Writing Samples:

General Samples

~ Paulita Chartier

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If my doctor told me that I had only six minutes to live, I wouldn't brood. I'd type a little faster.

~ Isaac Asimov

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Extraordinary!

Life as a Waitr Driver

People slow down at green lights. I never realized that until I drove for Waitr. I suspect that a lot of Waitr drivers do a little bit of good-natured groaning at the peccadilloes of other drivers.

Driving was a contradiction in purpose. I wanted to hurry up and get the food delivered to my customer hot and tasty. But I also wanted to get there: A) in one piece, and B) sans traffic ticket. The most difficult challenge to my driving ethics was resisting the speed-up call of the yellow signal light. Don't do it, I cried, as I experienced yet another unusual stab of good behavior and stopped for the yellow. Hurry up and get there and be careful doing it, by God.

You know what's fantastic? Being welcomed with open arms at a complete stranger's front door. It's how Santa must feel when gleeful, be-presented toddlers bust him. I found people to be awesome. And let's face it: it's nice to be wanted. It's even nicer to be able to make some-one else's day.

Waitr drivers reflect the cheerfully bold style of Waitr itself – an eagerly audacious organization with particular joie de vivre. Like its drivers, Waitr is a friendly company eager to try new things, keen to do the right thing and reach the dizzying heights of success.

Latasha Roberts knows something about that. "I'm an icebreaker," affirms the green-haired Waitr driver. "I care about how everyone feels," says Latasha. "I walk into a restaurant and say, 'Hey y'all! How y'all doing today?' I love building rapport and that every day I get to see all kinds of people."

"I love this job – they'd have to kick me out screaming and hollering. I've worked at several places; I have a degree in accounting, and I'd still rather do this," Angela Stroh says. "You have to want to make your customers happy. You can't just knock on the door and shove the food in their hands," says Angela.

Clark Miller compared the experience of being a driver to that of being a greeter at a church. Clark says, "Research shows that people make up their minds about a church within 15 feet of the entrance doors. Greeters are front and center. Without them, there'd be nobody to acknowledge the new folks or show them around. They wouldn't feel welcome, and it would not be a positive experience." Ergo, they probably wouldn't give that church a second shot.

And then there is the driver who was determined to deliver her customer's food. No answer from the door-knocking. No answer on the cell. Text? You guessed it. Angela waited for a while in the driveway. "I got to watch a possum stroll past my car," she says.

Sometime after the possum exited stage left, Angela finally reached the customer and delivered the food. "I'm always surprised when I go to the door, and people say, 'Oh - I forgot I ordered food,'" observed Angela.

Sometimes, our intrepid drivers must navigate dark, gravel roads in the middle of what seems to be nowhere. Nothing but the crickets here, with the occasional outburst from unnamed nocturnal residents. She makes sure to tell a friend where she's going. "But then there's a

brightly lit house at the end of the road, and the people are really friendly and glad to see you!" says Latasha. Ahhh – it turns out it wasn't a dark and creepy road leading directly to Marie Laveau's crib.

Hands down, Clark has the wildest story, nocturnal residents and all. "I'm standing there at the door with the food, ready to hand it over. The door opens, and the first thing I notice is a stripper pole in the middle of the living room. The second thing I notice is that a woman is hanging off the pole. Once I recovered from that, I finally noticed the guy who opened the door for me. Big, old happy guy," explained Clark. "Hey, he was a great tipper!" says Clark.

> "Never miss an opportunity to relieve oneself."
> ~ British King Edward VIII

Ah yes, and then there is this question: if you're hustling to complete as many deliveries as possible, when is there time to visit the restroom? Seconds count, you know, in both endeavors. And where exactly should you visit? Seems rude to pop into an establishment with which you have no personal or even commercial relationship. Anyway, getting off the path is time-consuming.

Pragmatism always won out in my bold decision to avail myself at the next restaurant on my pick-up. It might seem a little unfriendly to use your partner restaurant in such a tawdry fashion. But as the good King Edward advised, never miss an opportunity.

Working as a Waitr driver is never dull. That's one of Angela's favorite things about her job. "I encounter restaurants that I never knew existed," she says. "Most of the people in the restaurants are sweet. They like that we go in there and get them more business. There's a special connection. A lot of times, I strike up friendships with the staff," says Angela.

By all accounts, it's great to be a Waitr driver. The restaurants are great, the customers are great, and business is booming. Drivers love the flexibility and meeting new people, and they take the responsibility of being the face and voice of Waitr as a solemn calling. As Clark put it, "We define the experience that customers have."

You can download the free Waitr app from the Apple App Store or Google Play or point your browser to www.waitrapp.com.

As we here at Waitr like to say, enjoy the ride!

Waitr Comes to Your Desktop

In addition to ordering by smartphone, customers can now order their meals using Waitr's newly designed website

Waitr, a premier mobile app providing on-demand restaurant ordering, delivery and carryout, today announced that web ordering is available immediately through its newly designed website at www.waitrapp.com. The long-requested function allows customers a new way to connect with Waitr.

Web ordering enhances the mobile app by providing an option for users who don't have a smartphone to be able to use Waitr. "Our restaurant partners wanted the function. In fact, on their websites, our restaurant partners have the option to choose to use Waitr," said Nichole Barnum, Product Manager at Waitr.

The mobile app and the web browsing platforms are mirror images of one another. The desktop version has all the features of the smartphone version in addition to allowing customers to learn more about Waitr, apply for positions and check out The Waitr Blog, for instance.

"One of the things our customers will really enjoy is a cool feature that demonstrates the symbiosis of the web and phone app," said Brady Higginbotham, Technical Lead of Frontend Software Engineering. He explained, "The customer can start the order on the platform and finish it on the other. This really facilitates group orders, say, in an office setting."

The company expects the addition of website ordering to increase business exponentially. "We are already experiencing double-digit month-over-month growth with our current mobile

application," said CEO and Chief Waitr Chris Meaux. "With the addition of web ordering, we expect that growth to continue and accelerate. Our restaurant partners and app users have been asking for a website version of Waitr since the day we launched, and we are excited to offer this to our community. We've staffed up and can handle what promises to be many more orders."

Waitr is among the fastest-growing and most pioneering on-demand food app companies in the U.S. It stays committed to helping restaurant operators grow their businesses by providing robust data and technology to reach new customers. With more than 1,300 restaurants in the network and hundreds of thousands of users on the platform, Waitr is uniquely positioned to help restaurants expand their business and deliver the best experience to the consumer.

For additional information on Waitr, visit www.waitrapp.com. Waitr can also be found on:

Twitter: twitter.com/Waitrapp

Facebook: facebook.com/waitrapp

Instagram: instagram.com/waitrapp

ABOUT WAITR: Established in 2013 in Lake Charles, Louisiana, Waitr is the premiere Restaurant Technology Platform. Our mission is to develop the local food culture for communities across the United States. Waitr enables restaurants to reach new markets with affordable, frictionless ordering. Our app introduces users to fantastic local food and a dining experience like none other. Waitr is available on iPhone and Android devices and your web browser. It's free to download. Waitr is the most convenient way to discover, order and eat great local food from fabulous restaurants.

October 26, 2006   Speech

Grand Opening of the 2006 Louisiana Book Festival and the Capitol Park Welcome Center

Delivered by State Librarian Rebecca Hamilton

Good morning! I trust most of you have been having a great time at the Louisiana Book Festival this morning?

I'm Rebecca Hamilton, State Librarian of Louisiana. I welcome you to the Grand Opening of both this beautiful Capital Park Welcome Center and, of course, to the 2006 Louisiana Book Festival.

The State Library of Louisiana, the Department of Culture, Recreation and Tourism, and the Louisiana Library Foundation produce the annual Louisiana Book Festival, where we honor and celebrate what is good about Louisiana's rich literary heritage. Louisiana authors, or authors who Louisiana has simply inspired, enjoy tremendous literary achievements in fiction, nonfiction and poetry. The State Library of Louisiana, through the Louisiana Book Festival, celebrates and encourages the joy and wonder of reading, most especially in children.

What is it about Louisiana that inspires these writers?

Sometimes sleepy, often vibrant and dreamy, Louisiana instills a sense of wonder in writers and poets—inspiring them to tell stories, our stories, of huge personalities, exuberance, angst, joie de vivre, quiet reflection, vulnerability and triumph. The landscapes range from cotton fields and dusty roads of Louisiana's farming communities; to the lands of cypress trees, pirogues and palmettos; to the blues and jazz of our cities.

Louisiana inspires stories and literary achievement. The accolades are many.

Robert Penn Warren taught English at Louisiana State University for seven years. During that time, he watched a fiery, charismatic politician roaming (ruling?) the state of Louisiana. He began writing the Pulitzer prizing winning novel All The Kings Men.

A youngster growing up in Pointe Coupee Parish relocated to California at 15. Missing the authentic stories of his home and his personal experience as an African-American growing up in the Deep South, he began to tell his own stories. The classic A Lesson Before Dying brought Ernest J. Gaines the National Book Critics Circle Award for Fiction. And in Mozart and Leadbelly: Stories and Essays, Gaines explores his home's influences and gives us more short stories about life in Louisiana.

Take a look at New Orleans through the eyes of one of America's most beloved humorists in Feet on the Street: Rambles Around New Orleans. Roy Blount, Jr. brings the exuberance, characters, sights, smells and sounds of New Orleans alive

with this beautiful traipse through eight different areas in the Big Easy.

The story of a pirate who worked with a general to save the city of New Orleans speaks to the very essence of Louisiana legend. The author of Forest Gump turns his attention to historical Louisiana in Patriotic Fire: Andrew Jackson and Jean Laffite at the Battle of New Orleans. Winston Groom writes about an unlikely pairing that had a significant impact on Louisiana and the young United States of America.

The State Library of Louisiana honors these and the more than 100 authors who have been gracious enough to attend this year's Louisiana Book Festival. You may have already enjoyed their talks in the chambers and hearing rooms of the Capitol. If not, I invite you to listen to these authors discuss their works. Schedules are available at Information Centers throughout the festival. The authors will also sign their books, following their programs.

Louisiana's literacy rate hovers among the lowest levels in our nation but can be improved. It's essential that we make efforts to grow a culture of literacy in Louisiana. The Library is committed to that goal. We recognize the importance of reaching children early and awakening them to the joy and wonders of reading that will carry them through a lifetime—this is where it begins! All else flows from reading. Economic growth, scientific discovery, medical advancements and the general well-being of a society all flow from reading.

By starting with children at an early age, the State Library of Louisiana believes we can grow that culture of literacy in Louisiana. That's why the Louisiana Book Festival includes an abun-

dance of programs for children. The Young Readers Pavilion comprises five tents filled with fun and rewarding activities. There is storytelling, writing enrichment projects, book-related crafts, photo opportunities in The Big Red Chair and face painting. The Young Readers Pavilion is in front of the State Library of Louisiana, on North Fourth Street.

In addition to the opportunity to interact with the authors or take your children to The Young Readers Pavilion, the Louisiana Book Festival has many other exciting events. Visit the Cooking Demonstration Tent and learn from the best: John Folse, Terri Pischof Wuerthner, Linda, Steve Bauer, and Tom Fitzmorris. Bring your damaged books or seek advice from conservator Renee de Ville of De Ville Book & Paper Conservation, who focuses on mold-related issues due to the Hurricanes this year. Joseph J. DeSalvo, Jr., owner of the Faulkner House in New Orleans and co-founder of the Pirate's Alley Faulkner Society, is giving free book appraisals a la Antiques Road Show. Learn about papermaking and bookbinding from Leslie Koptcho and the Print Workshop of Louisiana State University's School of Art. And see Inspired by Robert Penn Warren in the State Library of Louisiana, an exhibition of monoprints by DeLoss McGraw. There are more than 80 exhibitors and booths along the surrounding streets and sidewalks to the Capitol. And, of course, a Louisiana festival is not a festival without food, beverages and music.

Louisiana: vibrant, alive, wondrous, mystical. A legendary place and people that inspires authors to tell our stories. On behalf of the State Library of Louisiana, I invite you to join us in celebrating all things books! Welcome to the 2006 Louisiana Book Festival.

March 23, 2018   Journal and Blog Article

Unraveling Cryptocurrency, Article 9 and Bankruptcy

The use of cryptocurrency is becoming more prevalent throughout the world. Until recently, it has pretty much been an economic free-for-all with little regulation or even definition by governments. As in most matters, however, governments are starting to express themselves on what position cryptocurrency occupies concerning regulations and law.

Cryptocurrency is an example of blockchain technology. This distributed ledger technology is the underlying force behind bitcoin, ethers and other blockchain projects. DLT is decentralized – transactions are recorded onto millions of computers simultaneously. Each block of data is linked to a previous block of data, that is, "chained" together. The transaction is synchronized, and all nodes reflect the updated data as it occurs. Once a transaction is validated and added to a blockchain, the transaction or asset is theoretically immutable.

An anonymous group called themselves Satoshi Nakamoto introduced the first bitcoin in 2009. It's taken off in the last few years as both currency and an investment tool. Meanwhile, the world's legal and government sectors have been playing catch up regarding what to do with cryptocurrency.

One area of law that is beginning to see movement involving cryptocurrency is bankruptcy law.

For bankruptcy court, Judge Montali of the Northern District of California's U.S. Bankruptcy Court issued an order that made clear what cryptocurrency is not. In an order filed on February 22, 2016, the judge wrote, "The court does not need to decide whether bitcoin are currency or commodities for purposes of the fraudulent transfer provisions of the bankruptcy code. Rather, it is sufficient to determine that, despite defendant's arguments to the contrary, bitcoin are not United States dollars."

Since the currency in question is not a dollar, how then should it be classified for the purposes of bankruptcy? It seems logical to look to the Uniform Commercial Code for answers. In addition to Judge Montali's thoughts, the UCC rules out the notion that bitcoin is money. It is not a "medium of exchange currently authorized or adopted by a domestic or foreign government."

UCC Article 9, Secured Transactions, might provide an answer. Cryptocurrency seems to fall under "general intangible," which "means any personal property, including things in action, other than accounts, chattel paper, commercial tort claims, deposit accounts, documents, goods, instruments, investment property, letter-of-credit rights, letters of credit, money, and oil, gas, or other minerals before extraction."

Once classified as a "general intangible," a debtor's personal property becomes subject to a creditor's interest in the property. The creditor now has a "security interest" in the cryptocurrency. As such, the creditor may sell the property to satisfy a debt if the debtor defaults.

With the cryptocurrency classified as a "general intangible," the financial statements creating a perfection may be filed in the debtor's jurisdiction and do not rely on possession or control. Once perfected, the security interest "continues

in collateral notwithstanding sale, lease, license, exchange or other disposition thereof unless the secured party authorized the disposition free of the security interest[.]" UCC § 9-315(a)(1). Finally, a security interest will be attached and perfected to any cryptocurrency proceeds for at least 20 days. UCC §§ 9-315(e).

Turning to the bankruptcy code, it seems clear that cryptocurrency falls under "property of the estate" according to Section 541, which includes "all legal or equitable interests of the debtor in property as of the commencement of the case."

As for the traceability of cryptocurrency, the blockchain's decentralized ledger system renders transactions capable of discovery through a debtor's various financial statements since the asset itself is in the public domain.

The volatility of cryptocurrency may create problematic issues regarding valuation. An estate may have more than enough cryptocurrency to pay off debts on one day but could easily lose that value the next day or even in hours.

There are many, many forms of cryptocurrencies available, and more are being created every day. One can speculate how the courts and perhaps legislation will eventually treat bitcoin. It's an issue that will be worked out soon. In the meantime, one can look for guidance through a careful review of Article 9, the bankruptcy code, the mechanisms of bitcoin, and how it works.

Journal and Blog Article

Preparing For an Investigative Hearing for The Board of Bar Examiners

The Florida Board of Bar Examiners has just notified you that you are set to undergo an investigative hearing. It is essential to understand what an investigative hearing is and how you became subject to undergo the hearing.

Back at the turn of the last century, these screenings aimed to prevent anyone who wasn't in the mainstream from becoming an attorney. People were denied entrance due to race, class or ethnicity. During the 1950s and 1960s, people were denied if they were affiliated with the Communist Party. At this time, the bar of examiners focuses on conduct.

In Florida, investigative hearings determine whether an applicant should be admitted to the bar, notwithstanding past conduct. Disqualifying conduct includes the following:

a. unlawful conduct;

b. academic misconduct;

c. making or procuring any false or misleading statement or omission of relevant information, including any false or misleading statement or omission on the Bar Application, or any amendment, or in any testimony or sworn statement submitted to the board;

d. misconduct in employment;

e. acts involving dishonesty, fraud, deceit, or misrepresentation;

f. abuse of legal process;

g. financial irresponsibility;

h. neglect of professional obligations;

i. violation of an order of a court;

j. evidence of mental or emotional instability;

k. evidence of drug or alcohol dependency;

l. denial of admission to the bar in another jurisdiction on character and fitness grounds;

m. disciplinary action by a lawyer disciplinary agency or other professional disciplinary agency of any jurisdiction; or

n. any other conduct that reflects adversely on the character or fitness of the applicant.

The most damaging mistake is not acting with complete candor. This includes not acting with honesty on the bar application but also things such as a law school application, a driver's license form or other forms of legal information-gathering tools. During a background investigation, make no mistake: the bar of examiners will uncover dishonesty. Behavior without candor will get an applicant pulled in front of an investigative hearing.

Before you submit your application, it's a good idea to do an extensive background on yourself. Talk to as many friends, acquaintances old and new, family and employers past and present.

You can check your employment history through the social security administration's office. This will help you put your timelines in order.

Pull your credit reports from all three reporting agencies. Be sure there aren't any nasty surprises that will cause the board of examiners to take a closer look.

Make sure you are upfront and honest with creditors or put those issues in order before submitting your application. It should be noted that you can have debt; just don't be dishonest with your creditors is the key.

To avoid an investigative hearing before the board of examiners, disclose everything, even the most remote, seemingly trivial information. Far better to over-prepare than being caught short.

If you find yourself in an investigative hearing, prepare for it as if it is your first trial. Again, being overly prepared is much better than not being as prepared as possible. Three things can happen at the end of the board of examiner's investigative hearing: denial of entrance into the bar, a formal hearing or the imposition of proposed settlements such as community service hours. It is best to perform these hours and write a brief before the investigative hearing to show your commitment to righting past wrongs.

As the question of bringing in character witnesses to testify in front of the board of examiners, it is customary to submit letter support of affidavits instead. This takes up less time during the hearing, for which the board of examiners will be grateful.

Once called before the board of examiners for an investigative hearing, gather all pertinent documents. This may be documents in your possession, the board of examiner's possession or a third party's possession. Analyze each document for the past actions of the board of examiners to determine how they handled similar issues.

If you've been called before the board for an investigative hearing, determine the issues that caused the board to have a problem with you, correct as much as possible the error that you made, and show remorse in the form of volunteer community services hours and an extensive legal brief. You want to be sure the board is clear that you have become an honorable citizen who will make a fine addition to the Florida bar regardless of your past.

Business Intelligence
Applied to
Telemental Health in the Age of COVID-19

An analysis of telemental health pre-COVID-19 versus post-COVID-19

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Business Intelligence Applied to Telemental Health in the Age of COVID-19

An analysis of telemental health pre-COVID-19 versus post-COVID-19

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Introduction

Though not familiar to most people, telemental health and telepsychiatry are accepted terms of art in the mental health industry. The terms describe the practice of remotely accessing mental health treatment and counseling through technologies such as video conferencing or by phone. Being a named phenomenon indicates that receiving counseling via remote technologies is a well-established practice.

While social scientists are beginning to address the phenomenon, as of now there exists little empirical evidence or literature concerning the impact of transitioning to telemental health. Currently, we are in possession of a large store of information, yet the data has not been sorted out. Business intelligence could harness this data and give us a foundation upon which to base sound decisions.

Research indicated that virtually all the material related to pandemic-era concerns. It was slightly challenging to find material that covered the Pre-COVID-19 era.

The most challenging aspect of the research was determining the most potent search terms that would uncover the most significant number of research articles and papers on telemental health. Right below that in difficulty was/is going through the enormous amount of research and picking parts to address. Most of the research is in the form of scholarly papers, which tend to be long and inundated with terms of art that must then be researched.

Summary

While telemental health existed before the pandemic, its use exploded with the coming of COVID-19. Before the virus, many therapists were hesitant about providing mental healthcare via communications technology as opposed to in-person treatment. There were too many problematic concerns, such as confidentiality, the inability to develop the critical client/counselor relationship, and even license and liability issues (Morgan et al., 2021).

While the end of the tunnel may be in sight with the pandemic, questions remain about the future consequences that will develop. How many clients and therapists will want to continue with telemental health? What ethics issues will be part of the equation? How will the client/therapist relationship be permanently affected? What do we do about training therapists? Elements on which therapists rely, such as body language nuances, will be affected.

While social scientists are beginning to address the phenomenon, as of now there exists little empirical evidence or literature concerning the impact of transitioning to telemental health. Currently, we are in possession of a large store of information, yet the data has not been sorted out. Business intelligence could harness this data and give us a foundation upon which to base sound decisions.

Numerous questions remain, many we haven't even grasped yet. But they must be addressed. Where do we start? The first order of business is to harness all the data generated and develop a solid foundation to begin the ambitious plan of untangling these questions. The industry needs all the information and knowledge that can be generated to move forward with this new post-pandemic world. It's a new day, and the pandemic has brought it to us.

State of Telemental Healthcare Pre-COVID-19

Pre-COVID-19, the U.S. mental healthcare system was undergoing a severe need for delivery reform. Suicide rates had increased by 33% from 1999 to 2017. Many would-be patients lived in rural areas, making it difficult to travel long distances to see a therapist in person. The United States was undergoing a shortage of mental healthcare providers. The low-income segment with Medicaid had difficulties accessing mental healthcare (Barnett & Huskamp, 2019). Hospital emergency departments were becoming inundated with patients who required mental health services.

Facing these factors, the United States mental health system was in the midst of an impending financial

disaster. Predictions in 2019 foretold that the year 2020 would see $238 billion in costs in 2020. (LaRock,

2019)
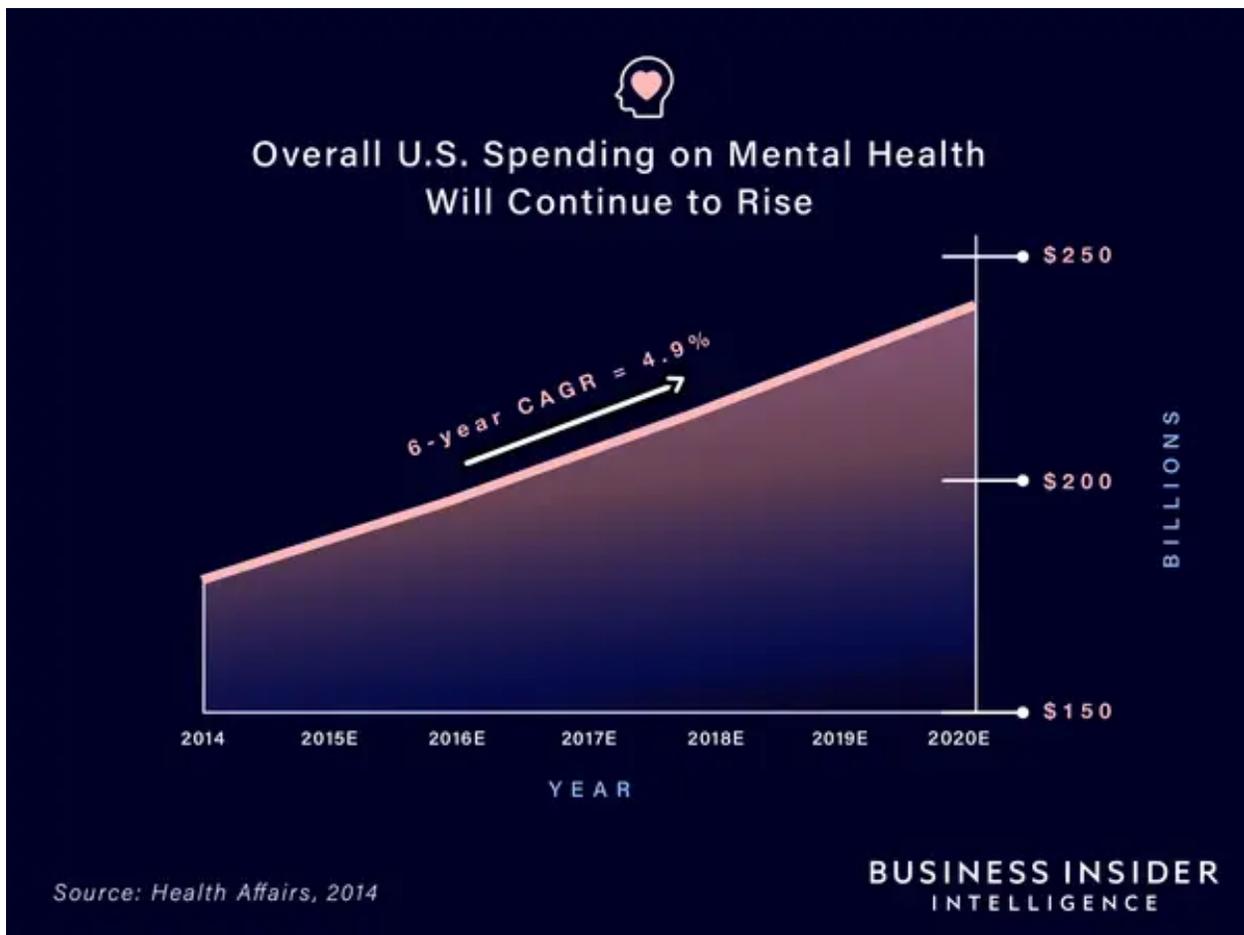
Before the pandemic, a study showed that mental health facilities were rapidly adopting telemental

healthcare. According to Spivak et al., "Telemedicine nearly doubled, from 15% in 2010 to 29% in 2017"

The South and Midwest were particularly eager to offer telemental healthcare. The study also showed

that telemental care was already widely adopted, especially in public safety net facilities. (Spivak et al.,

2019) The increase is tempered by the results of a telephone survey, which found that only 2.1% of clients and providers engaged in telemental healthcare. (Severe et al., 2020)

Drivers of increased usage of telemental health care are: (Barnett & Huskamp, 2019)

1. Mental healthcare is critically short of providers. The shortage doesn't show signs of abating. The most need, before the pandemic, was in rural areas.

2. Internet access is becoming ubiquitous. The lack of broadband access was a handicap in prior years.

3. Federal, state, and insurers became champions of telemental healthcare, boosting its use. 2018's SUPPORT Act (H.R. 6) eased Medicare restrictions. States have been putting forth legislation that makes payment parity laws to provide for telemedicine reimbursements. Medicaid programs expanded coverage for telemental services.

While being primarily used in rural areas, the prevalence of telemental health was not reflected in the general population as opposed to the rural population.

Before the pandemic, telemental healthcare was only beginning to get a foothold in the United States. A majority of telemedicine sessions were for people with mental health issues, with "More than 50% of the annual compound growth in the number of telemental health service visits over more than a decade." (Barnett & Huskamp, 2019)

One major limitation with telemental health was that patients didn't have the chance for an in-person meeting. Therapists worried that building a therapist/patient relationship would be difficult. But mental health diagnosis and treatment do not require a physical examination such as telemedicine requires (Barnett & Huskamp, 2019).

State of Telemental Healthcare During COVID-19

"Over the span of 2 weeks in March of 2020, traditional, in-person methods of working, learning, and socializing changed dramatically. Businesses transitioned employees to work from home, schools converted curriculum to online learning, and a wide range of healthcare services moved online. In particular, mental health providers rapidly transitioned from in-person mental health care to teletherapy," (Morgan et al., 2021)

"These data suggest an opportunity to turn the experience of the pandemic into an opportunity to improve access to mental health care and improve the continuity of care," says Jennifer Severe. (Gavin, 2021)

March 2020 saw the shutdown of most businesses in the United States, including non-urgent health care facilities. Telecommunication became the only means to continue sessions between mental health providers and clients. Most clients adapted rapidly to the novel approach of treatment.

According to Severe, many factors can lead to a client preferring telemental healthcare. Childcare, lack of transportation, work requirements, or the underlying mental health condition are just a few examples of why a patient would choose telemental health care. (Severe et al., 2020)

Some people are uncomfortable sitting in the waiting room. Others would not want to risk the stigma of receiving mental healthcare, fearing that they might bump into someone they know while sitting in the waiting room.

The primary reason that loomed large during the past year was COVID-19. Not only was there a quarantine, but even when restrictions were eased, many people did not want to take a chance of contracting the disease.

Pre-COVID-19 saw the use of telemental health increasing, generally for the rural population. However, with the onset of the pandemic, telemental healthcare exploded. With the beginning of the pandemic, many businesses were shuttered, leaving patients without a place to go for a session and therapists without an office to treat clients.

The use of telemental healthcare became the only option for patients and providers to work together on mental health issues. This led to telemental healthcare becoming the norm for mental health treatments. Learning through practicing telemental health, providers began to become adept at discovering methods for delivering therapy through telecommunications. Doing so prepares therapists for how much mental healthcare will be carried out in the future. (Healthcare I.T. News, 2021).

Below are outtakes of a conversation between two experts on the future of virtual mental healthcare, PCHA Managing Director Rob Havasy and Cloudbreak Health CEO Jamey Edwards discussing the future of virtual care for mental health. (Healthcare I.T. News, 2021)

1. Younger patients are more likely to embrace a variety of virtual tools. "Different age groups seem to prefer different modalities and different ways of interacting with any clinician, but particularly in the behavioral health space. It basically breaks down to the younger you are, the more likely you are to prefer to use voice communication or chat-based communication, or some other form of a virtual visit. It doesn't always have to be video," Havasy said.

2. Virtual mental healthcare can help patients address problems as they unfold. Instead of trying to remember what happened a week ago and talking about it during a scheduled session, patients can communicate virtually with providers when an issue comes up. Therapists can immediately address the problem via chat-based or guided virtual tools, or patients can "record what happened in the moment so it can be brought back up when they do have a face-to-face encounter" with providers, Havasy said.

3. Providers need an escalation strategy. "Just like the digital front door would be the first step to accessing a healthcare system, the same is true in mental health, where you might be able to start off with a chat or a chatbot … but you can then escalate to a higher level of care" such as a virtual video visit and then an in-person visit, Edwards said.

4. Virtual care can help destigmatize mental health. "A lot of people feel more comfortable engaging with a provider when they don't have to go into an office. They don't have to be seen going into that building," Havasy pointed out.

5. Some populations are being shut out of virtual mental healthcare. "What we saw during COVID was a dramatic increase in things like anxiety and depression. We saw a dramatic increase in drug-related deaths and the opioid epidemic getting worse. The thing that we have to be conscious of is a lot of times those types of issues affect the underserved," Edwards said.

A telephone survey led by Jennifer Severe found that half of the respondents were likely to continue telemental healthcare even after things settle down from the pandemic. Furthermore, most respondents stated that their telemental experiences exceeded expectations. Still, more research is needed. At this time, we know little of what makes patients prefer telemental treatment over in-person treatment. (Severe et al., 2020)

The survey also found that older clients preferred telephone sessions while younger clients preferred video sessions. "Understanding challenges to patient-facing technologies can help advance health equity and guide best practices for engaging patients and families through telehealth," according to Severe. (Severe et al., 2020)

Concerning the adoption rate of telemental healthcare, psychiatrists saw an 85% increase in the technology. Before the pandemic, only 2.1% of clients and providers engaged in telemental healthcare,

according to the survey. The findings will assist in developing actionable insights, contributing to the

increase of telemental healthcare.

Business Intelligence and Telemental Healthcare

Data is gathered through digital activities with their clients, such as intake forms, questionnaires,

electronic health records (EHR), or self-paced learning modules. Data is also gathered from a therapist's

notes, although all attention must be paid to HIPAA rules and regulations, and confidentiality is

paramount in the therapist/client relationship.

It's not surprising that the United States is at ranks first in healthcare expenditures. Professionals are

starting to consider data analytics and Business Intelligence (B.I.) as means to help reduce costs and at

the same time improve patient outcomes.

B.I. serves up several advantages for healthcare providers. With BI, providers will: (Business Intelligence

in Healthcare, 2020)

- Gain insight into reducing costs

- Increase revenue

- Improve patient safety

- Improve patient outcomes

- Ensure they are complying with regulations and best practices

- Gain insight into their financial operations

    o Identify highly profitable and underutilized services

    o Monitor cash flow

    o Generate compliance reports.

On the client-side of the process, B.I. will help:

- Improve patient care

- Ensure quality performance and safety analyses

- Provide a foundation for evidence-based clinical decision-making

- Improve patient outcomes

- Better monitor and forecast patient diagnoses

Finally, B.I. will assist in improving operational performance by:

- Improve claims and clinical analyses

- Optimize pricing

- Streamline claims processes.

- Control costs

- Improve efficiency

- Provide insight into marketing efforts.

As in other industries, B.I. in healthcare relies on Big Data to successfully reach goals and outcomes.

Healthcare data includes information from related sectors such as pharmaceutical professionals,

insurance companies, and clinical trial results. As mentioned earlier, health records also add to Big Data.

Data can also be obtained from hospitals and private providers. B.I. allows for improved treatment

protocols. The volume of healthcare data is becoming immense as more of it becomes available

(Business Intelligence in Healthcare, 2020).

In addition to dimensions that are critical to regular B.I., the healthcare industry also must support the

measurement of quality, effectiveness, and value. Madsen's definition of healthcare B.I. is "The

integration of data from clinical systems, financial systems, and other disparate data sources into a data

warehouse that requires a set of validated data to address the concepts of clinical quality, the

effectiveness of care, and value for business usage." (Madsen, 2012)

The Five Tenets

Madsen states that five tenets that a healthcare B.I. model should possess. These are Sponsorship and

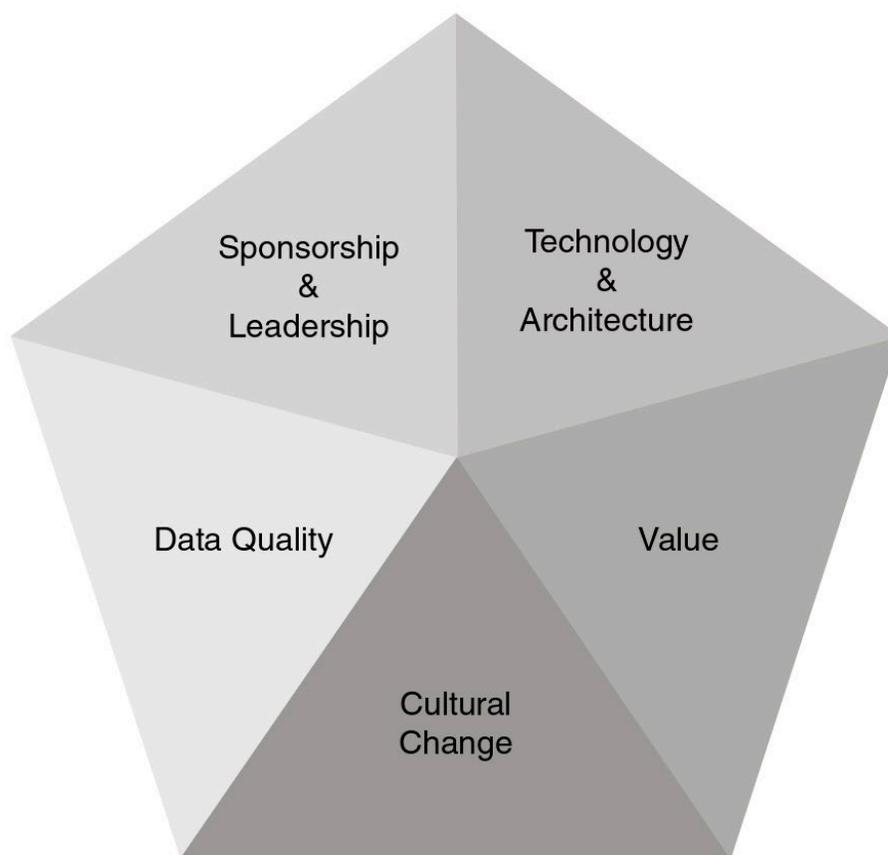Leadership, Technology and Architecture, Value, Cultural Change, and Data Quality. (Madsen, 2012)

FIGURE 2.1 The Five Tenets of Healthcare BI

Data Quality

Data Quality is vital in normal B.I. but is especially essential to healthcare B.I., where mistakes can have

dire outcomes. Quality data engenders trust. It also brings about user adoption of the program, in this

case, telemental health.

Madsen writes that 100% clean data does not exist. He states the data is flawed from the beginning, and to change this would require enormous efforts. But he goes on to point out that just because we don't have that 100% clean data is no reason not to strive for the most fully validated data set. We must do the best we can with what we have.

Leadership and Sponsorship

Without that one person passionate about how data can improve decision-making in an organization, B.I. could not get off the ground. B.I. programs require leadership that is dedicated and in it for the long term. The team must see B.I. as the lifeblood of the organization.

Technology and Architecture

While B.I. is not an I.T. activity, it does rely on data monitoring, including extraction, transformation, and load. Health industry data is fragmented and disorganized because it comes from so many disparate sources.

Value

The healthcare industry is overburdened and understaffed, leaving no room for going off on tangents with B.I. It is essential that the B.I. team focus on what provides the most value to the organization.

Cultural Change

Collaboration is essential to a B.I. team. According to Madsen, "much of the challenge isn't bad data quality or poor tools, but politics and organizational dynamics." Madsen goes on to write that one needs to be a talented ambassador to navigate the process.

Four Key Trends That Will Impact the Future of Healthcare B.I. (Madsen, 2012)

- Integration of data from disparate sources

- Changing population of consumers

    o   The new population is willing to seek information from social media.

- Mobile technologies for B.I.

- Big Data and analytics will drive home the value equation for healthcare B.I.

Electronic Health Records (EHR) will be the cornerstone of future B.I. and healthcare, allowing for a holistic view of a patient. The challenge that remains is integrating data to avoid a siloed "view of the patient," writes Madsen.

As mentioned above, the new generations are comfortable with social media and trust that this channel will provide reliable mental health information. These groups share their mental health issues on social media. They have a different view of privacy. The task for mental health advocates is not so much how "we deliver healthcare differently, but how we deliver information about health. … There is no doubt that as the technically savvy generations come of age and consume more healthcare, they will demand a more robust, transparent, and contextually driven source of healthcare information." (Madsen, 2012) "
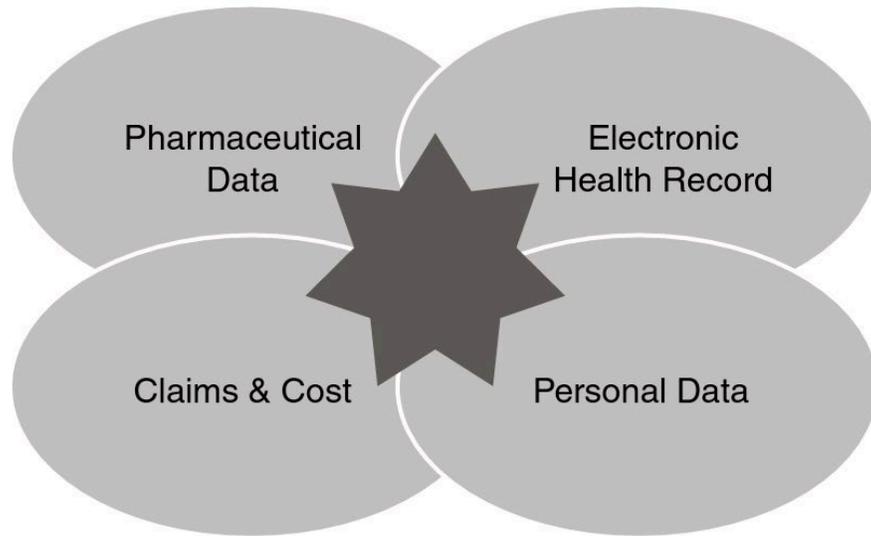
FIGURE 8.1 Disparate Healthcare Data Sources

The main point that the topic addressed involved applying B.I. to telemental healthcare, with an analysis of telemental health care before and after COVID-19. Before COVID-19, telemental health was growing in the rural population where access to mental health care was limited because of travel distances. Much of the data on telemental health before COVID-19 focuses on enabling treatment for those in rural populations.

Three catalysts of telemental healthcare before the pandemic are that first, there was (and is) a shortage of mental healthcare providers. This led to the increased use of telemental health, with both providers and clients able to cut time off traditional mental health treatment.

Second, the availability of broadband Internet access became ubiquitous. In the not-so-distant past, broadband was not as available to the population, especially in rural settings.

The third catalyst was that federal, state, and insurers became champions of telemental healthcare, which boosted its use.

Another point that the topic addressed is the state of telemental healthcare during COVID-19. Suddenly provider offices were closed, and clients and therapists were under stay-at-home orders. In-person mental treatment became nearly impossible. The solution was telemental health, which spread from the rural areas to the general population areas because of the pandemic.

It turns out the most people prefer telemental treatment for a variety of reasons, and many clients will probably continue with telemental treatment.

The topic touched on how B.I. serves up several advantages for telemental healthcare providers and patients. It also assists in improving operational performance.

Madsen's five tenets of a healthcare B.I. model was covered. The tenets are Sponsorship and Leadership, Technology and Architecture, Value, Cultural Change, and Data Quality. (Madsen, 2012)

Finally, the four key trends that will impact the future of healthcare B.I. were addressed. (Madsen,

The drivers behind this topic were that there is much that we do not understand about telemental healthcare and how B.I. impacts it. A mountain of change affected telemental health, which moved this type of healthcare from rural and underserved populations into the general population, forever changing how mental healthcare is delivered. We have only begun to form an understanding of telemental health.

The challenges of addressing this topic were searching for relevant information specific to telemental health in contrast to telemedical health. I adapted the telehealth information, believing that telemental health care is a subset of telemedicine. It was also a challenge to uncover information about telemental health related to pre-pandemic times.

Solutions that the topic delivered were to use B.I. to manage data and produce information that helps in telemental healthcare with patient outcomes, reduced costs, compliance with government regulations, and improved operational functions.

Conclusion

Telemedicine healthcare is the future of the medical industry. Telemental healthcare is especially prone to lend itself to treatment through telecommunications. Usually, physical proximity to the client is not necessary.

Telemental healthcare was used pre-COVID-19, primarily in rural areas where access to in-person mental healthcare was difficult. A shortage of mental healthcare providers lent itself to telemental methods of therapy. The mental healthcare market was facing an imminent financial catastrophe. Although not prevalent in the general population, telemental health was gaining ground in the underserved and rural populations.

When COVID-19 arrived, telemental health in the general population exploded. It was the only option for therapy with the stay-at-home orders and mandated shutdowns of non-emergency healthcare facilities. As it turns out, a healthy number of clients prefer telemental therapy for several reasons. Several clients decided they would continue with telemental health even after the worst of COVID-19 passed. Both telemedicine and telemental healthcare was here to stay.

With technological advances in data collection, healthcare became eligible for BI. Engaging in BI leads to better patient outcomes, improved financial, and operational status. Telemental healthcare is fertile ground for successfully engaging BI.

Madsen lists five tenets that a healthcare B.I. model should possess. These are Sponsorship and Leadership, Technology and Architecture, Value, Cultural Change, and Data Quality. (Madsen, 2012)

The future of medical and mental healthcare is almost inevitable. Four key trends will change healthcare for the better are:

- Integration of data from disparate sources

- Changing population of consumers

  - The new population is willing to seek information from social media.

- Mobile technologies for B.I.

- Big Data and analytics will drive home the value equation for healthcare B.I.

Business intelligence is a huge stride towards the positive future of mental healthcare. The results are

good for patients, providers, facilities and government and insurance entities.

Source:

Barnett, M. L., & Huskamp, H. A. (2019, December 18). Telemedicine for Mental Health in the United States: Making Progress, Still a Long Way to Go. Psychiatric Services. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900555.

Business Intelligence in Healthcare. (2020, January 15). https://www.villanovau.com/resources/bi/business-intelligence-in-healthcare/.

LaRock, Z. (2019, September 6). TELEMENTAL HEALTH REPORT: How telehealth can help U.S. hospitals and health systems manage the $238 billion mental health crisis. Business Insider. https://www.businessinsider.com/the-telemental-health-report-2019-9.

Madsen, L. B. (2012). *In Healthcare business intelligence: a guide to empowering successful data reporting and analytics* (pp. 13–37, 195–214). essay, Wiley.

Morgan, A. A., Landers, A. L., Simpson, J. E., Russon, J. M., Pease, J. C., Dolbin-MacNab, M. L., Bland, K. N., & Jackson, J. B. (2021, February 14). The transition to teletherapy in marriage and family therapy training settings during COVID-19: What do the data tell us? Journal of marital and family therapy. https://pubmed.ncbi.nlm.nih.gov/33742728/.

Severe, J., Tang, R., Horbatch, F., Onishchenko, R., Naini, V., & Blazek, M. C. (2020, December 22). Factors Influencing Patients' Initial Decisions Regarding Telepsychiatry Participation During the COVID-19 Pandemic: Telephone-Based Survey. JMIR Formative Research. https://formative.jmir.org/2020/12/e25469.

Spivak, S., Spivak, A., Cullen, B., Meuchel, J., Johnston, D., Chernow, R., Green, C., & Mojtabai, R. (2019, October 16). Telepsychiatry Use in U.S. Mental Health Facilities, 2010–2017. Psychiatric Services. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900261.

Addendum

I used all my partner's suggestions. Neel Blair gave excellent feedback and helpful suggestions that

proved to on-point. He was thoughtful and obviously spent time going over my work.

I also used Professor Shaw's recommendation to focus on telemental healthcare before and after the

pandemic. I found the topic challenging and enjoyable as I foraged for information.