## Industry Overview:

What is Telehealth?
- The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications.
- Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicare and Medicaid, may impose restrictions on the types of technologies that can be used.1 Those restrictions do not limit the scope of the HIPAA Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications.
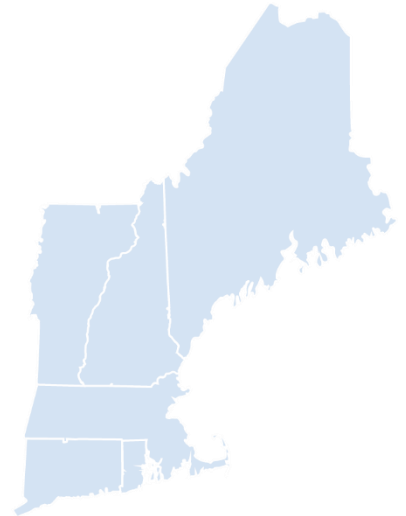
What is Telemedicine?
- Telemedicine is a subset of telehealth that refers solely to clinical health care services. Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit. Telemedicine technology is frequently used for follow-up visits, management of chronic conditions, medication management, specialist consultation and many other services that can be provided remotely via video conferencing.

    ### For example, an individual may be able to get:

    - General health care, like wellness visits
    - Prescriptions for medicine
    - Dermatology (skin care)
    - Eye exams
    - Nutrition counseling
    - Mental health counseling
    - Urgent care conditions, such as sinusitis, back pain, urinary tract infections, or common rashes

News Report

Telehealth keeps care continuity during COVD-19—that must continue

When physicians' offices were closed because of the COVID-19 pandemic and patients were under emergency stay-at-home orders, telehealth offered a way to maintain continuity of care. In that respect, telehealth was just what the doctor ordered, and adoption of the technology skyrocketed because it filled a need by allowing health care services to be delivered while maintaining physical distancing. But this acceleration was also facilitated by the federal government, individual states and private insurance companies listening to physicians and removing regulatory barriers that previously limited telehealth use and payment of services.

What One Health Care CEO Is Learning from the Pandemic

Intermountain Healthcare has pursued telehealth since 2012 on two increasingly popular platforms: We hosted 7,000 virtual visits with patients in March 2020, and that number jumped to 63,000 in April and is staying high. Our professional service connects providers in smaller facilities with medical specialists, which allows the patient to stay close to home and avoids the added risk and cost of a transfer to a bigger hospital. That means patients in, say, Intermountain's 15-bed hospital in Garfield County in rural Utah have immediate access to specialists who staff Intermountain Medical Center, our 504-bed trauma and referral center, which is 250 miles away in Salt Lake City. They include specialists in stroke, infectious diseases, critical care, wound care, pediatrics, cancer, and mental health.

Free Clinics Face New Demand, Wary Volunteers Amid Pandemic

After the Benevolent Specialists Project Free Clinic in Middleton canceled patient visits in March and then provided a trickle of virtual care, the clinic opened again recently with COVID-19 precautions.

But another challenge emerged. The clinic, staffed by volunteer doctors and nurses, most of them retired, is having a hard time finding providers because many fear exposure to the coronavirus. Among 50 regular doctors, a third said they wouldn't return. Of 30 nurses, more than half said they wouldn't come back, even as new safety procedures call for more nurses than before, the Wisconsin State Journal reported.

"Many are in that higher-risk age bracket," said Tricia Levenhagen, manager of the clinic, known as BSP. "We are challenged right now with finding enough volunteers to provide patient care when we do have the inpatient visits."

An estimated 5.4 million American workers lost health insurance between February and May, including 62,000 in Wisconsin, according to a new report. Free clinics, a safety net for the uninsured, are encountering pent-up demand even as many struggle with staffing and other hurdles, such paying for protective equipment and not being equipped to do telemedicine.

How the coronavirus is changing healthcare

The coronavirus has accelerated developments in the medical technology industry, which was evolving rapidly even before the outbreak. CNBC Make It's Karen Gilchrist speaks to three entrepreneurs to get the pulse on how they're transforming healthcare amid the pandemic.

COVID-19 Hastens transformation in Health Care

The health care sector was already beginning to shift to a more tech-enabled, comprehensive model of care. Then the pandemic accelerated the pace of change.

Many health care organizations have been exploring new ways to support and improve health by looking at wellness more holistically. Instead of focusing solely on the physical condition of patients, organizations are looking more broadly at overall well-being, which includes mental, social, emotional, spiritual, and financial health. They have been exploring ideas regarding how to proactively sustain well-being rather than wait for people to seek care as a result of symptoms or illness.

A Report from the Front Line of Telehealth

The practice of telehealth has emerged during the past five months as an innovative necessity during the coronavirus pandemic, in order to continue to deliver health care in a timely, efficient and cost-effective manner, when in-person visits have become impossible and no longer feasible, both for the safety of the patients and the providers.

FEMA's Role

FEMA Region I established the COVID-19 Long-Term Recovery Task Force under the National Disaster Recovery Framework (NDRF), which promotes effective recovery from large-scale incidents and enables coordinated support to impacted states, tribes and local jurisdictions. The NDRF focuses on how best to restore, redevelop and revitalize the health, social, economic, natural and environmental fabric of the community as well as build a more resilient nation.

This COVID-19 Long-Term Recovery Task Force works in tandem, but separately from other FEMA Short-Term Recovery Support programs such as Public Assistance and Individual Assistance. The Long-Term Recovery Task Force coordinates access to funding from federal agencies but does not provide direct funding.

About this Resource Guide:

This Resource Guide was developed to provide information to those seeking to expand teleservices in their community, state, or region.

The Guide presents a summary of federal agency partners, how they may be able to assist with expansion, and the resources available (funding and technical assistance) to support a more resilient recovery. It also includes links to examples of best practices deployed around the nation.

Resource Guide Audience:

This Resource Guide is meant to provide useful information and resources for state healthcare policymakers to support their efforts to expand the use of electronic information and telecommunication technologies.

State Agencies:

- State Emergency Management Agency
- State Health Department
- Rural Health Clinics
- Federal Qualified Health Centers

Industry Associations

- American Telemedicine Association (ATA)
- New England Telehealth Consortium (NETELC)
- New England Quality Care Alliance (NEQCA)
- American Medical Association (AMA)
- Telehealth - American Nurses Association (ANA)
- Rural Health Information Hub (RHIhub)

Nonprofit and Philanthropy

- Foundation Center Online – Nonprofit Funders
- Tech Nonprofit Directory – Comprehensive database of the world's tech nonprofits
- TechSoup – Technology for nonprofits, charities, and libraries
- Twilio – Tech Grants for Nonprofits

Federal Agency Partner Overview

U.S. Department of Agriculture – Rural Development (USDA-RD)

USDA Rural Development is committed to helping improve the economy and quality of life in rural America. The term 'rural' is much broader and encompasses a much larger portion of New England than many might imagine. There are multiple rural definitions to reflects the reality that rural and urban are multidimensional concepts. Sometimes population density is the defining concern, in other cases it is geographic isolation. Population thresholds used to differentiate rural and urban communities range from 2,500 up to 50,000, depending on the definition. Please contact your local USDA-RD representative for clarification. Please refer to these two links for overviews of all available Rural Development programs:

- Rural Development Overview of All Programs
- Rural Development Summary of Major Program Matrix

Types of support:

USDA made available $1 billion in loan guarantees to help rural businesses meet their working capital needs during the coronavirus pandemic. Additionally, agricultural producers that are not eligible for USDA Farm Service Agency loans may receive funding under USDA. The USDA includes Aquaculture in some of its funding opportunities so Aquaculture businesses should pay attention to these options:

Authorized by 7 U.S.C. 950aaa, the DLT Program provides financial assistance to enable and improve distance learning and telemedicine services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and health care resources that are otherwise unavailable or limited in scope. The regulation for the DLT Program can be found at 7 CFR part 1734.

Rural Development Telehealth Service Changes: During the COVID-19 Pandemic, the availability of telehealth services was expanded in order to further facilitate the provision of care beyond diagnosis and treatment for COVID-19. See the key changes to the Centers for Medicare & Medicaid Services (CMS) Telehealth changes video and the CMS Telemedicine Toolkit.

Community Facilities Programs
Community Facilities Programs offer direct loans, loan guarantees and grants to develop or improve essential public services and facilities in communities across rural America. These amenities help increase the competitiveness of rural communities in attracting and retaining businesses that provide employment and services for their residents.

Distance Learning and Telemedicine Grants:
The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another. To learn more about recently funded DLT projects, Rural Development has developed a map of recently funded DLT projects. All upcoming events will be posted on the events program tab. All applicants should carefully review and prepare their applications according to instructions in the FY 2020 DLT Grant Program Application Guide (Application Guide) and program resources. This Application Guide can be found at https://www.rd.usda.gov/programsservices/distance-learning-telemedicine-grants. Expenses incurred in developing applications will be at the applicant's own risk.

Health and Human Services
The federal government has taken concrete steps to make telehealth services easier to implement and access during this national emergency. These changes are temporary measures during the COVID-19 Public Health Emergency and are subject to revision. Here are some of the highlights

Types of Support

- HIPAA flexibility during the COVID-19 Public Health Emergency
  The U.S. Department of Health and Human Services Office for Civil Rights issued a Notification of Enforcement Discretion to empower covered health care providers to use widely available communications applications without the risk of penalties imposed by the U.S. Department of Health and Human Services Office for Civil Rights for violations of Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules for the good faith provision of telehealth services. For more information, read FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency (PDF) or visit HIPAA and COVID-19.

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

HRSA programs help those in need of high-quality primary health care, people with HIV/AIDS, pregnant women, and mothers. HRSA also supports the training of health professionals, the distribution of providers to areas where they are needed most and improvements in health care delivery.

HRSA oversees organ, bone marrow and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that protect against health care malpractice, waste, fraud and abuse.

Since 1943 the agencies that were HRSA precursors have worked to improve the health of needy people. HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged.

Types of support:

- The Health Information Technology Training and Technical Assistance Center (HITEQ) collaborates with HRSA Partners to provide training and technical assistance support to health centers in full optimization of their EHR and Health IT systems for continuous, data-driven quality improvement.

- What patients can a covered health care provider treat under the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications and does it include Medicare and Medicaid patients? Medicare Telemedicine Health Care Provider Fact Sheet.

- Rural Health Research Gateway
The Rural Health Research Gateway provides easy and timely access to research conducted by the Rural Health Research Centers, funded by the Federal Office of Rural Health Policy. Gateway efficiently puts new findings and information in the hands of our subscribers, including policymakers, educators, public health employees,

- Maine Rural Health Research Center - draws on the multidisciplinary faculty, research resources, and capacity of the Cutler Institute for Health and Social Policy within the University of Southern Maine Muskie School of Public Service and has focused its research agenda on some of the most intractable health access problems facing rural residents.

- Telehealth Center of Excellence – UMMC focus on the efficacy of telehealth services in rural and urban areas and serve as national clearinghouses for telehealth research and resources, including technical assistance. The COEs are in public academic medical centers that have successful telehealth programs with high annual volume of telehealth visits and have established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

Additional Resources:

The toolkits and factsheets provided in this document come from Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, CMS, a part of the Department of Health and Human Services (HHS), Offering technical support to organizations interested in telehealth.

Medicaid Telemedicine

For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

The Centers for Medicare & Medicaid Services (CMS) developed this Medicaid & CHIP Telehealth toolkit (PDF, 414.95 KB) to help states accelerate adoption of broader telehealth coverage policies in the Medicaid and Children's Health Insurance Programs (CHIP) during the 2019 Novel Coronavirus (COVID-19) emergency.

This toolkit provides states with statutory and regulatory infrastructure issues to consider as they evaluate the need to expand their telehealth capabilities and coverage policies. As such, this guide will describe each of these areas and the challenges they present including:

- Patient populations eligible for telehealth
- Coverage and reimbursement policies
- Providers and practitioners eligible to provider telehealth
- Technology requirements
- Pediatric considerations

This toolkit also includes a compilation of frequently asked questions (FAQs) and other resources available to states. https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html

CMS Medicare Telemedicine Toolkit:

The toolkit will assist states and territories in their preparedness efforts, the Centers for Medicare & Medicaid Services (CMS) developed a Disaster Preparedness Toolkit that is a longstanding resource that has been available to states and territories on CMS' website.

The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

CMS Section 1135 Telehealth Waiver: President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to her regular authorities. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

State Medicaid & CHIP Telehealth Toolkit:

The purpose of this document is to identify for states the policy topics that should be addressed in order to facilitate widespread adoption of telehealth services, especially when they reside outside the immediate authority of a Medicaid or CHIP program. https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf and .https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Frequently Asked Questions (FAQs) about COVID-19 for State Medicaid and Children's Health Insurance Program (CHIP) Agencies CMS: https://www.medicaid.gov/state-resource-center/Downloads/covid-19-faqs.pdf (updated 6/30/2020)

Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS. Federal register notification of the CMS Interim Final Rule (March 31, 2020): https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

CMS Section 1135 Telehealth Waiver: President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to her regular authorities. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

During the COVID-19 Public Health Emergency, Federally Qualified Health Centers and Rural Health Clinics can provide telehealth services to patients wherever they are located, including in their homes. This includes coverage of certain audio-only telephone evaluation and management services. Rural Health Clinics (RHCs)

Northeast Telehealth Resource Center

The Northeast Telehealth Resource Center (NETRC) has a mission to increase access to quality health care services for rural and medically underserved populations through Telehealth. We provide FREE, individualized technical assistance, education, and other resources in collaboration with the Consortium of Telehealth Resource Centers, MCD Public Health, and the University of Vermont.

Our service area includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, and Vermont, but we gladly accept calls no matter where you are located. Learn more about the programs and services.

New England Quality Care Alliance

NEQCA, in coordination with Tufts Medical Center and Wellforce is offering Network practices the opportunity to provide telehealth services. Interested providers will receive training and support to successfully conduct virtual visits with their patients. Learn more about the programs and services.

American Medical Association

Playbook in the series focuses on the implementation of telehealth, defined as real-time audio/visual visits between a physician and patient. This Playbook is designed to support efficient, successful implementation, so physicians, care
teams, patients and the broader community can experience the benefits of telehealth in practice. Telehealth Implementation Playbook

World Health Organization (WHO)

The World Health Organization is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, and is headquartered in Geneva, Switzerland.
Telehealth services need to be combined with other services in order to achieve widespread adoption by the clinical community.

Useful links:

- Wireless Infrastructure Association Publishes Best Practices Report to Deploy Fiber
- PEW: New Research Identifies Tactics for Connecting Unserved Communities
- State of the States 2020: Broadband is Critical Infrastructure
- Implementing a Broadband Network Vision: A Toolkit for Local and Tribal Governments
- Brookings: How a New Model Can Expand Broadband Access Across Communities

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