Uniting Telehealth and Broadband to Improve Health Outcomes and Efficiencies



gpTRAC

May 21, 2024

SOLARITY

A HealthTech Solutions Company

OBJECTIVES

- BEAD and Digital Equity
- Making the Most of Telehealth Services
- Connecting Broadband, Telehealth, and Medicaid Savings

BEAD and Digital Equity

Broadband Equity Access and Deployment

- $42B for all states
- Infrastructure deployment for unserved and underserved areas
- Workforce Development
- Broadband adoption
- Digital Equity

Digital Equity

- $2.75B for all states
- The availability and affordability of access to broadband technology
- Online accessibility and inclusivity of public resources and services
- Digital literacy
- Awareness of online privacy and cybersecurity
- The availability and affordability of consumer devices and technical support for those devices

Populations to Focus On

- Low-income households
- Aging populations
- Incarcerated individuals
- Veterans
- People with disabilities
- People with language barriers
- Racial and ethnic minorities
- Rural inhabitants

gpTRAC States' Funding Allocations

all amounts from NTIA.gov as of April, 2024

gpTrac State	BEAD Allocation ($ Million)	DE Allocation ($ Million)
Iowa	415	8.44
Kansas	452	8.22
Minnesota	652	12.03
Nebraska	405	6.5
North Dakota	130	4.55
South Dakota	207	5.01
Wisconsin	1.055 Billion	13.25

Other Funding Opportunities

FCC	Rural Health Care Program: Ensures that health care providers serving rural patients have access to telecommunications and broadband services
USDA	ReConnect: Funding for the costs of construction, improvement, or acquisition of facilities and equipment to provide broadband in rural areas
Medicare & Medicaid	Medicare: Shared Savings Programs for healthcare providers. Medicaid: Shared Savings with Managed Care Organizations. To get full reimbursement, hospitals and providers required to have and have patients use portals
National Institutes of Health (NIH)	Many opportunities for research and training covering a wide range of health issues
The Office for the Advancement of Telehealth (OAT)	Technical Assistance Research Direct Services Workforce

Community Anchor Institutions: The Ties That Bind

All states are publishing their NTIA approved list of CAIs

- Inclusion in this definition requires a minimum internet speed of 1Gbps symmetrical
- Acknowledges importance of community support for safety, health care, education, social interactions

Studies of Social Determinant of Health (SDoH) tied to broadband availability

- Every indicator improves with digital access
  - Employment opportunities for online applications and remote working
  - Access to food security and social services
  - Access to education
  - Telehealth—improved health via more consistent engagement with health care professionals

Telehealth-Specific Impacts

- Expanded CAI allows for the entire health spectrum to have high speed access, making integrated health care easier
  - Simpler enrollment
  - Remote health care management of medical devices
  - More consistent compliance and appointment follow ups

Today: Hospitals, Universities, Libraries

Tomorrow:

Rural clinics, K-12, Technical Schools, Mental Health and Physical Rehabilitation Facilities, Community Centers, Urban Centers, Imaging Centers, Homeless Shelters, Probation Centers, Job Centers, Nursing Homes, Practitioners

Making the Most of Telehealth Services



Genetic Code vs Zip Code: *Where You Live Affects How You Live*

- Your “living location” directly impacts your access to healthy food, employment, education, social interactions, and health services. These factors shape and determine health and longevity. Up to 60% of your health experience is determined solely by your zip code
  - Average life expectancies in certain communities are 20-30 years shorter than those mere miles away throughout the US
  - Driven by interplay of racial, economic, educational, and other social factors
  - Health reforms focus on how to administer, finance, and deliver improved care
  - Issues are greater than clinical care
- Technology must be used to bridge gaps between healthcare capabilities and the needs of underserved populations to eliminate the paradigm of *ZIP code as a personal health destiny*



Timing Drives Unique Opportunities

- HealthTech Solutions and Solarity, combining skillsets, documented a link between broadband access and the ability to use telehealth for improved medical support at lower costs
  - Optimized by ubiquitous broadband across all medical facilities
  - Expanded patient data sharing through Health Information Exchange (HIE) participation
  - Provider and patient education driving higher telehealth use
- Identified multiple high-cost areas where telehealth education and expansion can deliver immediate and sustainable cost savings
  - Overburdened Emergency Rooms (ER)
  - Readmissions
  - Chronic Healthcare Treatment
  - Treatment Plan Compliance
  - NICU Follow Up
  - Behavioral Health
  - Addiction Treatment
  - Non-Emergency Transportation Costs

Telehealth is Here to Stay: Maximizing the Opportunity Created by Broadband Expansion

BEAD Prioritizes Community Anchor Institutions (CAI)

- CAIs include hospitals, rural and other clinics, long-term nursing facilities
- CAIs can get 1Gbps symmetrical broadband: capacity to run CT Scans & other high value tests

Improvements to rural and low-income healthcare access

- Rural and low-income households lack broadband for telehealth or follow-up care
- Travel distance to get in-person care (especially specialist services) discourages treatment
- Lack of Health Care Providers in Rural Areas barrier to quality care

Digital Equity Emphasizes Access & High Quality of Care for All

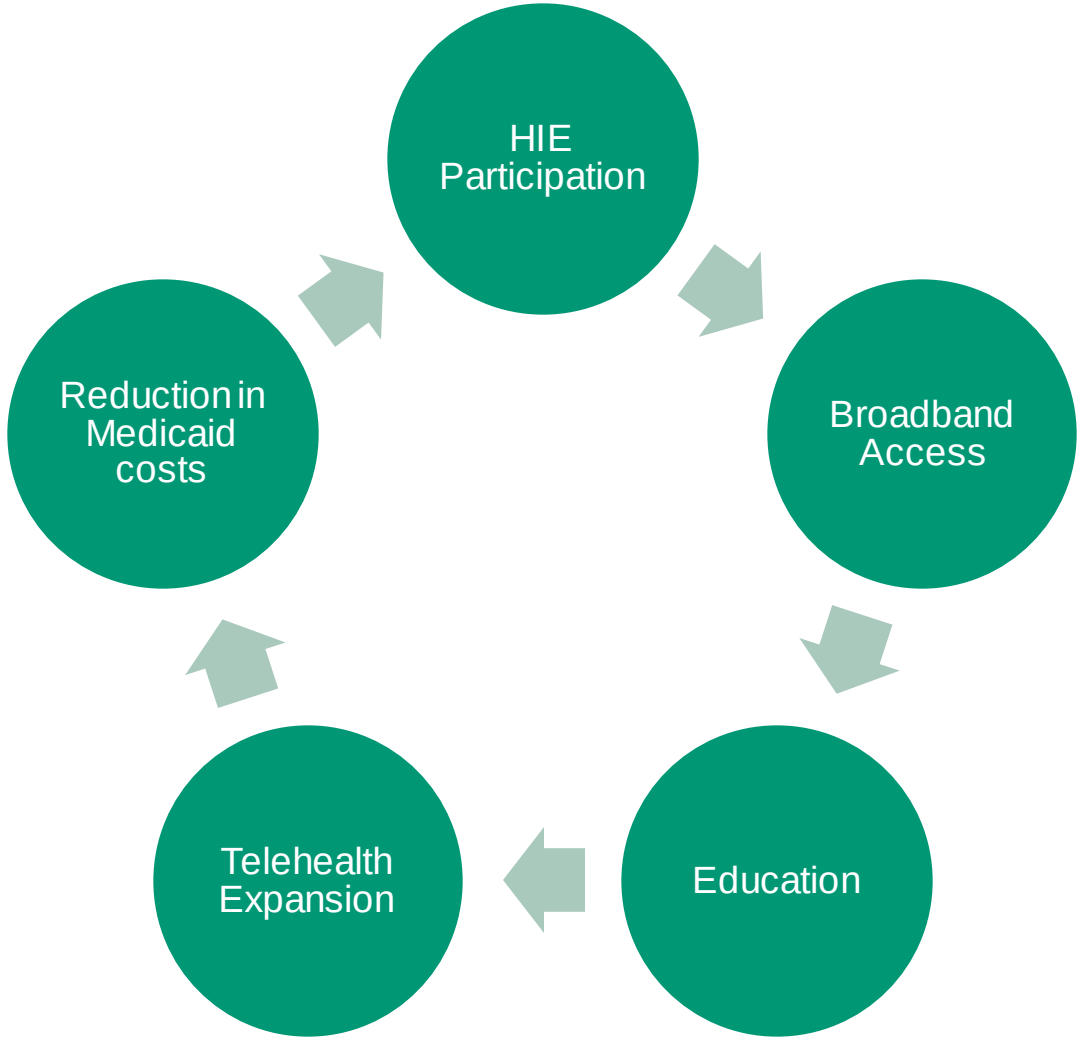
- Low-Income, Disabled, and Rural Populations are High Priorities for DEA projects
- Facilitates Elderly "Aging in Place" in their Homes, where they want to be.

Telehealth Promotes High Quality Care for Medicaid Populations with Reduced Costs

- Low-Income, Disabled, and Rural Populations are High Priorities for DEA projects
- Many Elders & Disabled receive Medicaid – Brings Potential Reduced Medicaid Costs for States

Connecting Broadband, Telehealth, and Medicaid Savings

Broadband Funding & Telehealth Increases Essential Exchange of Patient Data & Records: Health Information Exchange (HIE)



- **Infrastructure Investment & Jobs Act (IIJA)**
  - Once-in-a-generation funding: Broadband & Digital Equity
  - Funding focus: all Residents have broadband access
  - CAIs have high-speed broadband
- **Tie to Other State Programs & Digital Equity**
  - Focus on rural locations, at-risk families and older adults, chronic conditions
- **Health Information Exchange (HIE) Expansion**
  - Improved providers' ability to share patient records no matter where patients reside (One-Person/One Record)
- **Increased Telehealth Focus**
  - Support at-risk populations with improved quality of life
  - Cost efficiencies for state Medicaid programs

Telehealth & Broadband: Better Health Outcomes with Lower Costs

High-quality tool in lieu of in-person care

- Telehealth substitutes in-person care without increasing total number of visits.
- Telehealth could replace up to **$250 billion** in U.S. healthcare spending.

Lower no-show rates—especially for Medicaid population

- Highest no-shows are Medicaid patients due to inadequate transportation & missed work time: telehealth decreased no-shows from 25% to 5%
- Post-COVID reports show patients and providers desire telehealth options.

Telehealth-specific impacts

- Expanded CAIs allows entire health spectrum to have high speed access, making integrated health care easier
  - Simpler enrollment
  - Remote health care management of medical devices
  - More consistent compliance and appointment follow ups
  - Reducing Medicaid costs = reducing state general fund & federal costs
  - Telehealth reduces gasoline usage, pollution, and environmental costs
  - Broadband technology with firewalls & the like, is secure & private

Drivers of Change

- Sufficient broadband at all healthcare locations to enable record sharing
- Educate healthcare locations about RHC subsidies
- Fact-based messaging to overcome telehealth concerns
- Patient education on telehealth applications
- EQUITY in digital access, devices, and skills
- Expanded (HIE) participation by hospitals AND partner facilities
- Provider education on effective telehealth support models

Call to Action

Understand your state's BEAD and DEA initiatives
Act locally and with intention
Educate the over-looked and underserved

- Know where your CAIs are located
- Identify areas of need where the cost and quality of healthcare services can be impacted by inclusion in the BEAD infrastructure plans
- Use your local, state, or federal resources that are already focused on digital equity, device placement, skills training, etc.
  - Education of potential "new" online health care users recognizing their nascent capabilities
  - Device placement and technical support for users and for rural or urban health care facilities newly "connected"
- Examine placement of healthcare resources required for the next five years
  - In-office support versus online support
  - Digital navigators
  - Patient education
- Encourage healthcare systems and providers to expand telehealth offerings
- Advocate for federal and state mandates on rural coverage, educational resources, devices, and policies to encourage telehealth participation
- Identify transactional savings for state Medicaid, Medicare, and private pay; "follow the money"
- Build success-based examples in your area to share regionwide

QUESTIONS



Rachel Karvia

rachel.karvia@solarity.com

https://healthtechsolutions.com

https://solarity.com





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