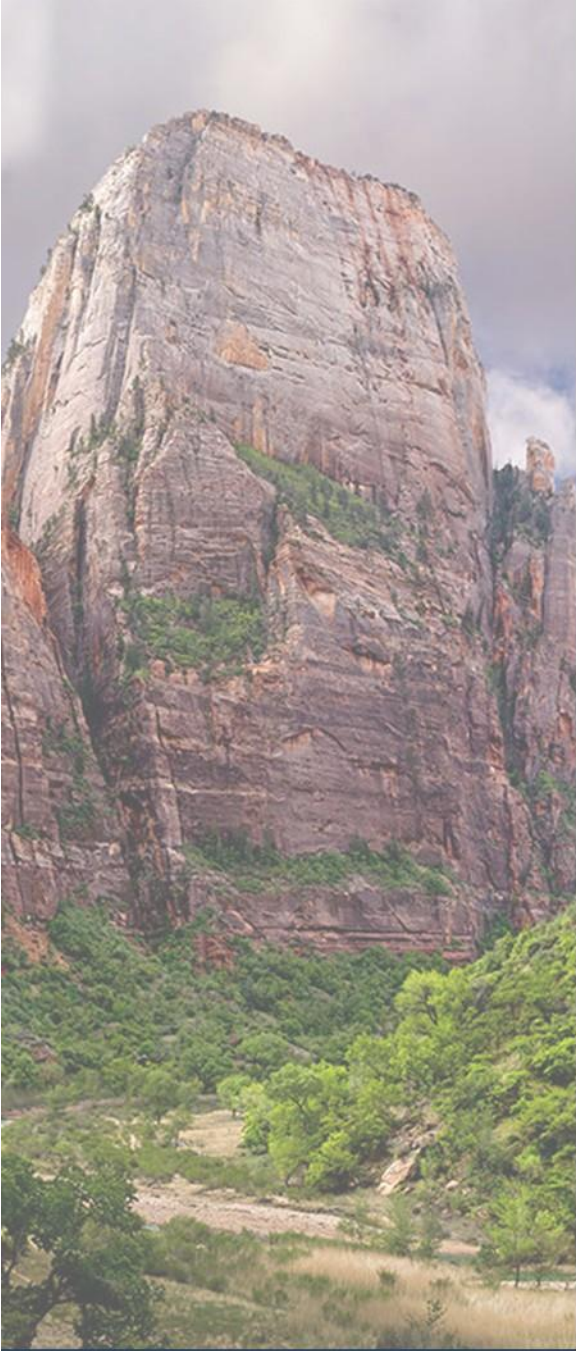




WELCOME!

June 4, 2026



June 2026 Agenda

- 12:00 p.m. Welcome & House Keeping
- 12:05 p.m. **BYU College of Nursing Rural Health Efforts**
- Presented by Brandon Thatcher
- 12:25 p.m. BYU Q&A
- 12:30 p.m. **LungLink**
- Presented by Sarah Melville and Richard Hinds
- 12:50 p.m. LungLink Q&A
- 12:55 p.m. Closing



Rural Health Efforts

BYU College of Nursing

Brandon Thatcher, MSN, PMHNP-BC

Graduate Moab

Rural Health Experiences



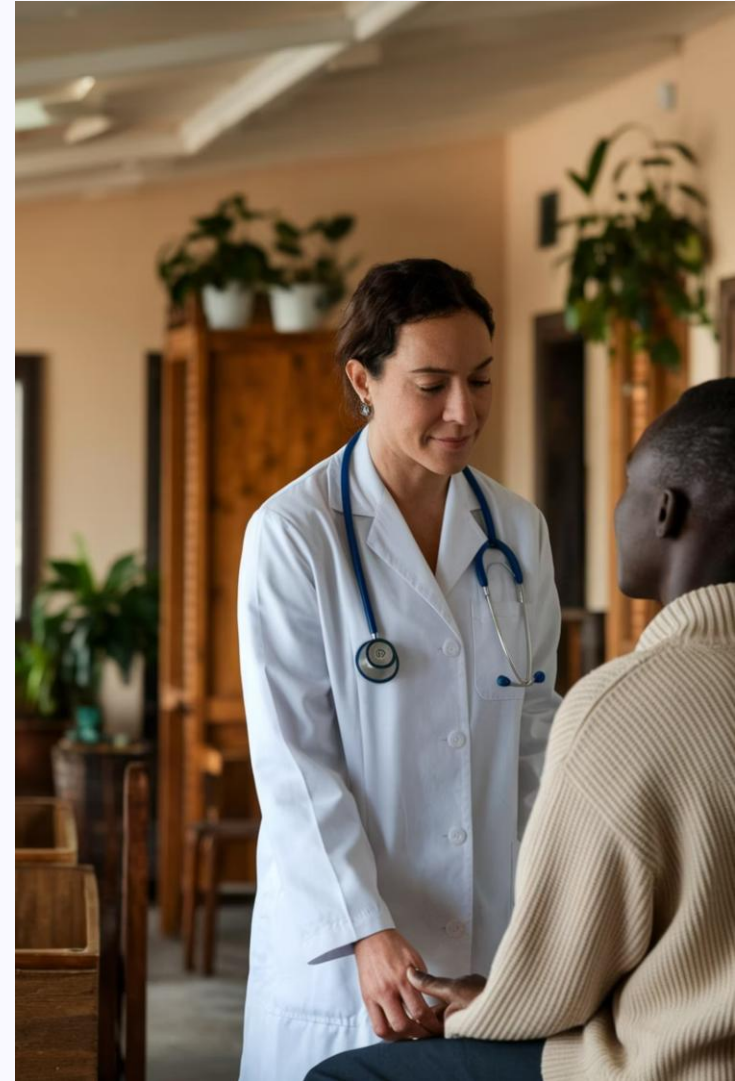
2025 Graduates

100% completed clinical hours in a rural health setting



2026 Graduates

100% completed clinical hours in a rural health setting



Graduate Moab

Moab Outreach School

- Conducted pediatric dental screenings
- Delivered interactive preventative dental education
- Administered professional-grade fluoride treatments



Moab Outreach Women's Health Initiative

- Performed comprehensive wellness exams at no cost
- Developed and distributed culturally-appropriate health education resources
- Established sustainable connections between patients and ongoing care providers





Global Heath Utah



Undergraduate Moab



Dental Health Videos



Breast-Feeding



First Year



Bottle Feeding

Undergraduate Blanding



Undergraduate/Graduate Collaboration





Brandon Thatcher, MSN, PMHNP-BC

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(801) 422-7780



BYU College of Nursing

Q&A



LungLink

Leveraging Remote Patient
Monitoring (RPM) to Help
Chronic Lung Disease Patients
in Rural Areas

June 2026

Objectives

Richard Hinds, MS, RRT
Founder & President
LungLink

Sarah Melville, MS, RRT
Clinical Operations Manager
LungLink

1. Describe 3 major barriers appropriate care and Management of Chronic Lung Disease in Rural Areas
2. Discuss considerations and limitations when selecting an RPM service in the Rural Setting
3. Explain alternative activities to use of RPM services or Platforms that can improve the management of chronic lung Disease patients.

Any discussion on FDA approved medications or devices is not intended to be an endorsement of off label use, and is for educational purposes only



EMERGENCY

The image shows a close-up, low-angle shot of a building's facade. The primary focus is a large, illuminated sign that reads "EMERGENCY" in bold, red, three-dimensional block letters. The letters are mounted on a light-colored, possibly white or off-white, wall. Below the sign, there are two rectangular air vents or grilles, one on the left and one on the right, set into a darker, brownish-grey section of the building's exterior. The sky above is a clear, bright blue. The lighting suggests it is daytime, with shadows cast by the letters onto the wall behind them.







Why should we consider using **RPM** for Chronic Lung Disease?

87% of patients use their inhalers incorrectly¹, which causes medication to not be delivered to the lungs.

47% of patients with chronic lung disease are prescribed care plans that are not aligned with the national standard²

32% of patients can't generate enough inspiratory flow to get the medication out of their inhalers³

1. Chronic Obstr Pulm Dis. 2019 Jul 8;6(3):267–280

2. Ann Am Thorac Soc Vol 16, No 2, pp 200–208, Feb 2019

3. Chronic Obstr Pulm Dis. 2017;4(3):217-224



Original Research

Phone-Based Teach-To-Goal Inhaler Education Program for Medicare Advantage Beneficiaries With COPD

Valerie G. Press, MD, MPH¹ Aina Katsikas, PhD² Kaylyn Swankoski, PhD² Emily Boudreau, PhD² Emily Thomas, PharmD²

[Author Affiliations](#) | [Correspondence](#) | [Abstract](#) | [Citation](#) | [Keywords](#) | [Plain Language Summary](#) | [PDF](#)

Article

[Online Supplement](#)

[References](#)

Running Head: Medicare Advantage Inhaler Education Intervention

Funding Support: None

Date of Acceptance: January 16, 2026 | **Published Online Date:** February 9, 2026

Abbreviations: **COPD**=chronic obstructive pulmonary disease; **HMO**=health maintenance organization; **MA**=Medicare Advantage; **MDI**=metered-dose inhaler; **pp**=percentage points; **PPO**=preferred provider organization; **SD**=standard deviation; **TTG**=teach-to-goal; **VBID**=value-based insurance design

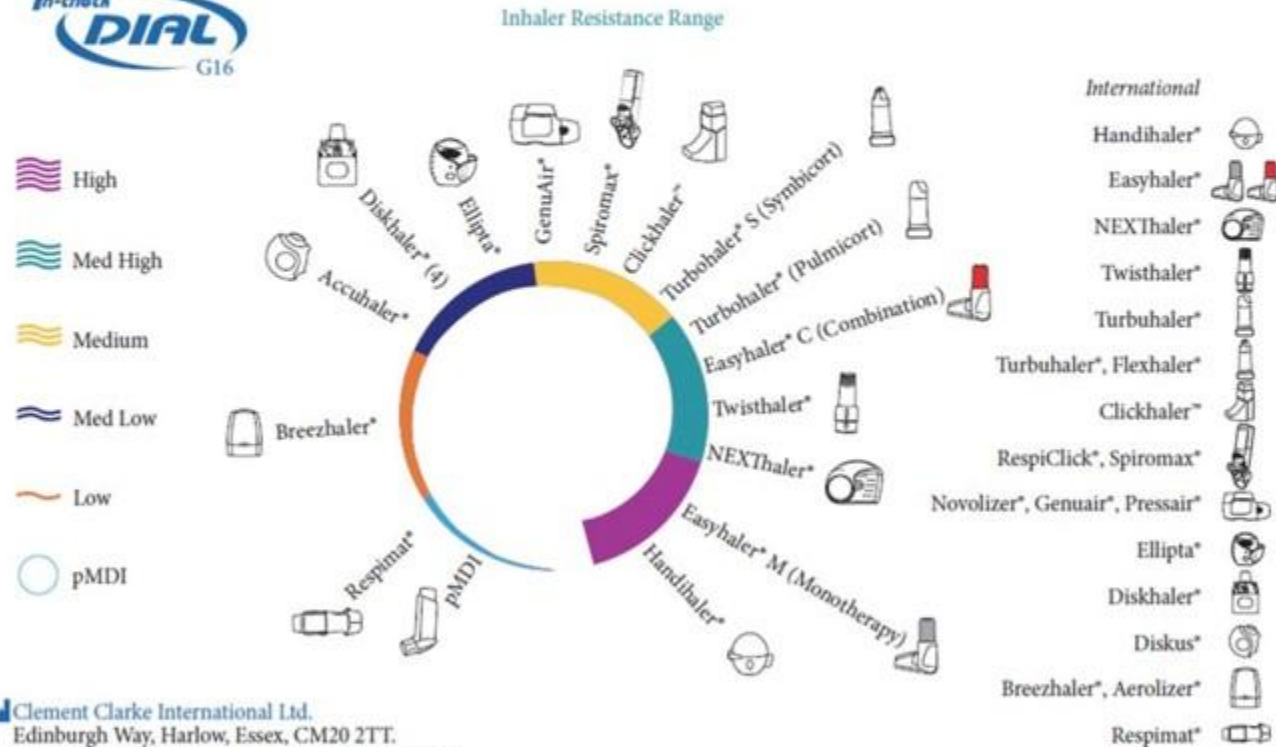
Citation: Press VG, Katsikas A, Swankoski K, Boudreau E, Thomas E. Phone-based teach-to-goal inhaler education program for Medicare advantage beneficiaries with COPD. *Chronic Obstr Pulm Dis*. 2026; 13(2): 84-92. doi:

<http://doi.org/10.15326/jcopdf.2025.0667>



PHILIPS
RESPIRONICS

LungLink combines the latest in **Spirometry** and **Pulse Oximetry** technology with **Evidence Based Protocols**



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Goal Alignment



Physician and Provider Values, Staffing
Realities, and Financial Risk



The Goal of RPM or Telehealth should NOT be to “Beam” broken Industrial Healthcare into Rural Communities.....



Properly Aligned RPM Programs Consider Staffing

Does the RPM Solution consider who will have to review the new stream of data?

Monitoring doesn't save anyone, it's what you do in response to monitoring that matters. Does the solution consider this?



Properly Aligned RPM Programs Share Financial Risk

Required upfront payments with the promise of future financial gains may be made in good faith, but in the current reimbursement landscape, change is rapid and there are not guarantees.

If the RPM Program is solid, it should be willing to take on a substantial level of financial risk.



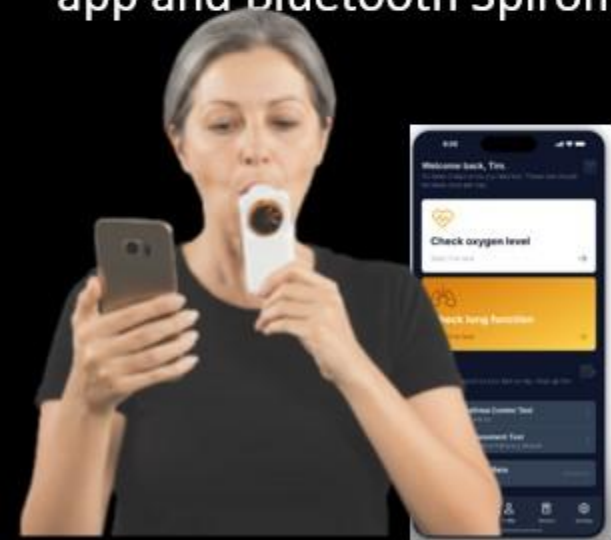
What does LungLink Do?

Patient provides daily SpO2%, Lung Function And Symptoms using mobile app and Bluetooth Spirometer.



Providers are able to see patient's progress right in their EMR and are notified about protocolized medication changes through the co-sign process

Patient is monitored by LungLink's Licensed Respiratory Therapists and they carry out protocols adopted by PCP and pulmonologists





Ana Domino, RRT
Bilingual Pulmonary
Navigator (Spanish)

Why use a **LungLink** Pulmonary Navigator?

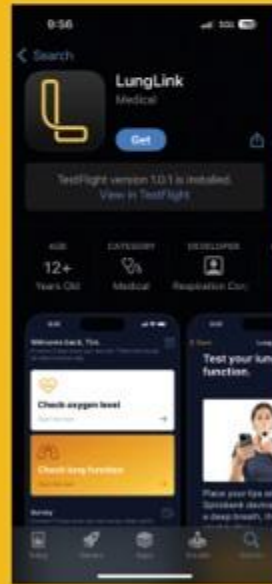
- Licensed and experienced respiratory therapists
- Check-in and evaluate patients on a monthly basis
- Chart their progress notes in your EMR
- The order medication changes in your EMR
- They handle insurance preauthorizations
- Coordinate outpatient care changes with Pharmacy & DME



One Device Simplifies
Monitoring Full Flow-Volume
Loops and SpO2%

The LungLink App Makes It Easy For
Patients to Provide Measurements

LungLink uses
the FDA Cleared
Spirobank Oxi



1 LungLink is Ordered Using Your Existing Process for Ordering Referrals



2 LungLink Ships Spirometer to Patient and our Technical Team Ensures Device is Setup Properly



3 LungLink Completely Takes Care of the Onboarding Process, From Account Setup to Intake Evals



4 LungLink RTs review monthly Data with Patients

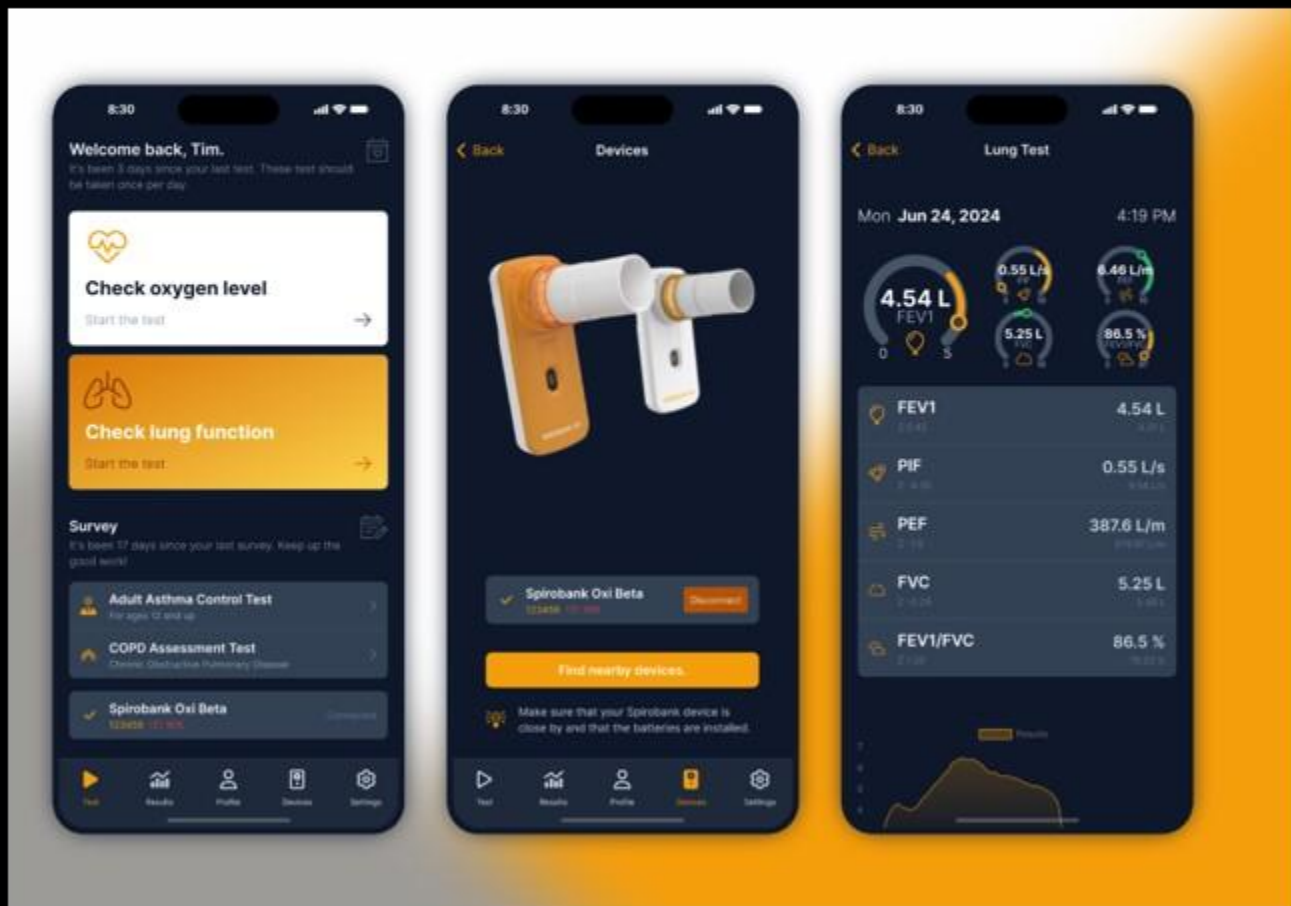
5 LungLink RTs Document and Processes Protocolized Medication and Care Changes Directly in your EMR

6 LungLink Works with Patients' Insurance, Pharmacy & DME to Ensure Care Changes are Seamless

Protocols

Monitoring Doesn't Save Anyone.... It's what we do in response to monitoring that matters...

LungLink combines the latest in **Spirometry** and **Pulse Oximetry** technology with **Evidence Based Protocols**



Care Protocols are Executed on Behalf of the Ordering Provider

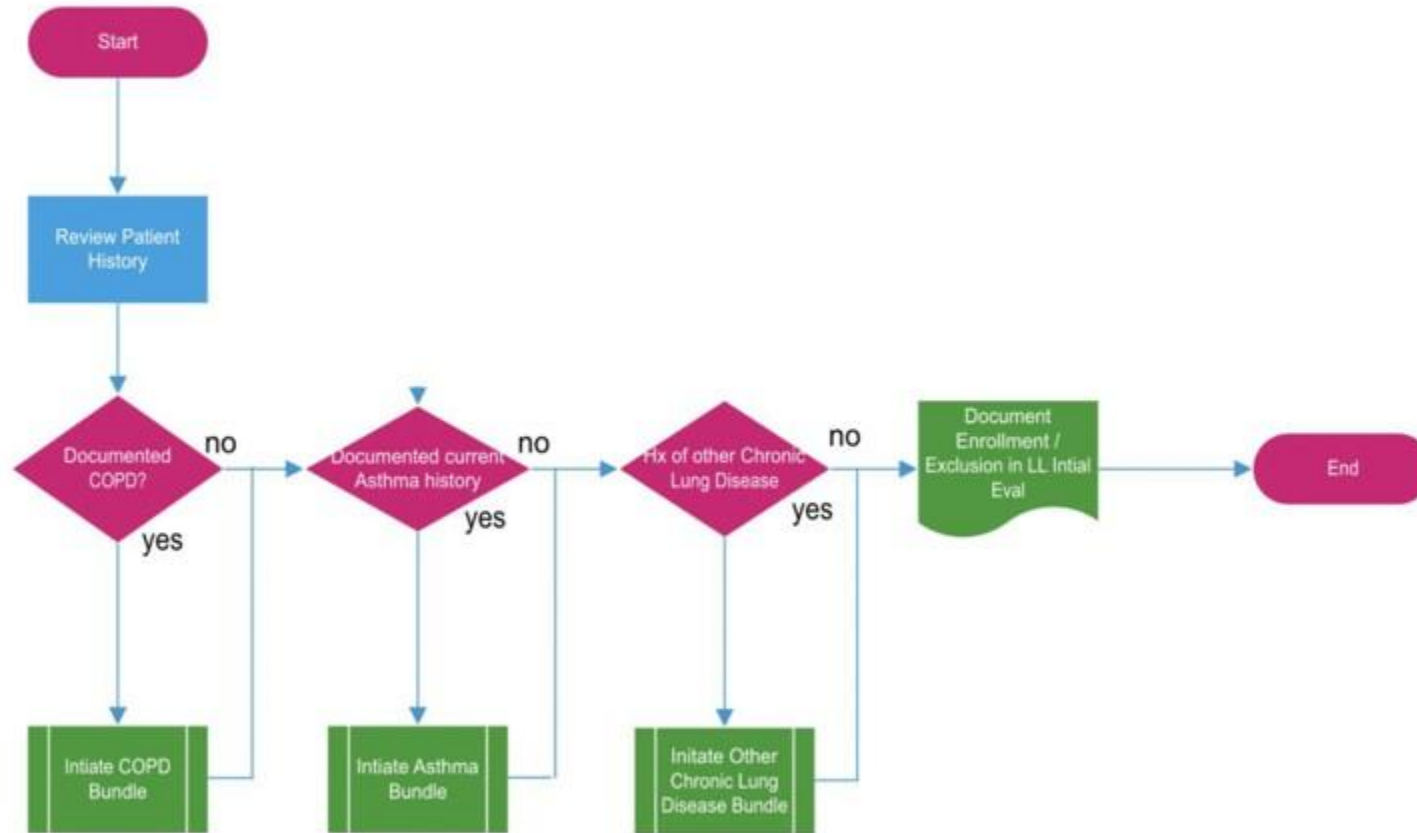
- Inhaled Corticosteroid Protocol
- Drug Delivery Protocol
- Smoking Cessation Protocol

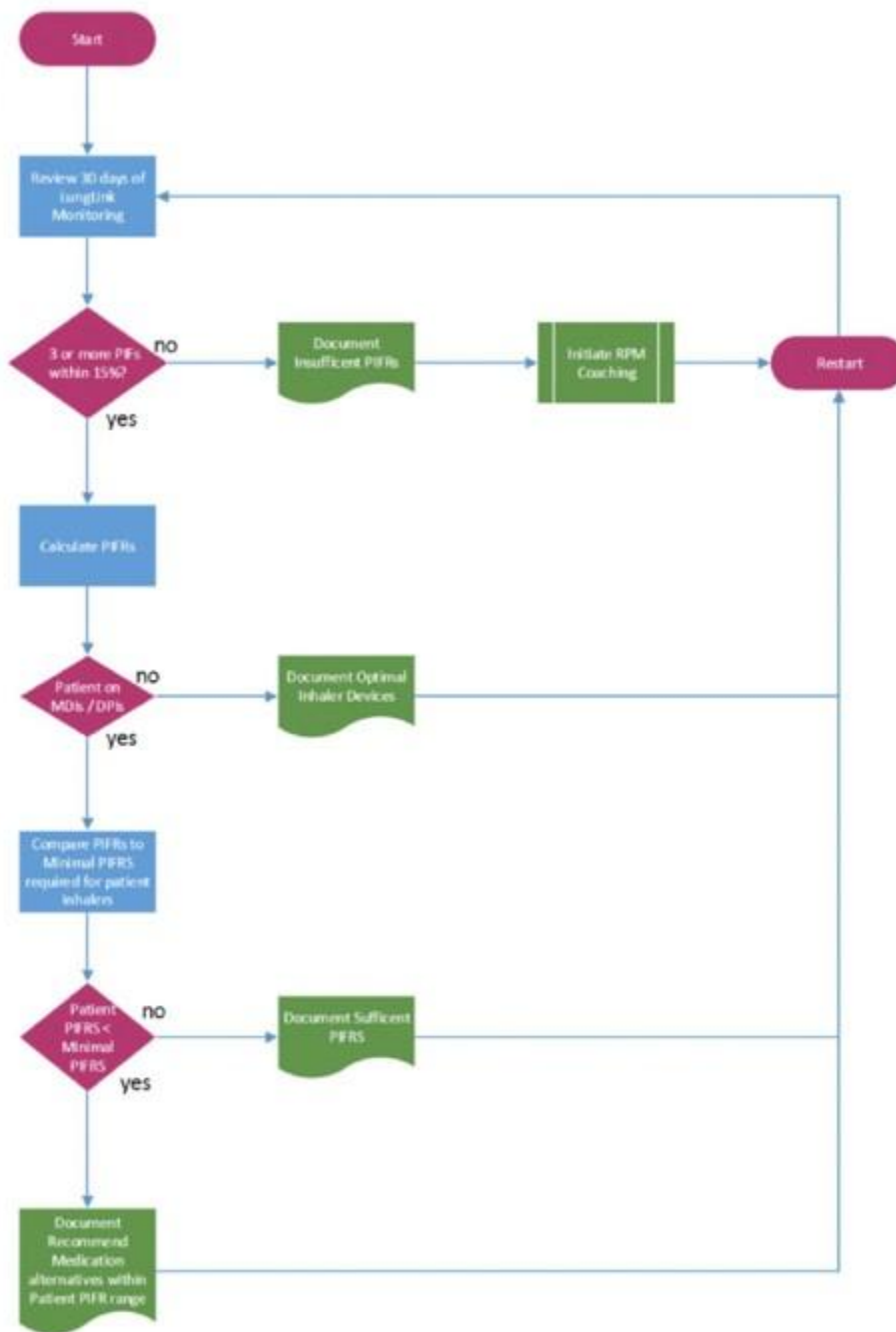


Patients Receive Monthly RT follow-up, More Frequent During Exacerbations and Care Plan Changes

LungLink Pulmonary Navigation Protocol

Visual Flow



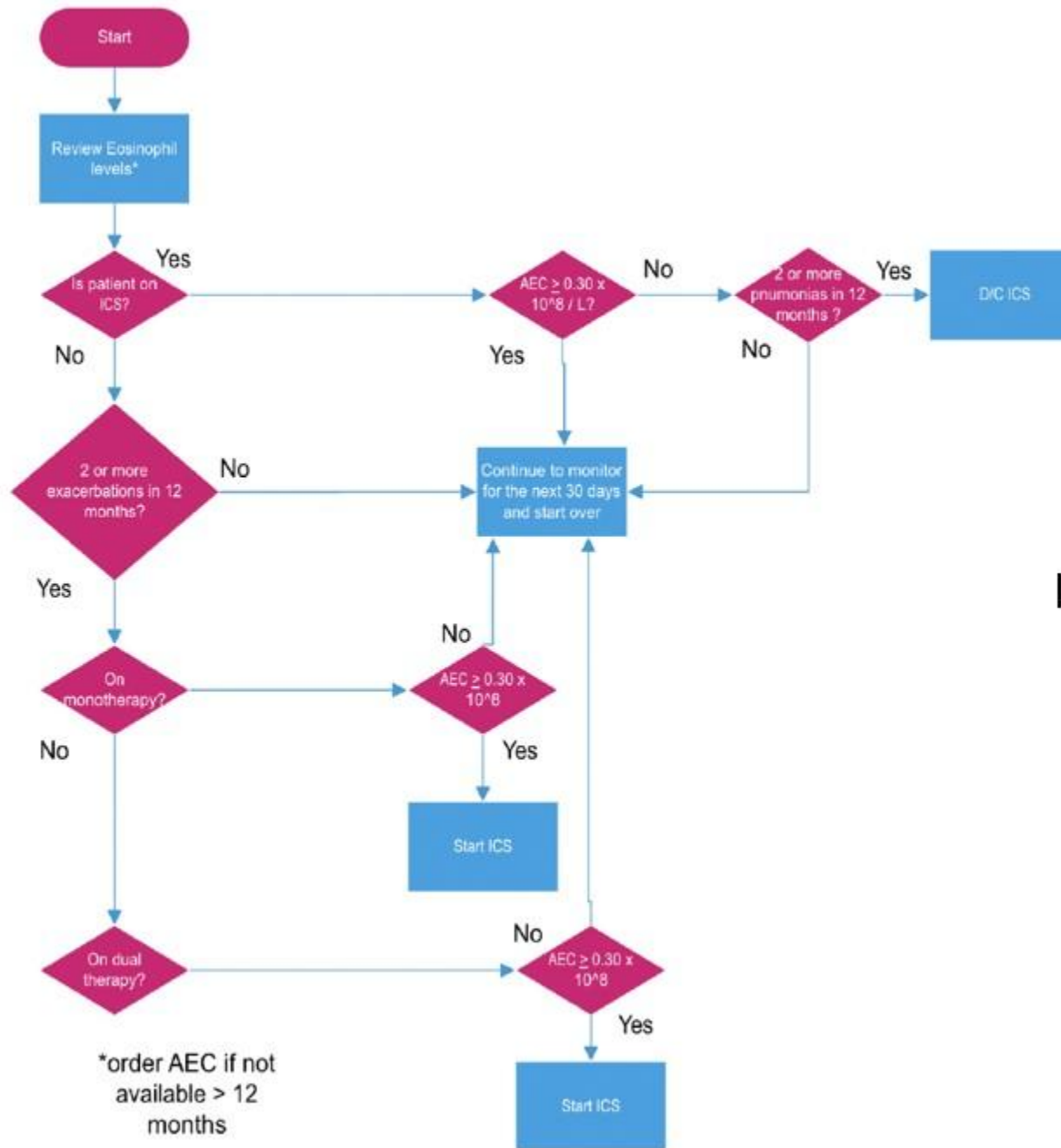


Medication Optimization Protocol

LungLink combines the latest in **Spirometry** and **Pulse Oximetry** technology with **Evidence Based Protocols**

Inspiratory Flow Sufficiency

PIF Highest		PIF 2nd Highest		Within 15%?		PIF (from spirometry report) >>>	262.8	L/min
4.38	L/S	4.26	L/S	2.739726027	%			
						R5	High	47 L/min
						R4	Med high	66 L/min
						R3	Medium	73 L/min
						R2	Med low	84 L/min
						R1	Low	97 L/min
						RO	pMDI	



ICS Protocol

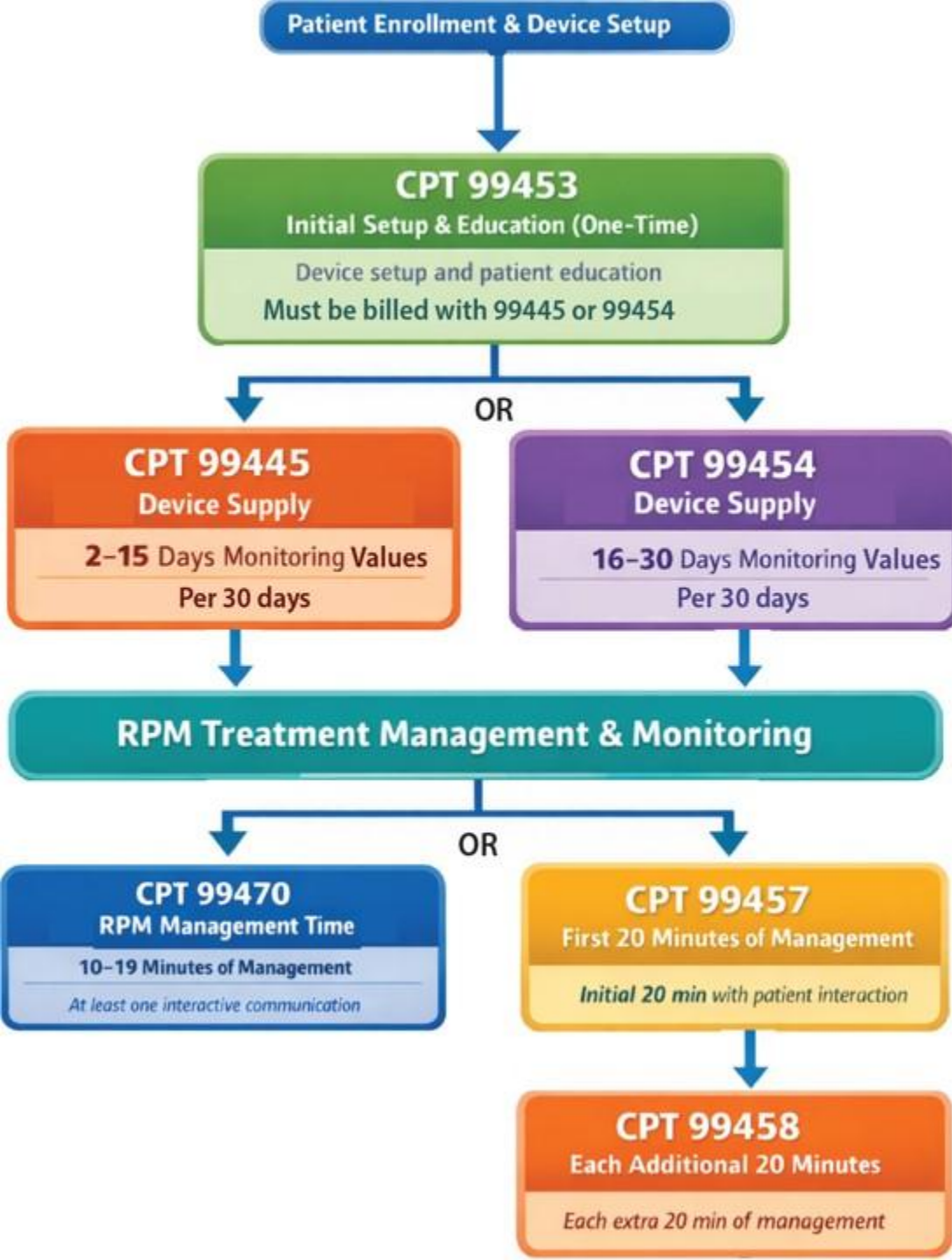
Integration with EMR and Provider Workflows





Care is documented in the Practices Existing EMR. No need for IT backend integrations.

No need for Physicians and Providers to log into a separate portal to view navigator progress notes.



Reimbursement Alignment



LungLink Takes on the Risk

- LungLink doesn't get paid unless the practice does
- LungLink absorbs the cost of technology, software, and FTE
- Guaranteed 20% margin



Practice retains billing privileges for patient.

Starting Steps?

- 1) Pick a Go Live Date (When do you want to be up and running?)
- 2) 4 Weeks from Go Live Date:
 - 1) 15-minute Implementation Call
 - 1) Review and Sign BAA, Service Agreement, and Care Protocols
- 3) 2 Weeks from Go Live Date:
 - 1) EMR Access
 - 2) Billing team call
 - 3) Virtual or In person Provider Inservice



Contact Information

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Sarah@lunglink.com



LungLink

Q&A



RHAU | 2026 ANNUAL CONFERENCE

November 4-5, 2026
DIXIE CONVENTION CENTER, ST. GEORGE

Early Bird Registration is now open!!!

Learn more at <https://www.rhau.org/conference>



CLOSING

- Next Session is July 2, 2026 at 12:00 p.m.
 - Topics:
 - Tevoni
 - Restoring Ancestral Winds
- The recordings from today will be available at:
<https://www.rhau.org/rhau-webinar-series>
- The application to request to present can also be found on the RHAU website, we encourage you to apply to present!
- **THANK YOU FOR ATTENDING!!!**



July 2026 RSVP

