have in this, and I'll send it. Susan, I'll send it to you and then you can share that with everybody that's on this call. So some of the things on here, you can tell they're not exactly clinical, but a lot of them are. So some of the ground rules that you would have your providers or your patient presenters set up when they do a telemedicine, that would be listed in a protocol is always remind people that they should introduce everyone in the room. As I see some of you on video, the picture on video is fairly narrow, right? It's really just you. So if someone was off to your left or right or on the other side of your desk, I couldn't tell.

Rachel Mutrux:
We used to do a lot of tele dermatology in one of the resident clinics here at the University of Missouri, and if any of you have ever been to a resident clinic, you know that not only are there residents there, there are nurses, there are medical students, and then there are the attending physicians. So within our telemedicine clinic, we would have the person that was operating the camera, pan the whole room so that everyone could introduce themselves. Now, before we did that, we would ask the patient, tell them that this is a resident clinic, make sure it's okay for them to know that there are going to be other people observing the visits, and get their permission to do that. But then you always, you don't want them to not know if someone is observing the visit. It really needs to be set up the same way as if you're doing that visit in person.

Rachel Mutrux:
That also goes, when I was helping with those visits, I noticed that because the patient wasn't in the room, they were on the television in the room, people would often just leave the door to the clinic room open, but if the patient started talking, you could hear them in the hallway. So that's another thing that maybe you didn't think about when you think about a telemedicine visit, but you really do have to treat that visit as if it were in person. So the courtesy of closing the door to make sure that other people can't hear that conversation is very important. Are you guys with me so far? I haven't seen any questions pop up. Okay, good.
Rachel Mutrux:
So a lot of the different types of videoconferencing we do, we do set up some hand signals to make it
easier, just for visual cues because sometimes it takes a second for you to find your mute and unmute
buttons. So I always try to show people the thumbs up for yes, I agree with you, or yes. I show people
the hand raise for hey, can you pause for a second, I have a question. Then you guys might know this,
does anybody know what this means? No? It's applause, in American Sign Language. So at the end of
your meetings, you can do applause, if you like it, or you can do a thumbs down if you didn't like it.
That's fine too.

Rachel Mutrux:
So I think having some of those visual cues set up when you're in videoconferencing sessions, it helps
things go much more smoothly. I wouldn't recommend doing those hand signals in any kind of a clinical
setting, but in a non clinical, education setting, I think that they make things a little bit more fun and
interesting and they keep people a little more engaged as you're going through the meeting.

Rachel Mutrux:
So some of the things, some of the other things I talk about when I talk about videoconferencing
etiquette, is to make sure that there's a clear agenda. When any of us goes to our own healthcare
provider in person, we know what's going to happen, right? We go to the front desk, we check in, we
talk to that person, we go sit down, a nurse will likely come and get us and do our vitals and take us back
to the room, maybe gather a few more pieces of information, and then that nurse might leave and
you're waiting by yourself until your provider gets in the room. You can set up your telemedicine visits
basically to be the same way, but you have to make sure that the patient knows what's going on, and
they're not just sitting there for a really long time just staring at a blank screen and not wondering
what's going to happen.

Rachel Mutrux:
We did a study here at the University of Missouri, I would say it was probably about 15 years ago, we
studied in-person communication versus telemedicine communication. So we recorded the visits, and
we compared the number of words used, the topics discussed, the length of time in the visits between
in person and over telemedicine. Does anybody have a guess what some of the differences might be?
You can type them in or just unmute and let me know if you have any guesses.

Rachel Mutrux:
So I will tell you that the telemedicine visits were shorter. They had less small talk, less asking about the
weather, and things like that. We attributed that to the uncertainty of whether the technology was
going to last during the whole amount of the visit, because 15 years ago, if those of you on the call were
doing any kind of telemedicine, the technology was much less stable than it is now. Our broadband
systems were much less robust than they are now. So providers were rightly so, concerned about
whether or not that visit was going to last.

Rachel Mutrux:
We also did a separate... so that's one thing to keep in mind. So ongoing training and getting providers
accustomed to doing telemedicine is really important. It's not included in our medical school education
for the most part. It is included in many residency programs, but people don't get a lot of exposure to it until they're practicing providers. There's a pretty steep learning curve.

Rachel Mutrux:
We did a different study where we compared the diagnosis and treatment plan in dermatology between in-person, store-and-forward telehealth, and live interactive telehealth. We also compared providers and looked at their experience with telemedicine. So providers who had had at least a year of telemedicine had a much higher confidence level in their ability to make a diagnosis and suggest a treatment plan. So we know that the learning curve is there for telemedicine. It makes sense, right? The more that you utilize technology in your work, the more comfortable you are doing it.

Rachel Mutrux:
So again, I would just say, if you have providers who are providing telemedicine services to your clinic, one of the things you might want to make sure that you're talking about is, how long have they done it? How much experience do they have in telemedicine. If they don't have any, make sure they get some training on just some basic things, just some of the things that I'm talking about, but there are other courses out there that you could get them in to learn about how to run a telemedicine clinic.

Rachel Mutrux:
So I'm assuming that you guys are familiar with the telemedicine terminology like patient presenter. Can you nod, April? Yes, are you familiar with patient presenter? So when we're talking... yeah. So when we're talking about telemedicine where a patient is in one clinic and healthcare provider is in a different clinic or a different hospital, typically there's a person that is designated as a patient presenter. That person is in charge of managing the videoconferencing technology, but they're more than that. I would say that they're somewhere a cross between a healthcare provider like a nurse or a medical assistant or a nursing assistant, and almost like maybe a translator in a way, because they are there with the patient. The healthcare provider on the other end may ask questions and that patient, because they're not accustomed to being on videoconferencing, they may not know when it's their turn to answer or speak up. The communication is different on videoconferencing than it is in person.

Rachel Mutrux:
I'll give you an example and you guys are going to recognize this, you're going to know it already. If you were like, "Rachel no, that's wrong." You wanted to say something to me and you started talking, in most videoconferencing technology, there's the voice when two people are talking. There's a voice cancellation. So it cancels out both voices. So you can't really talk over someone, you have to wait until they finish. That's very different than when we're in the same room with someone and we're having a conversation with them. Because you can do things like, put your hand on your their arm to get them to stop talking for a second so you can say something. I mean you can just start talking and then they're going to stop talking, but in videoconferencing, it's harder to do that. So the patient may not know when they're prompted to answer. That patient presenter has the job of sometimes doing that, or prompting them to say, "Oh yes, we did try this on our last visit. Can you tell this provider how that worked or how that didn't work?"

Rachel Mutrux:
Help prompt them to manage that conversation in ways that they're not accustomed to because typically that type of a person, if it's a nurse, they're probably not in the room anymore when the
physician comes in or the nurse practitioner comes in. So that's a new role for them too. So I would always recommend, pretty specific training for the people that we call patient presenters as well.

Rachel Mutrux:
All that has to do again, with videoconferencing etiquette because we want this to go smoothly, we don't want people to be nervous, we don't want people talking over each other or being rude in a way that they didn't know that they were being rude to someone. One of the things that I always tell people is that sarcasm doesn't translate well over videoconferencing. We probably recommend that our healthcare providers don't use sarcasm in their patient visits anyways, but even in meetings, that type of humor just doesn't translate all that well. It's like in an email. You're like, did they mean that like that or am I just thinking that they meant that like that? So I would say that one of the tips I would give you is, don't be sarcastic on a video conference. It just doesn't work very well.

Rachel Mutrux:
I would also say that when you're doing videoconferencing, you need to start and end on time. It's hard in a clinic, right? Because we know that providers, by the time they get to their second patient of the day, sometimes they're already behind. But I what I have found in telemedicine over the years of experience that I've had is that the telemedicine clinics, they really do have to run on time because where the patient is versus where the provider is, especially if they're not part of the same organization. So if you have a patient that came into a federally qualified health center or community health center, and the provider is maybe a mental health provider at a different organization, different company, just even trying to communicate between those two entities to say, "Oh, the doctor's running behind. Can you make sure the patient knows?" Well, that patient is in a room where that community health center isn't getting much reimbursement for that. Right? I mean there's a facility fee there, but they don't get the physician fee.

Rachel Mutrux:
So, even that kind of tension between, if the doctor's running 30 minutes behind, in a telemedicine visit, it doesn't run as smoothly as it does in person. I know, I personally get annoyed when my provider is running 30 minutes behind in person, so over video is just that much worse, I would say. So trying to start on time and end on time is really important.

Rachel Mutrux:
One of the ways that you can do that is, if you do have a telemedicine clinic, it's to block time just for telemedicine patients. So if a provider is seeing two hours worth of telemedicine patients, instead of seeing one in-person patient, one telemedicine patient, one in-person patient, one telemedicine patient, if they have a block of time, they probably could find it easier to stay on time for that group of patients. Just a tip that we had done, that we had used in some of our clinics before.

Rachel Mutrux:
Another thing to keep in mind when you are in a telemedicine visit is that depending on the type of equipment, you want to make sure that your healthcare provider or anyone in the room, they know that they don't have to really speak up. They might have to speak just a little bit lower than they normally do, but if they speak up and they tell, then it comes across as they're yelling. Most of the microphones that we have these days are very sensitive and they're going to pick up whatever audio is coming through, and because they're so sensitive, they'll also pick up paper rustling, the door going in and out, even...
people whispering. When we first started doing telemedicine a long time ago, we had people that tried to whisper in a room and the patient could hear them because the microphones are very sensitive. So we would always, when we did our training with our providers and everyone, is to say, "You can't speak in the room unless you're speaking to the patient or in front of the patient. There's no whispering here.

Rachel Mutrux:
So, and don't ever trust your mute button. You might think it's muted, but it might not be muted, and if you were to say something about a different patient or if you were to say something disparaging about that patient, or whatever it might be. Then if they can hear you, then that's really bad, right? So we don't want to do that. So we want to be aware that the microphones are sensitive, number one, and not to trust the mute button.

Rachel Mutrux:
I would also say that, I'm trying to look right at the camera on my computer. The point of that is to approximate eye to contact, right? I'm looking at you in your eyes. That, we know that because of studies that have been done, the evidence base tells us that providers and patients can form a very solid physician patient or provider patient relationship over telemedicine. They don't have to have met in person, they can form that relationship over video conferencing. So a part of it is that the camera's on my face and I'm looking at the camera, you're looking at the camera, I can see your face. We're not face to face but it feels like we are because you're nodding, you're smiling, I can see that you're paying attention to me and I'm paying attention to you. So all of those types of things, to make sure that again, you're trying to approximate an in-person visit, is a very important part of telemedicine.

Rachel Mutrux:
As we move from clinic to clinic telemedicine, into situations where our patients are going to be at home when we're helping to manage their care, some of the things I bring up when I talk to providers, I say, "Well, what if it's a college student and they're on the couch and their roommates are there? Are you going to still have that behavioral health visit?" They have to think about that, right? What if it's a college student and they're at home and they have their bedroom door open and their mom comes in? Are you still going to have that behavioral health visit? So there's a lot of things.

Rachel Mutrux:
So most of the studies that have been done on telemedicine are where patients are in a healthcare facility, they're not at home. So we don't have a lot of evidence behind the efficacy of home based telemedicine or what you might consider direct to consumer telemedicine. That's one of the, I would say, one of the important pieces of evidence that's not out there in the literature right now, that we need to pay attention to.

Rachel Mutrux:
So, if for example, your patients can access telemedicine through your electronic health record or from their home, there are lots of things that you're going to want to think about when you're writing those protocols, like what if they're in the drive thru at McDonald's and they're on video with the healthcare provider? Do you still have that patient visit? So there's all kinds of things, once we transition from healthcare provider location to healthcare provider location, to where the patient is and the different type of location, video conferencing etiquette and then just common sense rules about, how do we care for these patient in a setting where it's not a healthcare setting? You're going to have to think about a

[1280x720] National Association of Community Hea... (Completed 06/15/20)  
Transcript by Rev.com
lot of those things. I guess I probably shouldn't get too much off topic, but I think that it all does go together.

Rachel Mutrux:
Some of the other things that are very important to remember is that we have to keep, just like investors do this in healthcare, nurse practitioners, everybody does this already, but remember to say the patient's name. You still have to, what I'm trying to say is, when a patient comes to your clinic in person, you verify who they are because they go through a series of steps. They check in at the front desk, the front desk asks them to verify their birth date, and then their address, and then the phone number, and then the insurance. If they come in for a telemedicine visit, they don't have that same series of authentication to say that we know that this patient is this person. Then the doctor or nurse practitioner, whoever it might be, on the other end of the video also has the right patient. That's another role that the patient presenter has to play. They have to say, "Okay, this is Suzie Smith, and she's here today for this." Then the provider on the other side says, "Okay, that's right. That's the chart I'm looking at."

Rachel Mutrux:
So often, you will have patients and providers that have not seen each other and haven't met each other before. So you'll have to think about how that authentication works. How do we know that this person is the person that the electronic health record that I have of in front of me. Any questions or comments on that?

Susan Sumrell:
I haven't seen any come in yet Rachel, but if folks-

Rachel Mutrux:
Okay.

Susan Sumrell:
You can send them via the chat or if you could raise your hand, we can unmute you as well.

Rachel Mutrux:
Sounds good. Some other things that I'd like to think about when we talk about telemedicine etiquette, is that it's okay to try to make corrections during either the patient visit or in a meeting like this. So some of the different types of education that we do here in Missouri, includes things... you guys might have heard of project Echo, project Echo is case conferences, where you have a conversation about a case, a real patient case, not using protected health information. But sometimes the facilitator is going to have to make gentle feedback to the participant, and it might to do with if they have some judgment about the patients or the healthcare provider that's presenting the case, and we're trying to create judgment free zones. Or, if they're having side conversations and it's really noticeable and distracting to other people.

Rachel Mutrux:
So I think that again, it goes back to the practice, but I do think that it's okay to think about remediation. What are we going to do if? You obviously have to think about that when you're doing just regular
clinical care, right? So what are we going to do, what happens when a little kid starts running around and knocking things over in your clinic? You know what to do in that case, but over videoconferencing if someone is being disruptive, you do have to have those remedial steps ready and have people have a toolkit of what to do if.

Rachel Mutrux:
I haven't seen a whole lot of things not in the clinical side, but on the education side, I have seen a lot of things that just aren't right that usually go over videoconferencing. So people not realizing they're on camera and I've seen people fall asleep in a videoconference and that's not very respectful to the other people on the call, if you just fall asleep. That might hurt someone's feelings, especially if they're the presenter and they've taken time out of their day to come and visit with you. Then also, people having side conversations, especially if they forget to turn the mute off and somebody walks in their office and starts talking to them and all of a sudden they turn around and you can hear them talking to someone. So all of those types of things, you just have to, I would say train people for sure. You can have reminders for people, but also just be ready to have whoever would be considered the facilitator, to not call them out in a mean way, but maybe chat them and ask them to just remember that we're not using protected health information and you were turned around and you were talking about one of your patients, or whatever the case might be.

Rachel Mutrux:
One of the videoconferencing products that we use is called Zoom and I bet some of you have heard of Zoom before. But one of the good things about Zoom is, in a big conference, if you're using the hosted method, you can mute people and you can actually kick them off the call if they're being very disruptive. I'll tell you, we had an educational program going on that was a case conference and one of the participants was in a hospital room where her husband was in the hospital. She was participating in the conversation while all of a sudden her husband got up and walked between her and the camera, and he had a hospital gown on and his backside was exposed. So she's married to him, so I don't think it bothered her at all, but everybody else on the call was just like, oh my gosh. So we had to take her off that call, and then talk to her later and tell her that that wasn't really appropriate.

Rachel Mutrux:
So there's all kinds of things that can go wrong, and we try not to call them out in person, maybe do it privately so that they don't feel as embarrassed, but. I just think the way that we live, maybe young people not so much, but the way that I grew up, it's all in-person communication and some telephone communication, but we're not necessarily accustomed to videoconferencing communication as much. I know that my kids are, I use FaceTime with them all the time, so they're going to grow up and have different expectations and different practices, but I think it's okay to make sure that we are supporting people, being gentle with them, and to correct things when things go wrong and be very encouraging.

Rachel Mutrux:
I would also, it makes whether it's education or clinical care, it makes it a lot better if it's two way communication or multi way communication. So the more that you can have conversations and not just what I'm doing today, which is me talking to you, the more fun it is and the more engaging for everyone. So the more that you can set things up where it's more interactive, I would think the better. One of the things that is on my list about videoconferencing etiquette is to limit body movement and gestures. You
can see, I'm a person that talks with my hands, so I do it on videoconferencing too, but you really should try to limit that as much as possible.

Rachel Mutrux:
What other types of topics and videoconferencing etiquette come to your mind that I haven't talk about yet? Feel free to just unmute yourself and speak up. Tell us a funny story about what happened to you, if you have one.

Rachel Mutrux:
So Susan, I'm not hearing a whole lot of questions. I am happy to share my document with you, and then if people have questions I can stay on as long as you want me to.

Susan Sumrell:
That'd be great, thank you Rachel. I was going to say, I don't have a funny story because I will fully admit, I'm a little bit scared of videoconferencing sometimes, but I feel like this has been a really helpful conversation and just somethings to think about both in the clinical setting and then I think just generally in the videoconference setting for sure, as we use it more and more for work. It's something to think about.

Susan Sumrell:
I apologize for not sharing my video with you today. I should've started off with that, I didn't even realize I was violating the number one rule, so.

Rachel Mutrux:
Number one rule.

Susan Sumrell:
Sorry about that.

Rachel Mutrux:
That's okay.

Susan Sumrell:
Next time I'll be on, yeah. Does anybody have any questions or any funny videoconferencing stories, any experiences, any questions for Rachel?

Susan Sumrell:
(silence)

Rachel Mutrux:
Just clear as much, right?

Susan Sumrell:
Great. I thought it was very, very helpful and very much appreciate you taking the time walk through some of those things with us because like you said, some folks are more comfortable in that space, using FaceTime and all of that, but I think when we’re thinking about it in a clinical perspective, you have to be purposeful and mindful about what you’re doing and how you’re doing it in these settings. Again, I think even in just a regular non clinical setting as well, it's really, really helpful to think about.

Susan Sumrell:
Somebody says, "No questions means a job well done." So that's awesome, congratulations Rachel.

Rachel Mutrux:
Thank you.

Susan Sumrell:
It was not clear as mud, clear as day, yes. I think that Rachel, if you will share your document, we will share them and we will post this recording. I don't think the actually video will be up there, but the recording of this session for folks to listen to. I think it'll be a really helpful resource for folks. If you're comfortable, we can also post the document you shared as well, but you and I can talk about that offline, if you'd like. Great.

Rachel Mutrux:
Okay, all right. Well thank you. I will probably be on another call with you guys at some point, so thanks a lot.

Susan Sumrell:
Thank you all for joining us, and don't forget our next Telehealth Office Hours will be the second Tuesday of, or second Thursday of the month. So in March, we will be covering another topic. If you have questions about anything telehealth related, whether it's something that Rachel mentioned or just generally telehealth, questions of policy practice, et cetera, just send them to us at telehealth@nachc.org, and we will talk to you next month. Thank you all so much for joining, and we'll talk to you soon.