

**Welcome! The Webinar will begin promptly at 11am**

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

**Follow-up questions?**

**Contact**



Elaine Henry

[ehenry@healthmanagement.com](mailto:ehenry@healthmanagement.com)

# TELEHEALTH IN A POST-PANDEMIC ERA: SUSTAINABLE APPROACHES TO SUPPORT INTEGRATED CARE PART 2



**FACILITATED BY:**

**Jean Glossa, MD, MBA, FACP**

**Wednesday,  
September 29, 2021  
11:00am – 1:00pm EST**

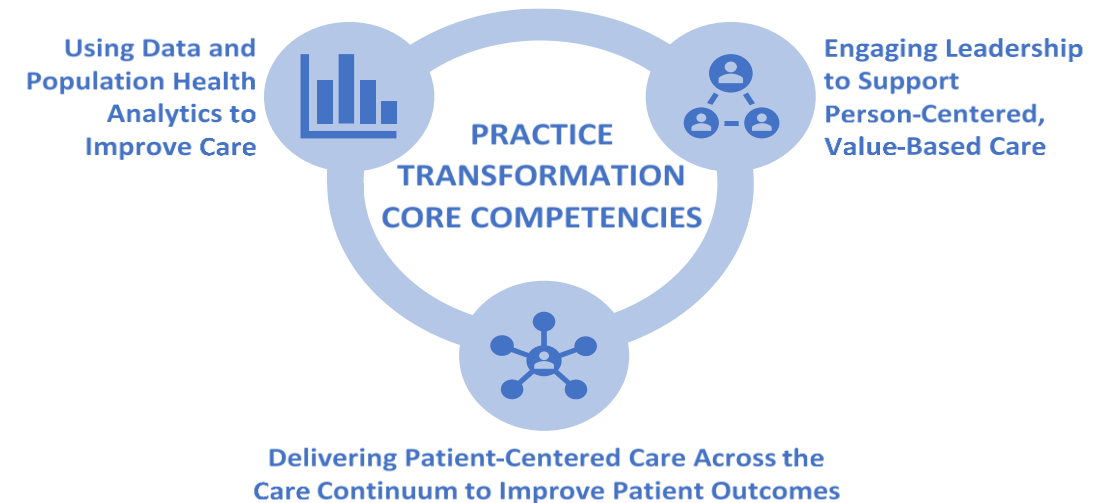
The Integrated Care DC Technical Assistance Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

# WHAT IS INTEGRATED CARE DC?



- Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



# TODAY'S SPEAKERS



**Andrew Robie, MD**

Chief Medical Information Officer  
Unity HealthCare

**Angela R. Diop, ND, CHCIO**

Vice President of Information Systems  
Unity HealthCare

**Carrie Ojo**

Director of Population Health  
So Others Might Eat (SOME)

**Jean Glossa, MD, MBA, FACP**

Project Director, TA Coach, SME  
Health Management Associates

**Lori Raney, MD**

TA Coach, SME  
Health Management Associates

**Suzanne Daub, LCSW**

TA Coach, SME  
Health Management Associates

**Caitlin Thomas – Henkel, MSW**

TA Coach, SME  
Health Management Associates

# DISCLOSURES



Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Lori Raney, MD	Dr. Raney discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Suzanne Daub, LCSW	Ms. Daub discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Caitlin Thomas – Henkel, MSW	Ms. Thomas - Henkel discloses she is an an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Carrie Ojo	Ms. Ojo discloses she is an employee of So Others Might Eat (SOME).
Angela Diop, ND, CHCIO	Dr. Diop discloses she is an employee of Unity Healthcare.
Andrew Robie, MD	Dr. Robie discloses he is an employee of Unity Healthcare.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

## Telehealth in A Post- Pandemic Era: Sustainable Approaches to Support Integrated Care Part 2

1. Welcome and Program Announcements DC Landscape to Support Telehealth
2. Patient Engagement- Lessons Learned
3. Tele-behavioral Health Best Practices: Managing Safety Concerns During Telehealth Visits
4. Break Out Sessions
  - a. Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion
  - b. Strategies for Consumer Engagement in Telehealth
  - c. Maximizing the Care Team During Telehealth Visits
5. Break Out Report Out
6. Telehealth Assessment - Overview and Update
7. Wrap up and Next steps



# OBJECTIVES

1. Describe patient engagement strategies based on recent local research and current practices across Medicaid providers.
2. Identify telehealth best practices for patients with suicidal ideations and other urgent issues.
3. Identify workflow strategies to improve care team optimization during telehealth visits.



Image permitted by DC Department of Health Care Finance



# PATIENT ENGAGEMENT- LESSONS LEARNED



Healthier You. Healthier Communities.

A photograph of a woman with curly hair and a headband, wearing a black blazer over a patterned top, walking and smiling while holding the hands of two children. The children, a boy with glasses and a girl, are also smiling. They are walking in a brightly lit hallway with large windows in the background. The entire image is overlaid with a semi-transparent blue filter.

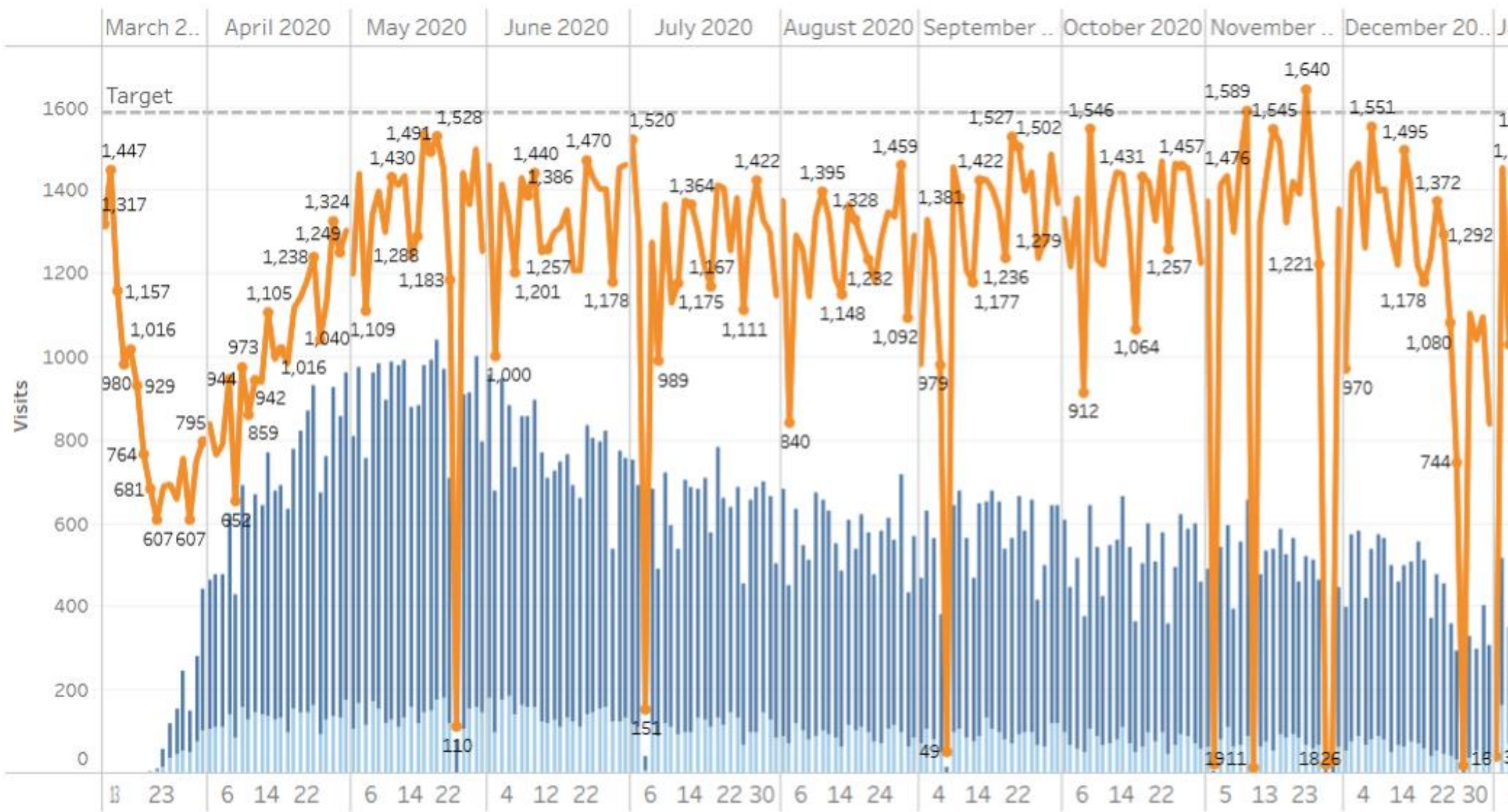
# *INSIGHTS FROM UNITY HEALTH CARE / SIBLEY JOHNS HOPKINS TELEMEDICINE STUDY*

September 29, 2021

# Unity Health Care, Inc.

## **Large federally qualified health center (FQHC) in Washington, DC**

- Care for all regardless of ability to pay
- 60% of patients below 100% FPL (\$12,880 for 1 adult, \$26,500 for a family of 4)
- ~100,000 unique patients and 500,000 patient visits annually
- Primary medical, specialty medical, behavioral health and dental services
- 9 community health centers
- 11 medical sites in homeless shelters and day centers, mobile and walking outreach
- 2 school-based health centers
- DC Department of Corrections
- Teaching health center
  - Family medicine residency, nurse practitioner residency

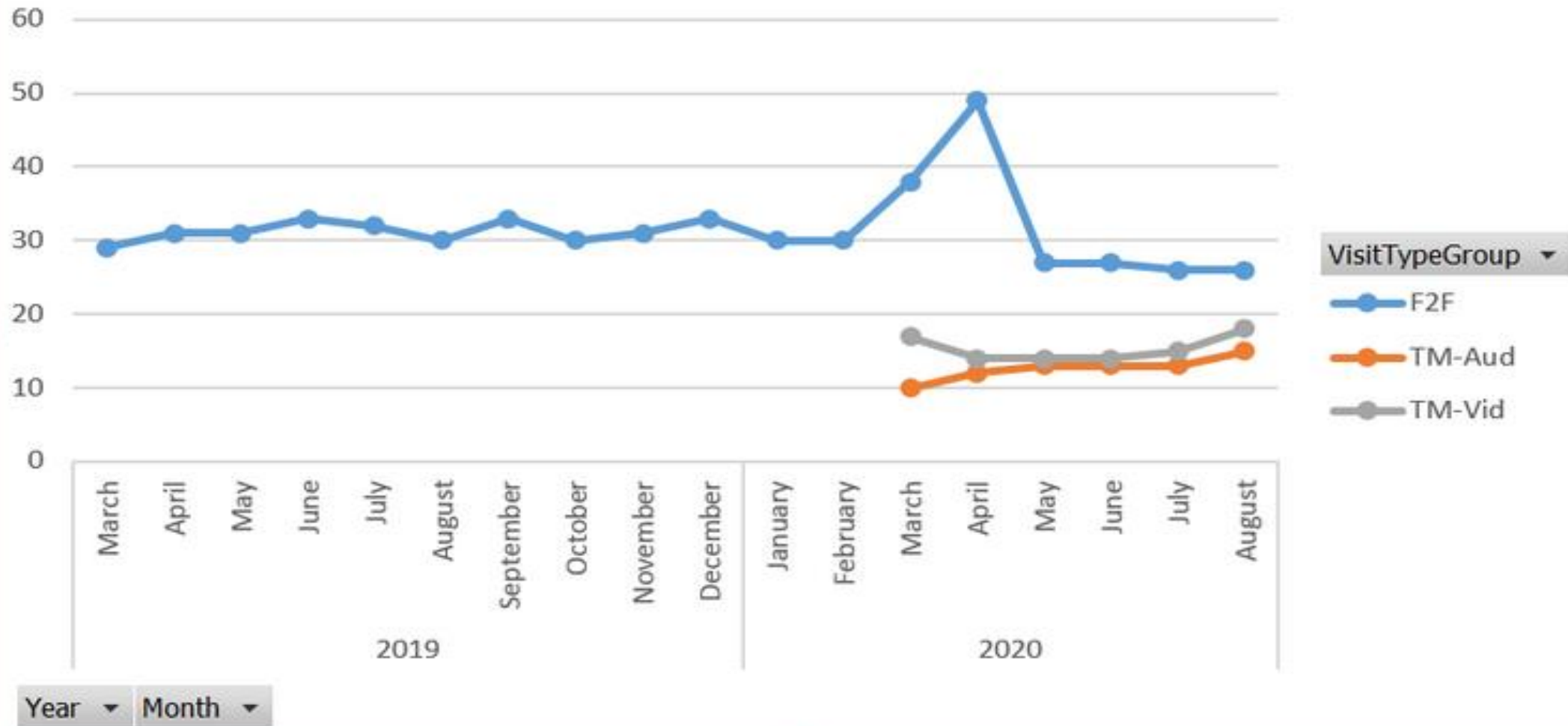


# Telemedicine opportunities/ benefits

- Reduce exposure to disease
- Efficient
- Cost effective
- Convenient
- Reduce travel time/time off work
- Engage family and care team members
- Scheduling flexibility
- Reduced wait times



## No Show Rate

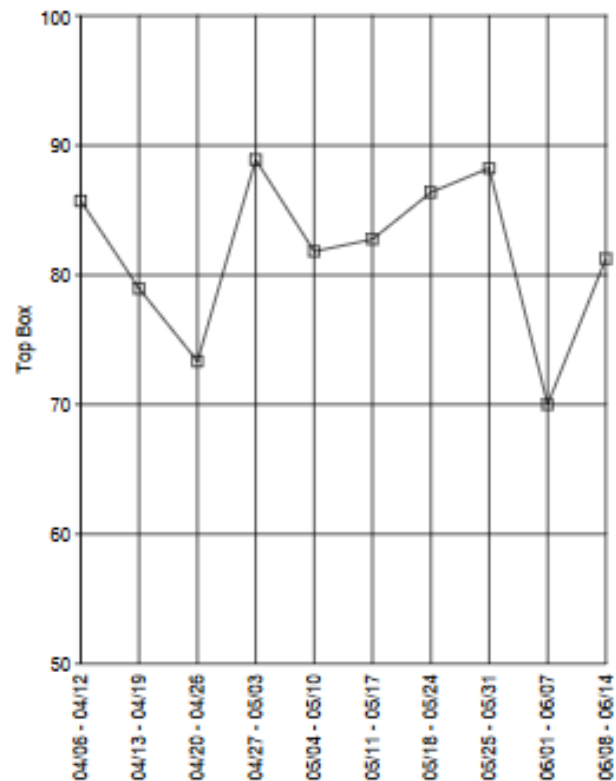




## [In-Person] Saw Care Team Within 15 Minutes of Appt. Time?

Percentage "Yes" Scores  
Week-to-Week Comparison

Q: For this visit, were you able to see a member of the care team within 15 minutes of your scheduled appointment time?

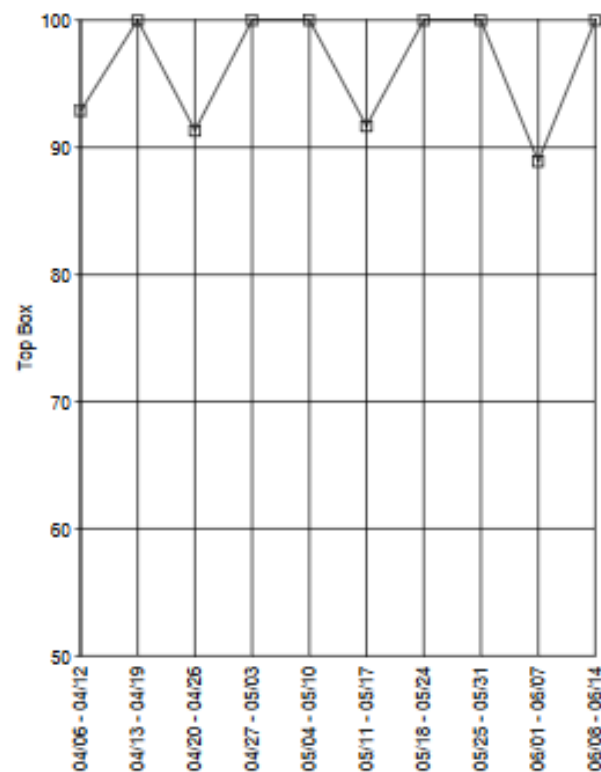


[In-Person] Saw Care Team Within 15 Minutes of Appt Time?

## [Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt. Time?

Percentage "Yes" Scores  
Week-to-Week Comparison

Q: For this telehealth video encounter, were you able to connect with a member of the care team within 15 minutes of your scheduled appointment time?

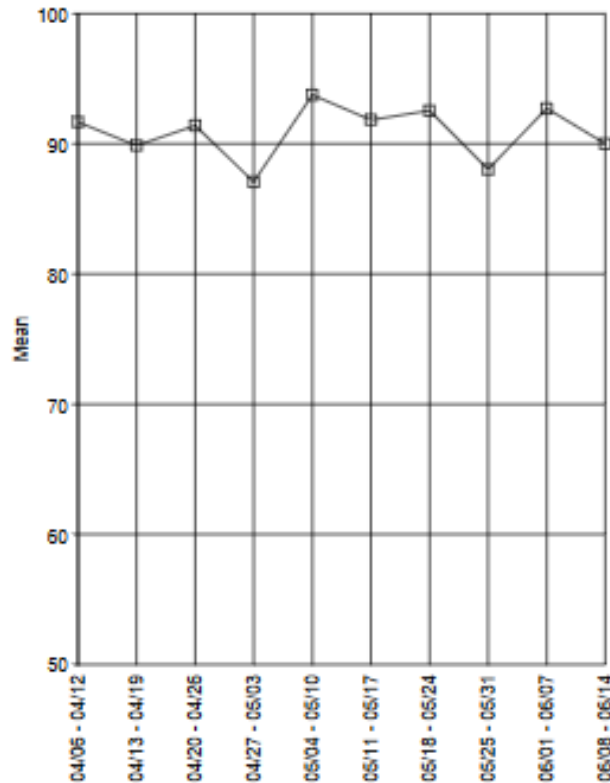


[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt Time?

## [In-Person] Overall Quality of Care By Provider

Mean Scores  
Week-to-Week Comparison

Q: How would you rate the overall quality of the care  
you/your child received from the provider?

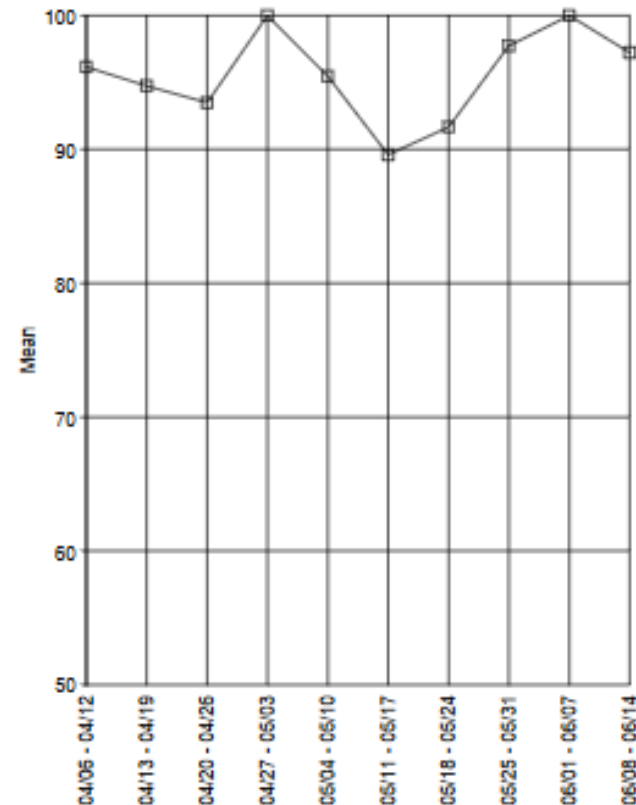


[In-Person] Overall Quality of Care By Provider

## [Telehealth Video] Overall Quality of Care By Provider

Mean Scores  
Week-to-Week Comparison

Q: How would you rate the overall quality of the care  
you/your child received from the provider?



[Telehealth Video] Overall Quality of Care By Provider

# Sibley/Johns Hopkins and Unity Partnership

- **Purpose:** Understand telemedicine video experiences of vulnerable seniors and the healthcare teams who serve them.
- **Goal:** Design primary care telemedicine services to meet needs of our most marginalized patients so they can meet the needs of all our patients.



# The Team



**Veronica X. Vela, DrPH, MEng,**  
Dir., Community Health Design + Innovation  
Sibley Memorial Hospital



**Marissa McKeever, Esq.**  
Dir., Gov. & Community Affairs  
Sibley Memorial Hospital



**Tracey Harrison**  
VP of BD, Innovation & Pop Health  
Unity Healthcare



**Andrew Robie, MD**  
Chief Medical Information Officer  
Unity Healthcare



**Angela Diop, ND, CHCIO**  
VP of Information Systems  
Unity Healthcare



**Laura Sander, MD, MPH**  
Medical Director  
Sibley Primary Care



**David Callejas**  
Administrative Resident  
Sibley Memorial Hospital



**Grace Landry**  
Social Innovation Intern  
Sibley Memorial Hospital



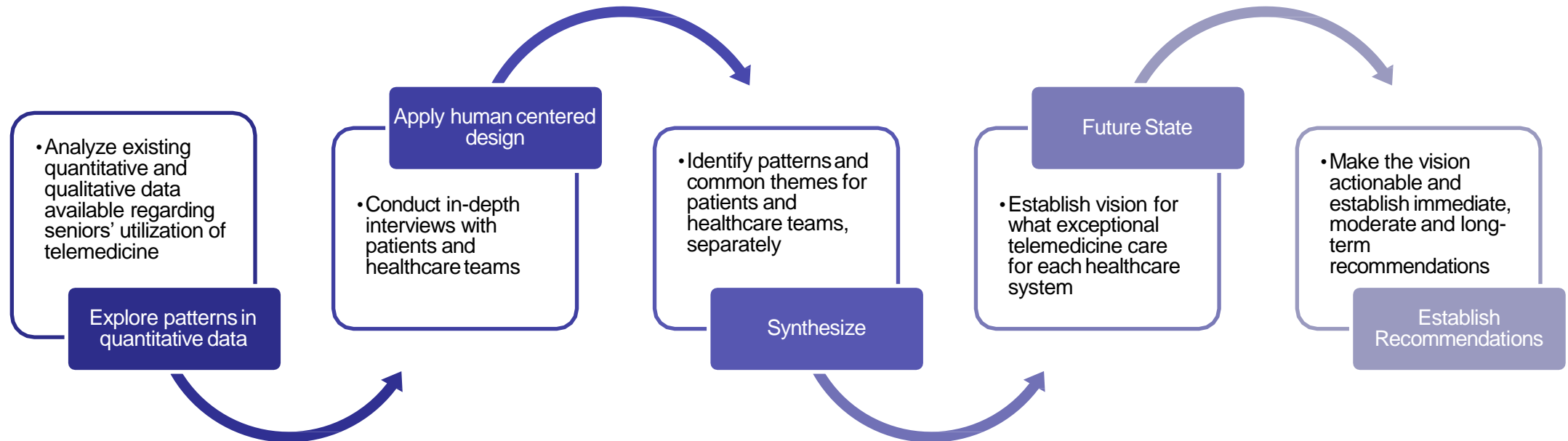
**Lisa Fitzpatrick, MD, MPH**  
Medical Epidemiologist, Consultant  
Grapevine Health

# Understanding the Unity Telemedicine Experience

## Research Questions (Using the Human-Centered Design Approach):

- How do vulnerable seniors in Wards 7 & 8 experience telemedicine primary care via video & audio?
- How might we improve access to telemedicine for vulnerable seniors?

# The Project's Human-Centered Design Approach\*



\*Human-centered design is an action-oriented problem-solving approach to quickly understand human needs and values.



# Human-Centered Design Interviews w/ Sibley Primary Care Patients

**300+**

Minutes of Conversation

**60+Yrs**

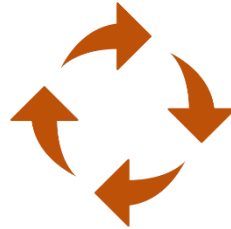
Lifelong DC Residents

**50%**

Women



Majority Have  
Chronic Illnesses



Return Patients  
7-30 Years



Introduced to  
Telemedicine by  
Healthcare Team



86% received Telemedicine  
Via Video

# Key Insights from Those Who Had a Telemedicine Video Appointment



Technology at  
Home and Common  
Difficulties



Telemedicine Experiences  
and Benefits



Future Use of Video  
Telemedicine  
Appointments

# Technology at Home and Common Difficulties

Telemedicine patients primarily own and use smartphones to access the internet even though they might have additional devices or means to get connected. Regardless of how they connect, patients still experience difficulties.

- Lack of familiarity operating the device
- A few did not have video capability or understand how to use it
- Several required assistance from a family member
- Some have poor reception, requiring them to go outside
- Range of interest and patience to learn to new tools



“I have a smartphone and I use it for the visits. I have problems with getting the computer set up. I am trying to get some things done with my internet but I use my cell phone to get on the internet.”

“I need help because I just don't have the patience for it.”

# Telemedicine Experiences and Benefits

Patients who connected with their providers via video were generally pleased with their experiences and noted several benefits of connecting via video.

- Were able to connect with relative ease
- A few had help and felt more comfortable each time
- Appreciated staying home, limiting COVID exposure
- Valued saving time by eliminating clinic/ER wait times
- A few patients had audio issues and were turned off by using video



## TELEMEDICINE EXPERIENCES AND BENEFITS

“I would do it again in a heartbeat!”

“It was much easier than getting an in person appointment because when we went in person sometimes we had to wait for hours.”

“Sometimes audio is not that great because of the service coverage.”

“With the current [COVID] health issues, I have no problem using telemedicine.”



# Telemedicine Preferences and Future Use

The majority of patients plan to return to in-person appointments after the pandemic and some plan to incorporate telemedicine for follow-up or other minor medical issues.

- Many value face to face, in person communication
- There is no substitute for the physical exam
- Will use telemedicine when it is convenient for them
- Saves them a trip if their labs are not due/required
- Allows them to share updates with their doctor and request prescriptions



“I like in person better, I like that connection with my doctor. You can’t check my heart rate . I can check my blood pressure, weight, and sugar.”

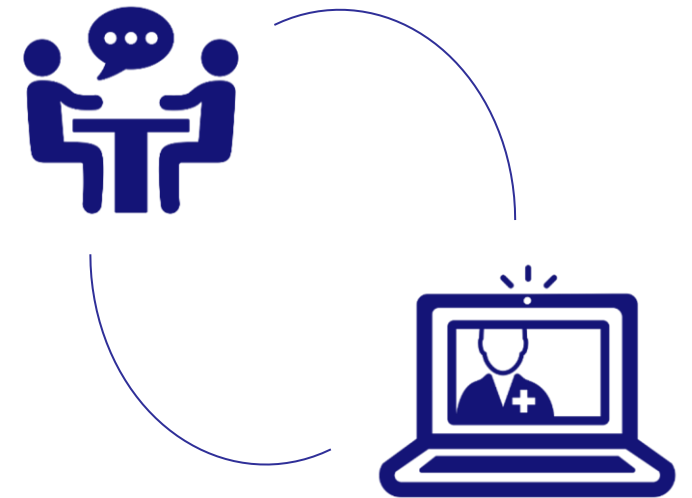
“I prefer to go there and talk face to face with someone. I am not a technical person. I can do all the basics. I just rather have an in person visit.”

“I’d use telemedicine for following up and for minor issues... by and large I would like to get back to face to face.”

# Recommendation Area # 1

## Create Strategies to Enhance Digital Engagement

- Approaches
  - Create easy to understand print and web/media campaigns to highlight benefits and engage seniors
  - Offer demos, set up, and problem-solving support
- Staffing
  - Create a digital community health worker role
  - Compensate time supporting patients
- Venues
  - In-clinic support
  - Leverage churches, community wellness centers and residences, community centers



# Recommendation # 2

## Help Senior Patients Get Comfortable

- Offer hands-on support, simple instructions
  - Help patients get set up when at the clinic
  - Walk them through the process
  - Set expectations on what they will experience
  - Ask patients to join earlier to account for technical issues
  - Include a help desk # in case issues arise
- Offer patients a choice between audio and video for those uncomfortable with video, less savvy or have tech issues



# Recommendation Area # 3: Incorporate Telemedicine as a Standard Protocol

## ■ Approaches

- Create treatment protocols based on health needs/conditions that include telemedicine
- Show patients an annual visit roadmap so they know when to expect telemedicine visits
- Have providers include summary notes to indicate next visit is via telemedicine



# Recommendation Area # 4

## Build Health Connections Between Providers & Patients

- Allow providers to build trust & establish a connection before introducing telemedicine
- Offer a combination
  - Have initial visit in person and move follow-up to telemedicine
  - Use telemedicine for minor/follow-up, keep in-person visits for major visits
  - Triage patients to determine if they need telemedicine or need to be seen in person





# Questions?

Andy Robie

[arobie@unityhealthcare.org](mailto:arobie@unityhealthcare.org)

Angela Diop

[adiop@unityhealthcare.org](mailto:adiop@unityhealthcare.org)

**TELE-BEHAVIORAL HEALTH BEST  
PRACTICES:  
MANAGING SAFETY CONCERNS DURING  
TELEHEALTH VISITS**

- » Establishing Protocols
- » Creating an Emergency Plan
- » Conducting Comprehensive Suicide Risk Assessment
- » Clinical Management of Suicidal Clients
- » Presentation from Unity Healthcare

# ESTABLISHING ESCALATION PROTOCOLS

- » Establish **escalation protocols** that dictate when a patient receiving telehealth services should be transitioned to urgent in-person, inpatient and follow-up care.
- » Consider when the patient may require in-person services, particularly in more vulnerable populations.
- » All clinical staff within a given institution should be aware of these guidance documents and when to use them.



The remote **safety planning** process is similar to conducting it in person.

- » Assess whether client has previously completed a safety plan and ask them to obtain it, if possible, for review.
- » Let client know that you want to develop a safety plan with them to help maintain their safety, and that it will take about 30 minutes to do.
- » Emphasize that having a safety plan is particularly important now, (during the pandemic), to stay safe without going to the ED or a medical facility.
- » Remind clients that hospitals have limited resources to care for them at this point and that managing at home is safer for them.

# CREATING AN EMERGENCY PLAN (HANDOUT)



- >> Answer the following questions with your patient before or during their first appointment.
  - ☐ Current location
  - ☐ Emergency numbers for that location
  - ☐ Emergency contact information for other health care professional(s)
  - ☐ Local emergency contact or support person
  - ☐ What happens if the call is disconnected during an emergency?
  - ☐ What situations will lead to putting the emergency plan into action?
  - ☐ What circumstances will require a referral/transition to in-person treatment or care?
  - ☐ Assess client discomfort in discussing suicidal feelings.
  
- >> Prior to contact, develop a plan for how to stay on the phone with the client while arranging emergency rescue.

>> If there is time, encourage and collaborate with client to develop a daily plan to maintain stability and build mental reserves during this time:

- ☐ Keep a regular schedule - sleep, eat, exercise.
- ☐ Go outdoors at least once daily in a safe manner.
- ☐ Encourage acceptance of the range of feelings.
- ☐ Build mastery, identify and encourage pleasurable activities.



- » Considering the current stressful circumstances, broader assessment of suicide risk is indicated.
- » Ask directly about recent suicidal ideation and behavior using a tool like the Columbia Suicide Severity Scale (C-SSRS) or SAMHSA's SAFE-T.
- » Assess for the **emotional impact of the pandemic on** suicide risk. Examples that can escalate risk:
  - » Increased social isolation; social conflict for those sheltering together; increased financial concerns or worry about health or vulnerability in self, friends, and family; decreased social support; increased anxiety and fear; disruption of routines and support.
- » Identify **protective factors** that can be emphasized: Reasons for living (family, hope for the future, children); deterrents (fear of injury, religious beliefs). Attend to protective factors that may have diminished recently.



# ADAPTATIONS FOR CONDUCTING COMPREHENSIVE SUICIDE RISK ASSESSMENT



- » Use technology to allow for the inspection of the patient for verbal and visual cues of agitation or other possible factors related to patient safety.
- » Assess level of agitation, potential for harm to self or others, any safety hazards that might be accessible by the patient during the session.
  - » This information will determine any need for higher levels of acute care, need to coordinate any changes in medications.

- » Identify ways to increase safety **short of sending client to the Emergency Department (ED)**
  - » Developing a safety plan will help clients manage their suicide risk on their own.
  - » Make provisions for increased clinical contact (even brief check-ins) until risk de-escalates
  - » Provide crisis hotline (1-800-273-8255) and crisis text (Text "Got5 to 741741) information
- » If risk is imminent, stay on the phone with the client until other care is present

## IN CASE OF UNMANAGEABLE IMMINENT RISK...



- If risk becomes imminent and cannot be managed remotely or with local supports, arrange for client to go to the nearest ED or call 911.
- If risk is imminent, ***stay on the phone if possible*** until the client is in the care of a professional or supportive other person who will accompany them to the hospital.



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Healthier You. Healthier Communities.

# BREAKOUT SESSIONS

**Participants are to choose which 30-minute breakout session you would like to attend:**

**A.) Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion**

*Telehealth best practices; caring for patients via telehealth who have suicidal ideations and other urgent issues*

**Breakout Session Leads:  
Suzanne Daub, LCSW,  
Dr. Lori Raney**

**B.) Strategies for Consumer Engagement in Telehealth**

*Patient engagement using telehealth kiosks; learning and discussing applications to your practice*

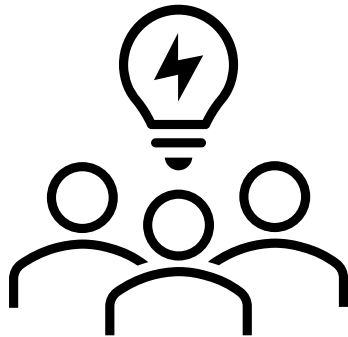
**Breakout Session Leads:  
Carrie Ojo (SOME),  
Caitlin Thomas Henkel, MSW**

**C.) Maximizing the Care Team During Telehealth Visits**

*Learning and applying new workflow strategies to engage your entire care team*

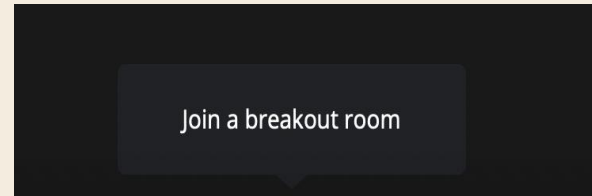
**Breakout Session Lead:  
Dr. Jean Glossa**

## BREAKOUT ACTIVITY

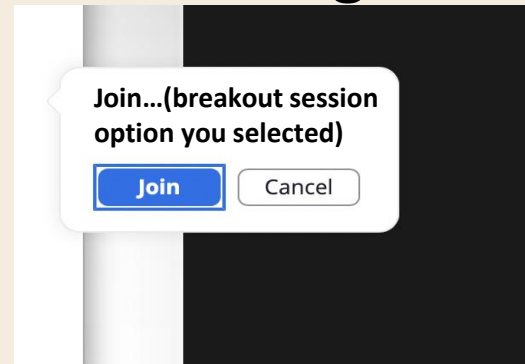


## HOW BREAKOUTS WORK

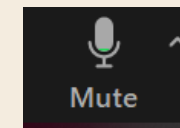
1. Click 'Join' when you see this prompt:



2. This message will appear.



2. You'll enter a "room" with a variety of colleagues, please be sure to unmute your microphone.



MICROPHONE ON



# **ADDRESSING CRISIS AND RISK DURING A TELEHEALTH VISIT – CASE BASED WORKSHOP DISCUSSION**

# WELCOME AND INTRODUCTIONS



Jennifer Pauk, LICSW, MPH  
Unity Health Care

Lori Raney, MD  
Health Management  
Associates

Suzanne Daub, LCSW  
Health Management  
Associates

1. Please introduce yourself
2. Describe to your colleagues how you have approached safety issues while providing care via telehealth
3. Do you have a policy and procedure(s) for handling telehealth emergencies, and if so, would you share?
4. Do you have an interesting case to present?

# STRATEGIES FOR CONSUMER ENGAGEMENT IN TELEHEALTH



SO OTHERS MIGHT EAT

# TELEHEALTH KIOSKS

*Let's get you seen!*

Hours:

Issues: [thealth@some.org](mailto:thealth@some.org)



- Male
- 65 +years old
- African American
- Unhoused
- Limited Income
- 6th Grade Education
- Low Digital Literacy Level
- Multiple Comorbidities

## WHO WE SERVE

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*"Mr. Some"*





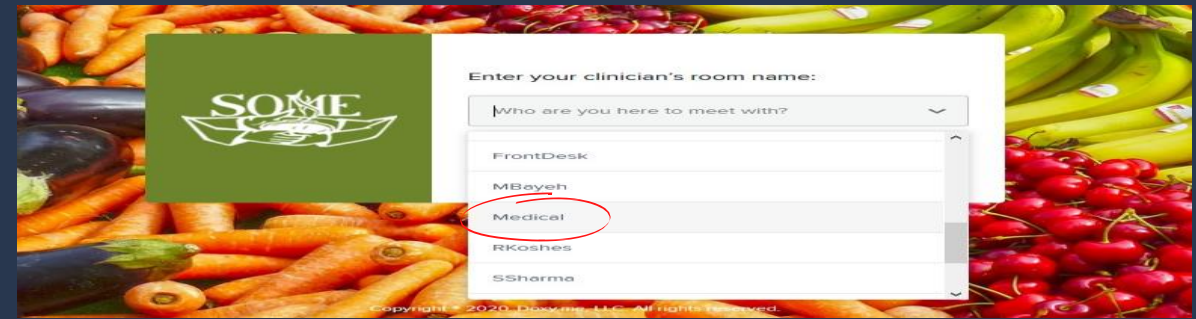
TELEHEALTH GUIDE

# START A SESSION

3 Simple Steps

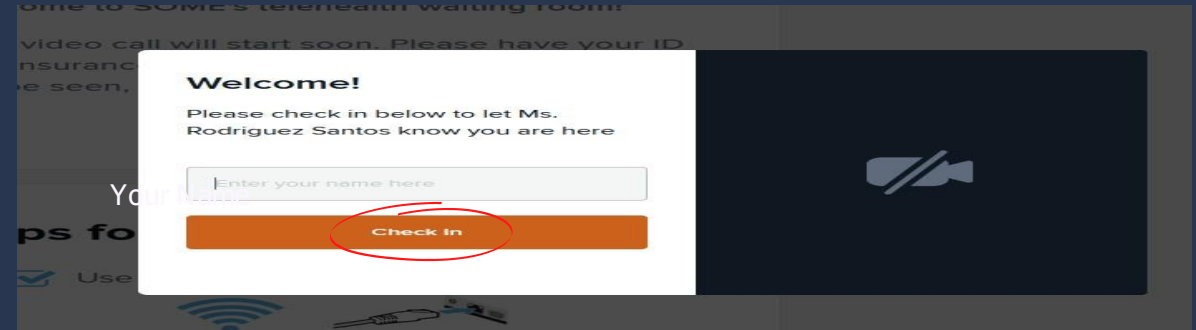
Issues: [thealth@some.org](mailto:thealth@some.org)

1



Chose Who You Want To See

2



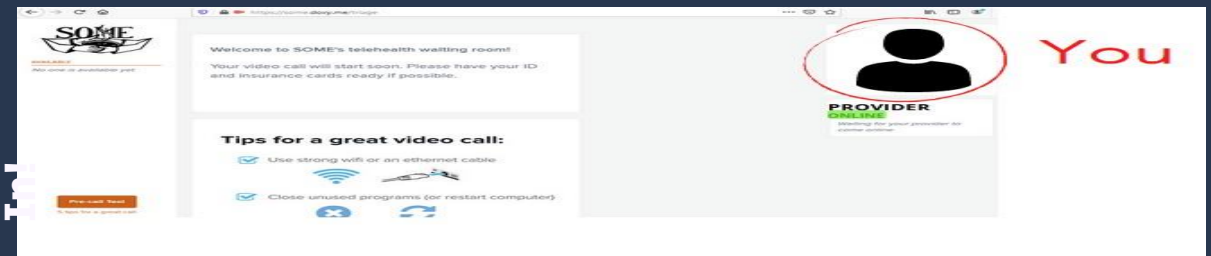
Type Your Name

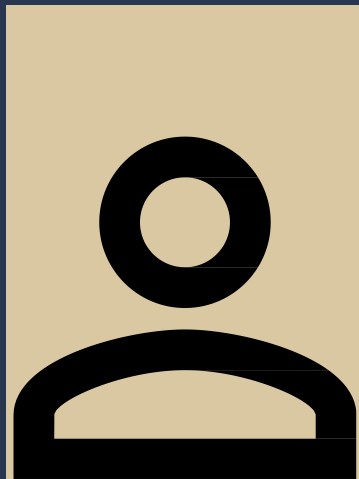
3



Turn On Camera & Microphone

You're



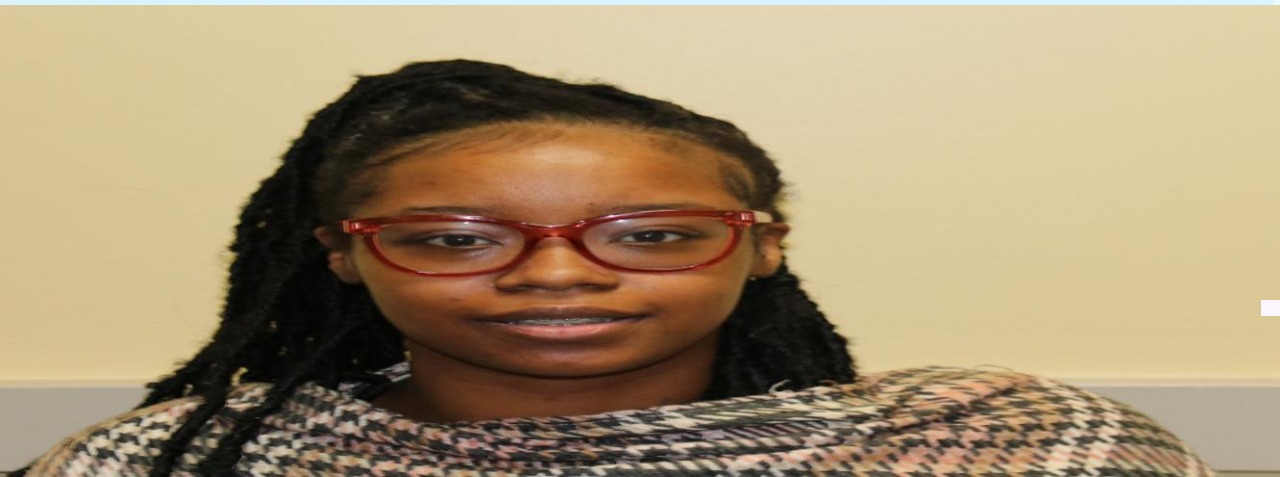


# TELEHEALTH PROVIDERS

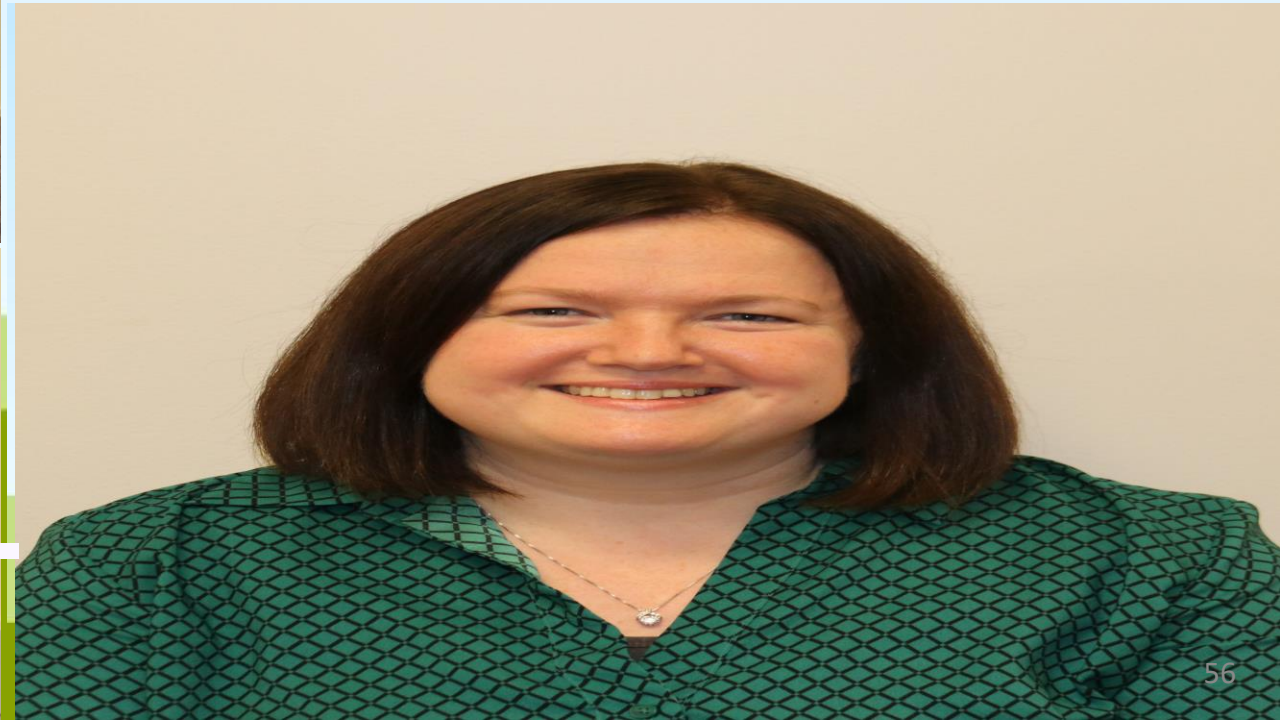
*MEDICAL TEAM*

Hours:  
Issues: [thealth@some.org](mailto:thealth@some.org)





**TELEHEALTH  
PROVIDERS**  
*MENTAL HEALTH TEAM*



# **MAXIMIZING THE CARE TEAM DURING TELEHEALTH VISITS**

**BREAKOUT LEADER:  
JEAN GLOSSA, MD HMA**



**WHERE DID EVERYBODY GO?**





## Finding and maximizing your care team in the virtual world

What are some of the tasks that have shifted to the provider for telehealth visits that other care team members do/did during in person visits?

What strategies has your team used to address this problem?

# Worksheet for Telehealth Visits

PROCEDURE	IN PERSON VISIT	VIRTUAL
Registration for a new patient		
HIPAA notification		
Insurance verification		
Completing the patient's medical history at the time of registration		
Completing a regular medical consent/consent for treatment		
Completing a consent for telehealth		
Identifying/triaging patients or conditions appropriate for telehealth		
Collecting a visit co-pay		
Completing a ROI- release of information for medical records		
Obtaining hospital discharge records or ED notes		
Scheduling the first visit		
New patient- adding medications		
Scheduling a follow up visit		
Collecting a preferred pharmacy		
Verifying patient identification for telehealth visit		
Checking the PDMP		
Checking an HIE- CRISP		
Pre-visit check list		
Obtaining notes from specialists and diagnostic studies		
Updating the medical history prior to each visit		
Updating the medication list prior to each visit		
Recording a chief complaint		
Managing the waiting room		
Tracking Follow up orders (meds, follow-up appointments, other)		
Prescribing medications		
Documenting the visit (provider notes)		
Ordering and scheduling referrals- specialty		
Ordering and scheduling referrals- diagnostic ie CT scan, x-ray		
Ordering and follow up of labs		
Scheduling a follow up visit		
Giving patients written visit summary		
After visit questions to the provider		
Tracking results- notifying the patient with results		
Completing a patient satisfaction survey		

## How to use the worksheet:

Everyone will be sent a copy of this template and it will be available on [integratedcaredc.com](https://integratedcaredc.com)

For each step in the workflow- identify who- by name or by role, is responsible for each step first for the in-person visits, then for the telehealth visits.

Helpful to have team members work on this individually, then come together to compare answers, and problem solve.

Document is in “word” so you can add or delete steps in the workflow.

# BREAKOUT REPORT OUT

# BREAKOUT SESSION REPORT OUTS: KEY TAKEAWAYS



## A.) Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion

*Telehealth best practices; caring for patients via telehealth who have suicidal ideations and other urgent issues*

**Breakout Session Leads:**  
**Suzanne Daub, LCSW,**  
**Dr. Lori Raney**

## B.) Strategies for Consumer Engagement in Telehealth

*Patient engagement using telehealth kiosks; learning and discussing applications to your practice*

**Breakout Session Leads:**  
**Carrie Ojo (SOME),**  
**Caitlin Thomas Henkel, MSW**

## C.) Maximizing the Care Team During Telehealth Visits

*Learning and applying new workflow strategies to engage your entire care team*

**Breakout Session Lead:**  
**Dr. Jean Glossa**

# TELEHEALTH ASSESSMENT



## Program assessment for proposed, temporary or established programs

- a. Online tool located on Integrated Care DC website
- b. Reports findings across ten domains of readiness
- c. Optimally to be completed as a team; can be repeated
- d. Coaching hours available to help complete assessment or review findings
- e. Topics include: change management, billing/coding/compliance, clinical best practices, choosing equipment, working with vendors, measuring outcomes and more

## **Biggest barriers to adoption/growth of telemedicine**

- » Lack of updated equipment
- » Lack of access to programs/portals for patients and providers to use regularly
- » Lack of dedicated staff to help develop and implement a plan
- » Lack of staff education regarding available telemedicine resources
- » Patient comfort level and access to bandwidth and technology

## **Biggest concerns for staff in development/growth of telehealth program**

- » Getting the patients connected properly
- » How it fits into overall process and workflow
- » Ability to provide high quality, evidence-based, clinical care
- » Patient compliance

## **Biggest concern in meeting the regulatory and practice standards for telehealth**

- » Different regulations in different jurisdictions; meeting the needs of patients across state lines

# WRAP UP AND NEXT STEPS

As a result of  
this  
workshop, I  
understand  
(check all that  
apply):

- a. Patient engagement strategies based on recent local research and current practices across Medicaid providers
- b. Telehealth best practices for patients with suicidal ideations and other urgent issues
- c. Workflow strategies to improve care team optimization during telehealth visits

- >> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this workshop.
  
- >> The workshop recording will be available within a few days at:  
<https://www.integratedcaredc.com/learning/>
  
- >> **Upcoming Webinar:**
  - >> *Adapting Evidence Based Practices for Integrated Care*
  - >> Tuesday, October 19, 2021, 12-1pm EST
  
- >> For more information about Integrated Care DC, please visit:  
<https://www.integratedcaredc.com/>

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