



Broadband Summit

A Summary of the National Rural Health Information Technology Broadband Summit

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INTRODUCTION

The information contained in this document was compiled from the National Rural Health Information Technology (HIT) Broadband Summit held in Washington, D.C. on February 6, 2013. This summary includes overall findings from the Summit, including: Enhance Awareness; Engage and Educate; and Build the Business Case.

Currently, the American health care system is going through a transformation in the use of technology such as electronic health records and telehealth applications. Access to high speed broadband is a necessary component to make these technologies a reality. Broadband is a facilitator to deliver long-distance clinical health care, remote patient monitoring, electronic health record technology and professional health-related education. This technology also enables communities to connect medical centers with pharmacies and doctor's offices if they have high speed internet connections.

Access to high speed broadband in rural America is extremely important for all the reasons mentioned above, and because rural hospitals are often passed by as patients head to the urban centers for health problems. New technology can enable enhanced access to needed resources and services in the rural health care facilities. However, inadequate, expensive or nonexistent access to broadband can limit hospitals' ability to use technology to reduce costs or enhance quality of care. Lack of technology can also make attracting medical professionals to rural areas difficult.

The National Rural HIT Coalition, and its Rural HIT Broadband sub-group, has advanced the rural HIT dialogue by hosting a National Rural HIT Broadband Summit during the National Rural Health Association's Policy Institute in Washington, D.C. on February 6, 2013. The National Rural Health Resource Center staffs the Coalition as a part of the Federal Office of Rural Health Policy funded Technical Assistance and Services Center (TASC) for the Rural Hospital Medicare Flexibility Program grantees. The report below is a summary of the National Rural HIT Broadband Summit and recommendations.

KEY SUMMIT OBJECTIVES

- Bring federal and national leaders together to identify ways to collaborate and accelerate the adoption of broadband for health care in rural America.
- Develop specific recommendations to address current broadband issues, including holes in coverage.
- Communicate outcomes of the meeting discussion to a broad national audience to accelerate adoption of broadband in rural America.

OVERALL SUMMIT FINDINGS

1. Enhance Awareness by Understanding Obstacles

Obstacle: Reimbursement - Improving broadband connectivity is a necessity but it does not close the HIT gap. Providers need reimbursement for telehealth but not all telehealth costs are reimbursed. Medicare reimburses for telehealth services when the originating site is in a Health Professional Shortage Area (HPSA) or in a county that is outside of any Metropolitan Statistical Area (MSA). This originating site must be a medical facility and not the patient's home. This reimbursement is not affected by the location from which the telehealth services are being delivered. Medicare will only pay for "face-to-face" interactive video consultation services wherein the patient is present. Medicare does cover store-and-forward applications, such as teleradiology and remote EKG applications, as they do not typically involve direct interactions with patients. (U.S. Department of Health and Human Services n.d.).

There is not a widely-accepted standard for telehealth reimbursement for private payers. Some insurance will reimburse a wide variety of services while others have not developed comprehensive reimbursement policies. States also vary widely for reimbursing telehealth services through their Medicaid programs. (U.S. Department of Health and Human Services n.d.).

According to the National Broadband Plan, "Congress and the Secretary of Health and Human Services (HHS) should consider developing a strategy that documents the proven value of e-care technologies, proposes reimbursement reforms that incent their meaningful use and charts a path for their widespread adoption" (Federal Communications Commission n.d.).

Obstacle: Licensure (credentialing/reporting) - Telehealth can eliminate geography as a barrier to the provision of quality medical care. The current licensing system for physicians in the United States requires doctors to be licensed in the states where they practice. Fortunately, there are efforts underway to modernize these rules and facilitate more robust deployment and adoption of telemedicine services such as the effort by the American Telemedicine Association (ATA) called FixLicensure.org.

In 2011, The Centers for Medicare & Medicaid Services adopted a policy that allows credentialing by proxy, which has significantly reduced the administrative burden for providers in some remote areas. (Center for Telehealth and e-Health Law n.d.)

Obstacle: Cost - For rural areas across the United States, broadband infrastructure is often priced outside of their means and often the broadband capacity that they have is insufficient to support their needs for HIT and telehealth applications. Because most rural hospitals and clinics are not served by fiber-optic infrastructure, the bandwidth available for current and future applications is severely limited. Even when bandwidth is available, it is often cost prohibitive (Zager 2012).

2. Engage and Educate

There is potential for urban and rural cooperation to expand broadband in rural America. The broadband industry recognizes that rural simply can't accomplish it alone. A telecomm company has committed an additional \$14 billion over the next two years to expand both wired and wireless services to previously underserved areas. Many of these areas present an opportunity for collaboration with the Federal Communications Commission (FCC). Rural providers need to be educated on the FCC's Rural Health Care Program and the new Healthcare Connect Fund which provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care. The goal of the program is to improve the quality of health care available to patients in rural communities by ensuring that eligible health care providers have access to telecommunications and broadband services. Funding for the Rural Health Care Program is capped at \$400 million annually.

Rural providers and health care consumers also need to be educated and engaged on the utilization of telehealth and how it could potentially improve the cost and quality of their care. For example, telehealth is particularly important for patients in rural locations due to the lack of specialists. Several medical specialties such as primary care, home care, pathology, radiology, dermatology, ophthalmology, neurology, cardiology and psychiatry have utilized telehealth technology successfully. Telehealth services can include: clinical services such as consultations; examinations; remote monitoring; physician and patient communication; and, medical education. In order to implement and utilize any of these services - which use streaming video, wireless communication, high resolution diagnostic imaging, and semi-robotic surgical and examination tools - access to high capacity broadband is a must. The expansion of telehealth is promising for continuing access to health care in rural America.

The [Telehealth Resource Centers \(TRCs\)](#) are federally funded resource centers and a good place to start with education and collaboration. There are fourteen TRCs throughout the United States covering every region. They provide support to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations (Health Resources and Services Administration 2013). [Quality Improvement Organizations \(QIOs\)](#) and [Regional Extension Centers for Health Information Technology](#) have also been providing support to health care organizations to implement all aspects of HIT. The Office of the National Coordinator for Health Information technology (ONC) has funded 62 Regional Extension Centers to help more than 100,000 primary care providers adopt and use electronic health records (EHRs).

3. Build the Business Case

The most frequent bandwidth-intensive applications in health care today are remote consultations with doctors or other specialists, transmission of images and centralization of medical records (Zager 2012). Rural providers need someone with

business expertise to build a successful business case for telehealth with a focus on the development of simple tools that rural can use to fill in the gaps.

In order to build a successful business case for telehealth applications in rural, focus should be placed on four blocks of care for rural: triage, length of stay, readmissions and pharmacy. It is also important to focus on chronic illness, not hyper acute. For example, rural patient access to internal medicine or cardiology is important in cases of congestive heart failure and these specialties are currently in short supply in rural areas.

Developing use cases for health care that urban providers can relate to, and that motivates rural providers to seek broad applications, is a solution that can build a business case and move things forward. A business case example of this is in-home monitoring for chronic conditions like congestive heart failure and diabetes. With escalating health care costs and an aging population, systems that are enabled by connections to broadband can be utilized for seniors and people with disabilities. The in-home monitoring technology can save lives and health care costs by keeping patients out of the hospital (Alan Pitt 2013). According to the FCC's National Broadband Plan, 'broadband and health information technology will transform health care, simultaneously enabling better outcomes and lowering costs. Electronic Health Records and Remote Monitoring technology could alone create over \$700 B in net savings over 15-25 years' (Federal Communications Commission n.d.).

CONCLUSION

Technology utilization in health care is moving forward at a fast and exciting pace, bringing about the opportunity for new health care resources in rural America such as specialists, telepharmacy and remote monitoring. While there are still many obstacles in place such as telehealth reimbursement, cost of high speed broadband and licensure issues, steps are being taken by the FCC and private companies to ensure access to high speed broadband in rural America. By enhancing awareness on a national level, engaging and educating health care providers and consumers, and building a solid business case for rural applications, access to high speed broadband and higher quality, more affordable health care will be within reach.

RESOURCES

[Federal Communications Commission \(FCC\) Healthcare Connect Fund Fact Sheet >](#)

[More information on telehealth reimbursement >](#)

[More information on telehealth credentialing and privileging >](#)

[National Broadband Plan >](#)

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