COVID-19 Pandemic Highlights Importance of Connectivity

Federal government increases funding for programs that help providers implement and upgrade connectivity infrastructure

The COVID-19 pandemic has had a dramatic impact on how telehealth and other forms of connected care delivery are being used in healthcare. That impact is likely to have ongoing repercussions that will permanently affect how healthcare is delivered in the U.S. To stay relevant, healthcare organizations will need to ensure their connectivity infrastructure supports new models of healthcare delivery.

The pre-pandemic telehealth use case: Rural healthcare access

"Before the pandemic, telemedicine was largely used for one of two reasons," said Rob Havasy, Senior Director for Health Information Systems at HIMSS and Managing Director of the Personal Connected Health Alliance (PCHA). "It was used to expand access to specialty care in rural areas, where there are a limited number of specialists and by hospitals to access radiology expertise and control those costs."

Pre-pandemic, the federal government strictly regulated the use of telemedicine. The Centers for Medicare and Medicaid Services (CMS) limited how, when and where telemedicine could be used and still qualify for federal reimbursement. "But it wasn't just the policies that were holding organizations back from implementing telehealth services," said David Gray, Senior Manager of Government Relations and Connected Health Policy, HIMSS. "There were also technical barriers."

"The COVID-19 pandemic did not create new trends in healthcare delivery, as much as it accelerated existing trends. Now that more people have experienced [connected care], they've seen how much better things can be."

Rob Havasy
Senior Director, Health Information Systems, HIMSS | Managing Director, Personal Connected Health Alliance (PCHA)

Rural providers trying to develop connectivity infrastructure are often faced with two obstacles: reduced access to connectivity and, at the same time, a higher cost to access connectivity. In recognition of these barriers, the FCC created the Rural Health Care (RHC) Program in the late 1990s to help rural providers access telecommunications and voice services at discounted rates for the use of telemedicine and telehealth (Figure 1). In 2012, the FCC added the Healthcare Connect Fund (HCF) Program, which helps defray the cost of high-capacity broadband connectivity for rural providers. In 2020, the FCC increased the funding cap for the RHC Program to nearly $605 million. (Note: The annual filing window for the RHC Program typically begins on Feb. 1 and runs through April 30.)

Despite these resources, healthcare organizations are still struggling to scale up telehealth, said Gray. Even as the COVID-19 pandemic has highlighted the importance of connectivity, it has also "emphasized the disparities between healthcare organizations that have access to connectivity and those that don't."

Pandemic 'flipped the health model on its head'

"COVID-19 flipped the health model on its head," said Havasy. "Instead of trying to get as many people as you could to come into your facility, the pandemic changed that to trying to keep as many people as you could away from your facility, but still deliver quality care."

Figure 1. Telecommunications funding programs

Rural Health Care (RHC) Programs

- Eligibility limited to nonprofit or publicly funded rural healthcare providers
  - Annual filing window typically begins on February 1 and runs through April 30
- $605 million appropriation
- Includes two separate programs:
  - Telecommunications Program
  - Healthcare Connect Fund (HCF) Program

COVID-19 Telehealth Program

- Open to rural and non-rural providers
- Eligible to nonprofit or publicly funded healthcare providers
- 100% project-based funding
- Immediate, short-term assistance
- $200 million appropriation
- Ends when funding runs out or COVID-19 pandemic ends

Connected Care Pilot Program

- Open to rural and non-rural providers
- Eligible to nonprofit or publicly funded healthcare providers
- 85% funding of the telecommunications and broadband services not already funded by RHC programs
- Focus on providing connected care to low-income Americans and veterans
- $100 million appropriation
- Three-year program

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David Gray, Senior Manager, Government Relations and Connected Health Policy, HIMSS

"Telehealth became the only option for non-COVID-19-related patients to engage with their healthcare providers," said Gray. "That started the switch in people's heads from viewing telehealth as a unique service to viewing telehealth as part of the larger healthcare ecosystem and an integral part of healthcare delivery."

Suddenly, it seemed like every healthcare organization was trying to ramp up a telehealth program. In response, CMS made sweeping changes to the regulations surrounding telehealth to help healthcare organizations deal with the surge in patients, including expanding access to telehealth services for people with Medicare. CMS increased reimbursement for telehealth to include more than 80 additional services.[1]

Congress also appropriated more funds to help healthcare organizations expand telehealth services. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law on March 27, 2020, included the appropriation of $200 million to the FCC for the COVID-19 Telehealth Program to "address coronavirus by providing telecommunications services, information services and devices necessary to enable the provision of telehealth services." In early April, the FCC adopted rules for the program and published guidance for providers interested in applying for funding from the newly established COVID-19 Telehealth Program.

"The new COVID-19 Telehealth Program offers a more holistic approach than the previous programs," said Havasy. "The older programs required cost sharing. With the new program, the FCC is saying, 'We know your budgets are strained, so we will pay 100% for everything you need to treat this patient surge.' The new program also covers more than just subsidizing broadband connectivity and costs. It includes more equipment and other devices that were left out of the other programs (Figure 2).

The FCC also adopted a three-year Connected Care Pilot Program that will provide up to $100 million from the Universal Service Fund (USF) to help defray healthcare providers' costs of providing connected care services within pilot programs designed to treat chronic conditions and to help assess how the USF can be used to support telehealth in the long term. The program gives funding preference toward increasing connected care services for low-income Americans and veterans.

Connected care in the post-pandemic era

"The COVID-19 pandemic did not create new trends in healthcare delivery, as much as it accelerated existing trends," said Havasy. "Consumers were already looking for healthcare to become more flexible and fit into their lives. Now that more people have experienced [connected care], they've seen how much better things can be."

"Health systems rely on robust internal ways of distributing information to communicate about changes to the standard of care, as they treat a brand new disease for which there were no written rules."

–Rob Havasy

People have become more comfortable with video services in general, and that has changed consumer perspectives on what connected care is. Havasy gave the example of having recently attended a friend's virtual 90th birthday party using video conferencing software. "All of her 80- and 90-year-old friends got together to sing happy birthday to her over Zoom," he said. "Was it as good as getting together in person? No, but it was still worth doing. So, people have realized they can do more online than they ever thought possible."

During the pandemic, many more people experienced the convenience of virtual care. "People are going to say, 'Wow, I can do a lot of things online I didn't think I could, and it can be pretty effective. Why should I go back into the doctor's office just to get a prescription refilled, when I could just do that over the phone?'" said Havasy. "The push from consumers for convenience and connectivity is going to continue."
But, it's not just consumers who expect the convenience and

accessibility of digital health services. Providers also want – and need – to use technology effectively. The nature of healthcare delivery has changed dramatically over the past 30 years. "Healthcare has become an information-driven enterprise: that means having the capacity to rapidly share information," said Havasy. "During the pandemic, information about COVID-19 was changing by the day, and, in some cases, by the hour. Health systems rely on robust internal ways of distributing information to communicate about changes to the standard of care, as they treat a brand new disease for which there were no written rules. This is the way healthcare works now, which is why connectivity is critical for healthcare enterprises."

Establishing a connectivity infrastructure

To support today's information-driven healthcare enterprise, healthcare organizations need to have the right connectivity infrastructure in place. "Infrastructure enables the bulk of healthcare delivery today," said Havasy. "Infrastructure is as important as doctors, nurses and tongue depressors in how healthcare works. It is the foundation on which everything runs."

It's important for healthcare leaders to consider what infrastructure they need. "They need to understand that not all healthcare is delivered inside the four walls of their facility – healthcare networks need to extend beyond those four walls," said Havasy. "They also need to consider the points of entry and the edges of their network, because so much more of healthcare delivery is taking place in nontraditional ways."

Developing the right connectivity infrastructure may require the help of outside expertise, because telecommunications and IT are not necessarily the core competencies of healthcare

Figure 2. Examples of services that may be eligible for funding

COVID-19 TELEHEALTH PROGRAM

Internet

- Fiber Internet Access
- Wireless Internet
- Wireless Backup
- Flex Internet
- Broadband
- Coax Internet

Wide Area Network

- Ethernet
- Cloud Connect
- SD-WAN
- Wavelength

Managed Network Services

- Managed Security
- Managed Router

Voice & Unified Communications

- Primary Rate Interface (PRI)
- SIP Trunking
- Unified Communications
- Coaxial Voice

CONNECTED CARE PILOT PROGRAM

Internet

- Fiber Internet Access
- Wireless Internet
- Wireless Backup
- Flex Internet
- Broadband
- Coax Internet

Managed Network Services

- Managed Security
- Managed Router

Voice & Unified Communications

- PRI
- SIP Trunking
- Unified Communications
- Coaxial Voice

organizations. This is where the right connectivity partner can help. A connectivity vendor who understands healthcare, and who offers a wide range of connectivity solutions, can help healthcare organizations plan to meet the connectivity challenges that the future will bring.

The right connectivity partner can also help organizations identify infrastructure solutions that meet their unique needs. As Havasy pointed out, connectivity infrastructure is not a "one-size-fits-all" undertaking. Connectivity infrastructure solutions need to take into consideration existing infrastructure, as well as variables such as geography.

"There's not just one solution," said Havasy. "There needs to be flexibility for providers to implement these things in ways that match the needs of their community. The power of digital technology lies in its diversity."

Finally, the right connectivity partner can help healthcare organizations identify funding programs – such as those offered through the FCC – that can help organizations overcome cost barriers to advancing their connectivity infrastructure and related initiatives.

"The pandemic and its consequences have really highlighted how connectivity plays an integral role in the delivery of healthcare. Not just telehealth, but healthcare generally," said Gray. "The lifeblood of connected health is the infrastructure that connects people and providers."

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Reference

[1] "Additional background: Sweeping regulatory changes to help U.S. healthcare system address COVID-19 patient surge." CMS.gov. March 30, 2020. https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient

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