

Telehealth: Clinical, Practical and Legal/Regulatory Implications

Nov. 28, 2017 | NJHA Conference & Event Center, 760 Alexander Rd., Princeton, NJ 08540

Registration | 8:30 a.m.

Member | Free

Program | 9 a.m. – 11:30 a.m.

Non-member | \$49

Seminar | EDU 1792

OVERVIEW:

Join us in an interactive dialogue on telehealth in today's healthcare environment and specifically in New Jersey. This cutting-edge program will discuss clinical, practical, legal, and regulatory issues that hospitals, physicians and other providers face in using telehealth in various settings, including operation of telehealth programs, as well as licensure, reimbursement, medical staff bylaws, liability, and privacy/security. The program will also explore different settings in which telemedicine may be used and issues relevant to those settings, including inpatient, behavioral health, neurological assessments and care, home-based care, and continuing care, with discussion of such used by an expert panel of New Jersey providers using telehealth in various ways. The new (as of July 2017) New Jersey law expressly authorizing telemedicine services in New Jersey will also be discussed and its implications for providers.

TARGET AUDIENCE:

Trustees, CEOs, COOs, CFOs, CMOs, CNOs, chief strategy officers, hospital counsel, compliance officers and physicians and others involved or interested in telehealth.

FACULTY:

Margaret Davino, Esq.
Fox Rothschild, LLP

George H. Kendall, Esq.
Drinker Biddle & Reath, LLP

Faculty/Panelists:

Geoffrey Boyce
Executive Director
In-Sight Telespsychiatry

John J. Halperin, MD
Medical Director
Atlantic Neuroscience Institute

Dr. Robert Rosati
Chair
Connected Health Institute
VP, Data, Research, & Quality
VNA Health Group

Elliot Wilson
Telehealth & Mobility Programs
Virtua Health

CONTINUING LEGAL EDUCATION STATEMENT

This program has been approved by the Board of Continuing Legal Education of the Supreme Court of New Jersey for **3.6** hours of total CLE credit. Of these, **1.8** qualify as hours of credit for ethics/professionalism, and **1.8** qualify as hours of credits towards certification in civil trial law, criminal trial law, workers compensation law and/or matrimonial law.



Telehealth: Clinical, Practical, & Legal/Regulatory Implications
NJHA Conference and Event Center, Princeton, NJ 08540

November 27, 2017

AGENDA

- 9 a.m. **Welcome and Introduction**

Karen S. Ali, Esq.
New Jersey Hospital
- 9:05 a.m. **Overview of NJ Telemedicine Statue and its Implications**

George H. Kendall, Esq.
Drinker Biddle & Reath, LLP
- 9:25 a.m. **Reimbursement/Legal/Regulatory Issues**

Margaret Davino, Esq.
Fox Rothchild, LLP
- 9:45 a.m. **Clinical Issues/Telestroke Care**

Dr. John Halperin
Medical Director
Atlantic Neuroscience Institute
- 10:05 a.m. **Operational Issues/Telepsychiatry**

Geoffrey Boyce
Executive Director
In-Sight Telepsychiatry
- 10:25 a.m. **Home Care**

Dr. Robert Rosati
Chair, Connected Health Institute
VP, Data, Research & Quality
VNA Health Group
- 10:40 a.m. **Strategy/Business Issues**

Elliot Wilson
Telehealth & Mobility Programs
Virtua Health
- 10:55 a.m. Panel Discussion/ Q&A
- 11:30 a.m. *Adjournment*

EDU 1792 – Telehealth (November 28, 2017)

FEES | Member: Free

Non-member: \$49

Location: NJHA Conference and Event Center

760 Alexander Road, Princeton, NJ 08540

Directions: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. **It's secure and easy.**

Click on the following link:

<http://hret-registration.njha.com>

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: NJHA

Mail to: NJHA – P.O. Box 828776 – Philadelphia, PA 19182-8776

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**

Check One: ☐ **Member**

☐ **Non-member**

REGISTRATION

Name: _____

Designation/Credentials: _____ Job Title: _____

Phone: _____ E-mail: _____

Organization: _____

Organization Address: _____

City, State, Zip: _____

Method of Payment: Check _____ Credit Card _____

Payment Amount: \$ _____ Check# _____ Card#: _____

Cardholder Name: _____

Expiration Date: _____ CCV: _____ Code: _____

Signature: _____

Billing Address (if different from above): _____

