ALTERNATIVE ORIGINATION SITES FOR RURAL TELEHEALTH

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Learning Objectives

Following this webinar, participants will be able to:

- 1. Describe telehealth origination sites and common rural alternatives
- 2. Relate what a telehealth visit looks like for the patient from an alternative site such as a library
- 3. Discuss the positive impact on health equity and patient access
- 4. List examples of rural alternative origination sites



Presentation Outline

- Defining Telemedicine
- History (pre-pandemic)
- Emergence of Alternative Telemedicine Locations
- Telemedicine in Libraries *Program Models*

Telemedicine

- Telehealth: Use of electronic information and telecommunications technologies to support longdistance clinical health care
- Telemedicine: Delivery of direct, real-time patient care delivered virtually



Sources: US Department of Health and Human Services; American Telehealth Association

Telemedicine Connection Requirements for Patients

- Equipment (computer/tablet/smartphone)
- Broadband Signal (i.e. not satellite)
- Broadband speed >= 25/3 mbps



Synchronous Telemedicine -Pre-COVID

- Medicare reimbursement based on *Hub and Spoke* model
 - Must live in a health professional shortage area
 - Must connect from an approved "originating site"
 - "Home" was not an approved originating site



Chronic Care Management Act of 2015 Allowed Certain Patient to Connect from Home

- Expanded originating site definition for certain populations with Medicare insurance
- Reimbursed for synchronous telemedicine care if the patient had <u>two or more</u> chronic conditions *irrespective of where the care is received*
 - Chronic conditions: Alzheimer's disease, arthritis, asthma, autism spectrum disorder, cancer, cardiovascular disease, depression, diabetes, hypertension, infectious diseases (and more).
 - Both conditions must be expected to last 12 months to the end of the patient's life.



Barriers to Home-Based Telemedicine in Rural Areas % of U.S. adults who say they have or own the following

- Fewer rural residents have access to broadband signal and equipment.
- Rural residents must travel further to access a free digital signal.



Source: Survey conducted Jan. 25-Feb. 8, 2021.

PEW RESEARCH CENTER

Digital Inclusion Further Limits Telemedicine Access

- Study of 30 Head and Neck Cancer Survivors from Rural Virginia
- Connected to an oncology nurse to detect and intervene with posttreatment cancer-related distress



DeGuzman, P. B., Bernacchi, V., Cupp, C. A., Dunn, B., Chameroff, B. J., Hinton, I. D., ... & Sheffield, C. (2020). Beyond broadband: digital inclusion as a driver of inequities in access to rural cancer care. Journal of Cancer Survivorship, 14(5), 643-652.

Digital Inclusion Further Limits Telemedicine Access Continued

"It was just not connecting! And you know that's just nerve wracking when something doesn't work and you're trying, you know?"

-Rural head and neck cancer survivor trying to use telemedicine to connect to a nurse from home

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DeGuzman, P. B., Bernacchi, V., Cupp, C. A., Dunn, B., Ghamandi, B. J., Hinton, I. D., ... & Sheffield, C. (2020). Beyond broadband: digital inclusion as a driver of inequities in access to rural cancer care. Journal of Cancer Survivorship, 14(5), 643-652.

COVID

HEALTH

Tech for Telehealth Is Only Part of the Equation, Broadband Access Is the Other

Broadband access in rural America remains insufficient for telehealth to become the solution for rural areas healthcare

problems.

by **Liz Carey** October 13, 2020



Source: The Daily Yonder. https://dailyyonder.com/tech-for-telehealth-is-only-part-of-the-equation-broadband-access-is-the-other/2020/10/13/



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Telemedicine and Public Libraries A Perfect Fit

- Libraries can overcome equipment, broadband and *digital inclusion* challenges
 - Equipment and broadband access
 - Information access expertise
 - Available nationwide, accessible to rural and remote areas



Alternative Origination Sites Began to Emerge In Response to COVID-19

- Call for additional telemedicine access sites pre-dates COVID
 - Urge to make telemedicine more accessible for rural populations
 - Public health leaders advocated for schools and libraries to be originating sites before 2020
- School-based telemedicine
 - Improves class attendance and lowers costs for families
 - More often used for for wellness-related than communicable diseases
 - Asthma management is a more commonly studied program
- Other potential sites
 - Senior centers, community centers, VFW posts, or any site that has strong broadband and advocates for underserved populations



First Adopters of Telemedicine in Public Libraries -Research Study



DeGuzman, PB;Jain, N., Aziz, H., & Martin, N. (2022). Telemedicine in Public Libraries: Innovation Among Early Adopters. Telemedicine in Public Libraries: Innovation Among Early Adopters - E-LIS repository (rclis.org)

Major Goals of Earliest Adopters of Telemedicine in Public Libraries

- Connecting underserved community members and vulnerable populations with health care
- Providing private space
- Raising funds to support programming



Model Types

Access to Telemedicine in Library

- Library access: Patients schedule use of the library's telemedicine room and equipment through the library.
- Provider access: Patients can only schedule use of the library's telemedicine room and equipment through the partnering healthcare provider
- Hybrid: Both library and provider access available
- Coordinated Program Planning
 - Coordinated of services by an agency
 - No coordination of services



Model 1: Library Access Only, No Coordination



- Small rural county
 - Total population approx. 9,000
- Implemented by independent libraries across a multi—county consortium
- Idea generated from a non-profit agency but no overall coordination of services
- No funding
- Marketing through traditional (nocost) channels

Model 1: Library Access Only, No Coordination Continued



 Meeting room and equipment requested by patrons directly

Outcomes

• Unused by patrons several months into implementation

Model 2: Provider Access Only, Coordinated Program



- Urban County with rural outlying areas
 - Implemented in one urban library that was part of a larger library system
- Targeted those needing addiction, substance use and mental health counseling when providers switched to telemedicine only
- No dedicated funding

Model 2: Provider Access Only, Coordinated Program



- Meeting room, equipment and equipment were dedicated to program participants only
- Coordination with providers to ensure appointment scheduling

Outcomes

- Well utilized by participants the program intended to serve
- Program closed after providers began offering in-person services again

Model 3a: Hybrid, Coordinated Program



- Small rural county
 - Total population approx. 23,000
 - State library purchased soundproof kiosks for 3 rural libraries
- Grant funded (>500k)
- Marketed extensively through multiple traditional and nontraditional media
- Hired multiple staff members

Telemedicine Kiosk





Model 3a: Hybrid, Coordinated Program



- Patients accessed kiosk appointments in multiple ways
 - Partnered with a large regional health system – scheduled appointments
 - Patient could schedule time in kiosk
- Navigators in each kiosk assisted patrons with access

Outcomes

- Used by few patients initially
- Difficulty reaching vulnerable populations
- Continues to grow

Model 3b: Hybrid, Coordinated Program



- Small rural county
 - Total population approx. 7,000
- One independent free-standing library
- No private space available
 - Originally used director's office
 - Ultimately renovated storage closet with separate entrance
- Grant funded (25K)
- Marketing included targeted mailing and distribution of material.

Model 3b: Hybrid, Coordinated Program



- Patients accessed telemedicine room in multiple ways
 - Partnered with a large regional health system – scheduled appointments
 - Patient could schedule time
- Volunteer librarian assisted patrons with connecting as needed.

Outcomes

- Used by community members, but infrequently
- Ongoing program

Model 3c: Hybrid, Coordinated Program



- Large County with urban and rural areas
 - Implemented in several rural libraries near targeted population (rural lowland women)
- Utilized a mobile library to reach additional participants
- Coordinated and funded by university program

Model 3c: Hybrid, Coordinated Program



- Meeting room, equipment could be used targeted patrons
 - others could use as well
- Dedicated (grant-funded) community Health Worker provided guidance and connected patrons with providers

Outcomes

• Well utilized by participants the program intended to serve

Takeaways

- Multiple models and regions can be successful
 - Coordination with a provider or other agency drives patient use
- Rural programs may be more successful long-term
- Trusting relationships with community members and funding program coordination may be critical to success



Plan Your Program: Identify all Potential Partners

- Telemedicine Resource Centers
- Public Library
 - What libraries are in the community have interest in this work?
- Community Health Agency
 - Which one or ones serve the local community?
- Healthcare Providers or Practices
 - What practices serve community members?
 - School
 - Rural Health Clinic
 - FQHC
 - Private Practice
 - EMS
 - Regional care provider with specialty patients in remote/rural area
- What partnerships already exist?







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