# Leah Reily, CAE

# AHF Executive Director

# 2021 Annual Conference

# 2021 Annual Conference

- Dallas, Texas

- August 23-26, 2021

- **Playbook for the Future: Reset, Renew, Reconnect**

# 2021 Annual Conference

- **Monday**:
    - Area Activities (Fieldtrips)
    - Pre-conference sessions
    - First Time Attendee Orientation
    - Rodeo Themed Opening Reception (Don't miss it!)

- **Tuesday:**
    - First full day of sessions & Keynote speakers
    - Tradeshow & Market Place
    - First Time Attendee Reception
    - Culinary Competition
    - Culinary Competition After Party with Dueling Pianos!

- **Wednesday:**
    - Last full day of sessions & Keynote speakers
    - Celebrate Excellence Awards Ceremony
    - FISH Talks
    - Fundraising Networking Activity
    - Celebrate AHF Closing Reception

# 2021 Annual Conference – Safety Measures

- Attendees will be masked (Unless fully vaccinated)

- Social distancing

- Signage throughout the space

- Plexi at key areas

- Sanitation stations will be in place throughout

- Reduced exhibit hall (75 total)

- distanced seating in ballroom and concurrent session rooms

## AHF SAFETY PLEDGE

As the world makes every effort to end COVID-19, we want to be sure that we are doing our part in reducing the risk of potential spread to our guests, friends and colleagues. We are greatly looking forward to our August Conference in Dallas, Texas - *safely*. As we prepare to gather we ask that everyone respect and observe our safety pledge by adhering to the *five golden rules* below:

MEET SAFE

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| VACCINATE IF YOU CAN | AVOID ANY TRAVEL IF YOU ARE SICK | ALWAYS WEAR A FACEMASK | WASH & SANITIZE YOUR HANDS FREQUENTLY | RESPECT AND PRACTICE SOCIAL DISTANCING |

AHF

# Scholarships

- AHF Operators are encouraged to apply for an Institutional Scholarships to cover the majority of their registration costs.

- **Don't Forget:** Members can also pay using Real Rewards Café Points and get registration for free.

- Scholarship Application Deadline: July 2, 2021

- Early Bird Deadline: July 16, 2021

# Brand New AHF Website

- Fresh design
- Improved intuitive navigation and menu design
- *New!* Searchable AHF Recipe Index free
- *New!* AHF Career Center
- New! Improved searchable online Resource Library
- Easier access to your classic favorites:
  - AHF Benchmarking Express
  - AHF Self Op Support (SOS) Program
  - Business Partner Directory
  - Online community
  - *So much more!*

Brand new, fresh, design

Easy to find anything you need

# Recipe Index

Q Search...

Showing all 32 results

Default sorting

**SUBMIT RECIPE**

**MEAL TYPE** ^

☐ SALAD
☐ SIDE DISH
☐ SOUP
☐ APPETIZERS + SNACKS
☐ BEVERAGE
☐ BREAD
☐ BREAKFAST
☐ DESSERT
☐ DRESSINGS + SAUCES
☐ ENTRÉE
☐ FISH
☐ MEAT

**DIETARY** ^

☐ GLUTEN-FREE
☐ GVHD DIET
☐ KETO
☐ LACTO VEGETARIAN

"BUNLESS" BURGER BOWL

"SKINNY" WALKING TACO

BLACK BEAN ENCHILADAS (V)

BLACKENED GROUPER FILET SERVED OVER ZOODLES WITH AVOCADO PESTO,

BLACKENED MAHI MAHI WITH SWEET POTATO HASH, JERSEY CORN PUREE & LUMP CRAB MEAT

BULGOLGI BEEF BIBIMBAP

**NEW! AHF Recipe Index**

- Submit recipes for free

- Search of recipes to spice up your menu

- Sort through our Culinary Competition's dishes

- Open access to members and non-members

Searchable Resource Library

**NEW! Searchable Resource Library**

- Easy find resources, templates, documents, and publications

- Sort through AHF's S.O. Connected archive

- Search by keyword

- *Member only resource.*

**NEW! AHF Online Learning Center**

- Watch AHF's past webinars to gain automatic CEU's

- Online learning on demand

## NEW! AHF Career Center

- Easy to post jobs in the industry

- Search for Jobs for free

- Post your resume, or search resumes

- Members post for free, non-members for a minimal fee

# Thank You

Email me at:
lreily@healthcarefoodservice.org

Reach out to AHF Staff Anytime:
info@healthcarefoodservice.org

Register for the Conference Today!
www.AHFconference.org

Soy Free
Meat Free
High in Protein
Low Cholesterol
Sustainable

- **Best in Class**...taste, texture. Non-GMO, **Soy Free**

- **Build** Business with the meat free consumer.

- **Bui**ld Business with the sustainable aware consumer.

# MENU FLEXIBILITY AND A SUSTAINABILITY SOLUTION





| Product | Product Application | Category Versatility |
|---------|---------------------|----------------------|
| Meatless Boneless Wings | Appetizer, Lunch, Dinner, Bar Snack, Kids Meal, Take Out | Sauces, Salads, Sandwiches, Wraps, Fries, Tacos, etc. |
| Meatless Crumbles | Appetizer, Lunch, Dinner, Kids Meal | Pasta Dishes, Salads, Wraps, Pizza, Stews, Chili, Stir Fry, Egg Rolls, Tacos, Etc. |
| Breaded Chik'N Patty | Lunch, Dinner, Take Out | Sandwiches, entrees, fries, fruit, salad |



- **Sustainability** as a menu category provides a very real added benefit as it engages the socially and environmental conscience consumer.
- **You** can be part of the Climate Change Solution **and** operate a successful chain of restaurants

Molly's
Kitchen

# Eating Approach.



| | Meat eater | Flexitarian | Vegetarian | Vegan | Pollotarian | Pescetarian |
|---|---|---|---|---|---|---|
| today | 69% | 14% | 5% | 3% | | 3% |
| tomorrow | 53% | 22% | 8% | 6% | 3% | 6% |
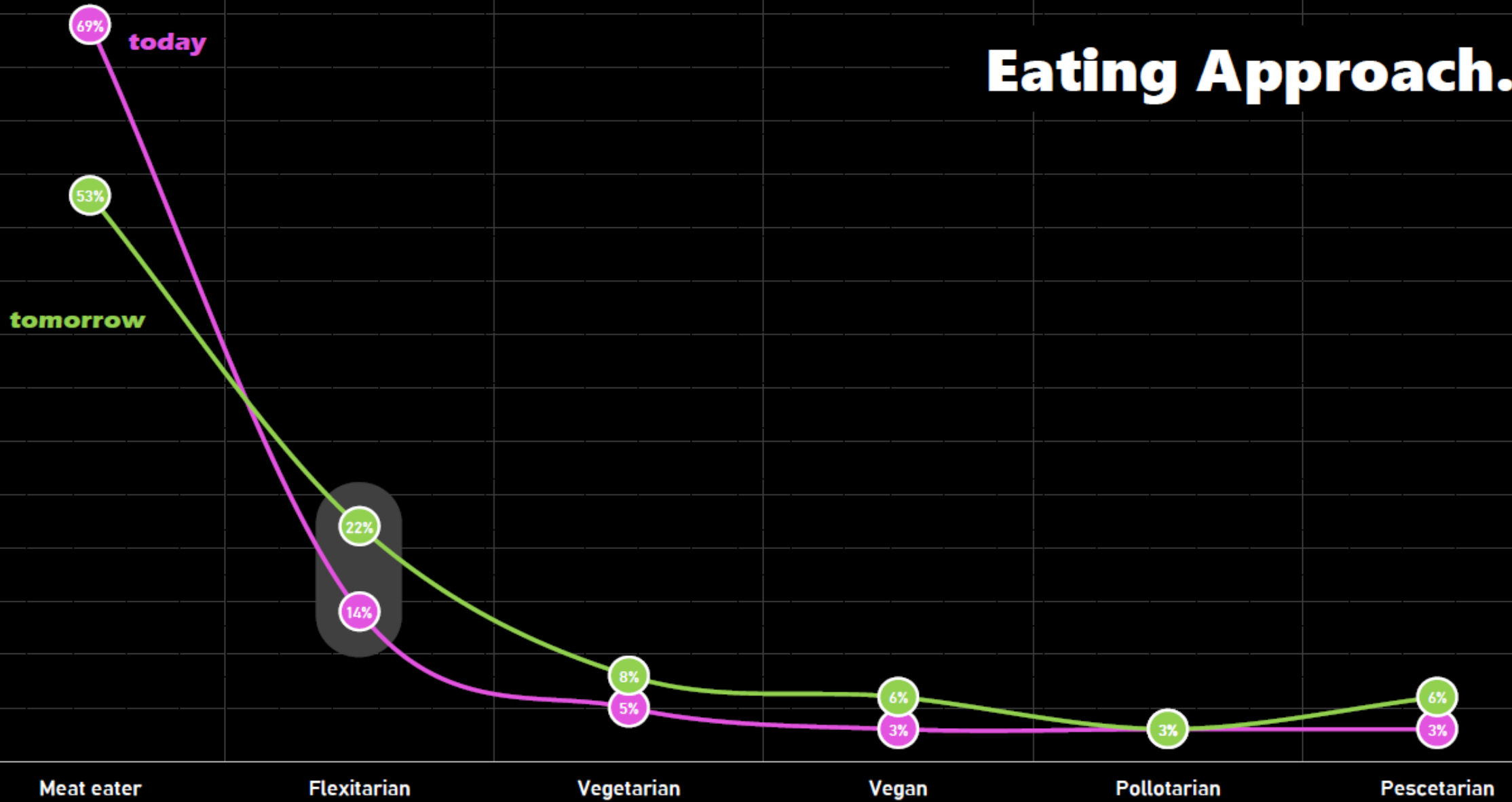
# Sustainability: The Future of Food

- A partnership with Molly's Kitchen is a partnership with an industry Sustainability leader.
- Committed to providing a healthy protein source. We are a visionary leader in alternative proteins for a healthier planet.

**We support the 17 UN SDGS with priority on:**
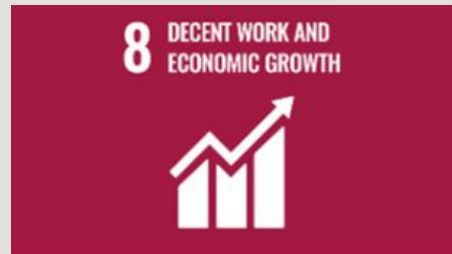
# DAN DAN NOODLES
Total time: 20 minutes | Yield: 4 – 8 oz portions

Ingredients
*   2 Tbsp          canola oil
*   8 oz (2 cups) MK Meatless Crumbles
*   2 tsp           minced garlic
*   2 Tbsp          minced ginger
*   2 Tbsp          rice wine
*   1 cup           veggie stock
*   2 Tbsp          Chinese sesame paste (or tahini)
*   2 Tbsp          soy sauce
*   2 Tbsp          hoisin sauce
*   2 Tbsp          sugar
*   12 oz           pre-cooked egg noodles, Wing Hing brand



Preparation
*   Heat the oil in a large skillet or wok, add the MK Meatless Crumbles and cook until heated through
*   Add the garlic and ginger and cook for another minute or two
*   In a separate bowl, combine the remaining ingredients except the noodles. Blend until evenly incorporated, add to the wok. When boiling, reduce to a simmer and cook another 5 minutes
*   Add the noodles and cook for another 2 minutes
*   Transfer to steam table for service

Molly's
Kitchen

# COUNTRY MEATLESS CHICKEN MADEIRA

Total time: 20 minutes | Yield:  4 servings

## Ingredients

- 4 each        MK Breaded Chik'N Patties
- 2 Tbsp        canola oil
- 4 Tbsp        minced shallots
- 4 cups        sliced mushrooms
- ¼ tsp         salt
- ¼ tsp         black pepper
- 2 oz          fresh squeezed lemon juice
- ½  cup        Madeira wine for cooking
- 1 Tbsp        veggie base (or the amount equal to make 1 cup of stock)
- 6 oz          sliced brie cheese

## Preparation

- Cook the MK Breaded Chik'N Patties in the oven according to the instructions
- Heat the oil in a large skillet, add the shallots and mushrooms, season with salt and pepper and cook until tender
- Add the lemon juice and reduce to about ½ oz
- Add the cooking wine and veggie base and cook until reduced to about 2 oz
- Transfer to steam table for service
- To serve, melt 1-1/2 oz brie cheese on 1 patty and top with ¼ cup of the mushroom mixture

Molly's
Kitchen

# KOREAN BBQ BANH MI TACOS

Total time: 20 minutes | Yield:  8 tacos

## Ingredients

- 8 each          MK Meatless Boneless Wings
- ½ cup           Kogi Brand Korean BBQ Sauce, heated
- 8 each          6" flour tortillas
- 1 cup           thinly slice red onions
- 1 cup           shredded carrots
- 1 cup           thinly sliced cucumbers
- 2 Tbsp          thinly sliced Red Fresno pepper
- 1 cup           rice wine vinegar
- 2 Tbsp          sugar
- 2 tsp           salt

## Preparation

- Cook the MK Meatless Boneless Wings according to the instructions
- Toss the cooked wings in the bbq sauce, and transfer to hot hold for service
- In a sauce pot heat the rice wine vinegar, sugar and salt until it just comes to a boil, then remove from the heat and allow to cool to ambient temperature
- In a bowl, toss the onions, carrots, cucumbers, and red peppers with the vinegar mixture and chill
- For service, cut 1 of the glazed wings in half, placed in a warm tortilla, and top with 1 oz of the onion-carrot slaw.

Molly's™ Kitchen
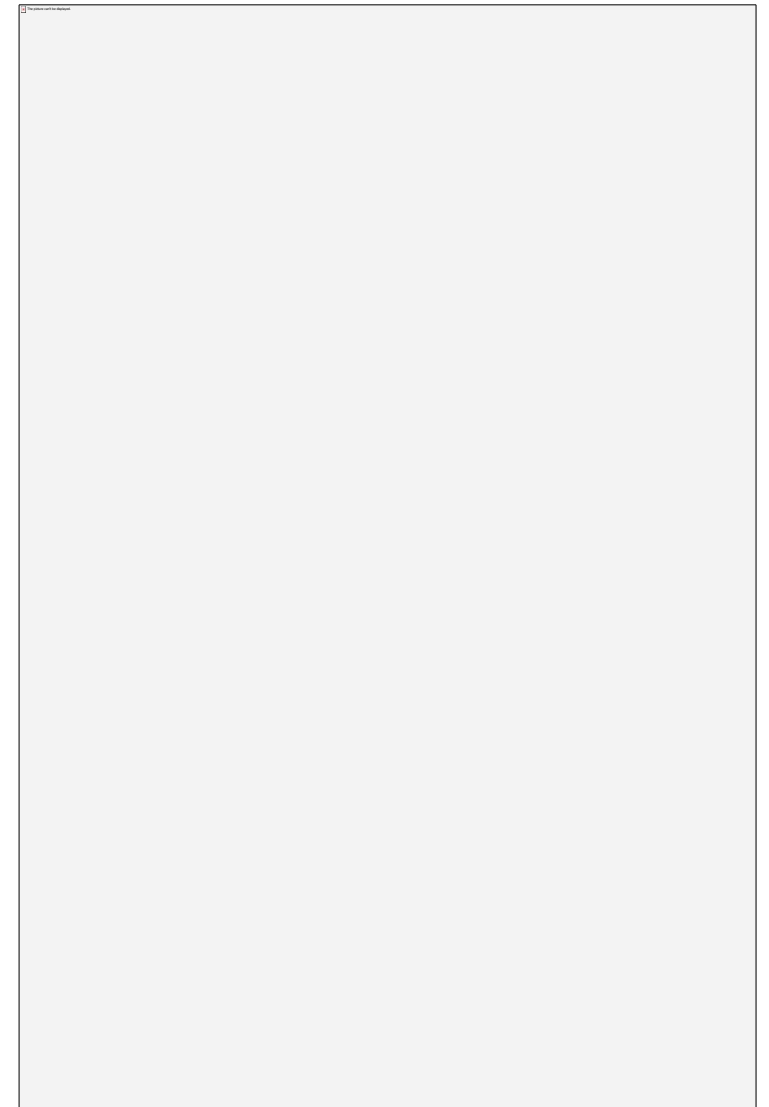
# Telehealth: Using Technology to Deliver Medical Nutrition Therapy

Michelle Myers, MS, RD, CSO, CDN and Christina Stella, MS, RD, CDE, CDN

**Memorial Sloan Kettering Cancer Center**

# Learning Objectives

**1**

Define telehealth services and its history and understand the benefits in a nutrition setting.

**2**

Understand key requirements such as equipment, electronics, virtual platform and licensure when practicing telehealth.

**3**

Discuss techniques for patient engagement in virtual sessions and methods to assess patients learning.

# Implementing Tele-nutrition at MSKCC

- How did MSKCC implement telehealth consultations with Registered Dietitian Nutritionists

  - Partnered
  - Trained
  - Piloted
  - Rolled out

Rollout period

34 tele-nutrition consults

July–Oct. 2020

Oct. 2020- Present

360 tele-nutrition consults

**increased by** 95%
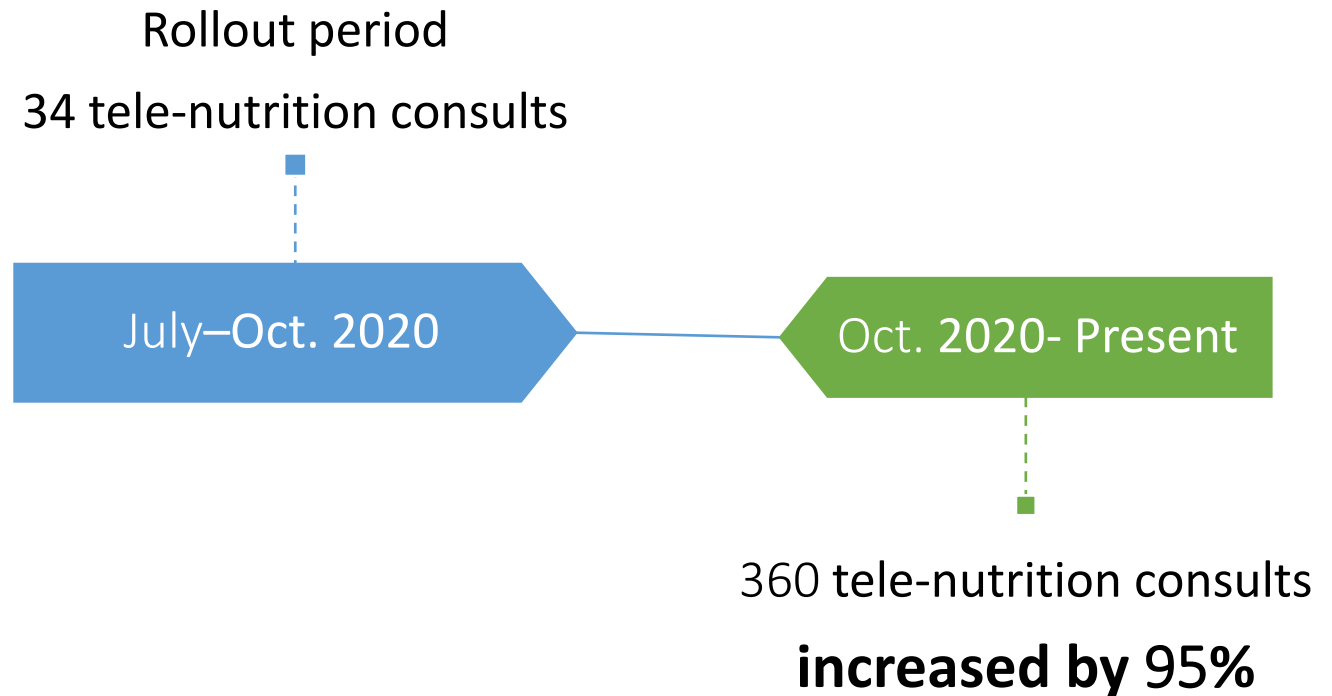
# Objective 1:
Define telehealth services and its history and understand the benefits in a nutrition setting

# Telehealth vs. Telemedicine

- **Telehealth**:  is the use of electronic information and telecommunications technologies to support long-distance clinical health care, health-related education, public health and health administration

- **Telemedicine**: is the diagnosis and treatment of patients by means of telecommunications technology

**Interchangeable?**

# Tele-nutrition

- The interactive use, by a RD/RDN, of electronic information and telecommunications technologies to implement the Nutrition Care Process (NCP):

  - Nutrition assessment
  - Nutrition diagnosis
  - Nutrition intervention/plan of care
  - Nutrition monitoring and evaluation

- With patients or clients at a remote location, within the provision of their state licensure as applicable

# Past & Present of Telehealth

- **Question for the audience:**
  - **Provide an example of how telehealth was performed before the advent and inclusion of phones, computers, and the internet in the provision of patient care and telehealth**

# Past & Present of Telehealth

500 B.C

1760 – 1840 Industrial Revolution

1860 – 1865 Civil War

1960'S NASA

1990'S Secondary Information Age

1993 Medical Subject Heading

2000'S to now
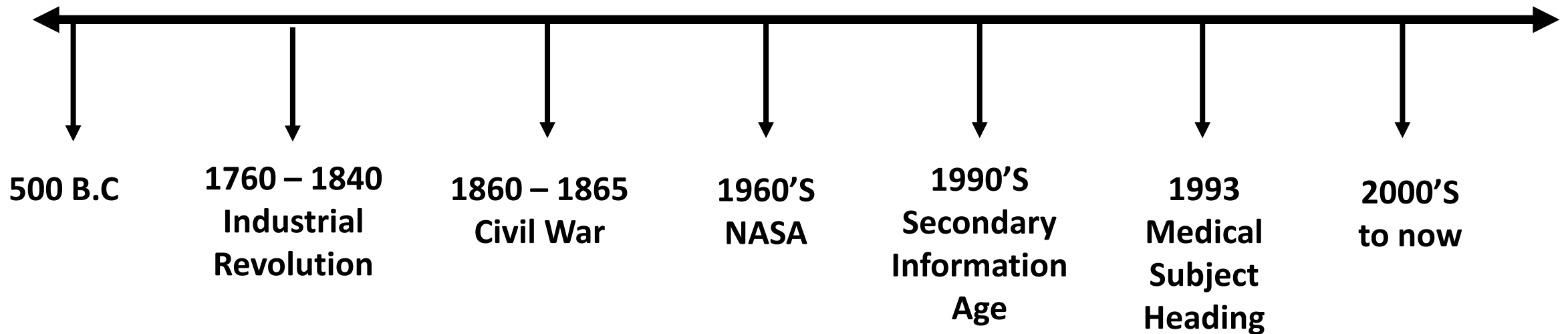
**What does Telehealth and Telemedicine look like now?**

Kichloo, et al. Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA. *Fam Med Com Health.* 2020; 8: 1-9.

# Past & Present of Telehealth

**Percent of Hospitals fully or partially implementing video or other technology to connect with patients for the provision of medical care**



Fact Sheet: Telehealth . Fact Sheet: Telehealth- AHA American Hospital Association . https://www.aha.org/factsheet/telehealth. Published February 2019. Accessed June 14, 2021.
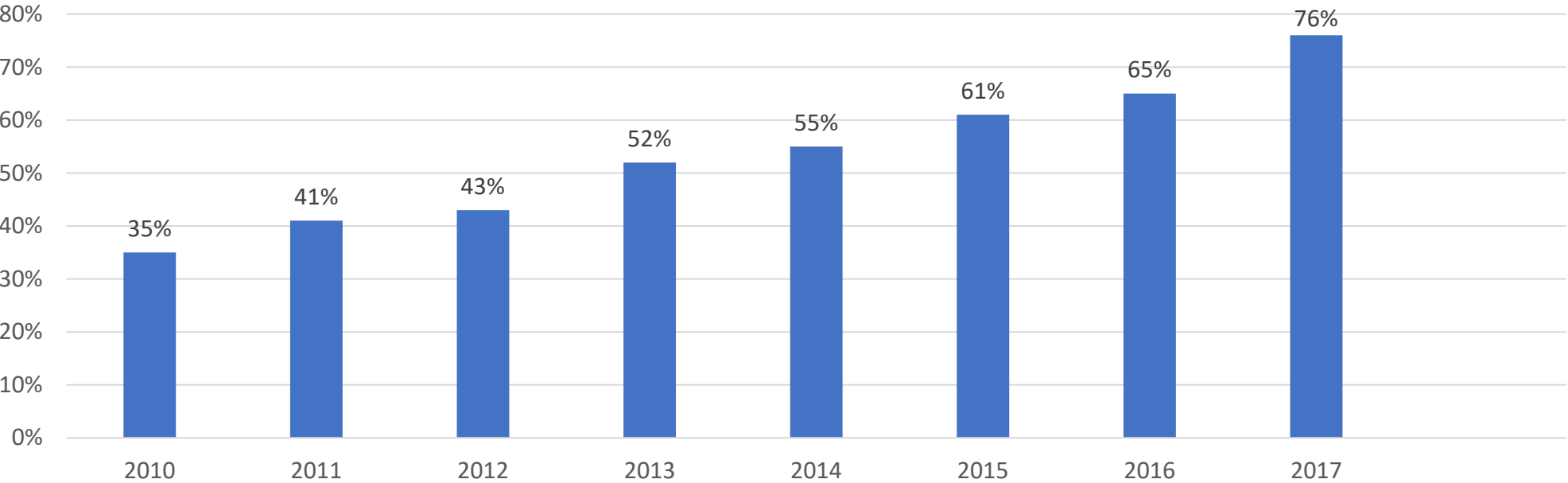
# Past & Present of Telehealth

**Centers for Disease Control & Prevention**

telehealth  appointments Jan 2020 through  the second week of March 2020: **1.6 million MOR**E compared to the year prior

**January 2020–March 2020**

**March 2020**

The last two weeks of March 2020 alone:  ↑ 154% compared to same weeks in 2019

**Centers for Medicare & Medicaid**

- January 2020 - June 2020 : 34.5 million telehealth appointments

- Represents > 2,000% ↑  in appointments

Koonin, et al. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020. *MMWR Morb Mortal Wkly Rep.* 2020; 69:1595-1599.

# Past & Present of Telehealth

- From April to May 2020 The Academy of Nutrition and Dietetics (AND) assessed measured change in dietitians use of telehealth to deliver nutrition care
  - 54 question survey was completed by 2,198 eligible Dietitian Nutritionists where they answered questions about demographics, highest degree of education, years in practice, and experience providing nutrition care via telehealth
    - 65% AND members
    - Majority (53%) Masters prepared Dietitians
    - Median years of experience = 15
    - 67% practice clinical nutrition

Rozga, et al. Telehealth During the COVID-19 Pandemic: A Cross-Sectional Survey of Registered Dietitian Nutritionists. *J Acad Nutr Diet.* 2021: S2212-2216.

# Past & Present of Telehealth

- Respondents also noted:
  - Telehealth was used most often for individual care

  - Most often Dietitians used both phone and audiovisual

  - Food and nutrition related history was assessed most frequently via telehealth

| | Provided Nutrition Care via telehealth prior to the COVID19 pandemic | Currently providing Nutrition Care via telehealth |
|---|---|---|
| Yes | 37.4% | 78.2% |
| No | 62.6% | 21.8% |

Rozga, et al. Telehealth During the COVID-19 Pandemic: A Cross-Sectional Survey of Registered Dietitian Nutritionists. *J Acad Nutr Diet.* 2021: S2212-2216.

# Past & Present of Telehealth

Registered Dietitians Nutritionist were surveyed to assess current telehealth practice

68% of dietitians who had access to telehealth technology used this method either daily or weekly for nutrition consults

Telehealth was used most often for nutrition education (84%)

Dietitians indicated they want telehealth as an option for future care

Zozula, et al. Telehealth in Dietetic Practice Current Use and Considerations for Future Applications. *Top Clin Nutr.* 2021: 36; 137-146
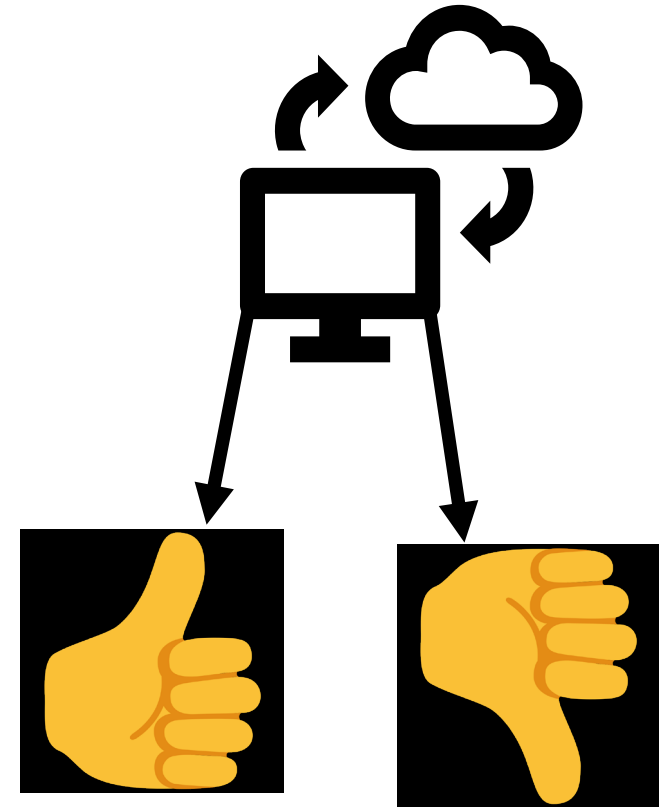
# Telenutrition in Action

- Studies in patients with diabetes demonstrate telehealth to be an effective strategy for improving glycemic control

| | Study #1 Rasmussen et al. (2016) | Study #2 Sood et al. (2018) |
|---|---|---|
| **A1c** | ↓ (p – Value 0.016) | ↓ |
| **Glucose** | ↓ (p – Value 0.015) | N/A |
| **LDL** | ↓ | ↓ |
| **Blood Pressure (systolic/diastolic)** | ↑ | ↑ |

Rasmussen, et al. Telemedicine compared with standard care in type 2 diabetes mellitus: a randomized control trial in an outpatient clinic. *J Telemed Telecare.* 2016: 22; 363-368.
Sood, et al. Telemedicine consultation for patients with diabetes mellitus: a cluster randimised trial. *J Telemed Telecare.* 2018: 24; 385.391.

# Telenutrition in Action

- Telehealth improved diabetes indicator, was it as successful in weight loss studies?

Table 2. Primary and secondary outcomes variables at baseline, week 6 and week 12 by

| Outcome | Week | Telenutrition Intervention | Enhanced Usual Care | p-V | |
|---|---|---|---|---|---|
| | | | | Group | Time |
| eight, kg | Baseline | 114.9 ± 20.6 | 115.6 ± 21.8 | 0.997 | <0.000 |
| | Week 6 | 109.3 ± 18.8 | 112.4 ± 20.8 | | |
| | Week 12 | 106.6 ± 19.0 | 110.6 ± 20.4 | | |
| Waist umference, cm | Baseline | 123.5 ± 12.9 | 125.8 ± 13.2 | 0.605 | <0.000 |
| | Week 6 | 119.0 ± 12.0 | 123.3 ± 13.4 | | |
| | Week 12 | 116.7 ± 12.4 | 121.3 ± 13.9 | | |
| dy Fat, % | Baseline | 38.2 ± 4.9 | 39.6 ± 4.7 | 0.297 | <0.000 |
| | Week 6 | 36.6 ± 5.0 | 38.5 ± 5.4 | | |
| | Week 12 | 35.7 ± 5.3 | 37.7 ± 6.1 | | |
| gy intake, kcal | Baseline | 2194.1 ± 578.2 | 2138.3 ± 623.7 | 0.399 | 0.0001 |
| | Week 6 | 1677.8 ± 462.9 | 1665.3 ± 553.2 | | |
| | Week 12 | 1593.9 ± 424.3 | 1693.3 ± 480.8 | | |
| t quality, 0–100 | Baseline | 51.0 ± 10.9 | 51.1 ± 14.0 | 0.629 | <0.000 |
| | Week 6 | 70.6 ± 14.3 | 61.2 ± 15.6 | | |
| | Week 12 | 71.3 ± 13.9 | 63.9 ± 14.8 | | |

Values are means ± standard deviations.

Marra, et al. A Pilot Randomized Contrial of Weight Loss Intervention in Middle-aged and Older Men with Multiple Risk Factor for Cardiovascular Disease. *Nutrients.* 2019: 11; 219 – 231.

Objective:
Understand key requirements such as equipment, electronics, virtual platform and licensure when practicing  telehealth.

# Staying HIPPA Compliant

- HIPPA Security Rule – privacy & security expected to be met anytime PHI is received, transmitted, or stored
  - Same HIPAA requirements for in-person visits apply to telemedicine
  - What are those requirements?

- COVID 19 ➔ Emergency Declaration Blanket Waivers for Health Care Provider
  - What changed?

**Security** ✚ **Privacy** ═ 

Ashley, Ruth C. Telemedicine: Legal, ethical, liability considerations.. *J Acad Nutr Diet.*   2002: 102; 267-270.
Peregrin, T. Telehealth is Transforming Health Care: What You Need to Know to Pracitice Telenutrition. *J Acad Nutr Diet.* 2019: 111: 2212-2216.

# Staying HIPAA Compliant

| HOW YOU CAN MAINTAIN HIPAA COMPLIANCE | HOW YOU CAN UNINTENTIONALLY VIOLATE HIPAA COMPLIANCE |
|---|---|
| • Encrypt all electronic file securely<br><br>• Learn differences in secure and non-secure modes of communication<br><br>• Adopt HIPAA compliant platforms before initiation of telehealth<br><br>• Develop security systems to monitor and react to breaches<br><br>• Confirm how third party associated vendors are approaching privacy and security in writing<br><br>• Obtain informed consent from patients | • Avoid unsecure communications i.e. using text messaging*<br><br>• Avoid external messaging i.e.. using personal accounts<br><br>• Enforce unique office credentials<br><br>• Not providing privacy training i.e. mandatory learning |

Ashley,  Ruth C. Telemedicine: legal, ethics, liability consideration. *J Acad Nutr Diet. 2002: 102; 267-270.*

Peregrin, T.  Telehealth is Transforming Health Care: What You Need to Know to Practice. *J Acad Nutr Diet.* 2019: 111; 2212-2216.

# Equipment, Electronics, Virtual Platform

- Basic requirements
- Private space
- Home Wifi
- Computer or smartphone with camera
- Headset (as needed)
- Access to EMR
- HIPPA Compliant Virtual Platform

## Platform Selection:
## Non-public Facing Communications Technology to Provide Services via Telehealth

*Under Medicare, RDNs may temporarily use popular applications that allow for video chats. RDNs should notify patients that these third-party applications potentially introduce privacy risks. Take all steps to use available encryption and privacy modes when using the following applications.*

These include:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Whatsapp video chat
- Zoom
- Skype

## Platform Selection:
## Non-public Facing Communications Technology to Provide Services via Telehealth

Text messaging may temporarily be used to communicate with patients:

- Signal
- Jabber
- Facebook Messenger
- Google Hangouts
- Whatsapp
- iMessage

# Platforms to Avoid

The following applications **should not be used** as they are public facing:

- Facebook Live
- Twitch
- TikTok and similar video communication
- Chat rooms such as Slack
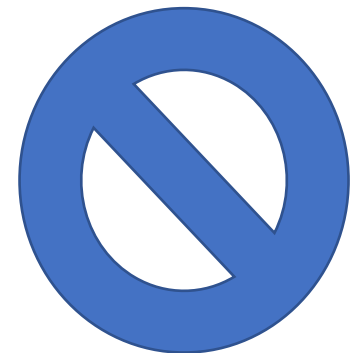
# Platform Selection: HIPPA Compliant Vendors

MNT via telehealth beyond the time frame of the public health crisis will want to identify a telehealth platform that meets standard HIPAA and payer requirements. Approved Vendors:

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger

# Licensure Requirements

- RDs or RDNs in states without licensure laws must be credentialed and privileged by the traditional route, by each hospital in which they practice.

- Practitioners providing patient care services in other states must be licensed and/or meet other applicable standards that are required by state or local laws in both the state where the practitioner is located and the state where the patient is located

# Interactive Licensure Map (AND)
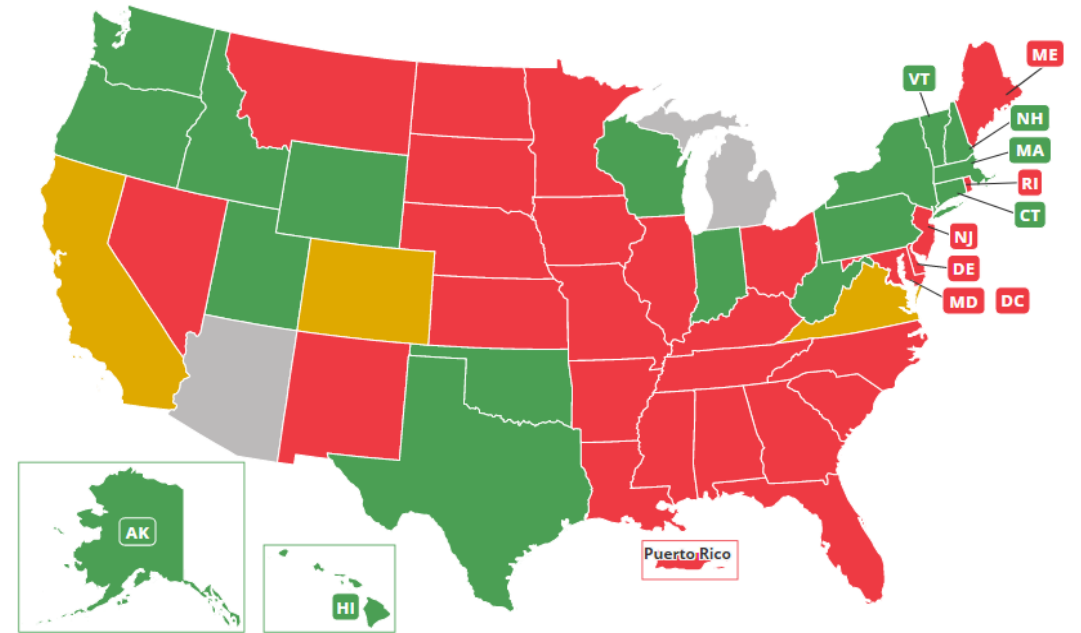


## Legend

| | |
|---|---|
| ⬜ | No Licensure of Practice or Title |
| 🟥 | Practice Exclusivity |
| 🟩 | Licensure of Title Only or Certification of RDNs |
| 🟨 | Title Protection Without Formal State Regulation |

https://www.eatrightpro.org/advocacy/licensure/licensure-map

**New York**

- Practice Exclusivity: No
- Titles Protected: certified dietitian, certified dietician, certified nutritionist
- Board/Agency Website
- Statute
- Regulation

Exceptions ⓘ

- Certification, but no exceptions
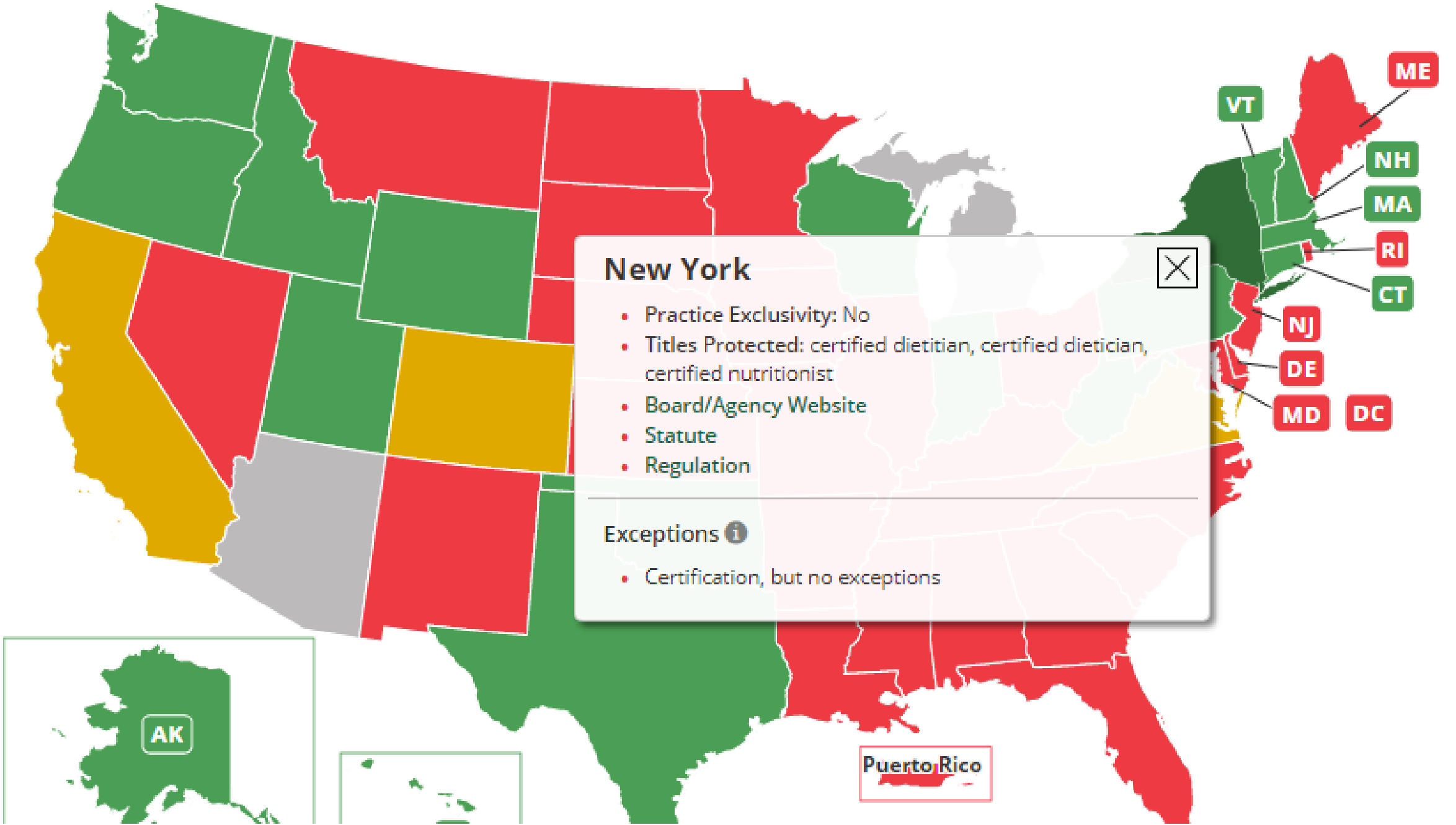
Objective:
Discuss techniques for patient engagement in virtual sessions and methods to assess patients learning.

# Pros of Telenutrition

- Patient and provider satisfaction
- Conduct from safety of home
- Decrease travel time
- A new revenue base for business
- RDN can work from anywhere

# Telenutrition: Patient Satisfaction

- Hilgart et al.  found common factors of satisfaction with technology, education and information provided, communication and avoidance of patient travel. Similarly, Kruse et al.  identified common factors of patient satisfaction related to health outcomes, modality use and preference, low cost and communication.

- Telehealth also appears to enhance communication and engagement between health care providers and patients and their caregivers, especially through real-time videoconferencing.

Orlando, J. F., Beard, M., & Kumar, S. (2019). Systematic review of patient and caregivers' satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients' health. PloS one, 14(8)

# Effectiveness of Telenutrition?

- RCT, telenutrition (intervention) group versus enhanced usual care group

- Participants from both groups received an individualized caloric goals, education materials, SMART goals.

- Weight loss measured at 0, 6, 12 weeks. Both lost similar weight (percentage)

- **Conclusion tele-delivered programs prescribed for weight loss can yield similar results to in-person and technology-delivered interventions.**

Ventura Marra M, Lilly CL, Nelson KR., Woofter R. (2019). A pilot randomized controlled trial of a telenutrition weight loss intervention in middle-aged and older men with multiple risk factors for cardiovascular disease. Nutrients, 11(2), 229.

# Cons of Telenutition

No-shows

Requires large amount of support staff

Can be less personal than face to face contact

Technology issues (internet, platform issues)

# Limitations of Telehealth

- Access to technology, such as available high-speed broadband service or wireless networks, is critical to successful telehealth implementation. It is not surprising that slow internet connection and poor connection to wireless networks negatively impacts communication between health care providers and patients during telehealth visits.

-  Although three-quarters of US adults have broadband internet service at home, this service is not evenly distributed among racial minorities, older adults, rural residents, and those with lower levels of education and income less likely to have broadband service at home.

-  The COVID-19 pandemic has highlighted this digital divide

Internet/broadband fact sheet. Pew Research Center. https://www.pewresearch.org/internet/fact-sheet/internet-broadband/ Published June 12, 2019.

Almathami HY,  Win KT,  Vlahu-Gjorgievska E. (2020). Barriers and facilitators that influence telemedicine-based, real-time, online consultation at patients' homes: systematic literature review. *Journal of medical Internet research*, *22*(2), e16407.

# Limitations of Telehealth

- Other frequently cited barriers to telehealth use include:
    - health provider and patient acceptance
    - reimbursement
    - regulatory barriers
- How can these be fixed?
    - Prior training and use of familiar technology leads to better acceptance by both patients and providers

Hassan A, Khader Y,  Win KT,  Vlahu-Gjorgievska E (2020). Barriers and facilitators that influence telemedicine-based, real-time, online consultation at patients' homes: systematic literature review. Journal of medical Internet research 22.2

Knotowicz H., Haas A., Coe S., Furuta G.T., Mehta P. Opportunities for innovation and improved care using telehealth for nutritional interventions. *Gastroenterology*. 2019;157(3):594–597.

# Steps to a Successful Televisit

| | | | | |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |
| Establish the Clinician-Patient Relationship/ Create Rapport | Set the Agenda | Respond Empathically to Emotions | Deliver the Information | End the televisit |

# Communicating Effectively: General Tips

- Before every appointment: make sure your camera and microphone are working properly ; make sure your face is clearly in view of the camera and that you are looking directly into the camera; ensure you have a private, quiet space to conduct visit ; use light in front of your face so patients can see you better.

- Prior to apt, check for any special considerations (I.e., need for translator)

- Be mindful of your facial expressions —patients may rely heavily on your facial expressions and non-verbal cues, more so than they would during an in-person visit.

- Avoid using medical jargon and use plain language whenever possible.

# Implications for the future

*While telehealth does not replace face-to-face appointments, it does offer an alternative mode of service delivery that when integrated into an established service (I.e., nutrition) could form part of patient choice when clinically safe and appropriate.*

Questions?