

Small Group Discussion Notes

Topic: Overcoming Barriers to Access for Underserved Communities –
 Rural & Geographically Isolated Populations

<p>Existing Resources</p> <ul style="list-style-type: none"> • Zoom, Go to Meeting, Telemed • There is a HIPAA-compliant version of Zoom (cost 1-2k a year) – Encrypted, Chats are not stored in cloud, Has clinical as well as diagnostic uses, Mobile-enabled • ECHO • KUBU, a system for iPads, enables remote viewer to control camera; Useful for data research in classrooms; Good resource for diagnostics • Department of Physicians in your home state- but need to find a champion who’s willing to act 	<p>New Resources Needed from TA Centers</p> <ul style="list-style-type: none"> • Practical info on technology like HIPAA-compliant Zoom (which only one participant in our discussion group of 17 knew about) [See AUCD’s Distance Learning Technology Resource] • Articles from policy gurus that related to telehealth • Info on how to access valuable resources or contacts • List of regional advocates and legislators for your area
<p>Obstacles or Challenges Experienced</p> <ul style="list-style-type: none"> • Hard to know if people are really engaged in Skype/videochat sessions, if there are multiple people in the discussion • Intermittent power/cell service interruptions/inevitable tech glitches • Cost barriers • If you do go to remote areas, the number of people who show up is often disappointing • If you hold trainings and meetings in the nearest city, there is often a subset of people who don’t have the resources to get to metro centers • It’s ALWAYS better to treat people in their own community/setting, but getting there can be a challenge • Hard to reach undocumented populations because of so much fear 	<p>Lessons Learned</p> <ul style="list-style-type: none"> • Teaching remotely with technology requires instructors to teach in a much more engaged way • Remote teaching doesn’t have to be inferior- one on one chats can actually be much more intimate, and require a lot of engagement from both instructor and participant • Universities, area health education centers, public libraries, even restaurants are sites have been able to help with advanced satellite services and/or generators when connection problems arise
<p>Opportunities for Grantee Collaboration</p> <ul style="list-style-type: none"> • Trainee exchange • ECHOs to collaborate on training • Sanjiv Aurora has an annual ECHO conference • Opportunities for LEND to LEND collaboration 	<p>Outside Collaborators</p> <ul style="list-style-type: none"> • Physician associations • Schools • Department of Health

Recommendations for future action by each grantee group

Research

1. Transition ages- not enough research on challenging behaviors for this age group; most research focused on children.
2. Training college-age students with autism
3. Developmental surveillance and screening- what works best for underserved populations

State Systems Change

1. Funding/Medicaid reimbursement for telehealth
2. Removal of barriers and red tape
3. Would be great if at least part of the in-state providers' education could be paid for- physical and occupational therapists, etc.

Training

1. How to do clinical services with telehealth
2. Reaching Native American populations, immigrant and refugee communities, etc.