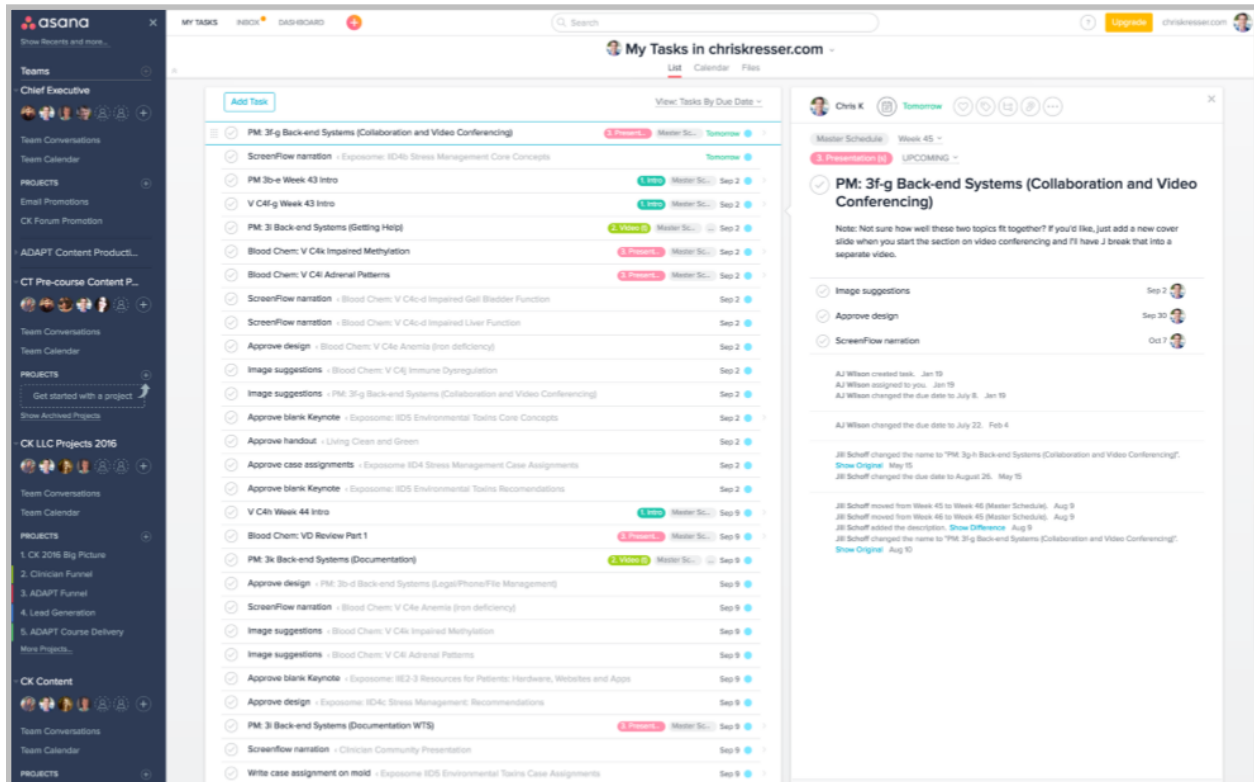
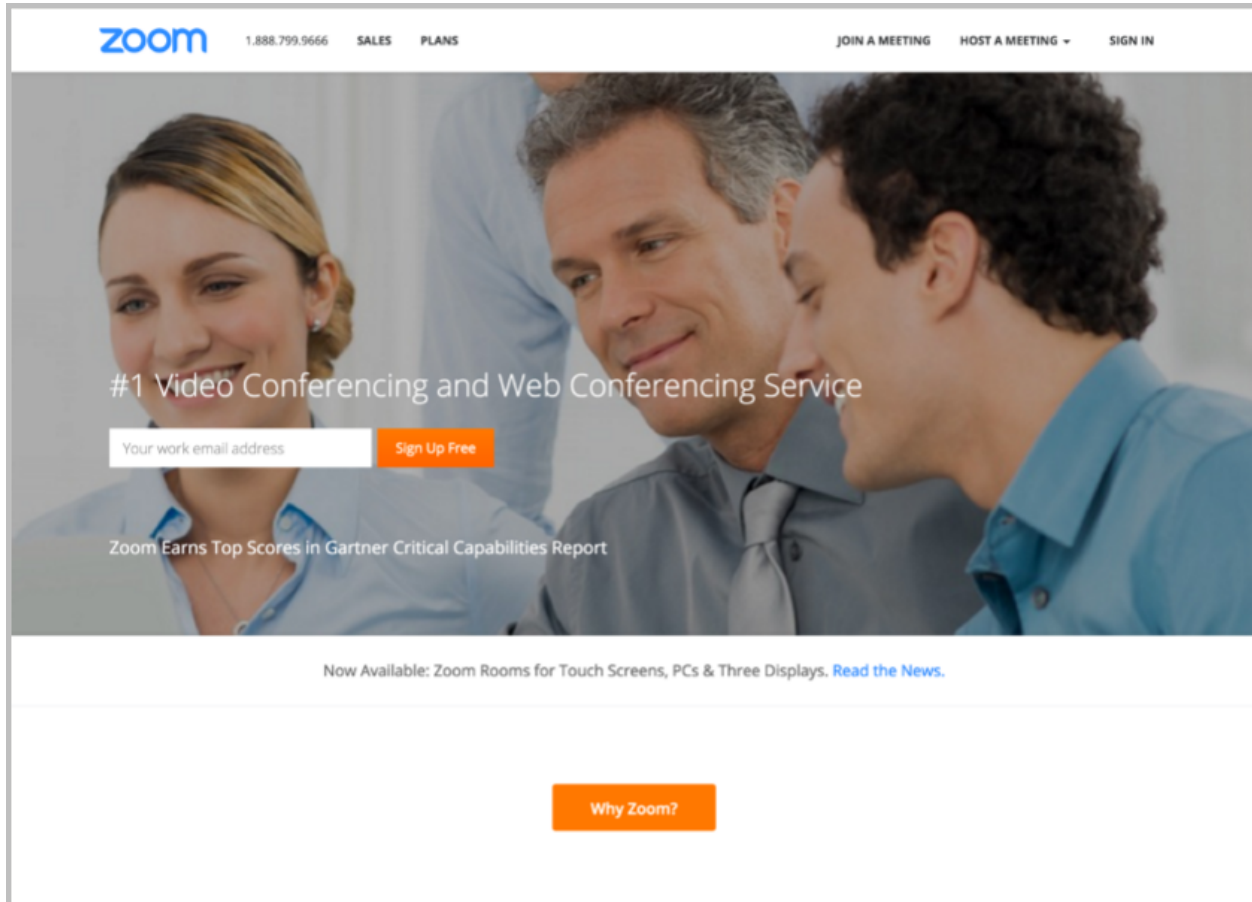


Collaboration and Video Conferencing - Part Two



Asana is another really useful tool. It's both for project management and collaboration. I use Asana more for the Kresser Institute. You can see here in this screenshot how I'm using it to manage content production for the ADAPT program, but you can also use it for larger clinic projects that require collaboration and tasks with specific due dates.

The difference between Asana and Basecamp? Arguably you could—and some people would argue that you should—just choose one of these tools. They both can be used for discussion, project management, and specific tasks and deadlines, but I think Asana is a little bit more advanced and more set up for project management than Basecamp is. Right now, we tend to use Basecamp for open-ended discussions, lists of clinicians who we refer to, and all of the things that I showed you on the Basecamp slide. Then we tend to use Asana for a specific project with a beginning, middle, and end that has deadlines, dependencies, and multiple people working on multiple tasks. Asana also does have a discussion and collaboration capability that is similar to Basecamp and the advantage is that the discussion can be tied to specific tasks with deadlines, and tasks can be assigned to staff members. We're looking at using Asana exclusively instead of both Asana and Basecamp in order to simplify our workflow but, currently, we're still using both of these tools.

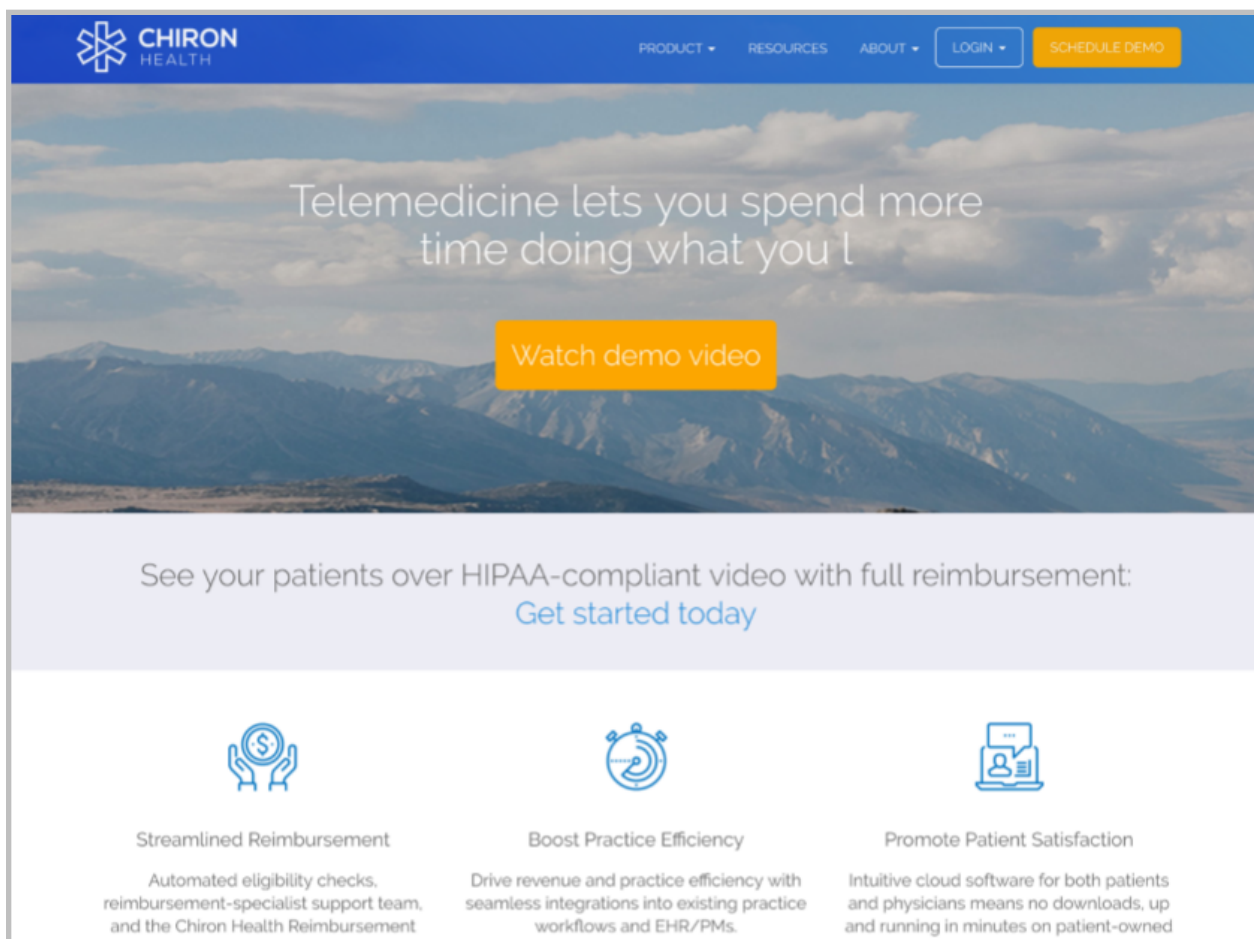


Another possibility for internal video conferencing and external video, both for interviews and possibly with patients—although I’ll speak more about that shortly—is Zoom. I’ve tried virtually all of the popular video conferencing tools, and I think Zoom is the best. You may be aware that it is what we use for the live support calls in ADAPT. The call quality is the best I’ve seen, and it is pretty easy to schedule meetings. It does require that users download a small software application, but once they’ve done it a single time they don’t need to do it again. You can have multiple people on the call and see and hear all of them. When we do a staff meeting for the clinic, for example, all 14 of us are there pictured in a grid format. It’s great for building community among staff and also for interviewing new staff members and for one-on-one conversations between staff members.

What about telemedicine and videoconferencing with patients? This is one of the fastest growing areas of medicine and it’s changing so rapidly that whatever I say here, at the time of this recording, may quickly be out of date. Just as using video is often more effective for building connection or rapport among staff, the same is true with patients. The amount of information you get, facial expression and body language, from a video conference with a patient is not as much as you get from an in-person visit, but it’s significantly more than you get with phone. In addition, if you’re practicing within the insurance model, many states now offer reimbursement for telemedicine visits, whereas that is not the case for phone follow-ups. Right now, most states will

still require an in-person visit for the first visit, but that will likely change in the near future, and some large primary care groups are already doing initial visits via video.

In the next few years video visits will likely be seen as equivalent to an in-person visit from a legal perspective. That, of course, is completely independent from the question of whether they are equivalent from a patient care perspective. I, personally, would be reluctant to give up the initial meeting in person with a patient, and I think that the connection that is established in that visit is really important. Video conferencing is a big step up from phone visits but, for me, it still doesn't approach what you get with an in-person visit. Having said that, there is a dire need for functional medicine providers, and there just aren't enough of us, and there are patients who live in places where there aren't functional medicine providers. They may not have the resources to travel to see one in person, so I'm not opposed to this, and I think it's going to happen and needs to happen. I'm just speaking personally that I still prefer to have that in-person visit first of all.



The image shows a screenshot of the Chiron Health website. At the top, there is a blue navigation bar with the Chiron Health logo on the left and links for PRODUCT, RESOURCES, ABOUT, LOGIN, and SCHEDULE DEMO on the right. Below the navigation bar is a large banner with a background image of mountains and a cloudy sky. The banner text reads: "Telemedicine lets you spend more time doing what you love." Below this text is a yellow button that says "Watch demo video". Underneath the banner is a light blue section with the text: "See your patients over HIPAA-compliant video with full reimbursement: Get started today". At the bottom of the page, there are three columns, each with an icon and a heading: 1. "Streamlined Reimbursement" with an icon of hands holding a dollar sign, and subtext: "Automated eligibility checks, reimbursement-specialist support team, and the Chiron Health Reimbursement". 2. "Boost Practice Efficiency" with an icon of a stopwatch, and subtext: "Drive revenue and practice efficiency with seamless integrations into existing practice workflows and EHR/PMs". 3. "Promote Patient Satisfaction" with an icon of a person at a computer, and subtext: "Intuitive cloud software for both patients and physicians means no downloads, up and running in minutes on patient-owned devices".

I've been offering video appointments from the beginning of my practice, so I am a fan of this. Early on I was using Skype, but it's not HIPAA compliant, and the call quality is often poor. Then I heard about Chiron Health from a colleague. Chiron Health is a video conference platform specifically designed for medical providers. It's HIPAA compliant. It has a clean interface. It works

within the web browser and doesn't require a separate software download like Zoom. It has a waiting room feature where the patient signs on and sees a message that the clinician will be with them shortly, as would happen in a physical office.

Chiron Health has an onboarding process that helps patients get set up, including a specific walk-through to show them how to access their microphone and webcam, and how to make sure they give permission in their browser to do that. The call quality is usually great, though, of course, that depends on the Internet connection of both the patient and the clinician, which is the Achilles' heel of all video conferencing options. Also, Chiron Health has huge advantages for those who still accept insurance. It does automated eligibility checks. It has a database of laws and regulations to streamline the application process and a team of customer service people who are extremely knowledgeable about reimbursement within the managed care environment for telemedicine. They even guarantee private payer reimbursement, which is, again, great for people who are in the insurance model.

As a full disclosure here, this is a little different than some of the other tools I've recommended because I'm an investor in Chiron. When I saw what they were doing early on, and saw what the future of telemedicine held, I wanted to get involved and support their growth and development. I don't get any commission for referring clinicians to Chiron. They offered that to me, but I turned it down, but I may benefit indirectly if you use Chiron, since I'm an investor in the company, so I just want to be 100 percent transparent about that.

I also want to say that we have definitely had a few bumps in the road with Chiron, patients having issues with getting set up, and that leading to problems where we've been on a call with the patient, and the patient is talking, and we can't hear them; or a problem with call quality, and that can lead to an awkward situation where the clinician is also trying to serve as a tech support person helping the patient get set up, which is not really professional and ideal.

I've talked to Chiron about these issues, however, and they've taken a lot of steps to address them, including better onboarding procedures, new features, and ongoing improvement of their tech. platform. They are well funded and have an excellent leadership team. They are being used now by some major managed care providers and I think they are still the best option out there that we've discovered, having tried almost all of the available alternatives, and we've continued to use it because I believe that it will only get better over time.



The screenshot shows the Zoom website's 'Healthcare Plan' page. At the top, the Zoom logo is on the left, followed by the phone number 1.888.799.9666 and navigation links for SALES and PLANS. On the right, there are links for JOIN A MEETING, HOST A MEETING, SIGN IN, and a SIGN UP FREE button. Below the navigation, the page features a large hero section with a background image of a stethoscope. The text 'Healthcare Plan' is in the top left of this section, and 'HIPAA-Compliant Video Conferencing' is centered in large white font. A 'Contact Sales' button is positioned below the main heading. Underneath the hero section, there are links for Brochure, HIPAA, and Security. The bottom section is titled 'HIPAA Compliance' and includes a circular image of a healthcare professional wearing a mask and cap. To the right of the image, there are two bullet points: 'HIPAA Business Associate Agreement available to healthcare plans' and 'Multi-layer security with end-to-end encryption'.

If you don't want to use Chiron, for whatever reason, Zoom is another option. It is not HIPAA compliant out of the box, but they have a healthcare plan that you can subscribe to that is HIPAA compliant. Disadvantages of Zoom compared to Chiron is that the patient still has to download software, there is no waiting room feature, there is no insurance reimbursement support, and it wasn't set up originally for telemedicine and video conferencing with patients. That said, if those features aren't important to you, it's still a really good option.

Okay, that's it for now. See you next time.