

Project ECHO

Extension for Community HealthCare Outcomes

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Medical University of South Carolina

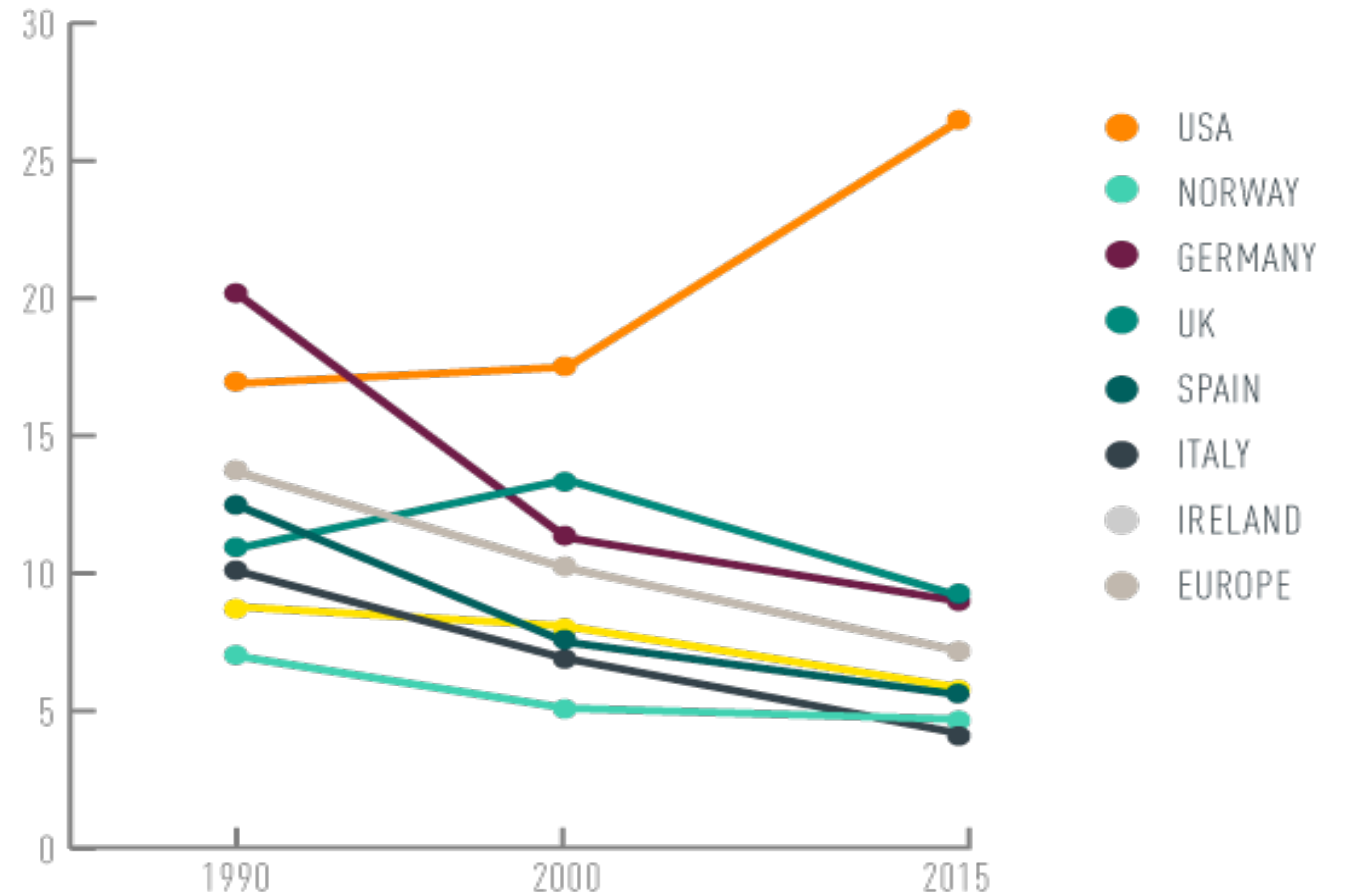
Project ECHO and Women's Reproductive Behavioral Health



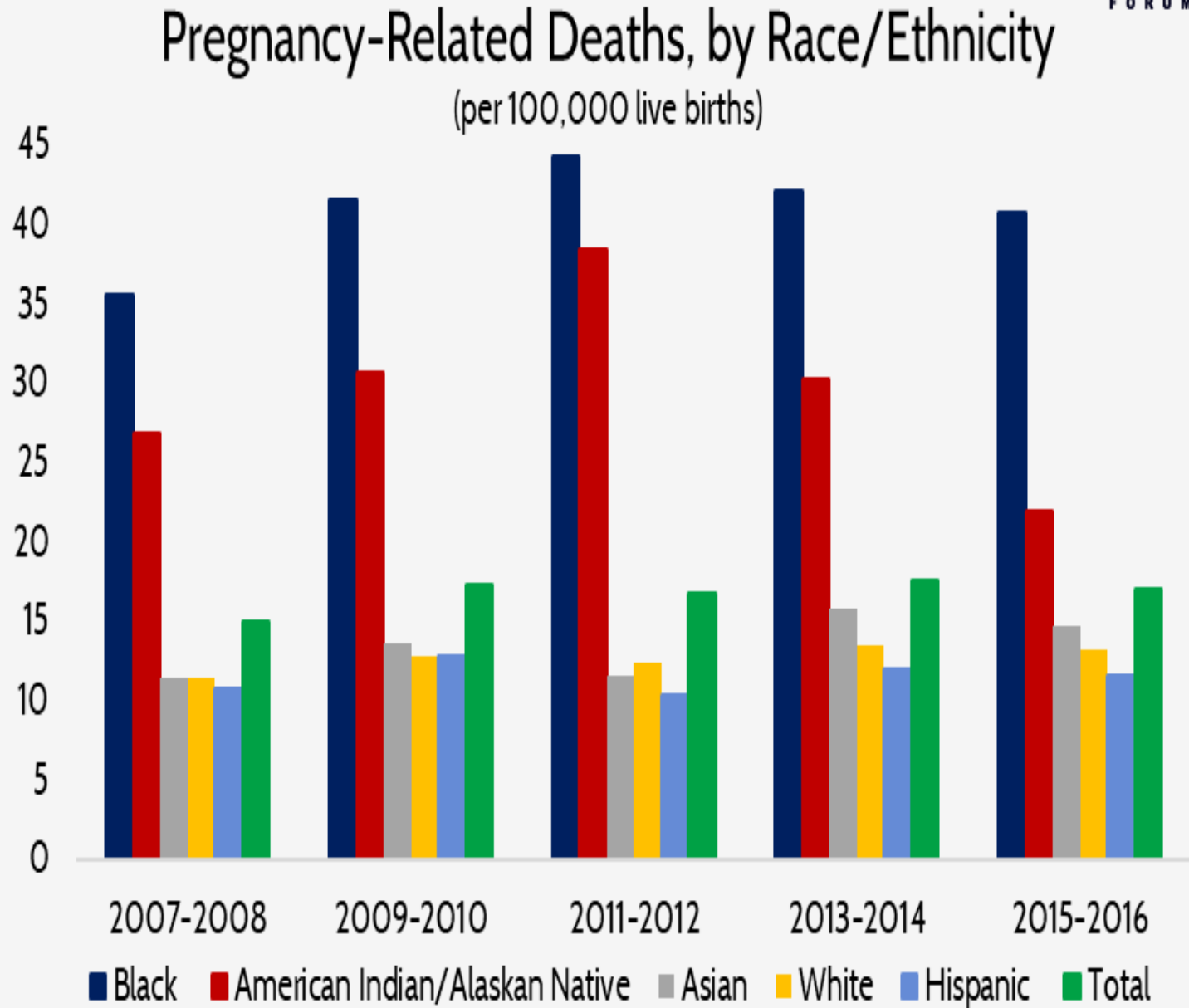
**Maternal mortality
in the US is higher
than any other
developed country**

Maternal deaths in the U.S. have increased since 1990

(deaths per 100,000 live births)



**Black & American
Indian/Alaskan
Native women are
2-3 times more
likely to die,
compared to
White, Asian or
Hispanic Women**



Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019

Most frequent underlying causes of pregnancy-related death:

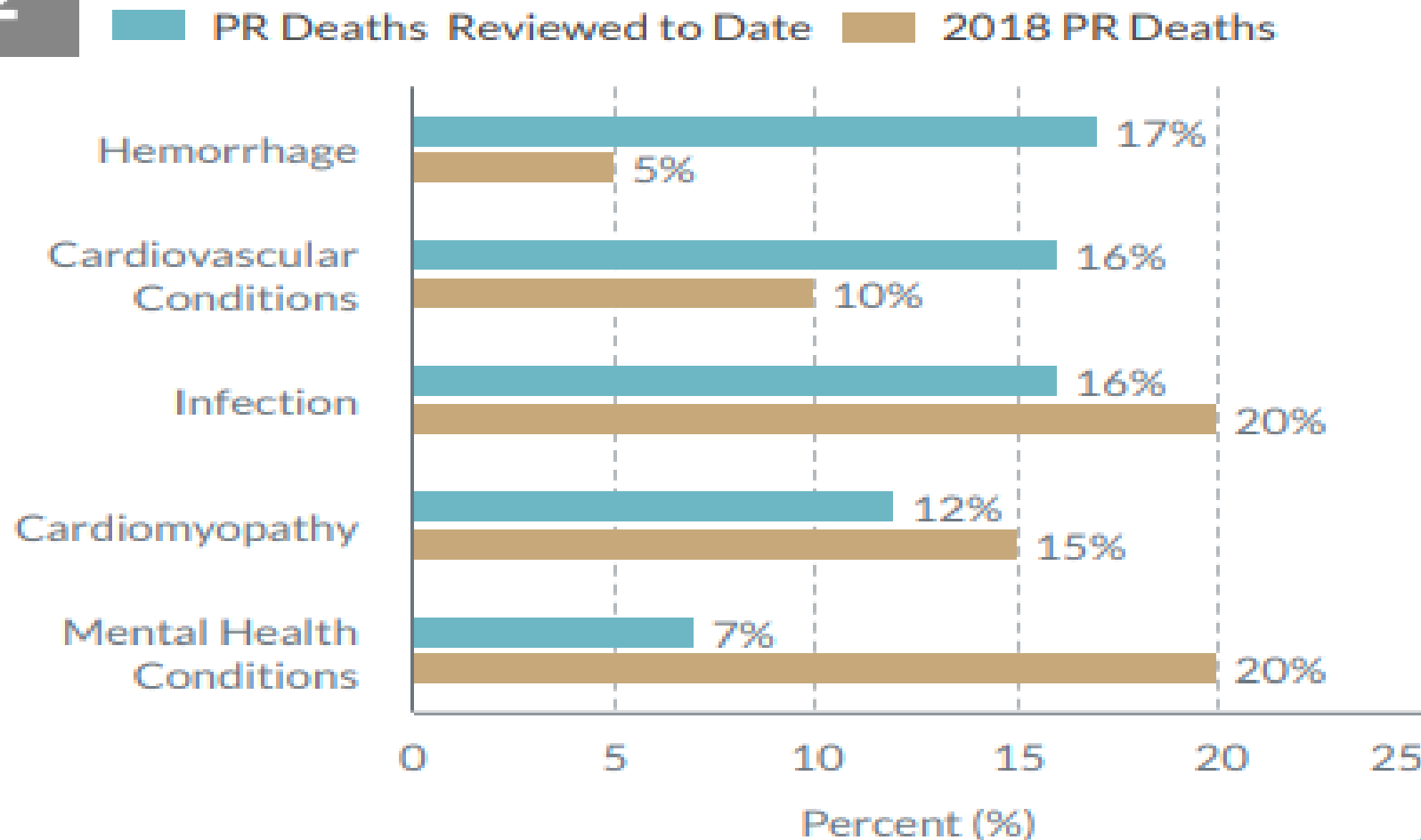
- Mental health conditions (22.7%)
- Hemorrhage (13.7%)
- Cardiac and coronary conditions (12.8%)
- Infection (9.2%)
- Thrombotic embolism (8.7%)
- Cardiomyopathy (8.5%)

84.2% deaths
determined
to be
preventable

SC MMMRC Pregnancy Related Deaths

2

Leading Causes of Pregnancy-Related Deaths*



SC MMMRC Pregnancy Related Deaths

SC rate: 35.3 deaths/ 100,000 live births (2018)

- › National rate: 17.4 deaths/ 100,000 live births

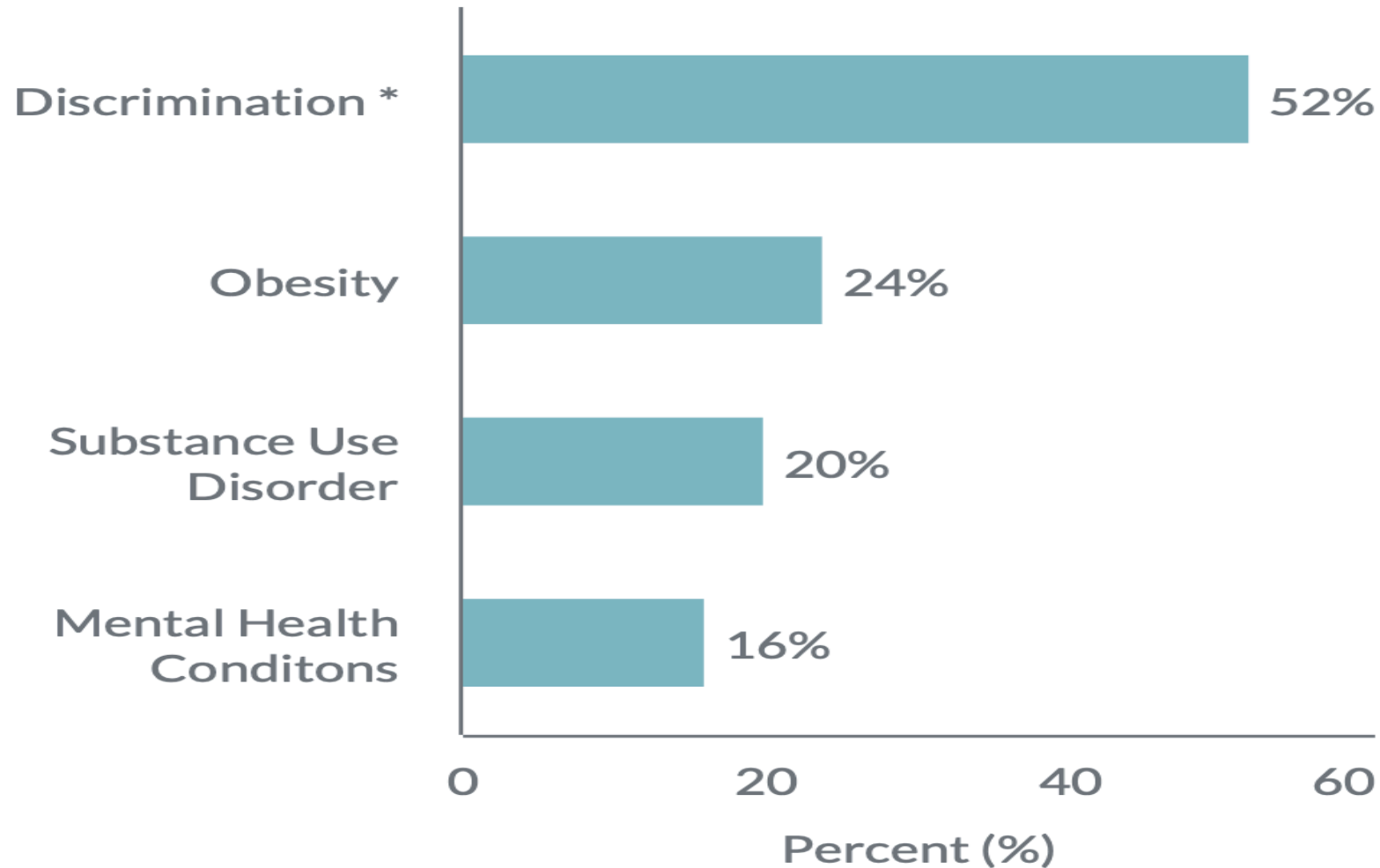
Higher for Black, non-Hispanic Women vs. White women

- › 46.3 deaths per 100,000 live births

SC Maternal & Mortality Review Committee
72% deaths determined to be preventable

SC MMMRC Pregnancy Related Deaths

Did the following factors contribute to PR deaths?

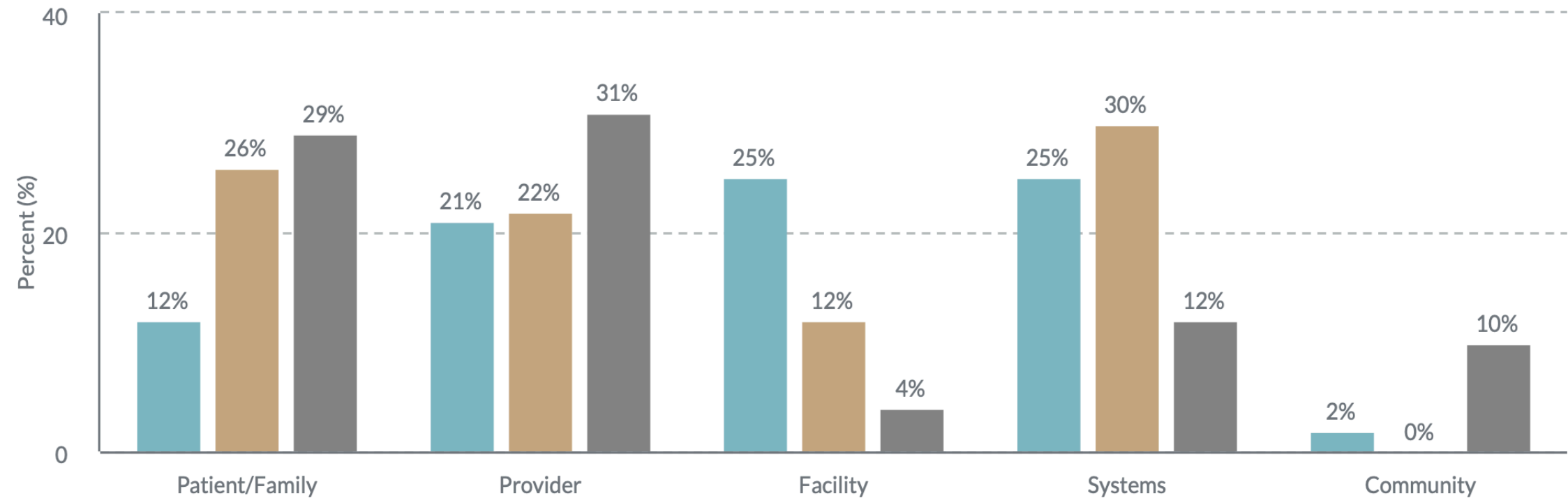


SC MMMRC Pregnancy Related Deaths

4

Contributing Factor Classifications among Pregnancy-Related Deaths

PR Deaths due to: Hemorrhage Cardiovascular Conditions Infection



Objectives

- Describe the Project ECHO Model as a tele-mentoring strategy to advance evidence based practices
- Explain why fidelity to the model increases provider capacity
- Identify the SC Pregnancy Wellness ECHO as an instrument to effect change in perinatal/ postpartum health care outcomes





Project ECHO?

- Extension for Community Healthcare Outcomes, Dr. Aurora, UNM
- Disparities in Hep C treatment rural/ remote areas
- Result advancement of life-changing learning at profound rate
- Improve outcomes in countless disease areas



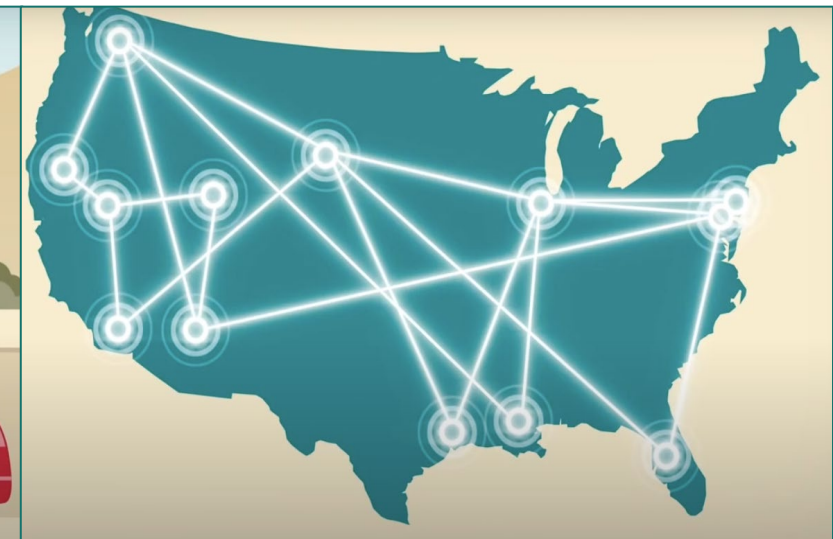
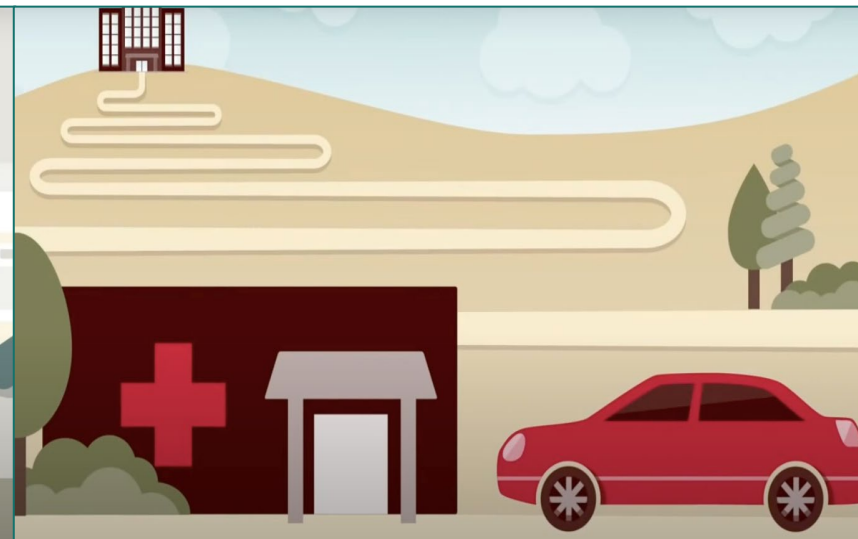
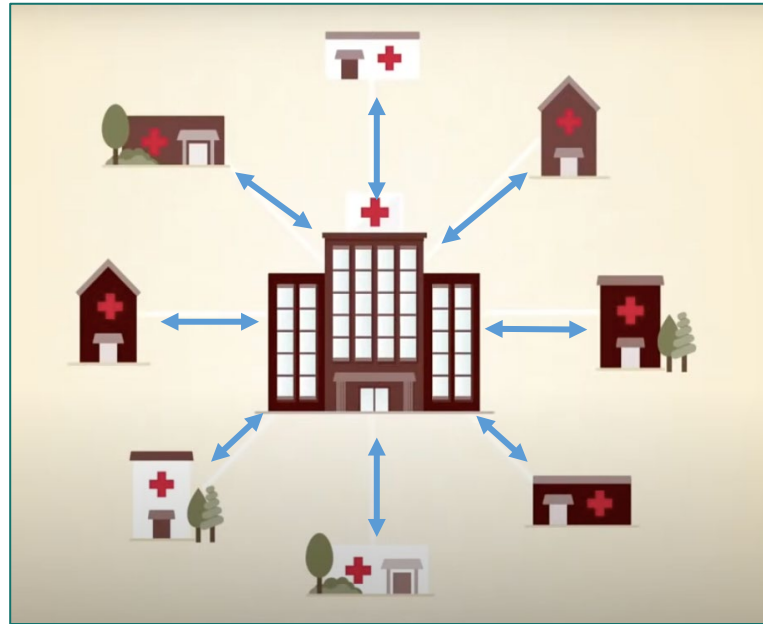
The ECHO Model

- Pedagogy inspired by medical rounds during residencies
- Learning framework applicable across disciplines for sustainable-profound change

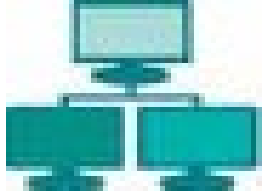
“All teach, All learn!”

- Virtual community w/ peers to share support – guidance – feedback
- Collective understanding of how to disseminate best practices across diverse disciplines

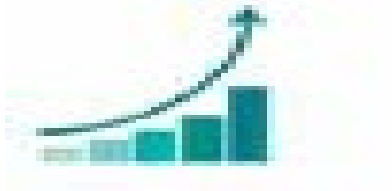
How ECHO Works



Principles of the ECHO Model



Use technology to leverage scarce resources



Share “best practices” to reduce disparities



Apply case-based learning to master complexity



Evaluate and Monitor Outcomes

[SCtelehealth](#) › [Services](#) › Pregnancy Wellness

Pregnancy Wellness

[Our Team](#)

[Education & Support](#)



[Submit A Case](#)

[Contact Us](#)



Welcome to Project ECHO South Carolina Pregnancy Wellness

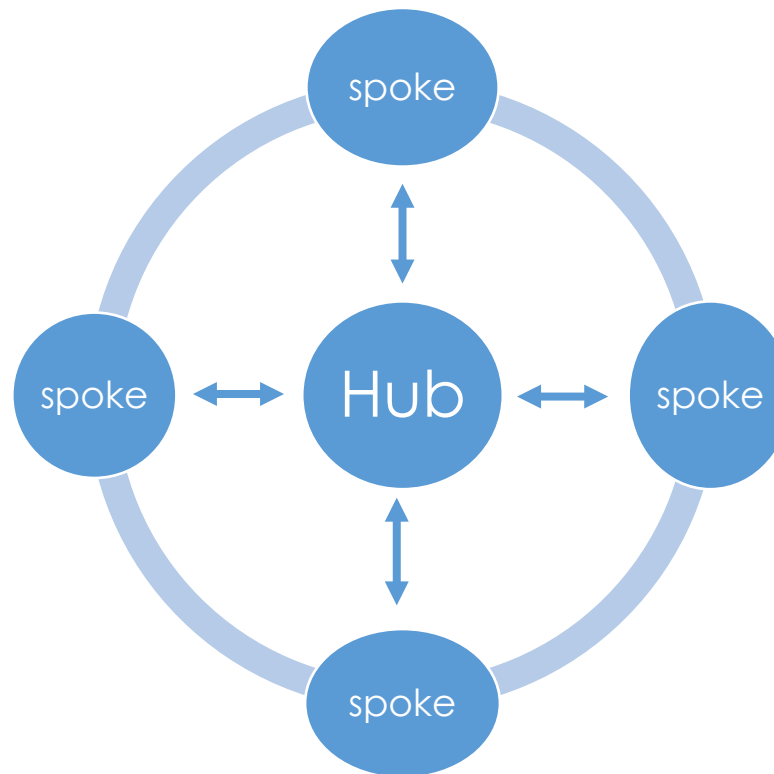


Anatomy of an ECHO

Hub Team

MFM Specialists
&
Perinatal Psychiatrists

Donna Johnson, MD
Berry Campbell, MD
Eric Dellinger, MD
Connie Guille, MD [WRBH Team]



Spokes

Obstetrical Healthcare
Providers
Midwives
FNPs
NPs
PAs
L & D
Case Managers
L & D
Case Managers
Statewide Stakeholders

45 Minute Session Twice a Month

- ✓ Didactic w/ Expert
- ✓ Q & A
- ✓ Discussion

RECORDED & AVAILABLE TO PARTICIPANTS

- ✓ Deidentified Case
- ✓ Q & A
- ✓ Feedback/ Mentoring

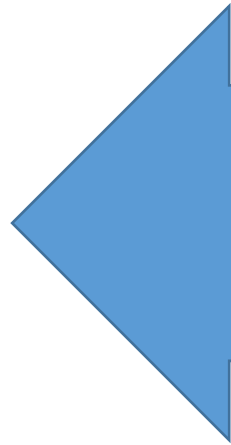


www.palmettocareconnections.org

LOOKING THROUGH THE TELEHEALTH LENS:
DIGITALLY FOCUSED. EQUITY DRIVEN.

Curriculum

- ✓ Covid-19 & Pregnancy
- ✓ Pregnancy & Postpartum Hemorrhage
- ✓ Late Preterm/Early Term Delivery
- ✓ Postpartum Emergency Care
- ✓ Venous Thromboembolism
- ✓ Hemoglobinopathies
- ✓ Isoimmunization
- ✓ Thyroid Disease
- ✓ Hypertension
- ✓ Diabetes
- ✓ Sepsis



Planned by hub team

Delivered by specialists

Flexible & responsive

Cutting-edge

Community-focused

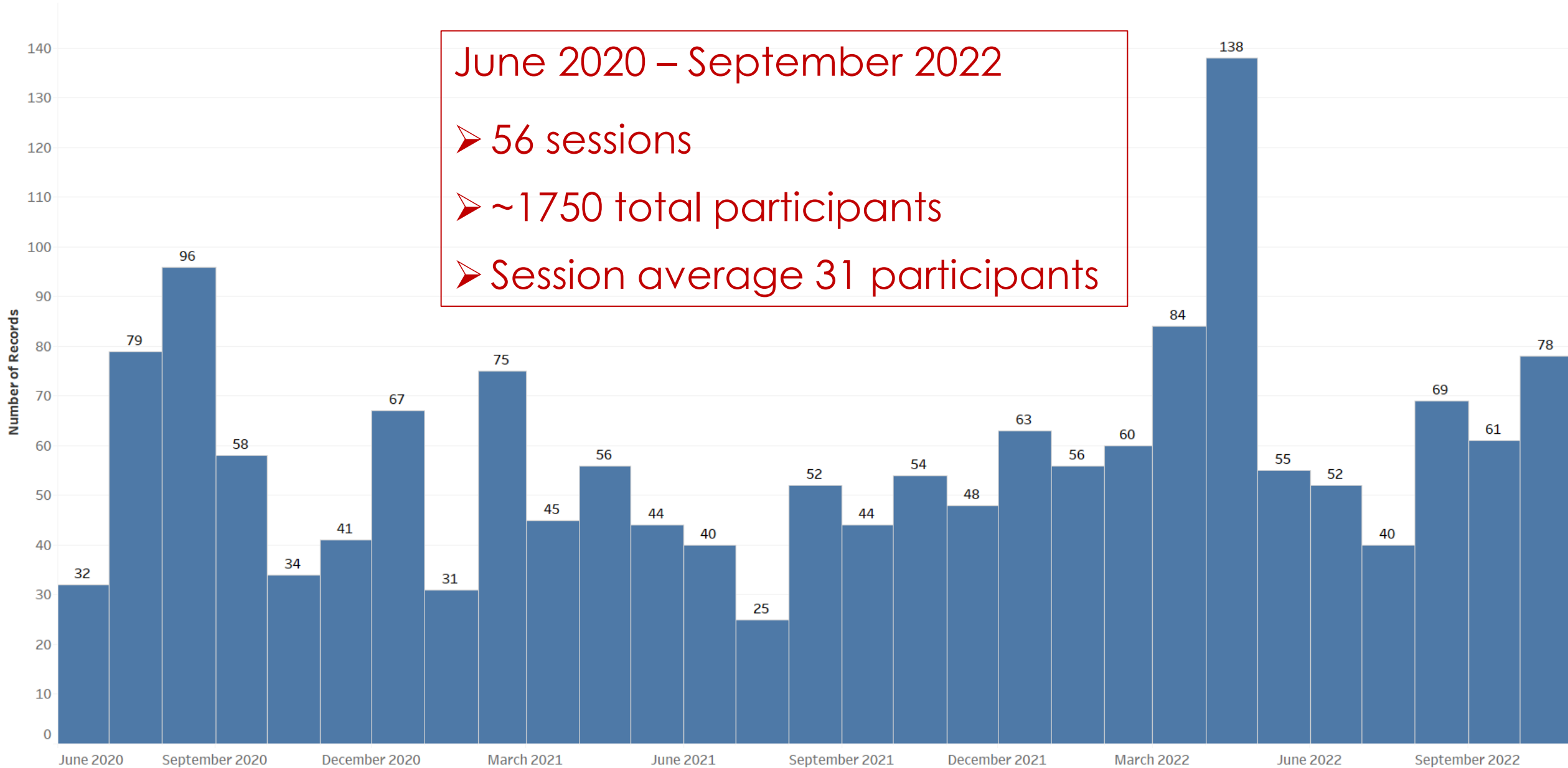
State-centered



Women's Reproductive Behavioral Health

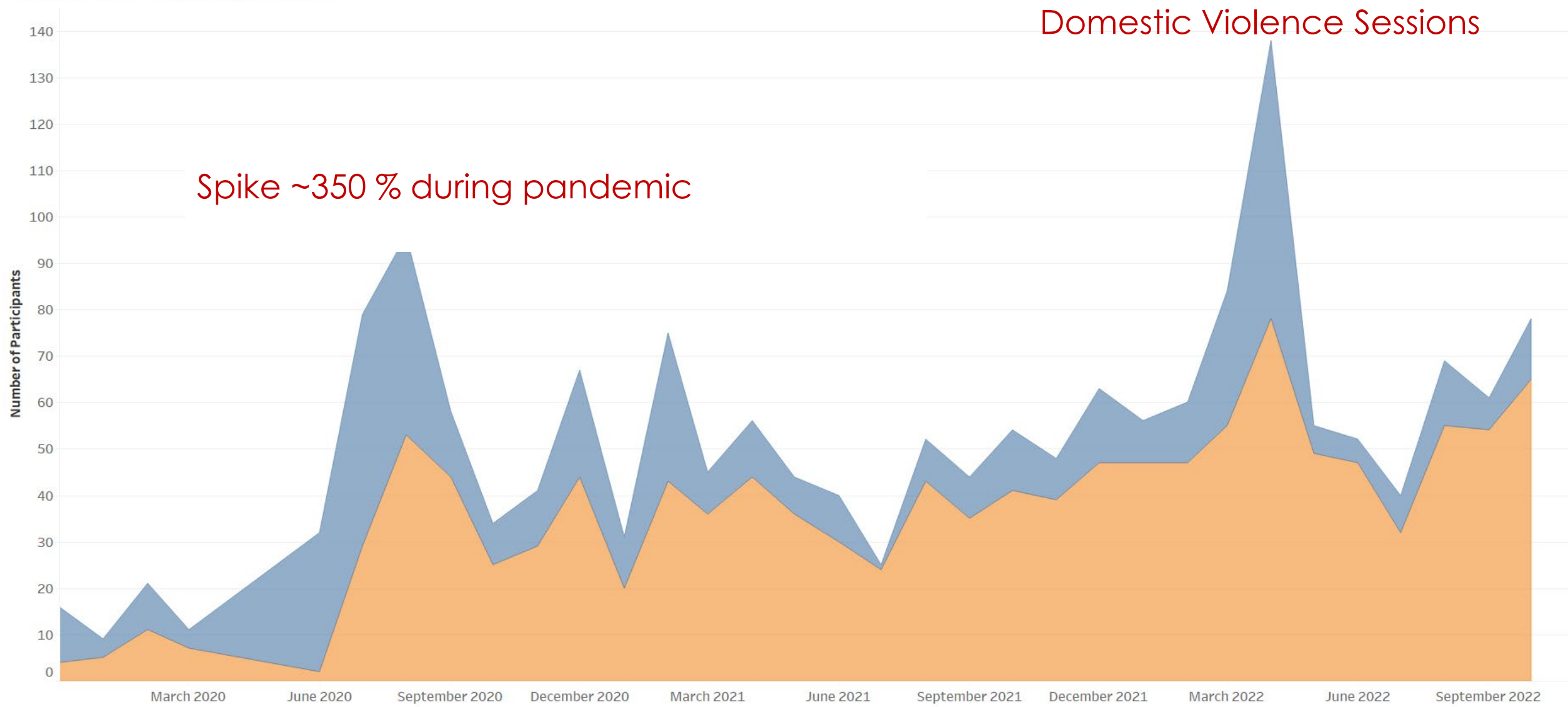
- ✓ Maternal Mental Health Mortality First Aid Kit
- ✓ Effective Screening, Brief Intervention, Referral to Treatment
- ✓ Perinatal Mood Disorders
- ✓ Depression
- ✓ Anxiety
- ✓ Postpartum Psychosis
- ✓ Substance Use Disorders
- ✓ Treatment of Opioid Use Disorder

Impact & Reach

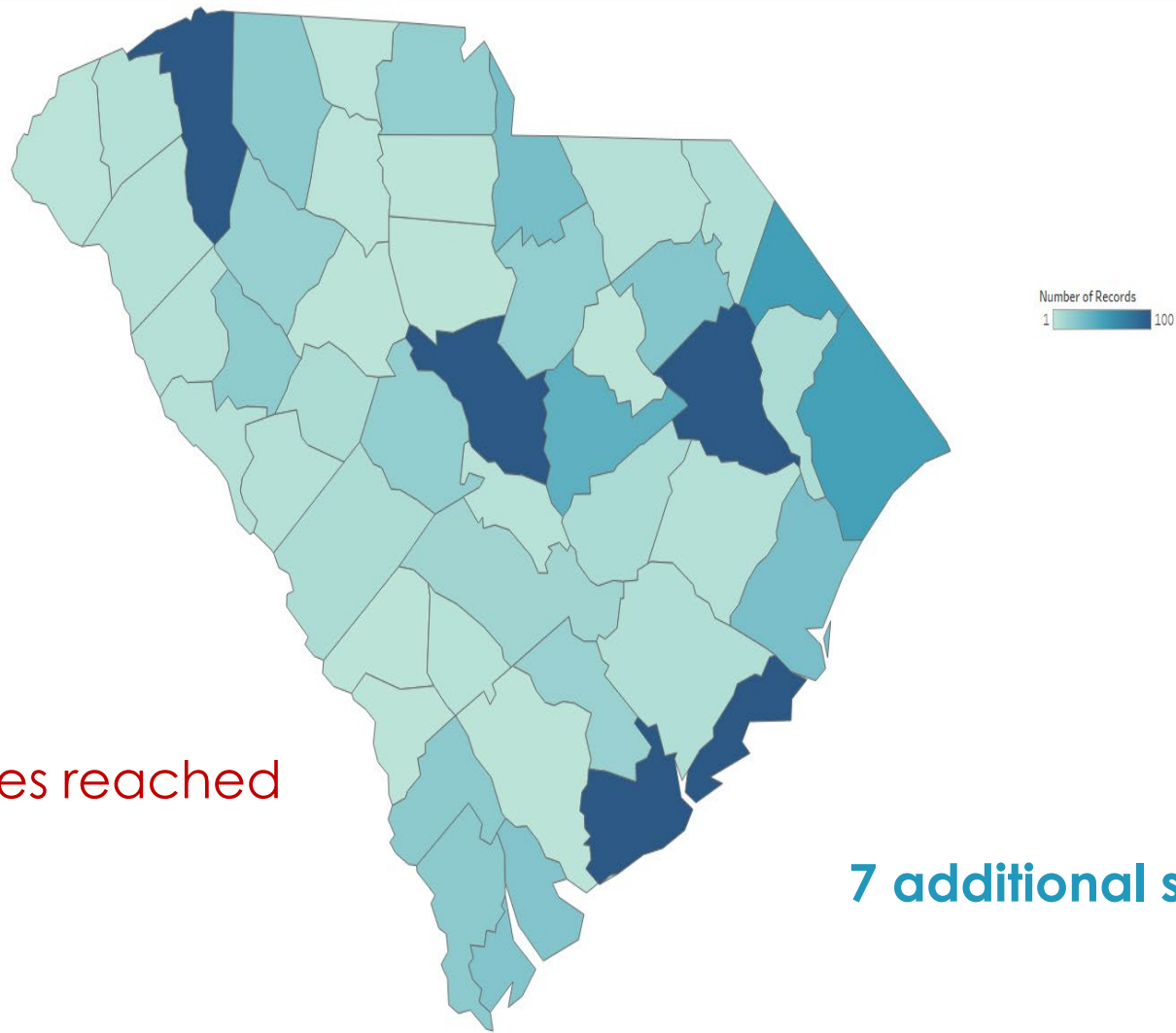


Sustained Participation and Growth

Number of New and Returning Participants



Statewide Reach



100% counties reached

7 additional states: DE, FL, GA, IN, KY, MA, NC

99 Health Organizations, Private Practices, Hospital Systems

Organizations

AnMed Health

Beaufort Memorial

Birth Matters

BirthWise Midwifery Care

Bon Secours St. Francis Hospital

Bright Start Delaware

Carolina Diabetes & Kidney Center

Carolina Health Centers

Carolina OBGYN

Carolina Pediatrics

Carolina Pines Regional Medical Center

Charleston Birthplace

Charleston OBGYN

Chelsea Medical Center

Coastal Carolina Hospital

College of Charleston Maternal and Infant & Child Health Committee of the TriCounty Health Improvement Plan

Columbia Women's Healthcare

Community Medical Clinic of Kershaw County

Conway Medical Center

East Cooper

Park Side Women's Centre

Phoenix Center - Serenity Place BHSA

Piedmont Medical Center

Postpartum Support Charleston

Prisma Health

Riverside Women's Care

Roper St. Francis

Sandhills OB-GYN Associates

SC OBGYN Assoc.

Spartanburg Regional Health

Summerville Medical center

Tandem Health

Tenent Health

The Parenting Place

The Regional Medical Center Orangeburg

Tidelands Waccamaw Community

Trident Medical Center

U of SC Carolina

UNC Health

University Healthcare System Georgia

University of Maryland Medical Center

Women's Care of Hartsville

Eastowne Family Physicians North Carolina

FAVOR Greenville

Georgetown Medical Hospital

Greenville Midwifery Care

Greenville OBGYN Center

Healthcare Partners of South Carolina

Hilton Head Regional Healthcare

Holy City Homebirth and Charleston Birth Place

Homesteady Birth, LLC

Kershaw Medical Center

Lexington Medical Center

Little River Medical Center (FQHC)

Low Country Urgent Care

Magdelene Clinic Integrated Prenatal Care and Substance Use Disorder Treatment for Women; Furman Univ

Magnolia OBGYN

McLeod Health

Mecklenburg Emergency Medical Services North Carolina

Medical University of South Carolina

OB/GYN Associates PA - Aiken Regional Medical Centers

Parents as Teachers with Carolina Health Centers Carolina Health Centers

Stake Holder State Agencies and Insurance Groups

Absolute Total Care
Amag Pharmaceuticals
AmeriHealth Caritas of DE
Carolina Global Breastfeeding Institute (UNC Chapel Hill)
Children's Trust of SC
Deaprtment of Public Health Sciences MUSC
Diabetes Free SC, BCBS
Field Medical Affairs at Pharmacosmos Therapeutics Inc.
First Choice
First Step
Guass Surgical
Healthy Families America
Healthy Start
Indivior
Medela
Molina Healthcare
Nurse Family Partnership
Optum Health

SC Blue Cross Blue Shield
SC Birth Outcomes Initiative
SC DAODAS
SC DHEC
SC DHEC Maternal Mortality Review Committee
SC DHHS
SC DMH
SC Medicare
SC Office of Rural Health Family Solutions
SC Primary Health Care Association
Select Health of South Carolina
South Carolina Hospital Association
South Carolina Perinatal Association (SCPA)
Start Smart for Your Baby, Absolute Total Care
Syntrell C. Thompson Marketing Group
Uof SC Center for Community Health Alignment
Uof SC Institute for Families in Society
Wellcare Health Plans and Centene Corp.
Women's Rights and Empowerment Network

Future State

We need to:

- increase participation of obstetric providers across private practices & public health organizations
 - › academic detailing of obstetric practices
 - › essential learning/ education providers need/ fold in Project ECHO information
 - › marketing to practices, community health care centers, FQHCs in rural areas
 - › present to residency programs- resident teams can join the program
- Sustain & increase funding for the program growth
 - › stakeholder organizations- insurance groups
 - › SCBOI, SC DHEC, SCDHHS
- Present at Meta ECHO conferences & contribute to Project ECHO publications



Thank you!

Dr. Donna Johnson
Dr. Berry Campbell



SOUTH CAROLINA
Telehealth
ALLIANCE



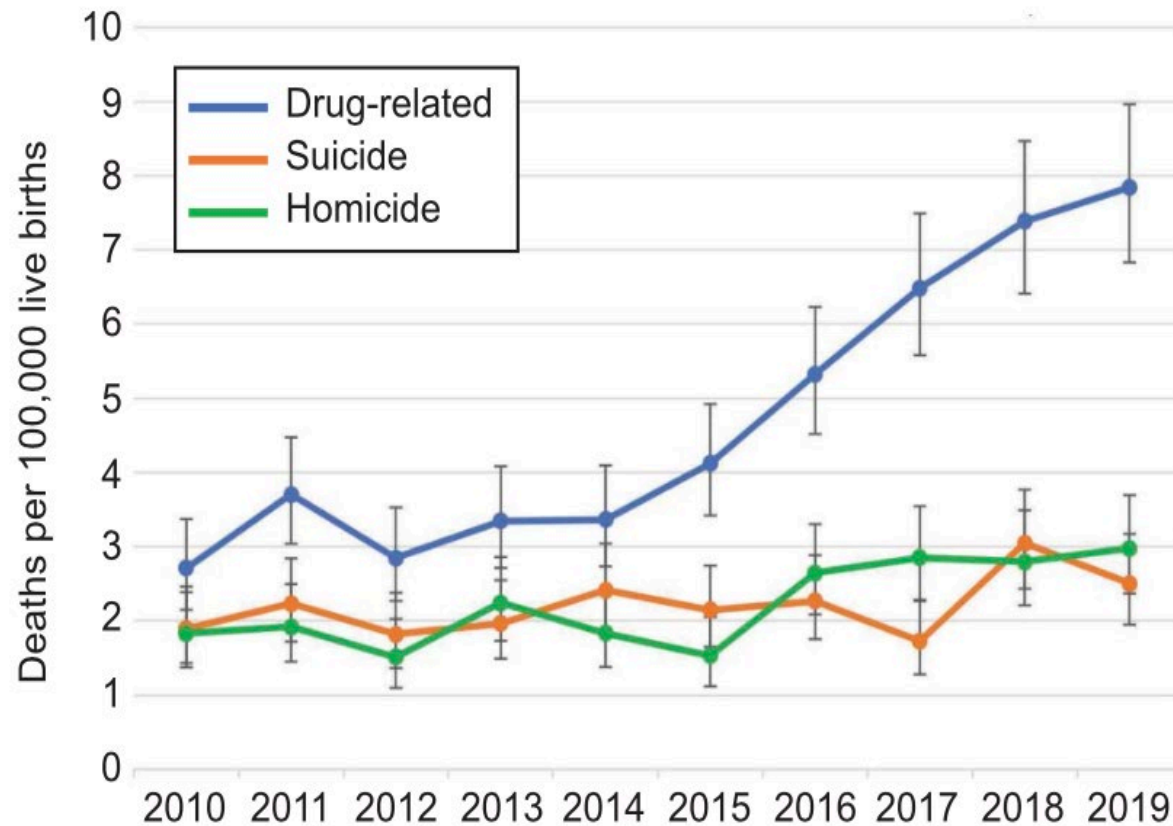
PRISMA
HEALTHSM



www.palmettocareconnections.org

LOOKING THROUGH THE TELEHEALTH LENS:
DIGITALLY FOCUSED. EQUITY DRIVEN.

Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019



- 22.2% of all Maternal Deaths are due to:
 - Drugs (11.4%)
 - Suicide (5.4%)
 - Homicide (5.4%)
- 2010-2019
 - Drug-related deaths increased 190%
 - Suicide increased 30%
 - Homicide increased 63%

**100% of Maternal Deaths
due to Mental Health
Conditions are
Preventable**

MATERNAL HEALTH

By Susanna L. Trost, Jennifer L. Beauregard, Ashley N. Smoots, Jean Y. Ko, Sarah C. Haight, Tiffany A. Moore Simas, Nancy Byatt, Sabrina A. Madni, and David Goodman

Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17

Trost, SL, Beaurard, JL, Smoots, AN, Ko, JY, Haight SC, Moore Simas AS, Byatt N, Madni SA, Goodman, D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17. Health Affairs Vo. 40, No. 10.

Screen, Brief Intervention, and Referral to Treatment [SBIRT]

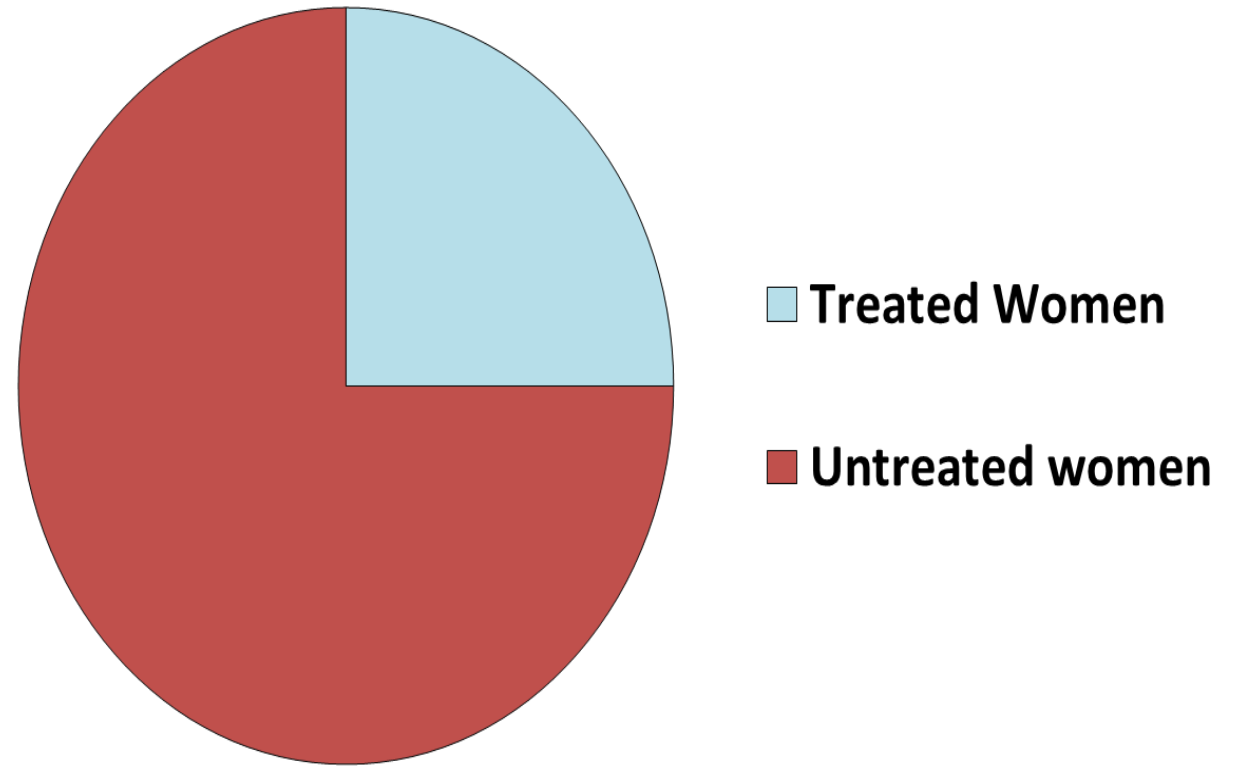
**1 in 8 women
will be
screened**



The majority of mental health problems are unrecognized and untreated.

1 in 4 women receive treatment

Black women < receive treatment compared to White women



Haight SC, Byatt N, Moore Simas TA, Robbins CL, Ko JY. Recorded Diagnoses of Depression During Delivery Hospitalizations in the United States, 2000-2015. *Obstet Gynecol.* 2019 Jun; 133(6):1216-1223.

Bauman BL, Ko JY, Cox S, et al. *Vital Signs*: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:575–581.

Barriers to Successful Screening & Treatment



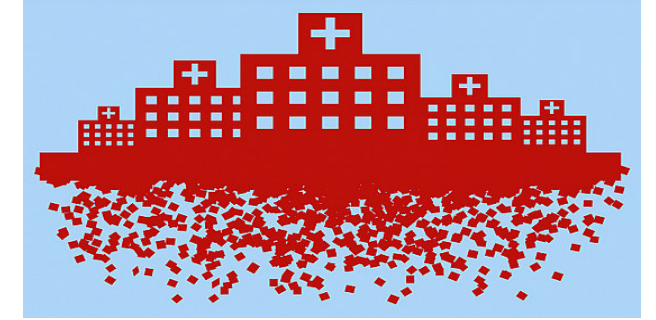
Patient

- Stigma
- Fear of social/legal consequences
- Lack of available providers
- Lack of access to providers due to transportation, childcare, work, insurance



Provider

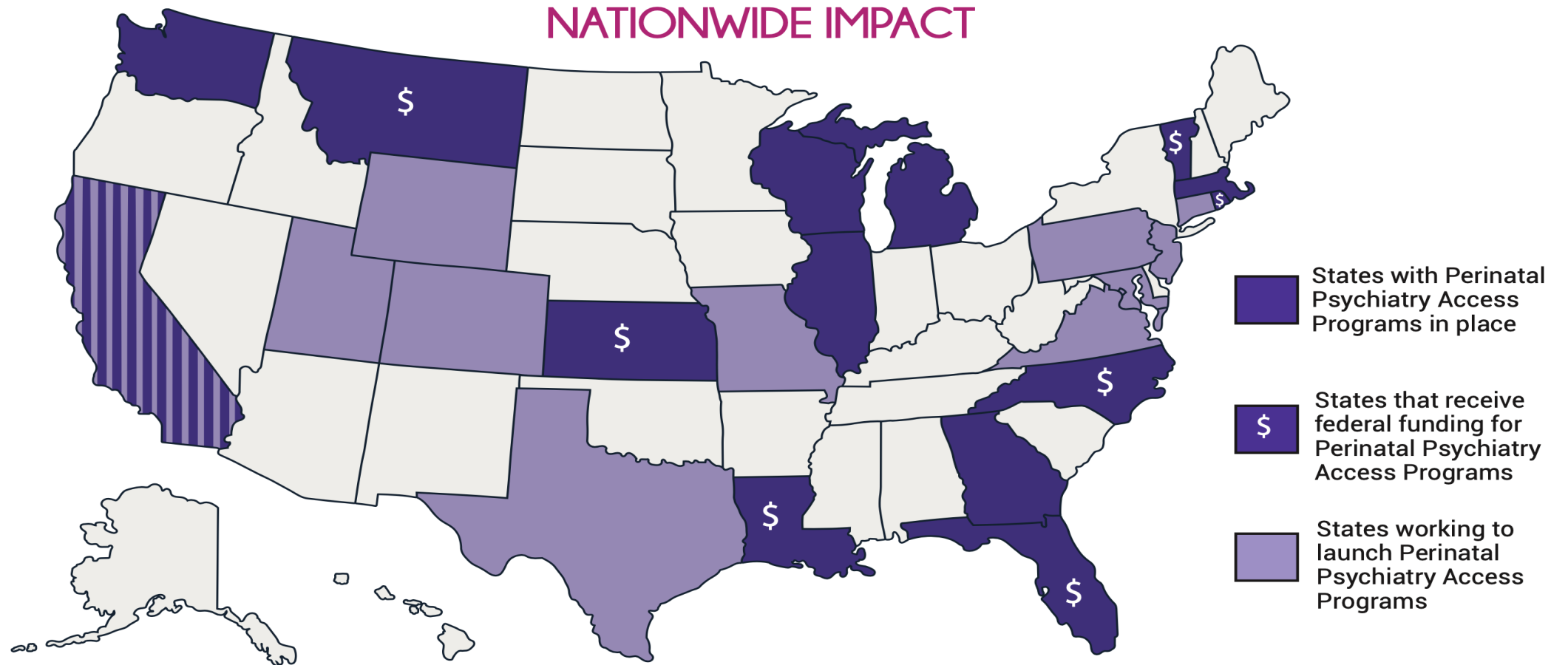
- Insufficient time
- Unfamiliar with SBIRT
- Lack of MH/SUD knowledge
- Lack of available providers



Healthcare System

- Cost
- SBIRT training and re-training due to staff turnover
- Lack of care coordination across providers and health systems
- Lack of available providers

Perinatal Psychiatry Access Programs



How Mom's **IMPACTT** Works [Practices, Hospitals, Organizations]

Practices, Hospitals,
Organizations



Doulas
Midwives
Obstetricians
Pediatricians
Psychiatrists
Community Health Workers
Advance Practice Providers
Primary Care/Family Practice
Birthing Hospital Staff



Scheduled Trainings
Tailored for Practice
Setting and Provider Type



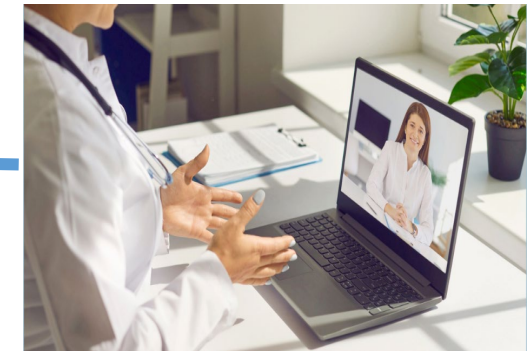
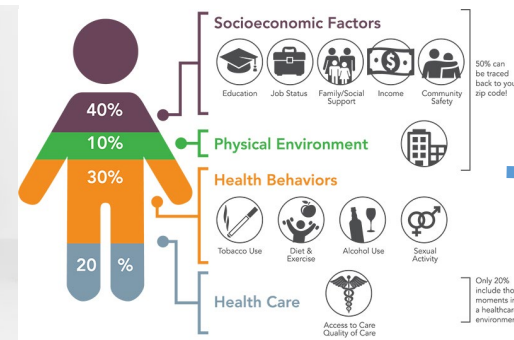
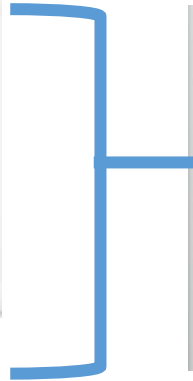
Provider Trainings
In-Person or
Virtual

843-792-MOMS
(843)-792-6667

James B. Duke
THE DUKE ENDOWMENT



How Mom's **IMPACTT** Works [PROVIDERS]



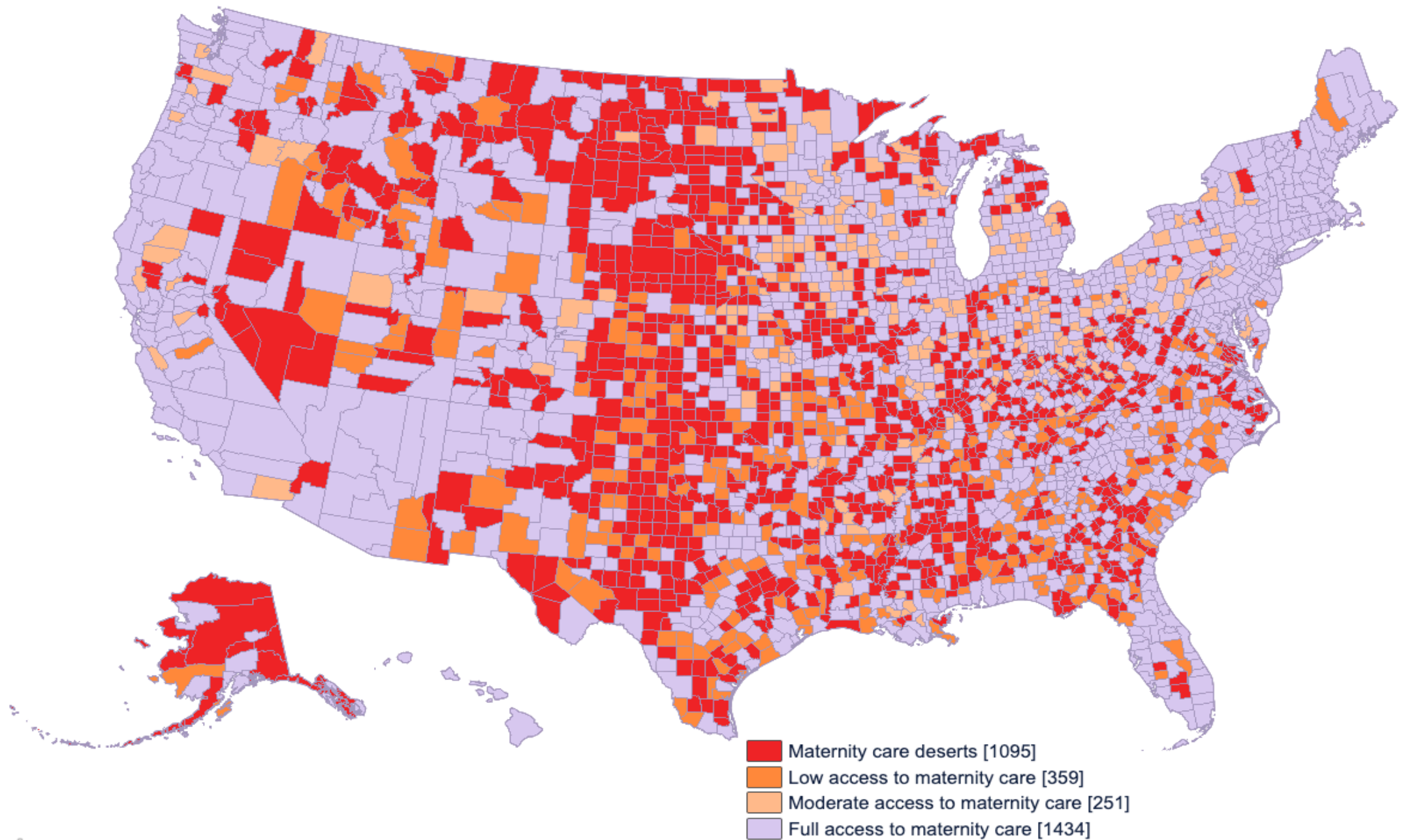
Doulas
Midwives
Obstetricians
Pediatricians
Psychiatrists
Community Health Workers
Advance Practice Providers
Primary Care/Family Practice

- Assessment
- Referrals & Resources
- Care Coordination

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(843)-792-6667

Provider-Provider Consultation





Maternity Care Deserts, United States, 2018

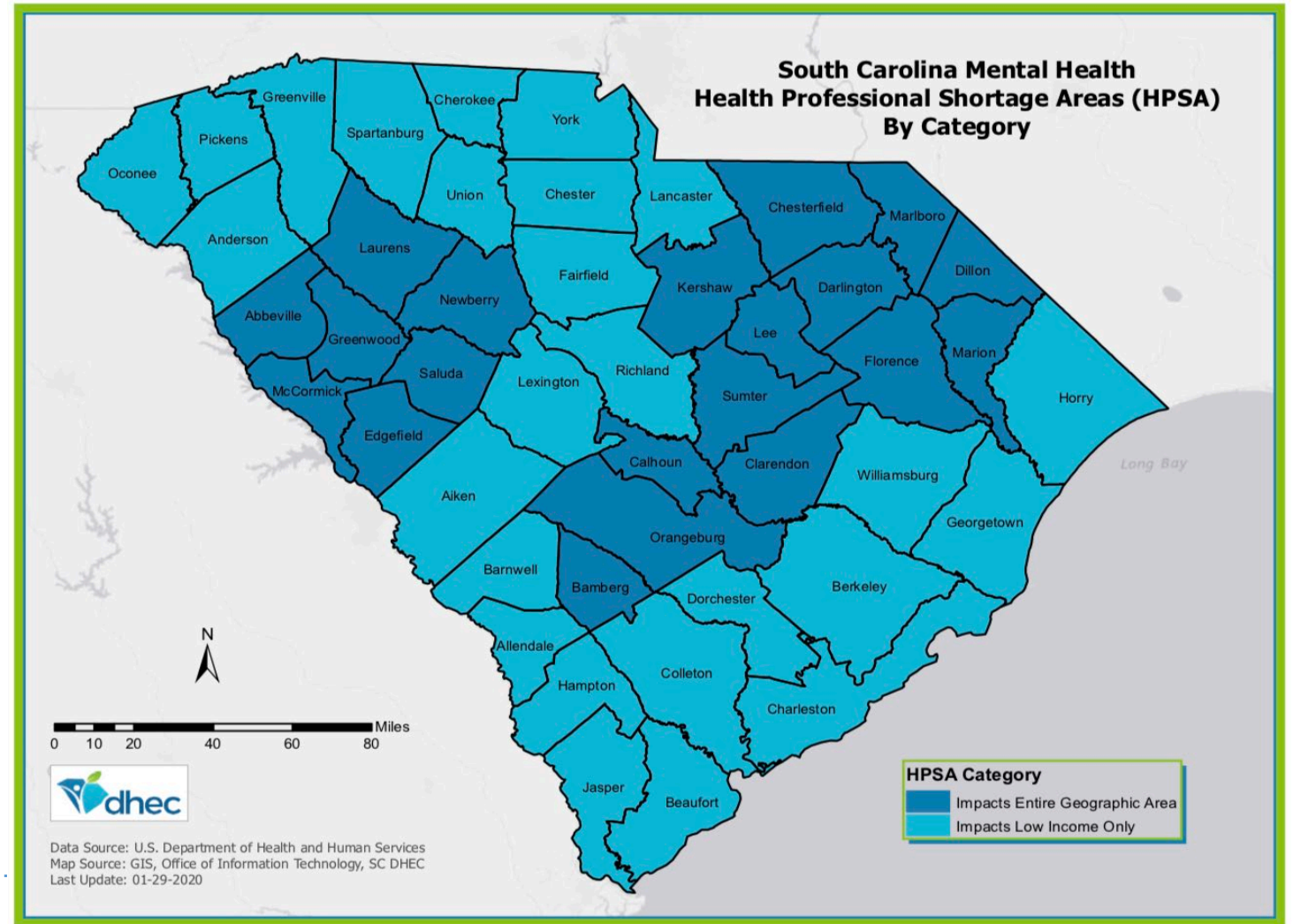
Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

**In the United States,
South Carolina Ranks:**

**40th in Mental Health
Workforce Availability
(570:1)**

**45th for Access to
Mental Health Care**

**SC has 11.6
Psychiatrists per 100k
population
(National Av. 16.6 per
100k)**



All counties in South Carolina have
Mental Health- Health Professional Shortage Areas (MH-HPSA)
Dark Blue: MH-HPSA Entire Geographic Region
Light Blue: MH-HPSA Low Income Only

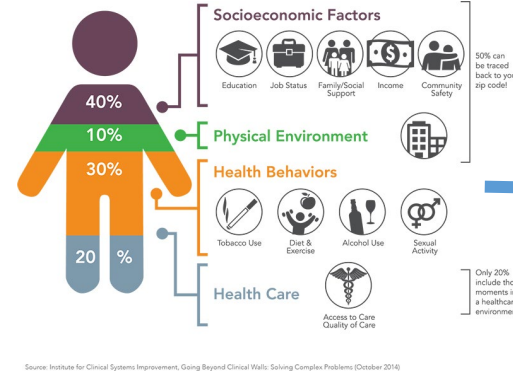
How Mom's **IMPACTT** Works [Patients]



Pregnant



0-12 Months Postpartum



- Assessment
- Referrals to Resources
- Permission to Communicate with Provider for Care Coordination

Patient-Provider Treatment

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How Mom's **IMPACTT** Works [Patients]



Pregnant

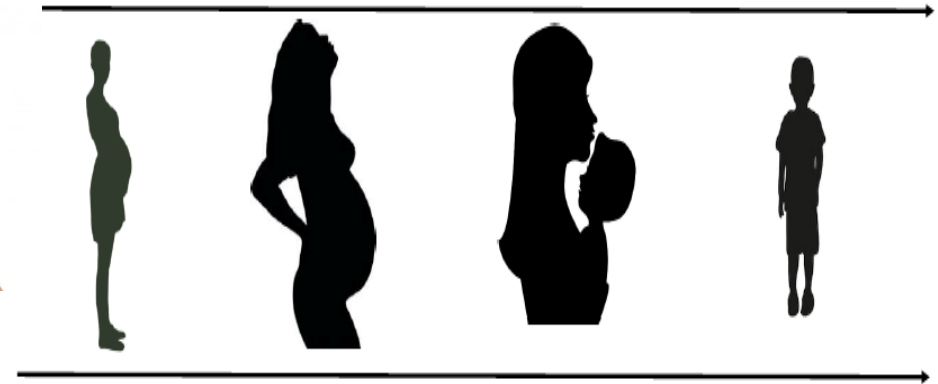


0-12 Months Postpartum



- Assessment
- Referrals to Resources
- Communication/Care Coordination
- Enroll in Text-Message Monitoring System

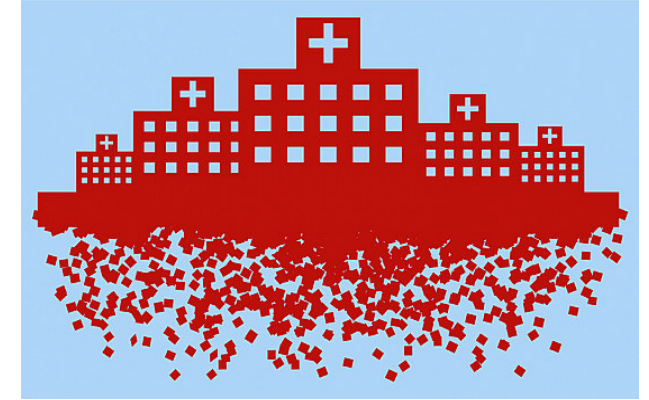
- Text message mental health, substance use, IPV screenings
 - Resources/referral
 - Care coordination



- Screenings each trimester of pregnancy, 1 month postpartum and every 3 months from delivery until 12 months postpartum.

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Barriers Overcome By Listening to Women and Pregnant and Postpartum People [LTWP]



Patient

- Stigma
- Fear of social/legal consequences
- Lack of available providers
- Lack of access to providers due to transportation, childcare, work, insurance

Provider

- Insufficient time
- Unfamiliar with SBIRT
- Lack of MH/SUD knowledge
- Lack of available providers

Healthcare System

- Cost
- SBIRT training and re-training due to staff turnover
- Lack of care coordination across providers and health systems
- Lack of available providers



Text Message Based Screening



Brief Intervention

Remote Care Coordinator-MSW
(Masters in Clinical Social Work)



Referral to Treatment

Telemedicine/ Office or Home
Follow up

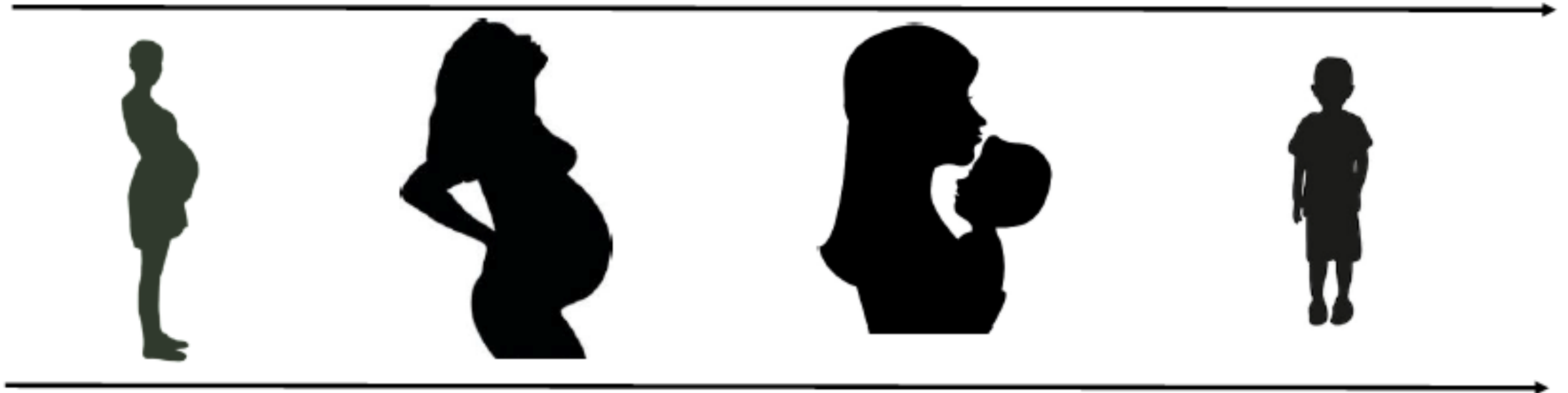


MSW Communicate with Ob/Peds Team

Screening, Referral,
Tx Attendance & Progress



Screening Throughout Pregnancy and the Year Postpartum



- Enroll women during 1st prenatal care appointment or anytime after
- Text screen each trimester of pregnancy and 1 month postpartum
- Screening every 3 months postdelivery until 18 months postpartum

Pilot: Routine Prenatal Care

Listening to Women (LTW) Vs.

Standard of Care (SOC) [In-Person SBIRT]

RNs Enrolled Peripartum Women in Listening to Women (LTW)

- N = 98.9% [547/553]
- Jan. 2020-April, 2021

EHR In-Person SBIRT data (SOC)

- N=2,988
- Jan, 2017- Dec. 2019

Determined Rates of Women:

- Screened
- Screened positive
- Referred to treatment
- Received treatment

Demographics by Screening Method

**LTWP
Vs.
SOC/ In-Person
SBIRT**

Characteristic	LTWP	SOC	p-value
Screened	393	1947	
Age (years)	30.2 ± 5.9	28.8 ± 5.9	0.0001
Race/Ethnicity			<0.0001
Black, Not Hispanic	98 (24.9)	839 (43.1)	
White, Not Hispanic	189 (48.1)	920 (47.3)	
Other	106 (27.0)	188 (9.7)	
Marital Status			<0.0001
Committed Relationship	195 (49.6)	877 (45.0)	
Divorced/Separated	2 (0.5)	25 (1.3)	
Single	186 (47.3)	1,042 (53.5)	
Widowed	—	2 (0.1)	
Unknown	8 (2.0)	1 (0.1)	
Missing	2 (0.5)	—	

LTW, compared to SOC/In-Person
SBIRT, significantly more likely:

1) Screened

**[71.8% vs. 65.2%, $p < 0.0024^*$]
RR 1.09 [95% CI 1.0287, 1.1608]
 $p = 0.004$**

2) Screened Positive

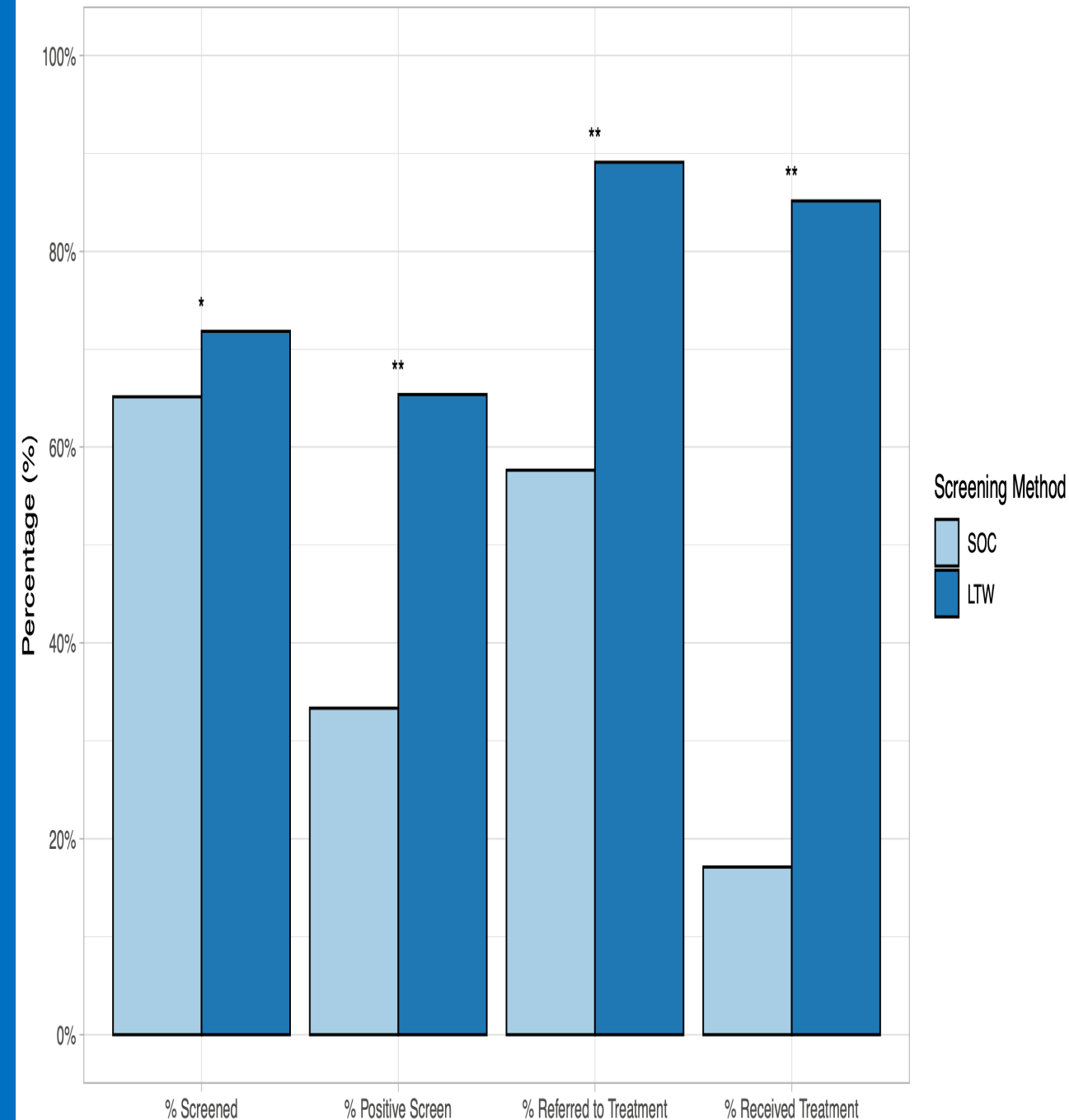
[65.4% vs. 33.3%, $p < 0.0001^{}$]
RR 1.89 [95% CI 1.7137, 2.1007]
 $p < 0.0001$**

3) Referred to Treatment

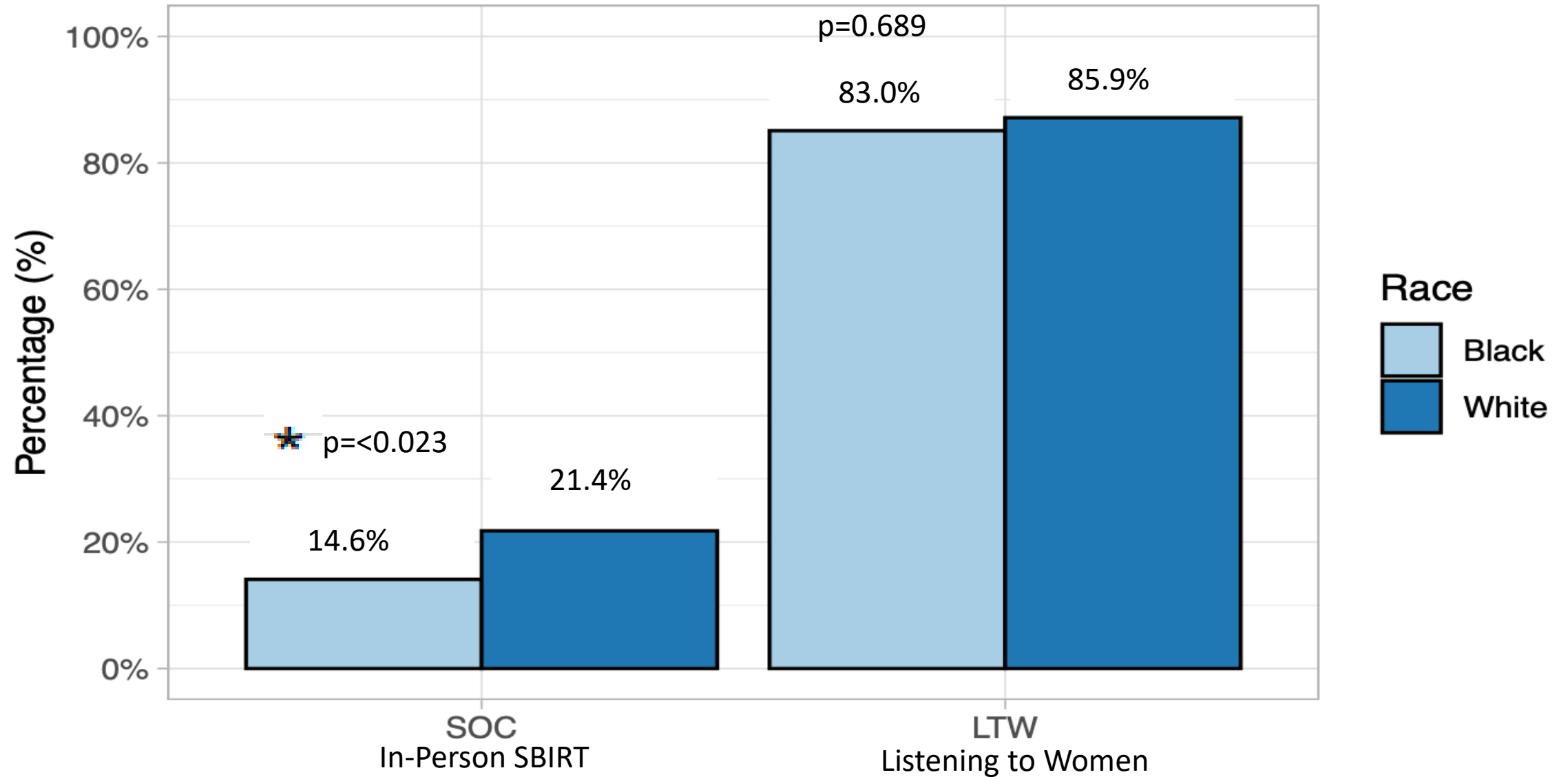
[89.1% vs. 57.6%, $p < 0.0001^{}$]
RR 1.55 [95% CI 1.4264, 1.6932]
 $p < 0.0001$**

4) Received Treatment

[85.2% vs. 17.1%, $p < 0.0001^{}$]
RR 5.00 [95% CI 3.9806, 6.3027]
 $p < 0.0001$**



D % Received Treatment by Screening Method and Race



How Mom's **IMPACTT** Works

PATIENTS PROVIDERS PRACTICES



Provider



Pregnant



0-12 Months Postpartum

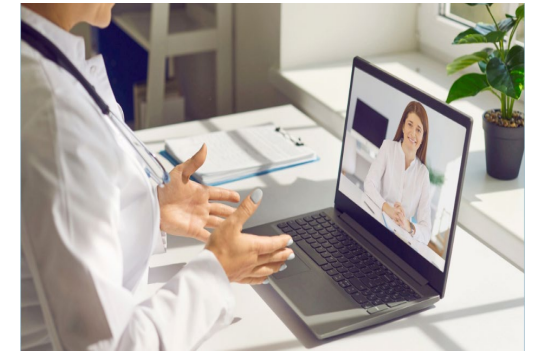


Practices, Hospitals,
Organizations



- Assessment
 - Referrals to Resources
- Communication/Care Coordination
 - Longitudinal Assessments
 - Outcome Collection

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Provider-Provider Consultation



Patient-Provider Treatment



Provider Trainings

Program Launch May 2022

March 1, 2022
Advertise Access to Program

Mom's Phone
843-792-6667 (MOMS)

Website
www.muschealth.org/momsimpactt

Patient and Provider Videos

Flyers With QR Code (Analytics)



**Every
Mother
Deserves
Support.**



Mom's IMPACTT

On-demand mental health treatment for pregnant and postpartum people.

Get connected to resources and treatment
Monday - Friday | 8 am - 5 pm

- Substance Use
- Anxiety
- Trauma
- Depression
- Grief & Loss
- Stressful Life Events

For more information visit our website:

muschealth.org/momsimpactt

For a confidential consultation:

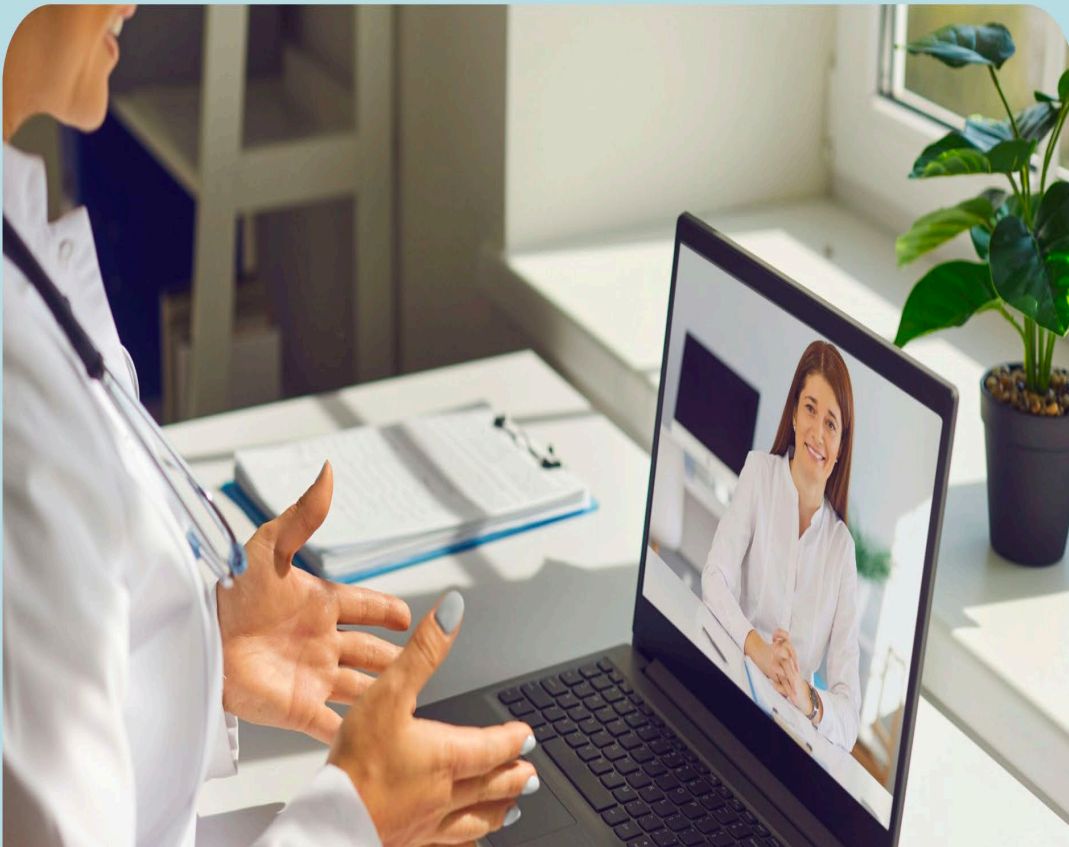
Scan this QR code or call

843-792-MOMS (843-792-6667)



Mom's IMPACTT

IMProving Access to Maternal Mental Health and Substance
Use Disorder Care Through Telemedicine and Tele-Mentoring



Mom's IMPACTT provides real-time perinatal psychiatric consultation to obstetric, pediatric, primary care, psychiatric and community health providers to effectively identify and manage maternal mental health and substance use concerns among pregnant and postpartum people living in South Carolina.

Mom's IMPACTT has 4 components:

- Real-time psychiatric consultation for providers serving pregnant and postpartum people.
- Linkage to community-based resources, treatment, and support groups.
- Trainings for providers and staff on mental health and substance use screening, discussion of screening results, treatment options and referral, risks and benefits of medications.
- Psychiatric consultation for pregnant and postpartum people with mental health and substance use concerns.

For more information visit our website:

muschealth.org/momsimpactt

For a confidential consultation:

Scan this QR code or call

843-792-MOMS (843-792-6667)





[Health](#) > ... > [Women's Health](#) > [Reproductive Behavioral Health](#) > Mom's IMPACTT

Reproductive Behavioral Health

Mom's IMPACTT



Disorders



Home Video Visits

Resources

Testimonials

Mom's IMPACTT

Get Care Now

Mom's IMPACTT provides on-demand mental health treatment and resources for pregnant and postpartum people and real-time psychiatric consultations for providers.

**Connect to
Coordinator**

Data Collection



Baseline

- Patient Demographics
- Provider/Clinic Characteristics
- Reason for the Call
- How they heard about us
- Diagnosis & Topics Discussed
- Outcome for the call & Recommendations



Feedback

Providers and Patient Texted:

“On a scale of 1 to 10 w/ 10 being the most likely, how likely are you to recommend this program to a friend, family member or colleague”



1- Month Follow-up Survey

- Outcome of recommendations
- Barriers to accessing recommendations

Stakeholders

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
Blue Cross Blue Shield
Center for Community Health Alignment
Colleton Medical Center
Community Action Network
Community Health Worker Association
Department of Health and Environmental Control-Bureau of Maternal and Child Health
Department of Health and Human Services
Department of Social Services (Darlington, Lancaster, Orangeburg)
Healthy Start
Help Me Grow South Carolina
Lifeline4Moms
Mugs for Moms
Nurse Family Partnership
Postpartum Support Charleston
Postpartum Support International
PRISMA- OB/GYN & Psychiatry
Regional Systems Developers (Perinatal Regional Managers)
SC Birth Outcomes Initiative; Vision Team, Behavioral Health & Birth Equity Workgroups
SC Department of Alcohol and Other Drug Abuse Services
SC Department of Mental Health
SC Fetal Alcohol Coalition
SC Hospital Association
SC Office of Rural Health- Family Solutions
SC Primary Health Care Association
SCDHHS QTIP- Pediatric Practices
USC School of Public Health

3 State Project ECHOs [SC Pregnancy Wellness, Opioid Use Disorder, Peer Recovery for SUDs]

Mom's **IMPACTT** Outreach March 1, 2022



31 Stakeholder Meetings
390 Stakeholders
Reached

March- Sept 2022

of Providers Receiving Trainings: 108



Patient and Provider Referrals to Moms IMPACTT

May 2 –September 30, 2022

Month	May	June	July	Aug	Sept	Total
Patient						
Patients Referred	27	52	34	58	43	214
Self-Referral	21	40	24	31	33	149
Provider Referral	6	10	9	25	10	62
Patients Scheduled	15	27	23	38	36	139
Provider						
Consult Requested & Completed	2	2	2	2	0	8

<u>County</u>	<u>Number of Patients</u>
Anderson	5
Beaufort	3
Berkeley	14
Charleston	39
Cherokee	3
Chester	2
Chesterfield	6
Colleton	1
Darlington	5
Dillion	2
Dorchester	17
Florence	11
Georgetown	8
Greenville	29
Greenwood	1
Horry	14
Kershaw	2
Lancaster	3
Laurens	3
Lexington	2
Marion	3
Orangeburg	3
Pickens	2
Richland	4
Spartanburg	6
Sumter	2

Residence

- 16.4% Rural Counties
- 70.9% Medically Underserved Areas

Health Insurance

- 47.7% Medicaid
- 29.7% BCBS
- 9.0% Uninsured

Race

- 54% White
- 33% Black
- 2% Asian/Asian American
- 3% Native American
- 7% Other/Mixed

Ethnicity

- 8.6% Hispanic or Latino

Patient Status at Time of Encounter

MOM's IMPACTT

- Preconception (3.4%)
- Pregnant (42.4%)
- Postpartum (living child) (53.4%)
- Perinatal loss (1%)

Reason for contacting the program MOM's IMPACTT

- Mental Health concerns (90.7%)
- Substance Use Disorder concerns (7.6%)
- Intimate Partner Violence/safety concerns (4.7%)
- Medication questions (36.5%)
- Resources for therapy (7.0%)
- Resources for Social Determinants of Health (5.2%)
- Resources for peer and/or community support (30.2%)



Most Common Diagnoses MOM's IMPACTT

- Mood Disorders (67.0%)
- Anxiety Disorders (65.9%)
- Trauma and Stressor Related Disorders (42.9%)
- Substance Use Disorders (12.1%)
- ADHD (12.1%)



Most Common Outcome For Referrals

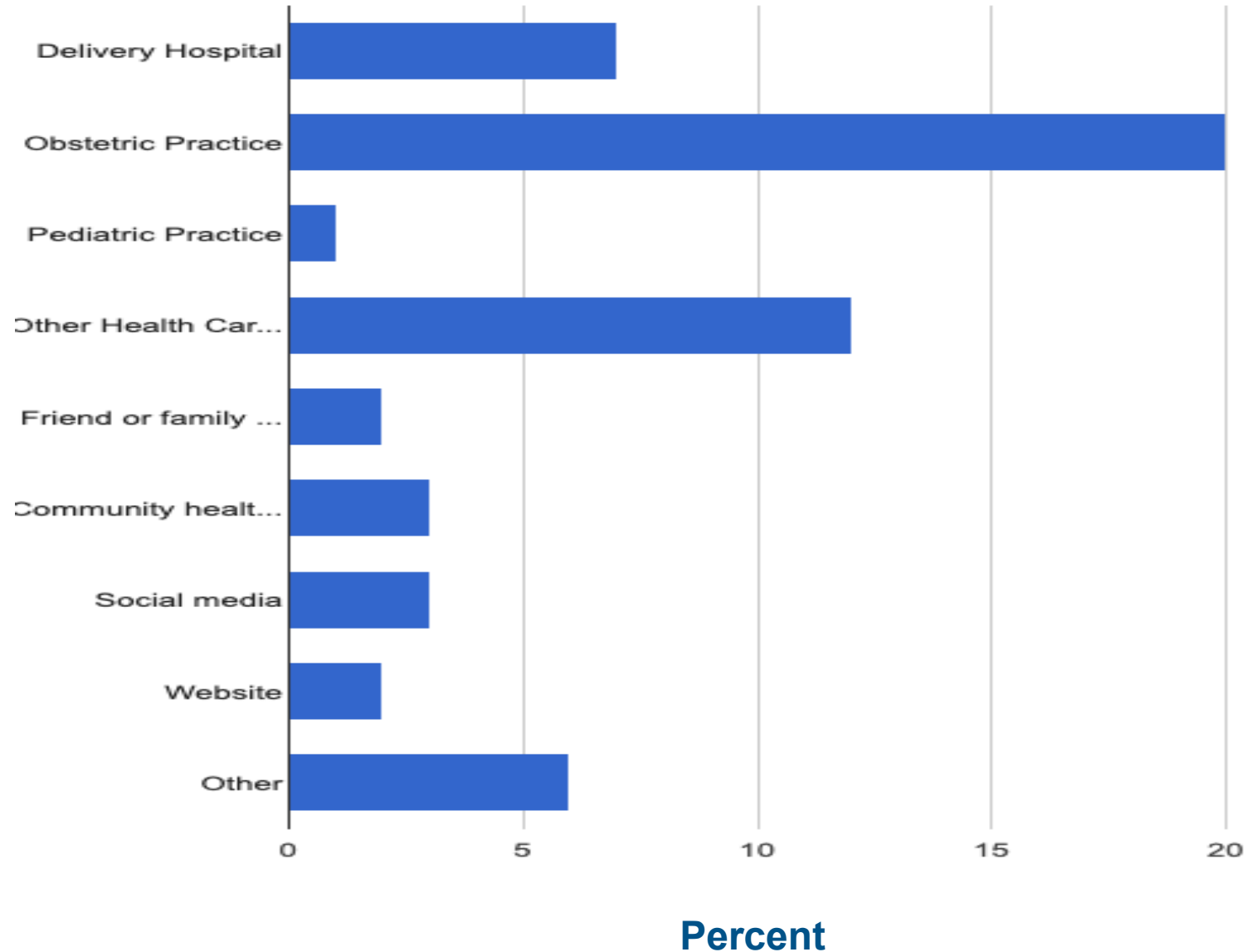
MOM's IMPACTT

Refer to:

- Moms IMPACTT Provider (76.7%)
- Non-Moms IMPACTT Provider (18.1%)
- Emergency Services (1.8%)
- SDoH Resources (22%)
- Other (3%)



How did the patient hear about MOM's IMPACTT?



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