

**RURAL & COMMUNITY HEALTH RURAL & COMMUNITY HEALTH TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER** TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

# Contents

Mission & Vision	1
Letter from the Director	2
Serving West Texas	4
Administration	5
InHT	6
T-CORE	14
$R^2DM$	20
Funding in 2019-20	22
Scholarly Activity	24



# F. Marie Hall Institute for **Rural and Community Health**

## **MISSION & VISION**

The F. Marie Hall Institute for Rural and Community Health exists to work in close collaboration with the people of West Texas for the advancement of health through innovative and scholarly research, the advanced use of technology, comprehensive education and community outreach.



F. MARIE HALL

MOTTO: We focus our imagination, our talents and our energy to improve the health and well-being of the people and communities of West Texas and beyond.

# Letter from the Director

hen we started this year in the F. Marie

us could have foreseen what we

have experienced. Who could

have seen the COVID-19 pan-

Rural and Community Health

read this annual report, keep

in mind that unlike any of the

other annual reports, this one

demic? I have been asked what

is the F. Marie Hall Institute for

doing about such things? As you



has been produced solely from DR. BILLY U. PHILIPS, JR. home-based, well-equipped offices. That's how we have been working this year and will likely work into next year. It is very possible that we will work in a hybrid of home-based and building-based offices.

Being trained as an epidemiologist and having worked in public health most of my career, my first priority this year was to protect our people. About this time last year, while we were all blissfully unaware of what would hit the news right after the holidays, I began to read all that I could find in early January, still not thinking or imagining anything like what we have experienced. I called some old friends at the CDC and they did not reassure me. They did tell me the best protection was to isolate everyone I could from community spread. By then we were seeing the virus sicken people in many other countries and then in New York City. You watched, as we did, the rise of cases across the U.S. from the coasts to the plains. Our management team discussed practicing working from home and we learned many lessons that prepared us for how we have worked these last twelve

There were new etiquettes to learn as we began work in a virtual world. We guickly realized we would need to convert

almost all in-person work to virtual means. That meant that we, who regularly traveled West Texas and the rural-most areas, had to do things like convert the Frontiers in Telemedicine Course to a solely virtual platform, hold board meetings for our AHEC network online, and convert research to the new reality of trying to build models that would predict disease spread patterns, the need for hospital beds, PPE and staff for the mounting numbers of sick. We quickly realized that to work efficiently we had to move away from laptops to full-desktop systems with 24-inch monitor screens, printers, scanners and the like. Comfortable chairs and ergonomics got to be very important. We discovered that bandwidth is a bigger problem out west and in rural areas than we had realized. Yet we made the transition and we have found economies of scale in so doing.

There were many surprises along the way. None of us could have imagined how Telehealth and Telemedicine would become a dominant means of delivering routine care to keep healthy people out of our clinic buildings. At one point, almost 25% of the Texas Tech Physicians visits were done virtually. Our TRC staff became highly sought members battling the virus. We quickly brought in supplemental federal funds amounting to almost \$1 million to help expand our reach, our efficiency and to support all manner of innovations like deploying a robot to a nursing home to see if we could limit exposure to health care providers and connect patients with loved ones. We called just about every local hospital in our rural network to be sure we got them connected with the products of the TTU Engineering School, who built a consortium of community 3D printers; things like PPE, Masks, Gowns, etc.

As we worked, we discovered anew what social beings we are and that virtual work is lonely and isolating. We have found ways to socialize virtually with touch groups or all-staff huddles with no agenda except to "chew the fat." We worked so many extra hours, I began to tell our team to stand down at noon on Fridays to promote and protect

our mental health. We all had to learn new lessons in giving extra measures of grace one to another. So, we have done what we always do, we "hung in there" and we coped and adapted and we became more productive than ever. Morale is good and we face the future with a clear purpose and a new resolve.

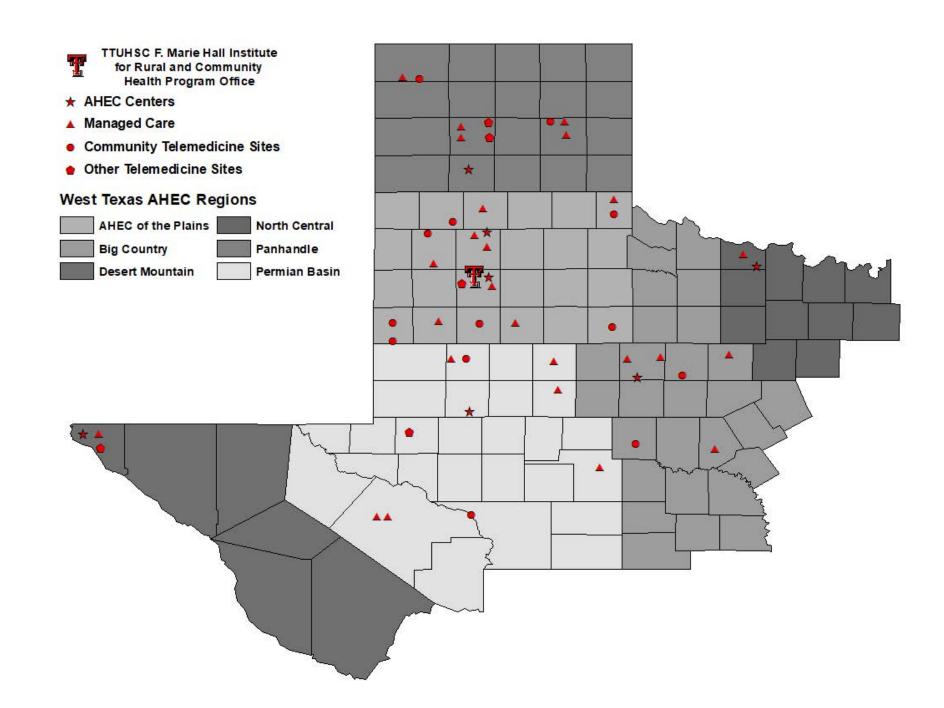
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Our new President, Dr. Lori Rice-Spearman, has taken charge in a very inspiring way. She has a vision for the University that we love, "Transforming Health Care Through Innovation and Collaboration," and a key strategy is Comprehensive Telehealth. We are delighted at that as we have labored for years toward the widescale adoption of telehealth in practice, in curricula and in our culture. As this annual report illustrates we are well along in furthering that strategy with new collaborators that we think will produce very transformative innovations.

I can't help but recall Charles Dickens' famous opening to A Tale of Two Cities, since it is such an apt description of 2020. "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair."

The last line of that book is less well-known yet just as prophetic: "It is a far, far better thing that I do, than I have ever done, it is a far, far better rest that I go to than I have ever known." We hope that is so as we move toward the close of

~ Dr. Billy U. Philips, Jr.



# **Serving West Texas**

Why is it so crucial for the state to be concerned tion, including some of the world's largest cattle feedlots. West Texas contributes and the people who make it all nent source of agriculture for the country. possible.

fiber. West Texas is home to major beef and pork produc- statistics to create real-world rural health solutions.

with health care across this rural and remote half of the We have some of the top producing oil and gas fields in state? The answer lies within the vast resources that the nation as well, and the region also serves as a promi-

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

The Texas Tech University Health Sciences Center is cen-West Texas plays a significant role in the daily lives of tered in the midst of this perfect rural research environment most Americans as a primary source of food, fuel, and and is uniquely situated to lead efforts that go beyond

## **OUR FOCUS**

health training, health IT support, practice management, clinical quality

coaching and network

improvement support.

Coordination of pipeline activities to recruit and engage students to enter the health care workforce and practice in rural West Texas.

BEHAVIORAL HEALTH

Behavioral health counseling, triage, intervention and referral for West Texas public school students via LPCs and telemedicine.

# **Administration Staff**











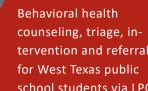












# Innovations in Healthcare Technology (InHT)



nHT assists healthcare providers and hospitals in modernizing their organizations with the use of certified electronic health records (EHRs) and telehealth technology. Because of its work in assisting providers and hospitals in implementing certified EHRs, InHT continues to be recognized as experts in the field and are called upon to provide technical support and health care expertise to individuals across the region.

Currently, of the 108 counties in the TTUHSC service region, 20 have no practicing physician and 11 have no physician, nurse practitioner, or physician's assistant. Outside the seven urban centers – Lubbock, Amarillo, Midland/Odessa, El Paso, Wichita Falls, San Angelo, and Abilene – there are few, if any, specialty providers, resulting in many patients having to travel to seek medical care. InHT addresses these access barriers related to distance through its Telemedicine department, yielding better quality patient care that meets the local needs of rural and urban communities that are great distances from specialists and other kinds of providers. Telemedicine has expanding innovations in several areas including: Rural Telemedicine; Correctional Telemedicine; Mental Health Services; HIV Services in Abilene; EMS Trauma Point of Care Telemedicine Services; Telehealth Resource Center servicing Texas and Louisiana Telemedicine Services; and our state of the art Frontiers in Telemedicine Training Laboratory.

# **InHT Staff**











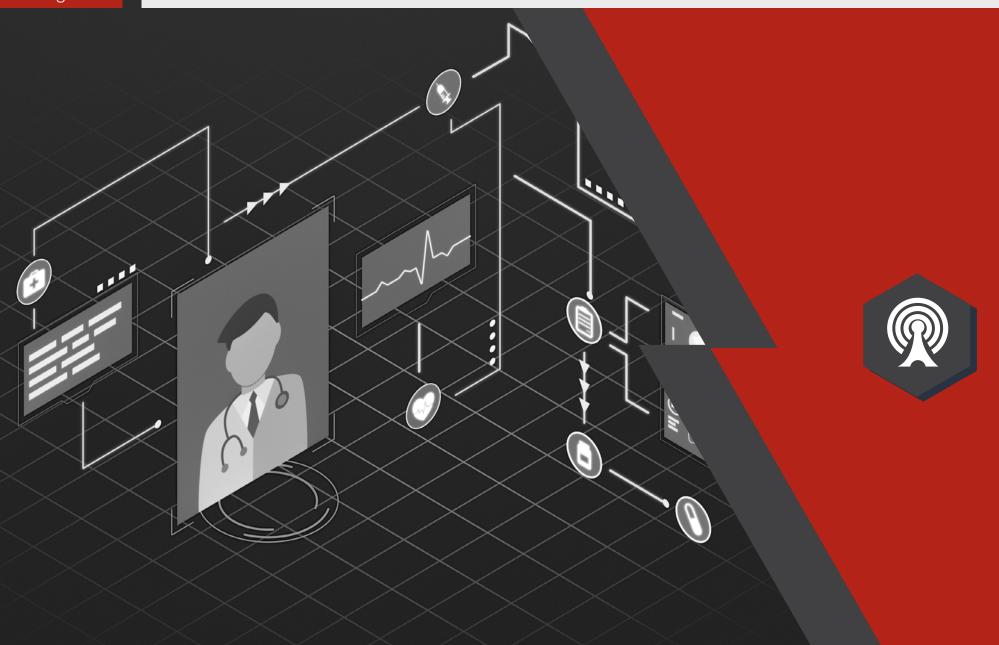








InHT STAFF ( LEFT TO RIGHT): Cameron Onks, Program Manager; Kelly Munoz, InHIT Program Manager; Max Richards, Technology Manager; Becky Bounds, TexLa Program Manager; Laura Lappe, Telemedicine Project Manager; Frances Quintero, FIT Program Manager; Sharon Rose, EMS Project Manager; Lisa Wynn, Administrative Assistant.



# **Telemedicine in West Texas**

he Texas Tech University Health Sciences Center (TTUHSC) Telemedicine Program continues to bridge access barriers across West Texas.

The TTUHSC Telemedicine Program provides patient services including rural health clinic-based specialty care, school-based clinic primary care, correctional telemedicine, and mental health services, including a school-based triage and referral project and an HIV+ clinic for uninsured and underserved patients.

Telemedicine encounters for FY 2019-20 included the following:

**1,356** Total Patient Encounters\*

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

- **1,012** Correctional Patient Encounters
- **249** Community Patient Encounters
- 95 Infectious Disease Clinic Patient Encounters

The telemedicine program at Texas Tech University Health Sciences Center has been recognized nationally through several distinctions and honors.

In FY 2019-20, Telemedicine facilitated all patient encounters for telemedicine clinics in Correctional Managed Care, as well as trained Managed Care staff to provide telemedicine clinic support. Telemedicine equipment has been deployed to launch the TTUHSC Family Medicine Residency Telemedicine clinic in Midland/ Odessa, and the program also provided camera equipment to support serviuces at the TTUHSC School of Medicine when in-person services were restricted due to COVID-19.

Looking ahead, the TTUHSC Telemedicine program will continue to create awareness of telemedicine programs and the use of technology in medical practice among local physicians, administrators, and health service providers, as well as in surrounding areas. Awareness includes the advancements of telemedicine and other technologies, improvements in reliability, simplicity of equipment/software use and the potential that exists to expand telemedicine to West Texas communities and beyond, seeking help to overcome barriers to care and increase access to health services.

# Frontiers in Telemedicine (FIT)

he Frontiers in Telemedicine Course was launched in 2016 as a unique program to train clinical staff about telemedicine. Today, students complete hands-on simulation center training, online modules, and objective structured clinical examinations (OSCEs) designed to educate them on telemedicine equipment, procedures, etiquette and ethics. The program also trains licensed health care professionals who desire to be gain a certificate of completion in telemedicine.

After completion of training, students should be able to:

- Demonstrate the basic knowledge of telemedicine and telehealth and define those who could benefit from this technology.
- Demonstrate knowledge of the originating/patient site and distant/provider site, as well as the clinician and staff roles at each one.
- Demonstrate knowledge of the operation of telemedicine technology.
- Demonstrate knowledge of a telemedicine encounter.
- Demonstrate the basic ability to assess a patient in the ambulatory telemedicine setting.
- Demonstrate the utilization of knowledge required to present and manage the patient with a specific problem.
- Demonstrate the application of communication skills in patient and medical team communication.





# **FIT Certificate Course**

The Frontiers in Telemedicine Certificate Course is a unique program that trains clinical staff about telemedicine, including clinical encounters, telemedicine technology, etiquette and ethics, and telemedicine billing.

- 92 providers were trained in the FIT lab in FY 2019-2020
- Developed new curriculum for the High School Telemedicine Course/Telemedicine Tech Course
- Converted in-person FiT Lab content to be available for online learning during COVID-19
- Created the "Online Patient Encounter" module for students to experience a simulated telemedicine encounter in a real-world setting

## TRAINING CLINICAL STAFF



From February 1, 2016, the FIT Lab has trained 390 professionals in Emergency Medicine, Dermatology, Psychiatry, Pediatrics, Internal Medicine, and various Public Health specialties, as well as department chairs from multiple TTUHSC campuses.

# **TexLa Telemedicine Resource Center**

—— he TexLa Telehealth Resource Center is a federally funded program designed to provide technical assistance and resources to new and existing telehealth programs throughout Texas and Louisiana. Nationally, there are a total of 14 TRCs which include 12 regional centers, all with different strengths and regional expertise, and two national centers, one focusing on technology assessment and one on telehealth policy. The TexLa TRC works to eliminate barriers and supports the expansion of telehealth throughout the region.

## **TECHNICAL ASSISTANCE**



CLIENTS ASSISTED IN FY 2019-20

The TRC provides technical assistance to advance telehealth across Texas and Louisiana. Technical assistance describes the information, tools and resources provided addressing such telehealth topics as technology, policy and reimbursement.

## **OUTREACH AND EDUCATION**

OUTREACH

CONTACTS IN

FY 2019-20



The TexLa Telehealth Resource Center reached 3,406 individuals In FY 2019-20 by outreach and education through speaking engagements, workshops, conference exhibits and booths, websites and social media.







## FY 2019-2020

The Next Gen 9-1-1 pilot project connects EMS providers and trauma facilities to provide telemedicine medical services while in the field and in transit. The program recieved \$250,000 in funding for FY 19-20 from the Commission for State Emergency Communications (CSEC). A Final Report was submitted to the Texas Legislature in December 2020.



# FY 2019-2020

The Next Generation 911 project continues to monitor and collect data from 5 rural EMS providers and their community hospitals: Scurry County EMS and Cogdell Memorial Hospital, Medical Arts Hospital EMS and Medical Arts Hospital, Seminole EMS and Seminole Hospital District, Bailey County EMS and Muleshoe Area Medical Center, and Granbury/Hood County EMS and Lake Granbury Medical Center. The project has implemented 3 Regional Trauma Centers: University Medical Center, Covenant Health System Adult ED and Pediatric ED.



# Transforming Communities through Outreach, Recruitment & **Education (T-CORE)**



Education and outreach, youth recruitment and counseling, and community health worker training

he T-CORE division of the Institute encompasses the community outreach arm of TTUHSC programming. In addition to West Texas AHEC — a program that works to reduce health service disparities, health care provider shortages, and barriers to health care access programs under T-CORE include the Community Health Worker Development—Bridge to Excellence Program, the Behavioral Health Workforce Education and Training Program, AHEC Scholars, AHEC Jr. Scholars and the Double T Collegiate Health Service Corps.



CATHERINE HUDSON, MPH EXECUTIVE DIRECTOR OF T-CORE

# T-CORE Staff

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER** 









**RURAL & COMMUNITY HEALTH** 



Area Health Education Centers

he West Texas AHEC program has six regional offices—Canyon, Plainview, Midland, Abilene, El Paso, and Wichita Falls. Goals for the West Texas AHEC program include coordination of pipeline activities to recruit and engage students to enter the health care workforce.

Additionally, the West Texas AHEC Program expands community-based opportunities to increase health professions training capacity, provides community-based clinical training for health professions students through the new AHEC Scholars Program, provides practice entry support, introduces youth to health careers through AHEC Jr Scholars programs, and supports placement and retention of health professionals in high need areas.



West Texas AHEC was successful in addressing health care provider shortages and underrepresented populations in health careersprograms as they placed 158 students in rotations, initiated 28 new youth health service corps (also known as AHEC Jr. Scholar programs) provided health career pipeline education to a total of 1,627 students and supported two Double T collegiate students groups in FY 2019-20.

#### **AHEC Jr. Scholars**

West Texas AHEC implemented a Jr Scholar program in September 2018, targeted at rural schools in an effort to recruit students at the high school level. The goal is to target students who already know they want to pursue a career in health care, regardless of the field of study. Each year each center is charged with recruiting new schools to participate in this program. To date, the centers have recruited 53 schools for a total of 1,627 active participants. This approach yields a greater impact due to the ability to provide resources such as shadowing opportunities, tours of the different health career programs and a curriculum created for future health care professionals.

#### Student Rotations

Rotations were facilitated for 158 health care profession students in our West Texas AHEC region, including rotations for:

- Respiratory (44)
- Nurse Practitioner (9)
- Certified Medical Assisting (79)
- Other (26)



West Texas AHEC's accomplishments for FY 2019-20 included:

- West Texas AHECs Bridge to Excellence CHW Program provided certification training for 26 new CHWs, 13 of which were on the (BHWET) community health worker track.
- 634 students were recruited for the the AHEC Scholars program, implemented on September 1, 2018.

19



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

# Bridge to Excellence

The Bridge to Excellence program provided certification training for 26 new CHWs in FY 2019-20, 13 of which were on the BHWET community health worker track.

he Bridge to Excellence Community Health Worker (CHW) program is a hybrid class consisting of traditional face-to-face classroom in Lubbock coupled with virtual connectivity through telemedicine.

The continuing education offerings were moved to an online platform in an effort to reach CHWs unable to commute to an urban location for their required continuing education hours.



# CHW Graduate Academy



This fiscal year, WTAHEC received supplemental funding from HRSA to provide education in the community about opioid use. Each of the centers hosted a CHW Graduate Academy in their designated region. West Texas AHEC partnered with Texas Overdose Naloxone Initiative (TONI) who provided the opioid expertise. This one-day event provided community health workers with 8 hours of continuing education. The combination of events throughout West Texas garnered 531 participants.

# Research, Reporting & Data Management (R<sup>2</sup>DM)



Research, data collection,
contract and grant assistance,
report preparation and other
communications

<sup>2</sup>DM is a resource within the Institute which supports endeavors throughout the Texas Tech University System as well as the communities within the TTUHSC service area. The R<sup>2</sup>DM supports academic and community-based endeavors by providing information through geomapping and analysis, needs assessments, gathering data for and helping process grant applications, and developing reports, maps and other publications for TTUHSC and Institute special projects. In addition to developing media material and enhancing the Institutes social media presence, R<sup>2</sup>DM produces the Rural Health Quarterly magazine which is available both in print and digital format (www.RHQ.com).



CATHERINE HUDSON, MPH
DIRECTOR FOR RURAL HEALTH
RESEARCH

# R<sup>2</sup>DM Staff



















R2DM STAFF (TOP TO BOTTOM, LEFT TO RIGHT): Miguel Carrasco, Chief Analyst; Debra Curti, Research Associate; Candice Clark, Senior Writer; Mike Penuliar, Lead Analyst; Rhonda Isome, Administrative Assistant; Scott Phillips, Senior Editor.

\$ 452,018

# Grant Applications and Awards

The Institute has six active grants for FY 2019-20.

The Staff Attorney was successful in assisting departments within the Institute in developing and executing a total of 66 contracts during FY 19-20.

The Institute also executed strategic partnerships with hospitals, county governments, and school districts across the TTUHSC service area. For FY19-20, there are 24 active partnerships.

GRANT	START DATE	STATUS	TOTAL
Telehealth Resource Center Grant Program	September 1, 2016	Awarded	\$1,706,250
Behavioral Health Workforce Education	May 8, 2017	Awarded	\$ 484,384
Model State-Supported AHEC (HRSA)	September 1, 2017	Awarded	\$3,099,969
Next Gen 9-1-1 Telemedicine Project	September 1, 2017	Awarded	\$ 1,500,000
AHEC Program - COVID	May 1, 2020	Awarded	\$ 95,455
Coronavirus Telehealth Resource Centers	April 1, 2020	Awarded	\$ 828,571
TOTAL			\$7,714,629

# Funding for FY 2019-20

The Marie Hall Chair in Rural Health	\$ 211,308
Smith/Vela/Patterson Senior Fellowship for Rural Health Research	\$ 154,369
F. Marie Hall Institute for Rural and Community Health	\$2,132,822
STATE APPROPRIATED LINE ITEM FUNDING	
Rural Health Care	\$ 708,482
Rural Health Care West Texas AHEC Program	\$ 708,482 \$1,824,000

Services, and Community Telemedicine Network



# **Scholarly Activity**

### **PUBLICATIONS**

Onks, C. (2020). COVID-19: Telemedicine's Perfect Storm - Rural Health Quarterly Online. http://ruralhealthquarterly.com/home/2020/05/04/covid-19-telemedicines-perfect-storm/

Penuliar, M., Clark, C., Phillips, S., Curti, D., Hudson C., & Philips, B. (2020). Simple COVID-19 Susceptible-Infected-Recovered Model with Social Distancing Levels Across Time: A West Texas Example. Texas Public Health Journal, 72(4).

Penuliar, M., Clark, C., Curti, D., Hudson, C., Philips B. (2020). COVID-19 Growth in Rural versus Urban Counties with Major Universities at the Start of the 2020 Academic Year, medRxiv 2020.11.25.20238642 doi: https://doi.org/10.1101/2020.11.25.20238642

Penuliar, M., Clark, C., Curti, D., Hudson, C., Philips, B. (2020). Universities and COVID-19 Growth at the Start of the 2020 Academic Year. medRxiv 2020.11.25.20238899; doi: https://doi.org/10.1101/ 2020.11.25.20238899

## **PRESENTATIONS**

Bounds, B. (2019). Telemedicine Reimbursement in Presentation, 6.24,2020\* Texas, Texas Pediatric Society, 9.17.2019

Texas Association of Community Health Clinics Conference, 10.23.2019.

Bounds, B. (2019). Telemedicine for Rural Texas and Series, 7.16.2020\* Beyond, National Rural Health Week, University of North Texas, Fort Worth, Texas, 11.21.2019

Bounds, B. (2019). Connect 2019 Telemedicine Panel, Rural Funders Collaborative, Abilene, TX, 12.5.2019

sources for Telehealth. Association of Community Cancer Centers Immuno-Oncology Institute, Dallas, Texas, 12.9.2019

Bounds, B. (2020). Trends in Digital Health/Tele- 8.26.2020\* health, Healthcare Summit 2020: Defining the Future of Healthcare in Our Region, Southwest Healthcare Executives Association. El Paso, TX, 3.6.2020

Penuliar, M., Philips, B., Berk, S., Xu, T., Detoledo, J. (2020). PEC Presentation on SIR COVID Model for Lubbock, 4,17,2020\*

Bounds, B. (2020). Telehealth Opportunities and Challenges, Record of Care Trials and Tribulations, Vizient Low Income Clinic Sample Performance Improvement Network, 4.27.2020\*

Bounds, B. (2020). Telehealth During Challenging

Times, TTUHSC N5353 Nursing Informatics Guest Lecture. 6.23.2020\*

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Penuliar, M., Berk, S., Xu, T. (2020). PEC SIR Modeling

Bounds, B. (2020). Telehealth Billing in Texas and Louisiana, Texas Pediatric Society, 6.30.2020\*

Bounds, B., Irwin, C., Hebert, D. (2020). Telehealth Reimbursement Policy, TexLa TRC Summer Webinar

Bounds, B. (2020). Co-host: COVID-19 and Telehealth Twitter Chat, National Hispanic Medical Association, AARP Sponsored, 8.19.2020\*

Bounds, B. (2020). Ins and Outs of Telehealth, Texas

Bounds, B. (2020), HHS Telehealth Hack. National Consortium of Telehealth Resources Centers Q&A support for Telehealth Reimbursement session,

## STUDENT ENGAGEMENT

#### Ana Garcia

SOM Summer Research Project (2020). Chronic Depression and Prescription Likelihood as a Function of Race and Sex in a

## OFFICES/BOARDS/COMMITTEES

### Billy Philips

#### 2014-Present

Telemedicine Stakeholders Committee, Texas Medical Board

### 2016-Present

Member, Texas Health Improvement Network (THIN) Committee

Member, eHealth Advisory Board, Health and Human Services

### 2017-Present

Member, Statewide Behavioral Health Coordinating Council

### July 2019-Present

Clinical Integration Task Force Committee

### March 2020-Present

Member, West Texas 3D COVID-19 Relief Consortium

#### Sarah Looten

### July 2019-Present

Clinical Integration Task Force Committee

#### March 2020-Present

Member, West Texas 3D COVID-19 Relief Consortium

#### **Dolores Parrish**

### 2020-Present National Member 2016-Present Lubbock Member

Society of Human Resource Management

### 2010-Present

Member, Latin/Hispanic Faculty Staff Assoc.

### Cameron Onks May 2019-Present

TTUHSC Clinical Integration Taskforce: **Operating Policy Workgroup** 

## **Becky Bounds** 2019

TexLa TRC Advisory Committee

#### HB 1697 Work Group

National Consortium of Telehealth Resource Centers.

#### Laura Lappe

#### September 2018-Present

Board Member, Plainview Foundation for Rural Health Advancement

### Catherine Hudson

#### 2001-Present

Member, SOCRA (Board of Directors since 2019)

## 2016-Present

Member, National Rural Health Assoc.

#### 2017-Present

Member, Texas Rural Health Assoc.

#### March 2020-Present

Member, Governor's Emergency/Trauma Advisory Council Injury and Prevention Committee

Member, West Texas 3D COVID-19 Relief Consortium

### August 2019-Present

Administrators

## Estela Salazar

### 2016-Present

Member, Resources United Meeting with South Plains Association of Governments (SPAG)

#### 2017-Present

Member, Behavioral Health Workforce Academic and Community Partnerships Peer Learning Program Member, Larry Combest Community Coalition Member, Veterans Resource Coordination Group

#### 2019-Present

Mental Health First Aid Instructor

Community Health Worker Instructor

## Kelly Munoz

#### 2017-Present

Member, National Council of University Research Administrators (NCURA)

Member, Healthcare Information and Management Systems Society (HIMSS)

Member, National Consortium of Telehealth Resource Centers (NCTRC), Governance Committee

### **Frances Quintero** 2017-Present

Member, Texas Rural Health Association (TRHA)

#### 2018-Present

Member, Health Science Industry Leadership Council-LISD

#### 2020-Present

Member, Health Information and Management Systems Society (HIMSS)

### Denise Lopez

## March 2015-Present

Member, National Council of University Research Administrators (NCURA)

### March 2020-Present

Member, People and Operations Taskforce-TTUHSC

Rose, S. (2019). Telehealth and Telemedicine in Texas,

Bounds, B. (2019). Telemedicine Roundtable: Re- Nurses Asociation. 8.26.2020\*

### National Consortium of Telehealth Resource Centers, Internal Training Committee

#### October 2018-Present

Creating Efficiencies Committee

# Member, Assoc. of Clinical Research Professionals

Member, American Evaluation Assoc.

Member, American Public Health Assoc.

Member, Texas Public Health Assoc.

Member, West Texas 3D COVID-19 Relief Consortium

### Debra Curti

## January 2019-Present

March 2020-Present

# Wendy Bryan

Member, National Council of University Research

