NCHPH: Screening for Broadband Access and Digital Health Literacy in Public Housing Residents



Tri-Area Community Health

Howard Chapman, Jr. Director of Programs and Development

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National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

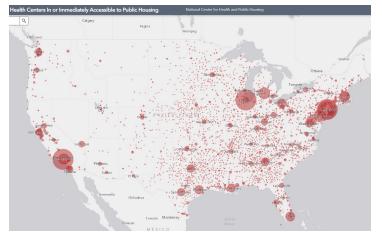




Health Centers Close to Public Housing

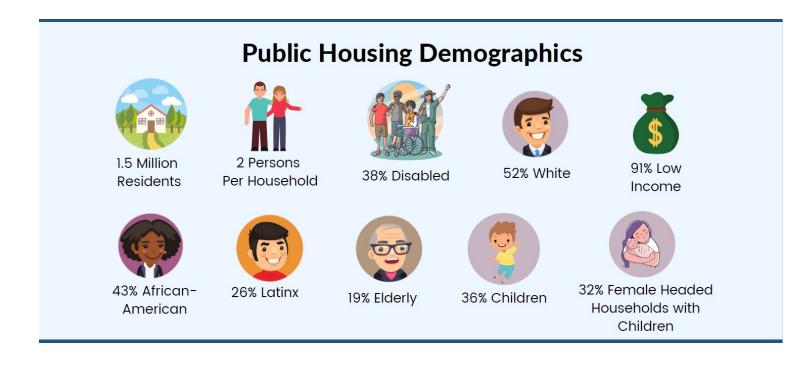
- 1,373 Federally Qualified Health Centers (FQHC) = 30 million patients
- 458 FQHCs In or Immediately Accessible to Public Housing = 5.7 million patients
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: 2021 Health Center Data



Source: Health Centers in or Immediately Accessible to Public Housing Map







The impact of broadband access on health

- Access to the internet and informational technology has re-defined patientprovider relationships via telehealth and health information distribution.
- Health information distribution presents one of the most promising routes of health equity and social justice. Recent research has confirmed this relationship and the ability of internet access to mitigate the negative impacts of health inequity.
- A recent study by the University of Chicago linked internet access to COVID-19 mortality rates.



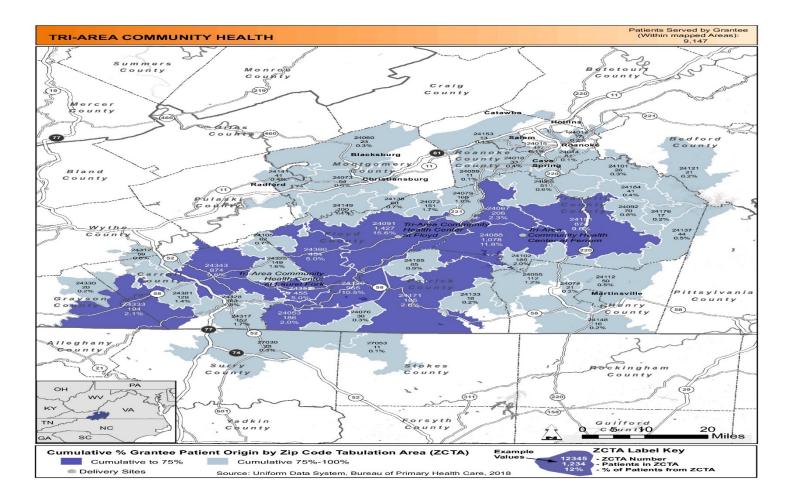
The impact of broadband access on health

- Health-related internet use has been connected to decreased rates of depression and anxiety.
- Recent research has indicated that digital disenfranchisement contributes to negative health incomes in a manner similar to other SDOH factors such as race, sexual orientation and income.
- Internet access has been linked to lower rates of cardiovascular disease, T2DM and severe COVID-19 infection.



- Is a small Five-site FQHC serving Carroll, Floyd, Franklin, Grayson, and Patrick Counties in the Blue Ridge Mountains of Southwest of Virginia
- Tri-Area has two full-service retail pharmacies
- It is part of the economically depressed Appalachian Region
- We serve around 10,000 patients with around 35,000 patient visits per year
- Around 115 employees and 18 medical and behavioral health providers
- Tri-Area is NCQA Level III Recognized as a Patient Centered Medical Home

Service Area Map



Service Delivery Sites







Laurel Fork

Floyd

Ferrum







Corporate Office



Patrick Co Family Practice / BH Services

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National Association of Community Health Centers 7501 Wisconsin Avenue Suite 1100W Bethesda, MD 20814 Phone 301.347.0400 www.nachc.com

COMMUNITY HEALTH CENTERS' TELEHEALTH PROMISING PRACTICES

Case Studies from the COVID-19 Pandemic

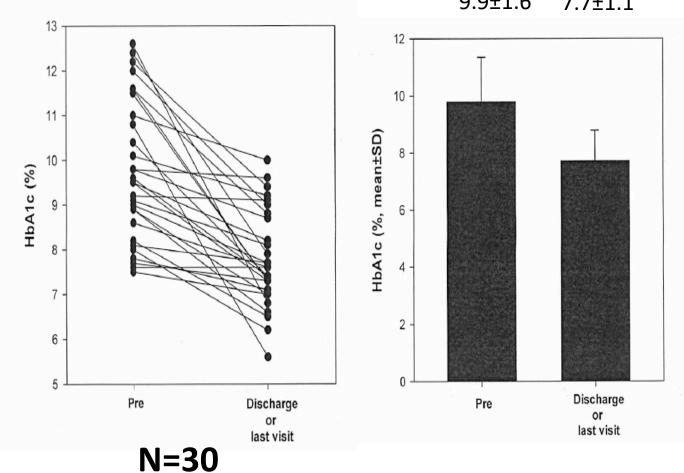


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Diabetes Quality Improvement Program

- Focus on uncontrolled Diabetic Patients HbA1c of 8 or higher
- Endocrinologist follows them for 6 months with telemedicine and on-site at Tri-Area
- Coupled with the Certified Diabetes Education Classes and the Diabetic Retinopathy Screenings
- Uses home monitor to measure blood glucose, dietary intake, physical activity etc.
- Uploaded to smart phone and to a secure cloud server when the patient reaches Wi-Fi signal (not real-time)
- Graphs the data and can be accessed by the endocrinologist, the patient, Tri-Area providers, nurses, and case managers with secure password clearance

Two year data telemedicine diabetes



9.9±1.6 7.7±1.1

FCC Commissioner Brandon Carr Press Conference for FCC Connected Care Pilot Grant \$100 million (June 2019)



Types of Telemedicine/Telehealth Used

Synchronous (live/real-time)

- Access to 24 Specialties through UVA
- UVA has a sliding fee program for our uninsured patients
- Provider and Staff CME
- Patient Education (Certified Diabetes Education Classes)
- Diabetes Quality Improvement Plan
- Site to site consults among Tri-Area providers

Asynchronous (Store and Forward)

- X-Ray Interpretation through UVA
 - ✓ Transferred electronically
 - \checkmark Results the next day
 - $\checkmark\,$ STAT readings in emergencies
- Digital Retinopathy Screening
 - Diabetic Screens for Patients (40% reported first screening they had)
 - ✓ FDA approval for iPad and smart phone to get results within 20 minutes

- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Gerontology
- Gynecology
- Hematology
- Hepatology
- Infectious Disease
- Nephrology
- Neurology

- Ophthalmology
- Orthopedics
- Pain Management
- Pediatrics
- Pediatric Cardiology
- Plastic Surgery
- Psychiatry
- Pulmonology
- Rheumatology
- Surgery
- TCV
- Urology

Benefits to Community Health Centers

- Removes rural isolation for physicians and makes it easier to recruit and retain
- Compliance with Patient Centered Medical Home
- Improved Patient access to specialty care
- Improved Patient Compliance with Treatment Plans
- Improved Coordination of Care



Human and Technology Resources Required for Telehealth

- Camera, Monitor, Cart Set-Up Under \$12,000 (20 years ago around \$75,000)
- Good Connectivity (25 mbs or greater)
- Secure Network to maintain HIPAA Requirements
- Trained Staff (Certification Programs like STAR, UVA has a Certified Program)
- Provider Champion and support from Senior Management



Telehealth Resource Centers Role

- Telehealth Resource Centers are an excellent resource for providing education to organizations and individuals interested in telemedicine/telehealth and other health technologies
- They link interested providers, health facilities, and programs to successful programs that are using telemedicine
- They provide technical assistance and arrange trainings to get programs up an running
- They work to identify and target regional needs in their service area
- I have a great working relationship with the MATRC Director, Kathy Wibberly and her staff
- She has connected me to a Telemedicine FQHC Focus Group that has 6 Telehealth Resource Center Directors and FQHCs involved in ongoing discussions and trainings

Policies and Issues

CMS definition in the CFR/Vol 79, No.91 (May 12, 2014) that refers to section 1842(b)(18)(C) that references the physician or practitioner that may serve as a Distant Site

Since neither the definition of "physician" nor the definition of "practitioner" includes RHCs or FQHCs, we do not believe that RHCs or FQHCs are authorized under the statute to be distant site providers of telehealth services.

- Many commercial insurance carriers default to CMS Policy as to their recognizing FQHCs as a Distant Site
- HRSA's Recognition of telemedicine/telehealth (currently only Behavioral Health visits are counted)

Telemedicine and State Regulation

- State Regulation drives most of the telemedicine/telehealth regulations
 - Telemedicine is defined as using technology to diagnosis, monitor, and/or treat patients remotely
 - Telehealth is applying technology to assist patients in the management of their illness through self-management and access to education and support systems
 - Synchronous telemedicine is real-time interactive audio and video consult
 - ✓ Asynchronous or "Store and Forward" is the transfer of data from one location to another through a camera or other image device that records and stores an image and is forwarded through telecommunication for a consult or interpretation (not real-time)

Virginia Telemedicine Regulations

- Parity Law that mandates equivalent coverage for telemedicine and in-person services from private payers, Medicaid, and state employee health plans
- State mandates reimbursement only on medical services provided via live video and provide limited coverage for other telehealth applications
- Tri-Area is paid for telemedicine services, even as a Distant Site by Medicaid and most commercial insurance

Issues



- Poor Connectivity and Broadband in rural Southwest Virginia
- Currently 50 mbs Laurel Fork and Grayson Co sites, 100 mbs at Floyd, and 20 mbs at other sites and Corporate Office
- 2 Years ago 10 mbs Laurel Fork site, 6 mbs Floyd site, and 3 mbs Ferrum site and Corporate Office
- Competing with EMR, Practice Management System, email, and internet for bandwidth
 Tri-Area Community Health

Digital Health Literacy

- Screening for Digital Health Literacy
 - Patients access to smart phone and other devices (cell phone number is obtained at registration)
 - ➢ Patients who utilize the Patient Portal
 - ✓ 2019-7,094 (logins)
 - ✓ 2020-14,218 (logins)
 - ✓ 2021-23,814 (logins)
 - Tri-Area staff and Dr. Santen help assess patient knowledge

Screening Tools for Digital Health Literacy and Broadband Access

• "Tech Checks"

- New Telehealth Coordinator will work with first-time telehealth patients to be sure they understand and have appropriate equipment and bandwidth
 - ✓ Any provided device is usually locked to restrict access and improve security
 - ✓ Etiquette is also discussed (i.e., no kids or tv playing in the background, not connecting while at McDonalds) assure private and quite space for telehealth visit
- Ingenium assists with analysis, integration, and operations in rural areas
- The UVA Team assist patients with their devices and connectivity

Assisting Patients with Low Digital Health Literacy

- Knowledgeable Staff
 - STAR Training allows the Certified Telehealth Technician to operate the equipment and troubleshoot for technical issues
 - UVA offers a variety of trainings by discipline for medical providers to prepare them to conduct a telehealth visit
 - ✓ These are online trainings
 - Provide patient a good orientation of the device and equipment prior to the telehealth visit



Thank You! / Questions?

- **Contact Information:**
- Howard Chapman, Jr.
- **Director of Programs and Development**
- **Tri-Area Community Health**
- 14168 Danville Pike / P. O. Box 9
- Laurel Fork, VA 24352
- Telephone: 276-398-2292 ext. 2221
- Cell: 276-494-1143
- Email: <u>hchapman@triarea.org</u>

