April 24th, 2023

Bridging the Digital Divide: Best Practice Toolkit #2 and Lessons Learned

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Objectives of the Toolkit

- Learn how to continue addressing the Digital Divide after the COVID-19 public health emergency (PHE) has ended, including support from local and state resources for patients/health centers
- Understand how some patients were affected by the Digital Divide and steps that were taken to address their population's specific needs
- Learn about new and existing resources that are free and/or discounted for device and high-speed internet distribution throughout LA County and the state of California

The toolkit includes tools that were developed by our team and other reputable organizations who are experts in addressing the digital divide. Each organization was cited appropriately, and all documents have been provided to CCALAC.

Toolkit Resources

- Many resources will be directly linked on their respective slide with a hyperlink
- Some slides will have additional links in the “notes” section that can be copied and pasted into a web browser (not a direct hyperlink that can be clicked on)
- If there isn’t a link available, the resource and the toolkit can be found on CCALAC’s website under COVID-19 Resources in the "Bridging the Digital Divide Best Practice Toolkit" section: https://ccalac.org/resource-library/covid-19-resources/

State of the Digital Divide in Los Angeles County

- Independent research indicates that more people in California have a high-speed connection than ever — nearly 91% of its households have high-speed internet access[1]
  - However, 16% of low-income residents are still unconnected and 10% depend on smartphones
- The digital divide is both an urban and a rural issue: 19% of LA County and 20% of Central Valley households either have no connection or rely on smartphones[2]
- The COVID-19 pandemic revealed broadband internet service as an essential utility for accessing education, receiving healthcare, and participating in the economy
- Over three years into the COVID-19 pandemic, and we continue to acknowledge the ongoing barriers so many individuals face when they work to overcome the digital divide in their lives

State of the Digital Divide in Los Angeles County

- In late 2022 as former mayor Eric Garcetti was finishing his term, his office announced the "Vision Lab," a new initiative run by the City of Los Angeles to address the inequities of the digital divide[1]
  - Vision Lab is a partnership of the Mayor's Office, the City's Economic and Workforce Development Department, Brotherhood Crusade Youth Source Center, UCLA Extension, and other public and private partners
- The Committee for a Greater LA organized an Internet Action Team, which has developed a roadmap to complement the work of elected officials, government agencies, civic institutions, internet service providers (ISPs), community-based organizations, and business leaders who have begun to seek how to recalibrate the social and economic factors that have created inequitable broadband infrastructure[2]

Section 1: New Resources for Telehealth Usage and Adoption for Digital Divide Populations

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Permanent Flexibilities: Beyond 2022 • This is an FAQ for health centers highlighting common questions addressing telehealth visit and reimbursement rules once the pandemic is declared over • Summarizes the expansion of telehealth services since early 2020 and flexibilities that will permanently remain in place • Developed by **California Primary Care Association (CPCA)**	California Primary Care ASSOCIATION **Telehealth Permanent Flexibilities: Beyond 2022** Updated on December 6, 2022 *Background: Telehealth Expansion* The pandemic amplified the need for telehealth flexibilities and demonstrated how telehealth increases access to healthcare services for underserved patients, especially for low-income populations and /or BIPOC (Black, Indigenous and people of color). Along with our cosponsors and Assembly member Aguiar Curry, CPCA introduced AB 32 at the end of 2020 as a bill vehicle to get permanent telehealth flexibilities post December 2022. This led to a negotiated agreement where Governor Newsom signed AB 133, which was an omnibus health trailer bill that made a commitment to maintain all current telehealth flexibilities, including PPS payment for audio-only modalities, through December 31, 2022. Thanks to the persistent advocacy efforts by community health centers (CHCs) and the support by the legislature, the final trailer bill language contained in SB 184 includes details regarding permanent FQHC/RHC telehealth policy. This includes a commitment to payment parity for synchronous and asynchronous care, including audio only visits. There are also details regarding the establishment of patients through video synchronous interaction for FQHCs, and establishment of patients via asynchronous modalities under specific conditions. Additionally, AB 32 was signed by the Governor on September 25, 2022, further expanding access to telehealth and telephonic visits for Medi-Cal recipients post-pandemic.

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Medi-Cal Telehealth Policy during PHE and Beyond • A graph that outlines existing public health emergency (PHE) telehealth policies and if they will continue once the pandemic is declared over • It also defines if the permanent policy post-PHE is new and/or has new requirements • Developed by **CPCA**	

California Primary Care ASSOCIATION

Medi-Cal Telehealth Policy during PHE and Beyond

The current Medi-Cal telehealth flexibilities are expected to end at the end of the Federal public health emergency (PHE). The permanent telehealth flexibilities granted under SB 184 and AB 32 will go into effect after the end of the PHE. SB 184 confirms that DHCS will be continuing coverage of and payment parity at PPS rate for synchronous telehealth, including both video and audio-only, as well as asynchronous store and forward telehealth for all Medi-Cal providers, including FQHCs and RHCs. Below is a comparison of the temporary policy in place during the PHE and the post-PHE permanent flexibilities. For more information, refer to this FAQ.

Telehealth Temporary Policy during PHE	Continues PHE policy?	Post-PHE Permanent Flexibilities (SB 184 and AB 32)
Coverage of Synchronous, Asynchronous, RPM, Virtual Comms., and Site Limitations • Expands the ability for providers to render all applicable Medi-Cal services that can be appropriately provided via telehealth modalities through synchronous video, synchronous audio only, and asynchronous store and forward • Waives site limitations for both providers and patients for FQHC/RHCs, which allows providers and/or beneficiaries to be in locations outside of the clinic to render and/or receive care, respectively.	☑	In-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by the department, when provided by **video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities**. • DHCS does not require the provider or Medi-Cal beneficiary to be at a specific location when providing or receiving telehealth or audio-only services.
FQHCs/RHCs: Coverage of Synchronous & Asynchronous Telehealth • Synchronous video and audio-only telehealth are covered across multiple services and delivery systems, including physical health, dental, non-specialty and specialty mental health, and SUD services (State Plan Drug Medi-Cal and Drug Medi-Cal Organized Delivery System) • Asynchronous telehealth (e.g., store and forward and e-consults) is covered by Medi-Cal across many services and delivery	☑	A visit includes an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using **video synchronous interaction, using audio-only synchronous interaction, using an asynchronous store and forward modality,** when services delivered through that interaction meet the applicable standard of care.

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: CMA Assembly Bill 32 Provider Bulletin • A provider focused bulletin that outlines the changes in telehealth reimbursement during the pandemic and changes that have been made permanent once the pandemic is declared over in AB 32 • Patient consent rules are also highlighted, as well as additional related Assembly and Senate bills • Developed by **California Medical Association (CMA)**	CMA CALIFORNIA MEDICAL ASSOCIATION **Telehealth Policy Update: AB 32** In September 2022, California passed Assembly Bill 32, which authorizes the State Department of Health Care Services to authorize a health care provider to establish a new patient relationship using audio-only synchronous interaction and other modalities and permits exceptions from requirements to ensure beneficiary choice of modalities. **Understanding AB 32** Under DHCS, FQHCs and RHCs can establish a new patient relationship via audio-only visits. This is permissible when the interaction involves sensitive services, and when the patient requests an audio-only visit or attests they do not have access to video. In summary: • **It's the law.** There is no longer an unknown Medi-Cal telehealth reimbursement policy for FQHCs in California. • Live synchronous video and audio-only are reimbursable under Medi-Cal with payment parity law in place. • You can establish new patients with audio-only visits who request audio only as their modality of choice or attests that they do not have video capabilities. **Attestations need to be documented in the patient's health record.** • You can continue to provide telehealth visits to established Medi-Cal patients through synchronous video and audio-only telehealth. **Remote patient monitoring remains a covered benefit under Medi-Cal and is subject to a separate fee schedule not billable for FQHCs.** • Sensitive services include all health care services outlined in Sections 6924, 6925, 6926, 6927, 6928, and 6929 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code. Page 1 of 2

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

Training

- Resource: Medi-Cal Telehealth Policy Memo
- A memo outlining the current status of telehealth flexibilities for FQHCs, with a corresponding chart defining if current flexibilities will continue post-pandemic
- Developed by **Community Clinic Association of Los Angeles County (CCALAC)**

COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

Member Driven. Patient Focused.

Date: December 12, 2022

To: Policy Advisory Group, CCALAC

From: Lily Dorn, Legislative Affairs Specialist

Re: Medi-Cal Telehealth Policy (*Information/Discussion*)

This memo highlights the current status of various telehealth flexibilities and allowances for FQHCs through the end of the federal COVID-19 public health emergency (PHE) and beyond.

- On July 1, Governor Newsom signed SB 184, the FY 22-23 health budget trailer bill which includes Medi-Cal telehealth policy for beyond the termination of the federal COVID-19 PHE.
- On September 29, Governor Newsom signed, AB 32 (Aguiar-Curry), CPCA's telehealth bill. This bill codifies the policies in SB 184 and additionally allows that FQHCs may continue to establish new patients via audio-only modalities under certain circumstances.
  - DHCS will continue coverage of, and payment parity at PPS, for synchronous telehealth- including both video and audio-only modalities.
  - DHCS will continue the ability for asynchronous store and forward telehealth for all Medi-Cal providers, including FQHCs.
  - Since current Medi-Cal telehealth flexibilities are tethered to the federal PHE, they will continue beyond the end of 2022 as long as the PHE remains in effect. It is anticipated that the PHE will be terminated in April 2023, but that could change.
- The permanent telehealth flexibilities granted under SB 184 and AB 32 will go into effect once the federal PHE has been terminated as outlined in the chart below.

Priority	Policy Tethered to Federal PHE	Policy for Beyond Termination of Federal PHE
Payment Parity	FQHCs are reimbursed at the PPS rate for synchronous video, synchronous audio-only, and store and forward (excluding e-consults).	Continued coverage of and payment parity for FQHCs for synchronous video, audio-only, and asynchronous telehealth modalities to be maintained.
Site Limitations	Providers and patients not subject to site limitations.	Site limitations for both providers and patients for FQHCs will continue to be waived- allowing providers and/or beneficiaries to be in locations outside of the clinic's four walls to render and/or receive care.
Audio-Only	Audio-only telehealth is a Medi-Cal covered benefit.	Audio-only telehealth will continue as a Medi-Cal covered benefit. Providers offering services via audio-only modalities required to also offer the same services through in-person face-to-face contact or arrange for a referral to in-person care.
Synchronous Telehealth	Synchronous video telehealth modalities are covered by Medi-Cal.	Synchronous video and audio-only telehealth to be covered by Medi-Cal. Providers offering services via video synchronous and audio-only modalities required to also offer the same services via in-person

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

Training

- Resource: FQHC and RHC Medi-Cal Provider Manual on Telehealth
- A Medi-Cal telehealth manual that has included new updates as of January 2023, including updates for FQHC providers
- Developed by **Department of Health Care Services (DHCS)**
- Resource Link: Click here

rural
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Page updated: January 2023

‹‹New Patient

FQHCs and RHCs are not precluded from establishing a new patient relationship through a synchronous video interaction or asynchronous store and forward if all the following conditions are met:

- The patient is physically present at an originating site that is a licensed or intermittent site of the FQHC or RHC at the time the service is performed.
- The individual who creates the patient records at the originating site is an employee or contractor of the FQHC or RHC, or other person lawfully authorized by the FQHC or RHC to create a patient record.
- The FQHC or RHC determines that the billing provider is able to meet the applicable standard of care.
- An FQHC or RHC patient who receives telehealth services shall otherwise be eligible to receive in-person services.››

Established Patient

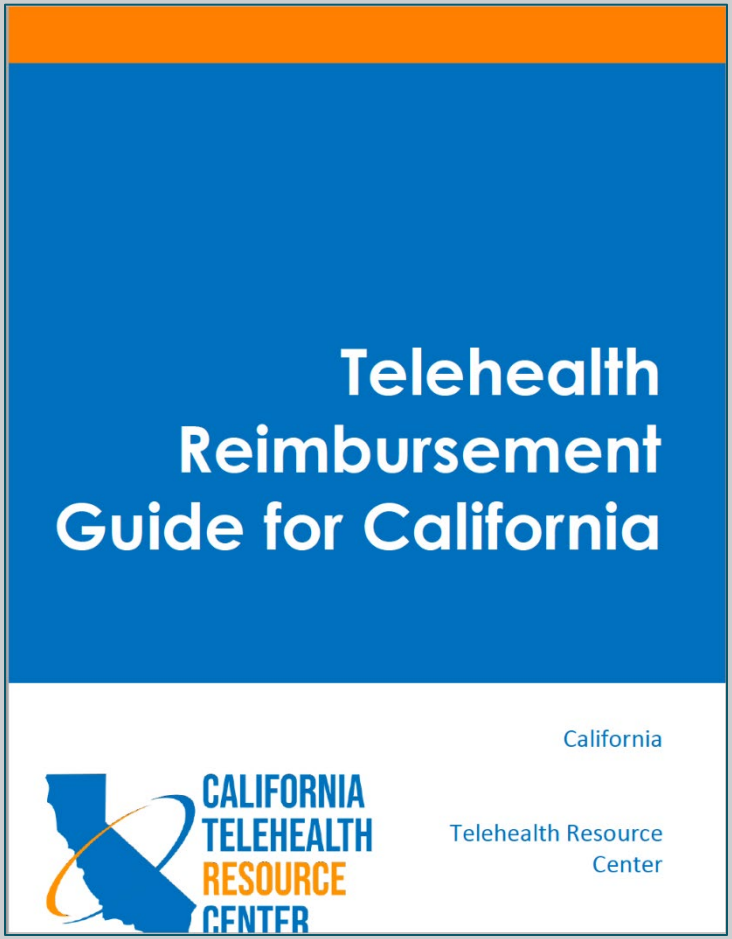
A Medi-Cal eligible recipient who meets one or more of the following conditions:

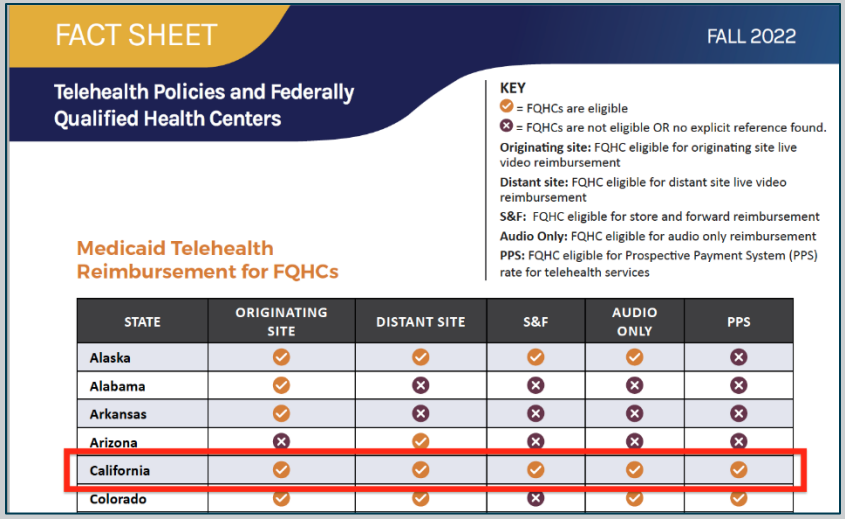
- The patient has a health record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous telehealth visit in a patient's residence or home with a clinic provider and a billable provider at the clinic. The patient's health record must have been created or updated within the previous three years.
- The patient is homeless, homebound or a migratory or seasonal worker (HHMS) and has an established health record that was created from a visit occurring within the last three years that was provided outside the originating site clinic, but within the FQCH's or RHC's service area. All consent for telehealth services for these patients must be documented.
- The patient is assigned to the FQHC or RHC by their managed care plan (MCP) pursuant to a written agreement between the plan and the FQHC or RHC.

‹‹Originating Site and Transmission Fee

FQHCs and RHCs are not eligible to bill an originating site fee or transmission charges. The costs of these services should be included in the PPS/AIR rate, as applicable.››

Part 2 – Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Reimbursement Guide for California, 2022 Edition • A guide intended to help organizations obtain accurate information about telehealth billing and reimbursement programs for most major payors in the state of California • Provides a separate section for FQHC/RHCs • Telehealth service and reimbursement information can become outdated quickly and is often subject to change without notice • Developed by **California Telehealth Resource Center (CTRC)** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Policies and Federally Qualified Health Centers Fact Sheet • A fact sheet for FQHCs developed with the support of the National Association of Community Health Centers (NACHC) outlining updated telehealth reimbursement rules • Outlines the definition of a telehealth encounter/visit and same day encounters, store and forward reimbursement, originating and distant sites, audio-only reimbursement, services outside the four walls and RPM reimbursement • Developed by **Center for Connected Health Policy (CCHP)** • Resource Link: Click here	

FACT SHEET FALL 2022

Telehealth Policies and Federally Qualified Health Centers

KEY
✓ = FQHCs are eligible
✗ = FQHCs are not eligible OR no explicit reference found.
Originating site: FQHC eligible for originating site live video reimbursement
Distant site: FQHC eligible for distant site live video reimbursement
S&F: FQHC eligible for store and forward reimbursement
Audio Only: FQHC eligible for audio only reimbursement
PPS: FQHC eligible for Prospective Payment System (PPS) rate for telehealth services

Medicaid Telehealth Reimbursement for FQHCs

STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	PPS
Alaska	✓	✓	✓	✓	✗
Alabama	✓	✗	✗	✗	✗
Arkansas	✓	✗	✗	✗	✗
Arizona	✗	✓	✗	✗	✗
California	✓	✓	✓	✓	✓
Colorado	✓	✓	✗	✓	✓

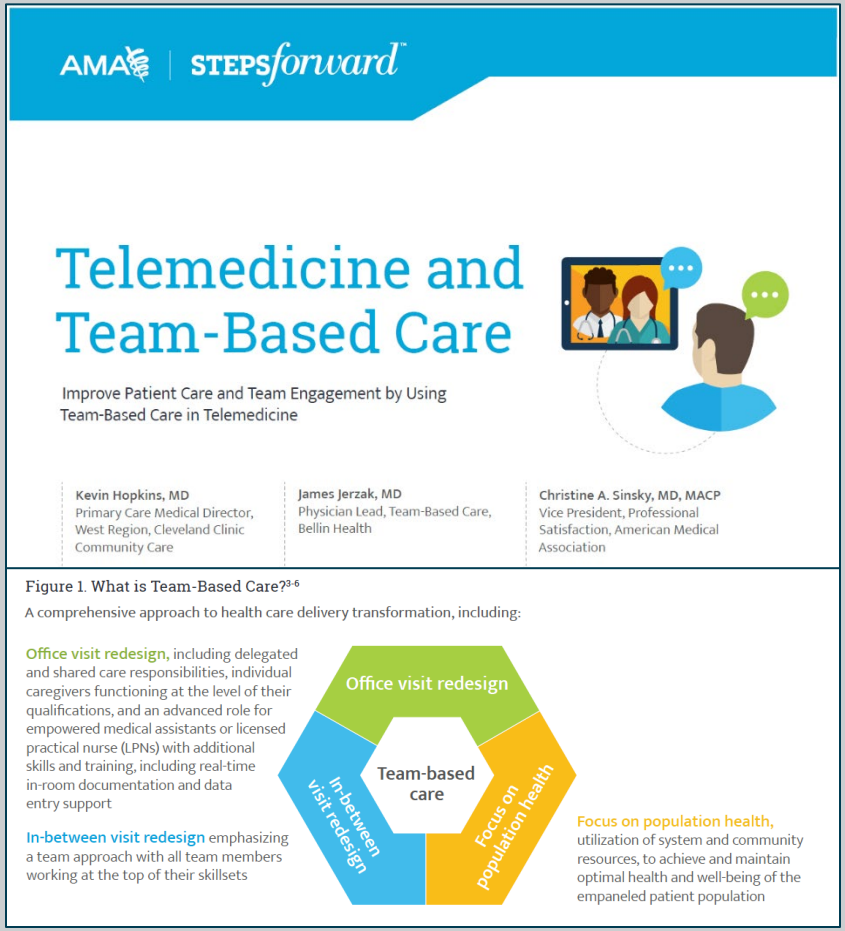
Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Integration and Optimization Toolkit • A toolkit to help identify types of telehealth services, employ efficient telehealth workflows and understand the impact of key regulations • Defines six steps to integrate and optimize telehealth services in your organization • Most health centers have implemented some form of telehealth by now, so it can be useful to focus on recommendations to optimize your current telehealth platform(s) • Developed by **American Medical Association (AMA)** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training

- Resource: Telemedicine and Team-Based Care: Improve Patient Care and Team Engagement by Using Team-Based Care in Telemedicine

- A toolkit to help explain the essentials of a team-based care approach to care delivery, describe telemedicine acceleration, advantages, and opportunities and identify how to implement team-based care into telemedicine
- Team-based care model is designed to increase accessibility and improve quality of patient care, patient access to care, care team efficiency and satisfaction and engagement for patients and staff

- Developed by **AMA**
- Resource Link: Click here


AMA | STEPSforward

Telemedicine and Team-Based Care

Improve Patient Care and Team Engagement by Using Team-Based Care in Telemedicine

Kevin Hopkins, MD
Primary Care Medical Director, West Region, Cleveland Clinic Community Care

James Jerzak, MD
Physician Lead, Team-Based Care, Bellin Health

Christine A. Sinsky, MD, MACP
Vice President, Professional Satisfaction, American Medical Association

Figure 1. What is Team-Based Care?[3-6]

A comprehensive approach to health care delivery transformation, including:

Office visit redesign, including delegated and shared care responsibilities, individual caregivers functioning at the level of their qualifications, and an advanced role for empowered medical assistants or licensed practical nurse (LPNs) with additional skills and training, including real-time in-room documentation and data entry support

In-between visit redesign emphasizing a team approach with all team members working at the top of their skillsets

Focus on population health, utilization of system and community resources, to achieve and maintain optimal health and well-being of the empaneled patient population

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training

- Resource: In-Person or Virtual Visit? Appropriate Conditions to Treat by Visit Type
- A guide that lists common clinical conditions most appropriate for in-person vs. virtual visits
- This can be tailored for your organization and include more conditions and symptoms if needed
- The guide can be helpful for any staff that is responsible for scheduling patient appointments
- Developed by **AMA**

In-Person or Virtual Visit?

Appropriate Conditions to Treat by Visit Type

This guide lists some of the clinical conditions most appropriate for in-person versus virtual visits as allowed during the COVID-19 public health emergency.

Appropriate Conditions to Treat by Visit Type

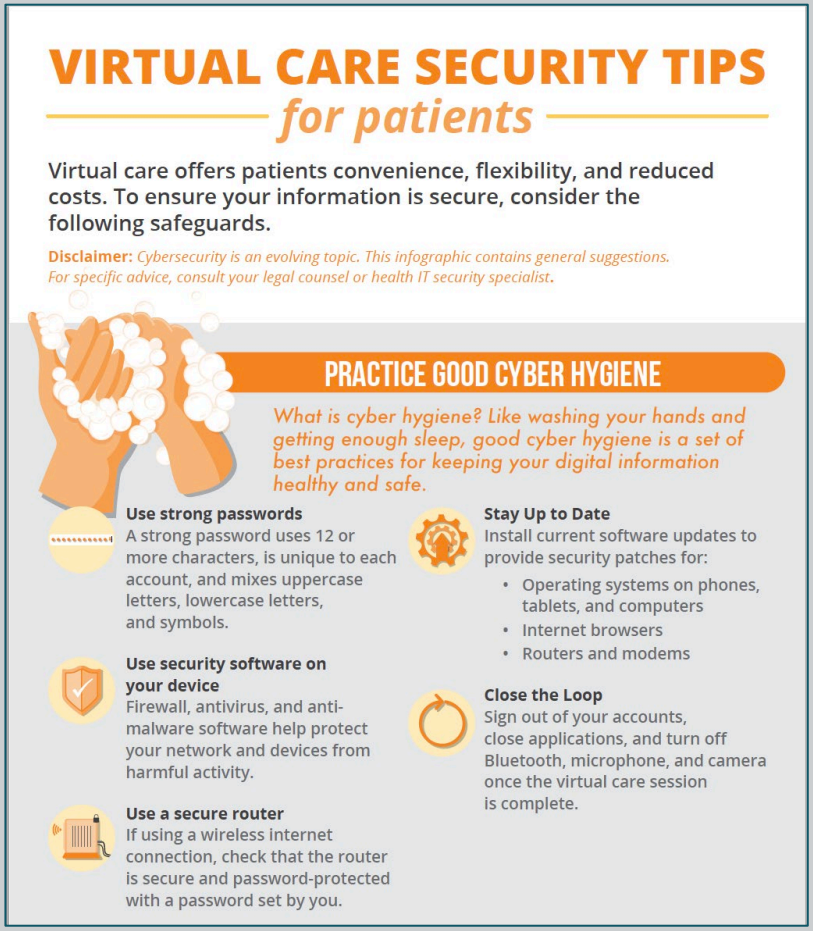
In-Person	Virtual
General: • New patient appointment • Patients without virtual visit capability • Select acute problems (eg, chest pain, abdominal pain, headache, musculoskeletal complaints)	**General:** • Skilled nursing home patient (acute or chronic) • Select acute problems (eg, rash, urinary tract infection (UTI), symptoms of respiratory infection, including COVID-19)
Follow-up: • Chronic condition(s) (eg, hypertension, diabetes, hyperlipidemia, hypothyroidism) • After hospital or Emergency Department (ED) discharge, depending on problem • Previous virtual visit for same problem without improvement or virtual visit proved inadequate	**Follow-up:** • Depression, anxiety, insomnia, and attention deficit hyperactivity disorder (ADHD) medication review • Chronic condition with home monitoring or pre-visit labs (eg, hypertension with home monitoring, diabetes, hypothyroidism, hyperlipidemia) • After hospital or ED discharge, depending on problem
Well visit: • Adult annual physical exam for more complex patients • Well-child visit, especially if immunizations are needed • Medicare Annual Wellness Visit (AWV) with additional concerns	**Well visit:** • Medicare AWV without additional concerns • Adult annual physical exam for less complex patients, or college students/snowbirds who are out of town (with caveat of any restrictions in place on practicing across state lines)

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training

• Resource: Telehealth Improvement Community Fund (TICF): Prioritizing Accessible Video Visits Webinar
 	
• Presentation focusing on understanding the importance of telehealth video visits improvement across the safety net
• Guest organizations include West County Health Centers and Neighborhood Healthcare
• Both health centers share small and high-level recommendations as well as long-term changes they're focusing on to continue improving the access to video visits
 	
• Developed by **Center for Care Innovations (CCI) and California Health Care Foundation (CHCF)**
• Resource Link: Click here
	Why Prioritize Video Visits?
	• Patient-centered
	• Better clinical care than phone
	• Closer to the patient's lived environment
	• Allows for improved collaboration
	  • Within care teams
	  • Across departments and locations
	  • With external partners
	  • With family, patient care-team
	• Improved resilience during disruption/natural disaster
	• Recruiting – increased recruitment geographically
	• Staff and patient retention
	• Shared resources across organizations or with non-traditional healthcare partners
	Center for Care Innovations 32
	
	Why Prioritize Video Visits?
	• Reasons why Neighborhood Health is committed to promoting video visits
	  • Clinical reasons for video visit preference – Although our providers agree telephone visits are an acceptable medium to evaluate and diagnose certain issues, video is always preferable, as "laying eyes" on the patient and looking for underlying hints for health are important.
	  • Operational – Now that we have hardware and software configurations in place, medical assistants and providers trained, video is very easy.
	  • Ultimate Goal – The North Star for us is the care continuum that starts with a video visit, relies on real-time remote patient monitoring, and ends with a Chronic Care Management program that improves the lives of our patients.
	Center for Care Innovations 43

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Improvement Community: Framework for Accessible Video Visits • Presentation focusing on how to prioritize video for telehealth visits, build video access into visit scheduling process and supporting patients using video • Developed by **Center for Care Innovations (CCI) and California Health Care Foundation (CHCF)** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Virtual Care Room Design Toolkit, 2022 Edition • Toolkit that can help organizations decide on how to design and set up their virtual care rooms • Provides a room assessment and design worksheet • Developed by **California Telehealth Resource Center (CTRC) and National Telehealth Technology Assessment Resource Center (TTAC)** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Virtual Care Security Tips for Patients • Handout available in English, Spanish, Cantonese and Vietnamese that outlines security tips for patients when participating in virtual care visits • Outlines steps to ensure privacy during a provider visit, trusting your instincts when you suspect something is wrong, and to verify a source • Developed by **CTRC** • Resource Link: Click here	

VIRTUAL CARE SECURITY TIPS
for patients

Virtual care offers patients convenience, flexibility, and reduced costs. To ensure your information is secure, consider the following safeguards.

Disclaimer: *Cybersecurity is an evolving topic. This infographic contains general suggestions. For specific advice, consult your legal counsel or health IT security specialist.*

PRACTICE GOOD CYBER HYGIENE

What is cyber hygiene? Like washing your hands and getting enough sleep, good cyber hygiene is a set of best practices for keeping your digital information healthy and safe.

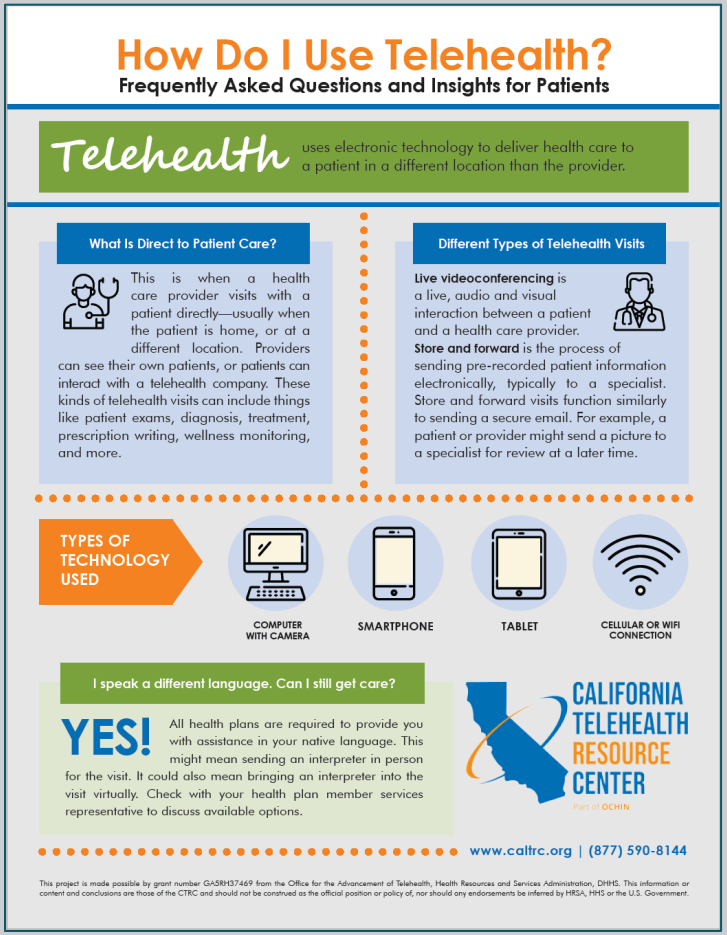
Use strong passwords
A strong password uses 12 or more characters, is unique to each account, and mixes uppercase letters, lowercase letters, and symbols.

Use security software on your device
Firewall, antivirus, and anti-malware software help protect your network and devices from harmful activity.

Use a secure router
If using a wireless internet connection, check that the router is secure and password-protected with a password set by you.

Stay Up to Date
Install current software updates to provide security patches for:
- Operating systems on phones, tablets, and computers
- Internet browsers
- Routers and modems

Close the Loop
Sign out of your accounts, close applications, and turn off Bluetooth, microphone, and camera once the virtual care session is complete.

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Information Guide (FAQs and Insights) • Patient-facing telehealth information guide and FAQ that's available in English, Spanish, Cantonese, and Vietnamese • Offers telehealth "quick tips" as well • Developed by **CTRC** • Resource Link: Click here	

How Do I Use Telehealth?

Frequently Asked Questions and Insights for Patients

Telehealth uses electronic technology to deliver health care to a patient in a different location than the provider.

What Is Direct to Patient Care?

This is when a health care provider visits with a patient directly—usually when the patient is home, or at a different location. Providers can see their own patients, or patients can interact with a telehealth company. These kinds of telehealth visits can include things like patient exams, diagnosis, treatment, prescription writing, wellness monitoring, and more.

Different Types of Telehealth Visits

Live videoconferencing is a live, audio and visual interaction between a patient and a health care provider.

Store and forward is the process of sending pre-recorded patient information electronically, typically to a specialist. Store and forward visits function similarly to sending a secure email. For example, a patient or provider might send a picture to a specialist for review at a later time.

TYPES OF TECHNOLOGY USED

COMPUTER WITH CAMERA | SMARTPHONE | TABLET | CELLULAR OR WIFI CONNECTION

I speak a different language. Can I still get care?

YES! All health plans are required to provide you with assistance in your native language. This might mean sending an interpreter in person for the visit. It could also mean bringing an interpreter into the visit virtually. Check with your health plan member services representative to discuss available options.

CALIFORNIA TELEHEALTH RESOURCE CENTER

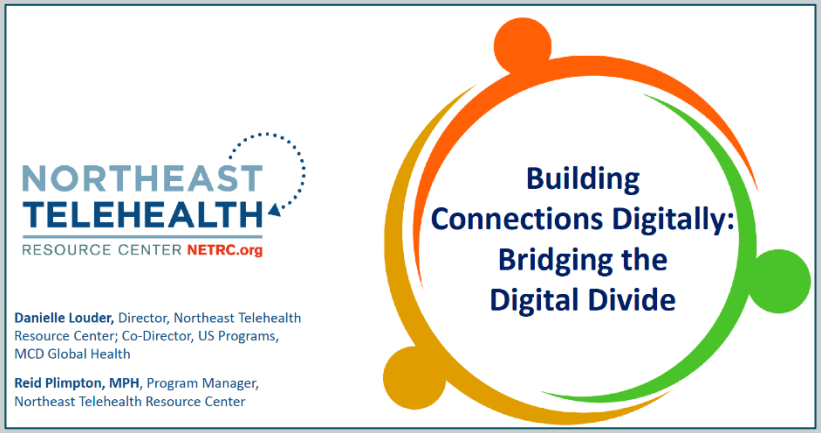
Part of OCHIN

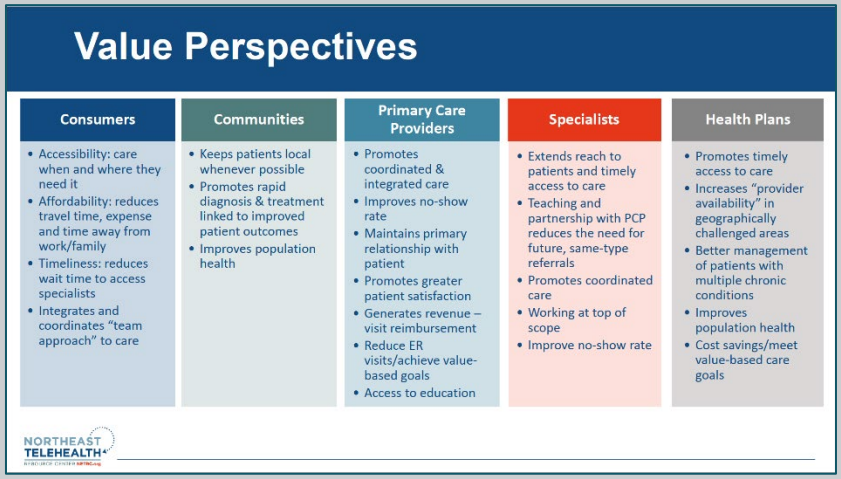
www.caltrc.org | (877) 590-8144

This project is made possible by grant number GA5RH37469 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. This information or content and conclusions are those of the CTRC 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.

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training

- Resource: Building Connections Digitally: Bridging the Digital Divide
- Digital divide webinar presentation by the NETRC focusing on their telehealth implementation best practices and lessons learned
- Emphasizes a focus on building accessible telehealth services for all patients
- Developed by **Northeast Telehealth Resource Center (NETRC)**





Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

Training

- Resource: FQHC and RHC Best Practices for Telehealth in Response to COVID-19
- Outlines four different best practices for FQHCs and RHCs to follow when implementing telehealth
- Interviewed 50 FQHCs and RHCs
- Developed by **CTRC**
- Resource Link: Click here

CALIFORNIA TELEHEALTH RESOURCE CENTER

FQHC and RHC Best Practices for Telehealth in Response to COVID-19

The goal of this project was to discover best practices and success stories from clinic personnel who successfully transitioned to telehealth in response to COVID-19. Telehealth Resource Center (TRC) representatives interviewed 131 Subject Matter Experts (SMEs) from over 50 Federally Qualified Health Center and Rural Health Center (FQHC/RHC) clinics. The clinics were based in 22 states and the District of Columbia. Four key points were found to be best practices for telehealth in response to COVID-19:

1. **Continue to use telehealth so clinics never have to begin anew.**

The SMEs overwhelmingly reported it worked well to have some form of telehealth already established prior to the pandemic. Moving forward, FQHCs and RHCs should maintain the telehealth measures that have been put into place in case they are needed for a future pandemic. Almost all SMEs planned to incorporate a blended approach if reimbursement policies allow. This would result in current telehealth services continuing to reduce barriers to care with high patient satisfaction, as well as have the technology in place should there be another emergency situation. To this end, clinics should seek out funding and grants from multiple sources to offset ongoing telehealth costs.

2. **Provide training/instruction to ensure a positive experience.**

Training for clinicians and patients, plus continued IT support, were seen as key aspects in pivoting to telehealth during COVID-19. Examples included the following: Telehealth champions who were already in support of the technology working with and teaching less experienced clinicians; providing employees with mock appointments so they could experience what patients would encounter during a visit; clinic staff communicating with patients to make sure they could log in to the platforms; and the creation of step-by-step instructions, video tutorials, and hotlines. Continuing to provide such training will ensure clinicians and patients both benefit from ongoing telehealth appointments.

3. **Explore emerging technology to provide remote health visits.**

Some SMEs had success using Tytocare. Many clinics talked about the need for medical devices in the field to obtain diagnostic readings such as blood pressure, pulse, respiration rate, pulse oximeter, etc. Clinics should continue to investigate these types of technologies as they are further developed and become more widely available.

4. **Provide technology and private, socially distanced space.**

The biggest barrier to telehealth was patients – and sometimes clinicians – not having the proper technology or internet availability. This was overcome for clinicians by purchasing new laptops, microphones, etc. In some instances, clinicians continued to work from the clinic, but saw patients remotely. To serve patients who were homeless, or lacked the necessary technology or privacy, vans went into communities, phones were distributed in offsite locations, and space was made available at clinics, under tents, or other areas where patients could be seen remotely. Moving forward, clinics should consider how to set up private, socially distanced space where patients could use the clinics' technology and be seen remotely if necessary.

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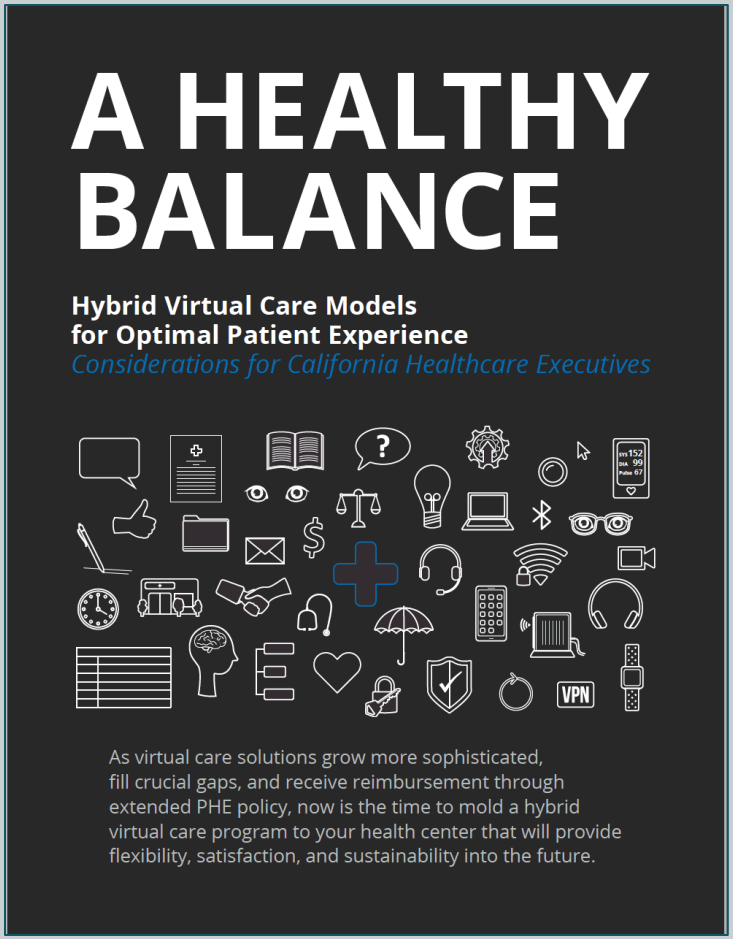
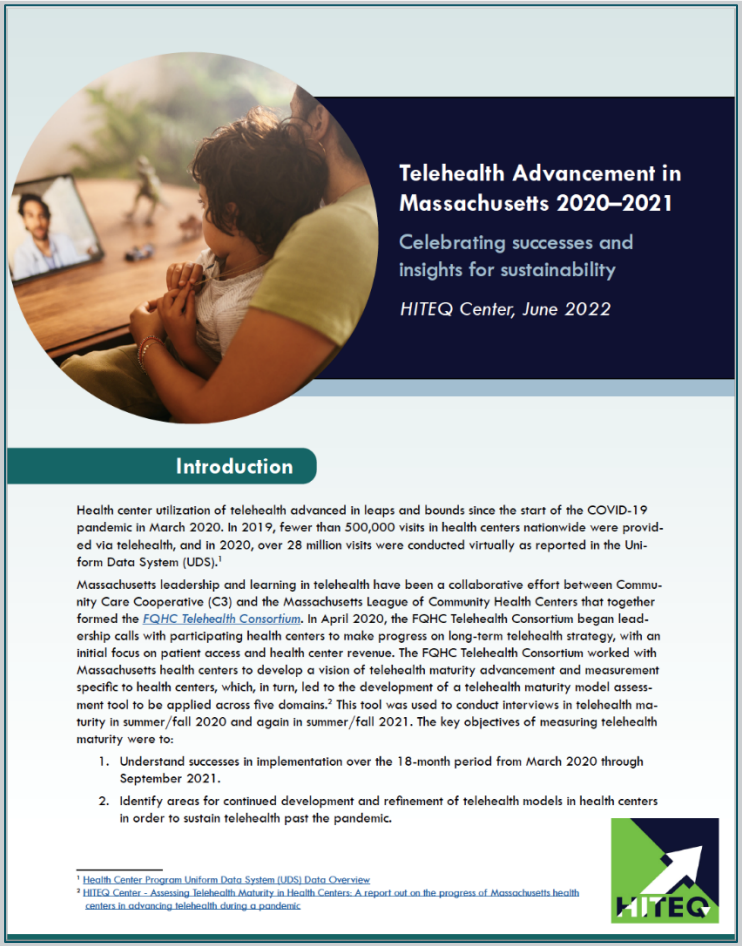
Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Hybrid Virtual Care Models for Optimal Patient Experience: Considerations for CA Healthcare Executives • Provides six sections of key considerations to guide CA health care executives as they weigh the right balance of virtual solutions to complement in-person visits at their health center • Section 3 includes a planning tool to help determine the right modality of care at the right time • Developed by **CTRC** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth Advancement and Lessons Learned • Lessons learned, including successes and insights for sustainability, from telehealth advancement in Massachusetts • Developed a telehealth maturity model assessment tool that assesses telehealth advancement across the domains of strategy and leadership, clinical integration, people, technology, and reimbursement and policy • Developed by **Health Information Technology, Evaluation and Quality Center (HITEQ)** • Resource Link: Click here	

Telehealth Advancement in Massachusetts 2020–2021

Celebrating successes and insights for sustainability

HITEQ Center, June 2022

Introduction

Health center utilization of telehealth advanced in leaps and bounds since the start of the COVID-19 pandemic in March 2020. In 2019, fewer than 500,000 visits in health centers nationwide were provided via telehealth, and in 2020, over 28 million visits were conducted virtually as reported in the Uniform Data System (UDS).[1]

Massachusetts leadership and learning in telehealth have been a collaborative effort between Community Care Cooperative (C3) and the Massachusetts League of Community Health Centers that together formed the *FQHC Telehealth Consortium*. In April 2020, the FQHC Telehealth Consortium began leadership calls with participating health centers to make progress on long-term telehealth strategy, with an initial focus on patient access and health center revenue. The FQHC Telehealth Consortium worked with Massachusetts health centers to develop a vision of telehealth maturity advancement and measurement specific to health centers, which, in turn, led to the development of a telehealth maturity model assessment tool to be applied across five domains.[2] This tool was used to conduct interviews in telehealth maturity in summer/fall 2020 and again in summer/fall 2021. The key objectives of measuring telehealth maturity were to:

1. Understand successes in implementation over the 18-month period from March 2020 through September 2021.
2. Identify areas for continued development and refinement of telehealth models in health centers in order to sustain telehealth past the pandemic.

[1] Health Center Program Uniform Data System (UDS) Data Overview
[2] HITEQ Center - Assessing Telehealth Maturity in Health Centers: A report out on the progress of Massachusetts health centers in advancing telehealth during a pandemic

HITEQ

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Training
• Resource: Telehealth and Digital Tools Equity Assessment • Assessment that contains questions health centers can ask potential vendors to ensure their tools support equitable access and address the needs of the health center's population • Focuses on technology needs, language and communication, personal and data privacy and if it's user focused from a safety net perspective • Developed by **HITEQ** • Resource Link: Click here	

Telehealth and Digital Tools

EQUITY ASSESSMENT

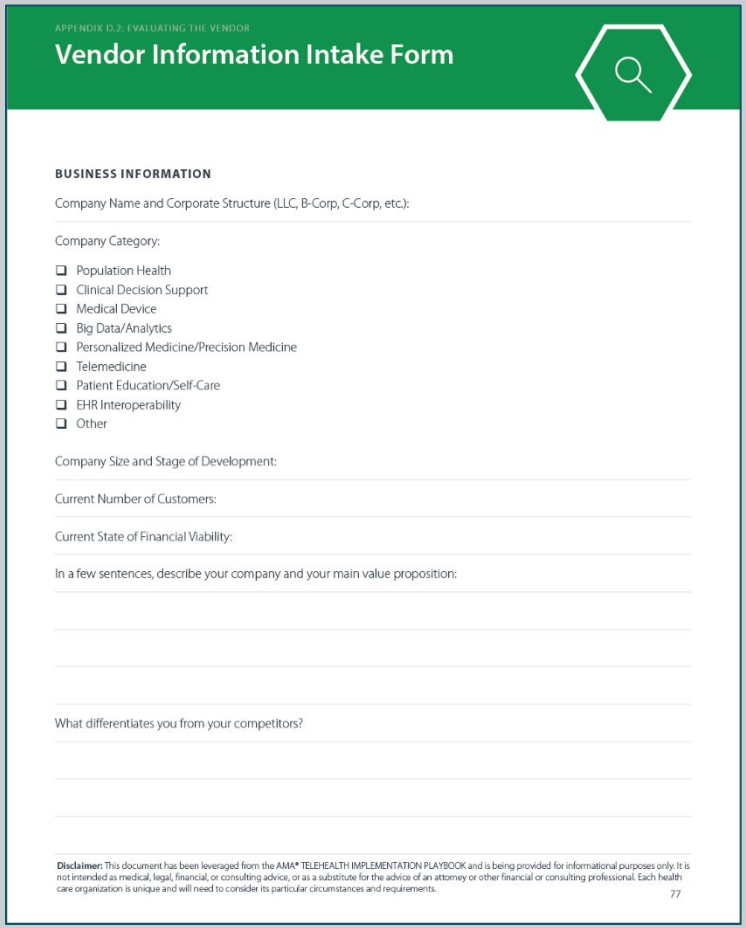
Under-resourced systems that adopt telehealth platforms or other patient-facing digital tools rapidly, but not comprehensively, have the potential to increase safety vulnerabilities and decrease access for the most marginalized patients or clients. This brief assessment contains questions that health centers can ask potential vendors to ensure their tools support equitable access and address the needs of the health center's population.

01

TECHNOLOGY NEEDS

This set of questions focuses on the components of the technology that are likely to present barriers, such as requiring technology or skills that patients may not have.

- Does the platform require an email to use?
- Does the platform require login to use?
- Can the platform be used on various types of devices (e.g., computer, tablet, smartphone)?
- Does the platform require downloading a separate app or browser extension?
- If smartphone-focused, does it work on both Android and iPhone operating systems?
- Does the platform allow for switching from audio/ video to just audio (e.g., in the case that broadband is inadequate or if the client doesn't have sufficient data)?

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Equipment
• Resource: Telehealth Vendor Information Intake Form • A form organizations can use when vetting and evaluating different telehealth platforms/vendors, with an area focusing on usability • Collects the vendor's business information, IT, data security/privacy, customer service, usability and efficacy details • Developed by **AMA** • Resource Link: Click here	

APPENDIX D.2: EVALUATING THE VENDOR

Vendor Information Intake Form

BUSINESS INFORMATION

Company Name and Corporate Structure (LLC, B-Corp, C-Corp, etc.):

Company Category:

- ❑ Population Health
- ❑ Clinical Decision Support
- ❑ Medical Device
- ❑ Big Data/Analytics
- ❑ Personalized Medicine/Precision Medicine
- ❑ Telemedicine
- ❑ Patient Education/Self-Care
- ❑ EHR Interoperability
- ❑ Other

Company Size and Stage of Development:

Current Number of Customers:

Current State of Financial Viability:

In a few sentences, describe your company and your main value proposition:

What differentiates you from your competitors?

Disclaimer: This document has been leveraged from the AMA® TELEHEALTH IMPLEMENTATION PLAYBOOK and is being provided for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. Each health care organization is unique and will need to consider its particular circumstances and requirements.

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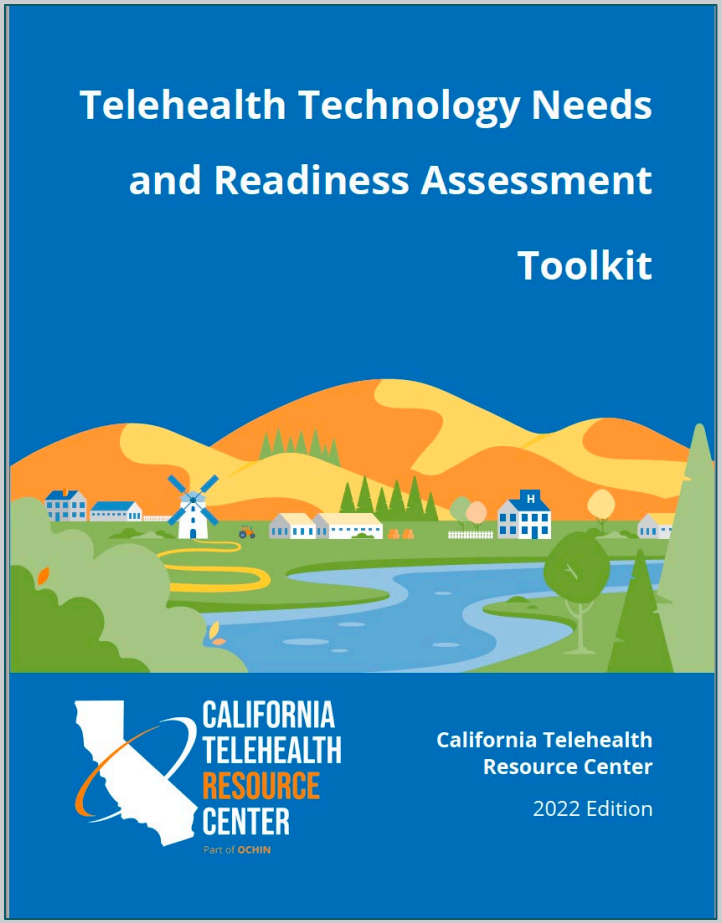
Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Equipment

• Resource: Telehealth Technology Needs and Readiness Assessment Toolkit; 2022 Edition
 	
• Toolkit to help organizations assess their readiness and outstanding needs for implementing telehealth services/technology
• Two assessments:
  • Telehealth Technology Needs and Readiness Assessment
  • Onsite Telehealth Needs and Readiness Assessment
 	
• Developed by **California Telehealth Resource Center (CTRC) and National Telehealth Technology Assessment Resource Center (TTAC)**
• Resource Link: Click here
	

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

Equipment

- Resource: Integrated Virtual Visits: The Key to Patient Access and Safety
- A handout outlining the details on how to use the video solution that integrates within the NextGen HER
- Highlights 6 main benefits of virtual visits for your patients and the features that allow it to be accessible for your patients
- Developed by **NextGen**
- Resource Link: Click here

Integrated Virtual Visits: The Key to Patient Access and Safety

A user-friendly video solution that integrates with your EHR/PM

Designed for healthcare and easy-to-use anytime, anywhere, on any device.

Virtual visits foster care continuity and help safeguard the health of your patients and staff. An integrated solution that fits into your existing workflow and offers patients convenient access to care will have sustaining benefits well after the pandemic ends.

6 Benefits of virtual visits

1. Help lower patient and provider risk of infectious diseases, like COVID-19
2. Improve accessibility for patients with limited mobility or in hard-to-reach areas
3. Expand patient care to after-hours
4. Assist in the management of chronic care
5. Manage and refill medications
6. Enable review of lab results, x-rays, and ultrasounds outside the office

9.1/10
Average patient rating across all virtual visits

Features that matter

- No login required, no app download necessary, and HIPPA-compliant
- Customizable patient email and text reminders
- In-visit features include screen sharing, chat, and document passing
- Integrated patient payments
- Interpretive services integration
- Available in English and Spanish

The efficiencies of integration

- Schedule a virtual visit in your practice management system as you would an in-office visit (no duplication of scheduling)
- Send automatically generated appointment reminder emails and SMS notifications
- Receive notifications in your EHR/PM when the patient is ready to see you
- Receive information such as, visit duration, intake responses and consent, back to the patient's chart and handle documentation as you normally would

New reimbursement for virtual care

Reimbursement guidelines are in a constant state of change and vary by state, practice, and payer. Medicare has made substantial progress toward enhanced telehealth reimbursement.

nextgen healthcare

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

Workflow

- Resource: Example Workflows: Team-Based Care Virtual Visits
- Sample team-based virtual workflows from health centers where there were both live video and no live video options available
- Both health centers utilized their workflow for a chronic condition related visit
- Highlight pre-visit, visit, post-visit, and conclusion details
- Developed by **AMA, Bellin Health and Cleveland Clinic**

AMA | STEPSforward

Example Workflows: Team-Based Care Virtual Visits

Use these examples of team-based care virtual visit workflows from Bellin Health and Cleveland Clinic to create a workflow that fits your practice.

Co-Located Video Visit With Synchronous Support (Bellin Health)

Visit: Chronic condition follow-up

Pre-Visit

- Medical assistant (MA) connects with patient on physician's smartphone, using laptop for EHR work
- MA calls patient, they are unable to connect via patient portal, so transitions visit to FaceTime
- MA reviews history, medications, and care gaps; puts in order for colonoscopy; pends refills
- MA sets agenda for the visit
- MA pulls up a documentation template and begins entering the History of Present Illness (HPI) and bringing in appropriate visit diagnoses from the problem list

Visit

- MA hands phone back to the physician
- Physician connects with patient while the MA is in the room continuing documentation on the laptop
- Physician outlines the plan for a new medication, appropriate referral, and time for the next video follow-up
- MA pends orders for new medication, referral, and follow-up visit
- Physician hands the phone back to MA

Post-Visit

- MA remains on the phone with the patient to review the care plan, adds information to the After Visit Summary (AVS), and reminds patient he can view the AVS on the patient portal
- Physician leaves the room, and goes to co-location area to review and sign orders and edit and complete documentation

Conclusions

- The patient felt that the teamwork enhanced his care. He appreciated that the physician was able to focus on his problems without distraction and that the plan was explained to him by the physician and reinforced by the MA.
- The MA felt she bonded with the patient and that she actively participated in his care.
- The physician appreciated the ability to focus on the patient without distraction and felt that this enhanced the quality of the visit.
- The physician appreciated that the MA's involvement made his time more efficient and enabled him to move on to next patient in a timelier manner.

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

- Resource: Virtual Health Carts - Clinical Workflow
- Sample clinic workflow on how to utilize a virtual cart that mimics the virtual interaction between a provider/patient and patient/MA in a clinical setting
- This workflow is best practiced during a Telehealth or Hybrid schedule at a clinical level
- Developed by **Neighborhood Healthcare**
- Resource link: Click here

Workflow

Virtual Health Carts - Clinical Workflow

The purpose of the Virtual cart is to mimic the virtual interaction between Provider/Patient and Medical Assistant/patient in a clinical setting. This workflow is best practiced during a Telehealth or Hybrid schedule at a clinical level.

Equipment Needed per Care Team:

- X2 iPads
- X2 Stands/carts
- X2 exam rooms
- X2 ergonomic stools with backrest
- X2 external battery packs (optional)

Provider and Medical assistant will have their assigned cart.

Scheduling Appointments

1. All Telehealth visits should be scheduled for video (switch to phone only if not able to connect) and schedule can have a mix of virtual and F2F- no specific blocks needed
   a. CCR will offer patients requesting telehealth visit these video visit appointment slots, and verify the following:
      i. Does patient have a Smartphone or video capable device?
      ii. Inform patient appt could start 30 min before or after scheduled appt time.

Preparation of Appointments

2. PSR is to confirm appts the day before
   a. Insurance verified by Eligibility specialists.
      i. If Cash patient payment should be taken day of appt before appt has begun by PSR.

Beginning Appointment

Doxy. Me Video Call:

3. MA will initiate phone call to patient at their station.

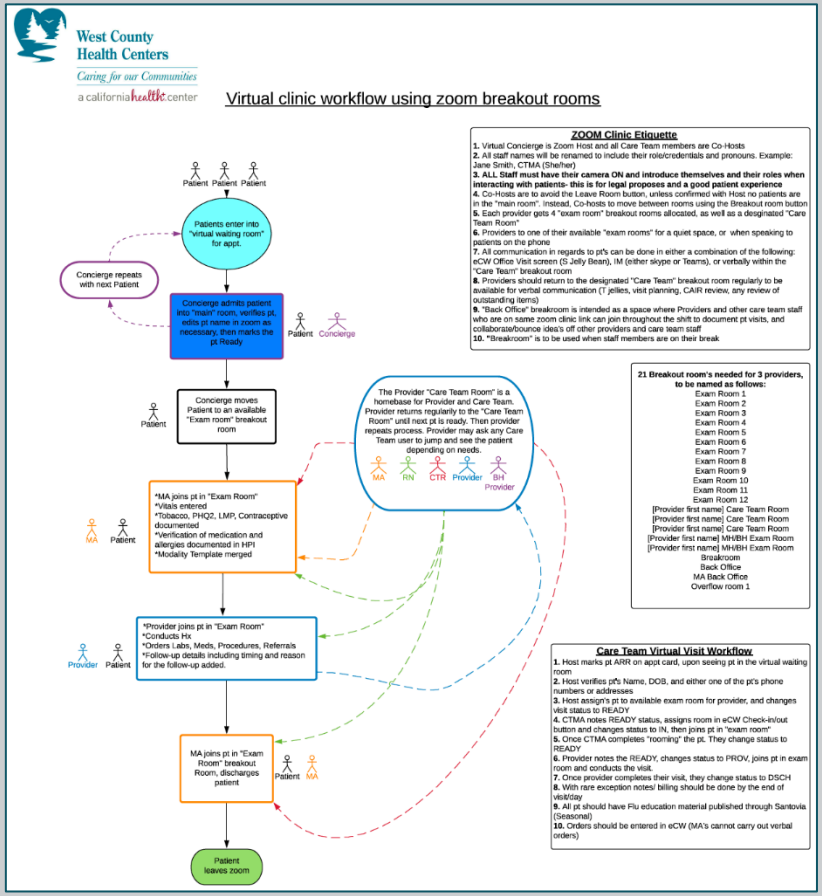
[Script]: "Hello, Good morning my is Betty MA for Dr. NHC calling to see if you have a couple of minutes to get started with your Telemedicine Video Visit?"

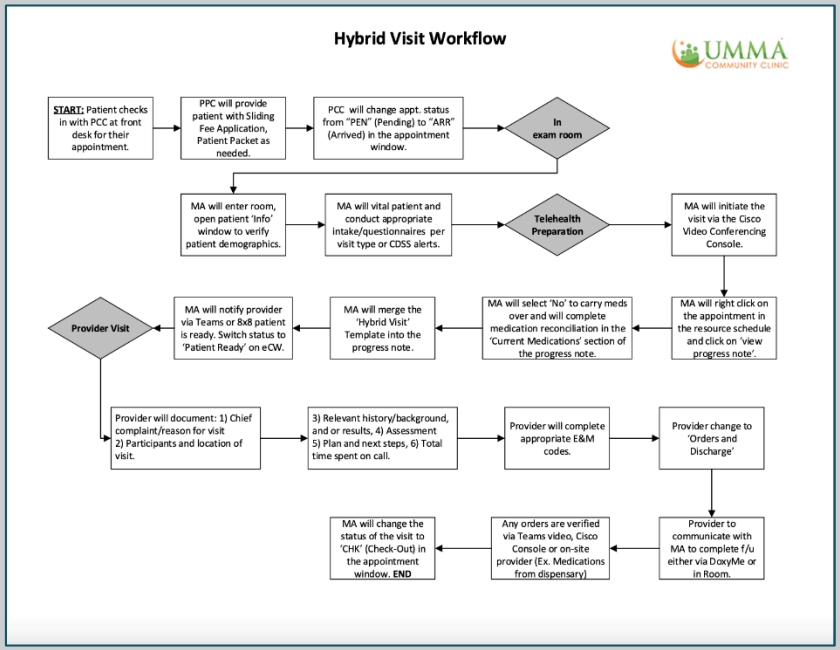
   a. Verify the following:
      i. Name
      ii. DOB
      iii. Insurance/ self-pay (if self-pay insure that PSR has collected payment or added notes to bill patient)
      iv. Address
      v. Pharmacy of preference

Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations

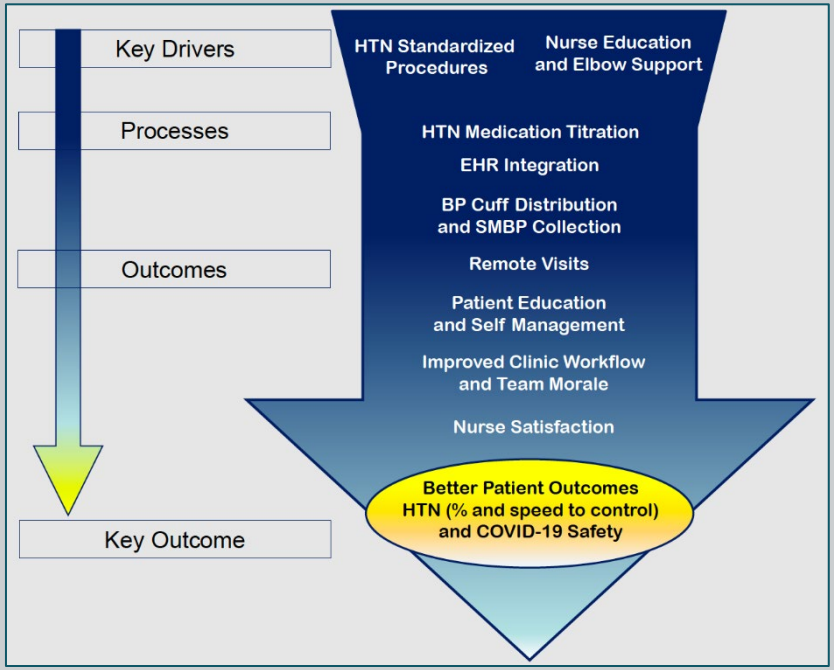
Workflow

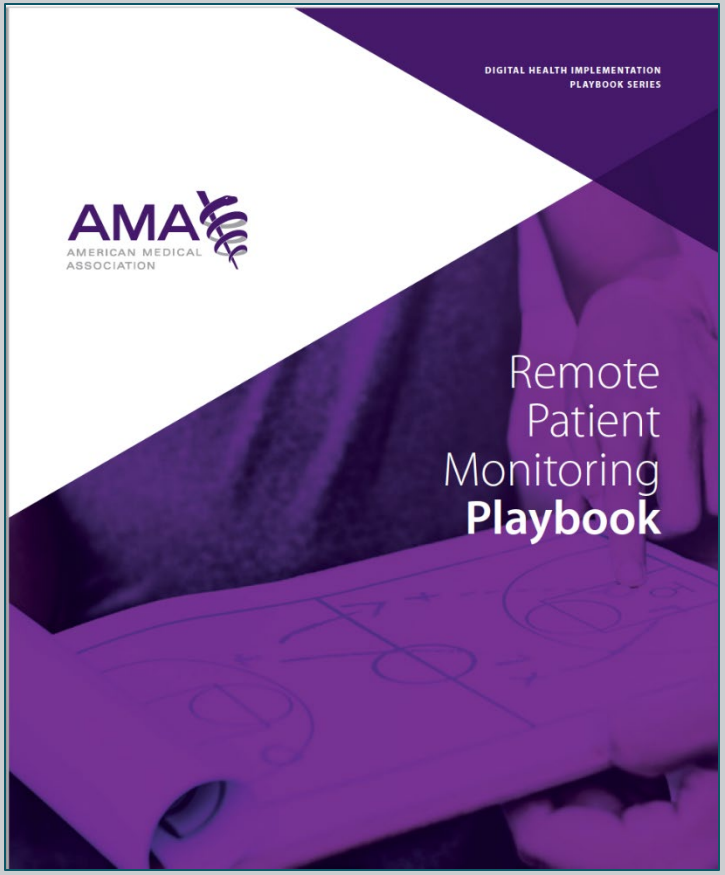
- Resource: Virtual Clinic Workflow Using Zoom Breakout Rooms
- Sample clinics workflow outlining steps on how to use Zoom breakout rooms during a virtual visit
- Similar workflows were provided in the first digital divide toolkit
- Developed by **West County Health Centers**
- Resource link: Click here



Bridging the Digital Divide (BTDD): Telehealth Usage and Adoption for Digital Divide Populations	Workflow
• Resource: Scheduling a Hybrid Visit Workflow • Sample clinic workflow outlining steps on how to schedule a hybrid telehealth visit on Doxy.me and conduct the actual hybrid visit • Offering hybrid visits is another example of providing patients with options for virtual care • Developed by **UMMA Community Clinic** • **Resource Link:** Click here	

Section 2: New Resources for Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: Taking Cardiovascular Care HOME: Optimizing Care of Patients with Hypertension Webinar • Presentation sharing a nurse-executed, standardized procedure-driven hypertension medication titration SMBP device program • Includes a workflow of EHR screenshots detailing how they documented follow up with patients who had SMBP devices at home • Developed by **LA County Department of Health Services (LAC DHS) for Center for Care Innovations Webinar** • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: Remote Patient Monitoring Playbook • A toolkit, or "playbook," that defines digital health and RPM, and explains how to use the resources that are included • Refer to this Playbook whenever you are considering the implementation of a digital health solution • Developed by **AMA** • Resource link: Click here	

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: Gojji Solutions and RPM Services • Handout summarizing the available RPM devices with Gojji and how they can contribute to improving certain clinical quality measures • Developed by **Gojji** • Resource link: Click here	

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- Personalized health tips based on readings
- NO COST shipping of supplies and refills

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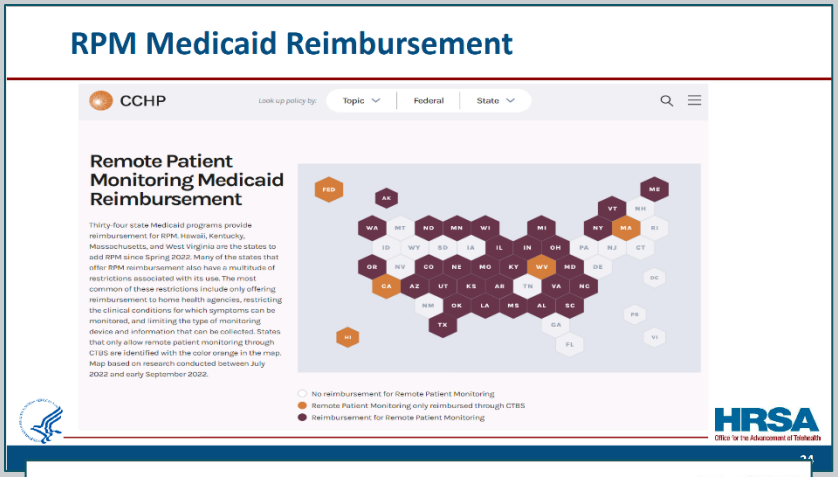
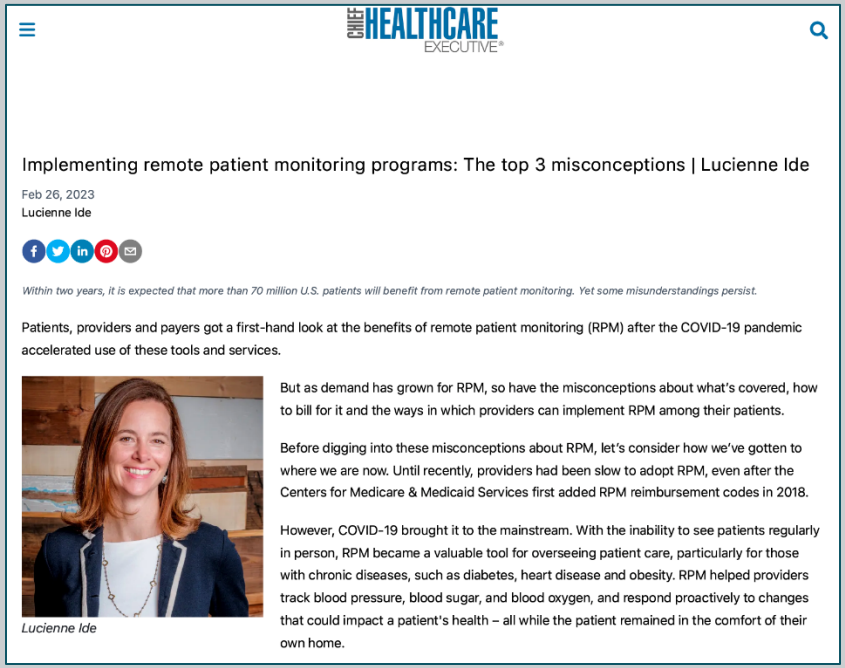
www.gojji.com/communityhealthcenters
www.gojji.com/providers

CHRONIC DISEASE MANAGEMENT MADE EASY

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: RPM Webinar Event: Learn, Engage, Advance • Presentation involving speakers from HRSA, CHCF, RPM policy experts and clinical staff sharing their experience with their own RPM programs at their organization • Overview of available RPM services, coding guidance, current policies and where you can find more details on these policies, and sample clinic RPM programs • Developed by **CTRC** • Resource link: Click here	

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: Implementing Remote Patient Monitoring Programs: The Top 3 Misconceptions • Article explaining how the increase in demand for RPM services has to a growth in the misconceptions about what is covered • The misconceptions discussed are regarding a confusing CPT code, not wanting to use devices because they aren't covered by insurance and expecting RPM kits to be expensive • Developed by **Chief Health Executive; Written by Lucienne Ide** • Resource link: Click here	

CHIEF HEALTHCARE EXECUTIVE®

Implementing remote patient monitoring programs: The top 3 misconceptions | Lucienne Ide

Feb 26, 2023
Lucienne Ide

Within two years, it is expected that more than 70 million U.S. patients will benefit from remote patient monitoring. Yet some misunderstandings persist.

Patients, providers and payers got a first-hand look at the benefits of remote patient monitoring (RPM) after the COVID-19 pandemic accelerated use of these tools and services.

Lucienne Ide

But as demand has grown for RPM, so have the misconceptions about what's covered, how to bill for it and the ways in which providers can implement RPM among their patients.

Before digging into these misconceptions about RPM, let's consider how we've gotten to where we are now. Until recently, providers had been slow to adopt RPM, even after the Centers for Medicare & Medicaid Services first added RPM reimbursement codes in 2018.

However, COVID-19 brought it to the mainstream. With the inability to see patients regularly in person, RPM became a valuable tool for overseeing patient care, particularly for those with chronic diseases, such as diabetes, heart disease and obesity. RPM helped providers track blood pressure, blood sugar, and blood oxygen, and respond proactively to changes that could impact a patient's health – all while the patient remained in the comfort of their own home.

Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations

Training

- Resource: Payment Reimbursement Tips: Community Health Center Requirements for Remote Physiologic Monitoring (RPM) & Self-Measured Blood Pressure (SMBP)
- Tip sheet providing detailed guidance on how health centers can maximize reimbursement when their patients utilize RPM devices, particularly self-measured blood pressure devices
- Developed by **National Association for Community Health Centers (NACHC)**
- Resource link: Click here

NATIONAL ASSOCIATION OF Community Health Centers®

PAYMENT

Reimbursement Tips:
Community Health Center Requirements for Remote Physiologic Monitoring (RPM) & Self-Measured Blood Pressure (SMBP)

Remote Physiologic Monitoring (RPM), including self-measured blood pressure (SMBP), involves a patient's use of devices to assess and record physiologic data outside of the clinical setting, usually in the home. RPM may require additional treatment management services which may be furnished by a qualified provider. CMS currently does not reimburse RPM services separately from the FQHC PPS payment.

During the Public Health Emergency (PHE):

CPT code 99473 "self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration" is included on the CMS list of temporary telehealth services that may be provided during the PHE. In order to be reimbursed for this service, FQHCs would bill for it using the telehealth G2025 code and receive $99.45. There is no reimbursement separate from the PPS payment if CPT 99473 services are provided in a face-to-face visit during the PHE.

Program Requirements

Remote Physiologic Monitoring (RPM) refers to the use of device(s) for remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate). The medical devices used must be defined by the FDA, and the service must be ordered by a physician or qualified health professional (QHP).

Self-measured blood pressure (SMBP) refers to blood pressure measurement that takes place outside the clinical setting, often at home. SMBP can assist with both diagnosis and management of hypertension and increases patient participation in their own care. Devices used for SMBP must be validated for clinical accuracy. Two new codes for SMBP were added effective January 1, 2020. With respect to coding, SMBP is a type of RPM.

Remote Physiologic Monitoring Treatment Management Services (RPM TMS) are provided when clinical staff/physician/other qualified health care professional use the result of RPM to manage a patient under a specified treatment plan. RPM TMS involves interactive communication which includes real-time synchronous, two-way audio interaction that is capable of being enhanced with video of other kinds of data transmission.

Patient Eligibility & Consent

A FQHC practitioner (e.g., MD, DO, NP, PA) determines if patients meet the criteria for RPM and if they are likely to benefit from these services. RPM may be used for patients with acute conditions as well as patients with chronic conditions. The inclusion of acute conditions was confirmed by CMS effective January 1, 2021 as written in section 84543 of the CMS 2021 PFS Final Rule.

Patient consent for RPM is required and must be documented. If blood pressure or other measurement devices are offered by health centers, consent can be included as part of the agreement to provide the device.

Timeframe & Services

Remote Physiologic Monitoring (RPM)

Can be used with patients to:

- Develop and manage a treatment plan for acute or chronic illnesses.
- Monitor physiologic parameters (e.g., pulse oximetry, blood pressure, weight).
- Collect and interpret physiologic data (e.g., blood pressure, blood glucose, heart rate, EEG).
- Provide RPM TMS to manage patients involved in existing treatment plans.

CPT CODE	Services	Billable Outside of PPS
CPT 99091	The collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional. In this instance, a QHP is qualified by education, training, licensure/regulation (when applicable). The code requires a minimum of 30 minutes of interpretation and review and is billable once in each 30-day billing period.	No
CPT 99453	Initial set-up and patient education on use of device(s) for remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate). May not be reported for more than one episode of care which is defined as beginning with initiation of RPM and ending when targeted treatment goals are achieved. Think of this as the code to use one time to report patient education on the device.	No
CPT 99454	Supply of the device used for daily recording or programmed alert transmissions of physiologic parameters, each 30 days. In short: Data transmission; providing the device to and programming it for the patient.	No

Providers can perform 99453 and 99454 services, if medically necessary, without being required to perform 99091 or 99457 services. FQHCs are encouraged to collect and report any RPM services they provide, even when not reimbursed for them. Reporting the applicable service codes helps support the case that FQHCs furnishing RPM services should be reimbursed outside of the Medicare PPS payment.

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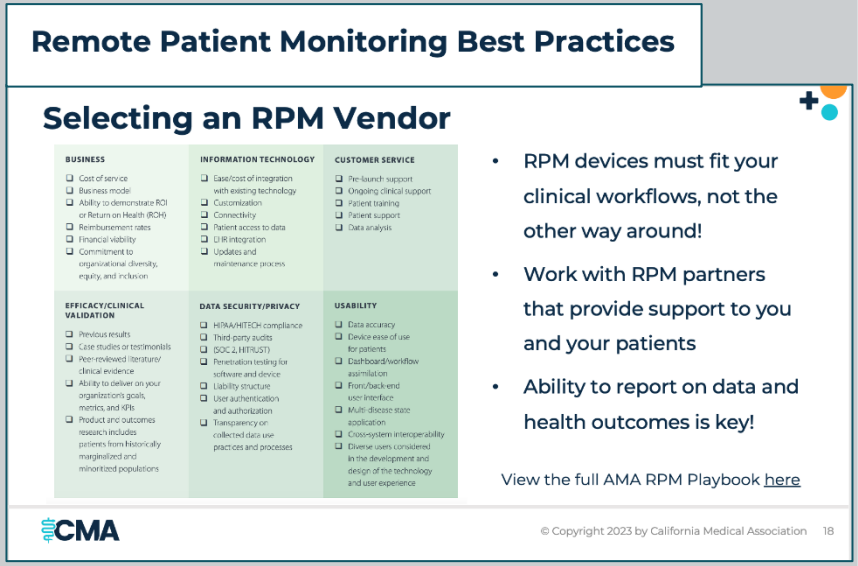
Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Training
• Resource: RPM Best Practices Presentation • Overview and steps on implementing a successful RPM program at a health center • Outlines best practices and guidance on selecting an RPM vendor/device, building an RPM team at the organization, developing an RPM device workflow and high-level billing guidance • Developed by **Kedren Community Health Center**	

Remote Patient Monitoring Best Practices

Selecting an RPM Vendor

BUSINESS
- ❑ Cost of service
- ❑ Business model
- ❑ Ability to demonstrate ROI or Return on Health (ROH)
- ❑ Reimbursement rates
- ❑ Financial viability
- ❑ Commitment to organizational diversity, equity, and inclusion

INFORMATION TECHNOLOGY
- ❑ Ease/cost of integration with existing technology
- ❑ Customization
- ❑ Connectivity
- ❑ Patient access to data
- ❑ EHR integration
- ❑ Updates and maintenance process

CUSTOMER SERVICE
- ❑ Pre-launch support
- ❑ Ongoing clinical support
- ❑ Patient training
- ❑ Patient support
- ❑ Data analysis

EFFICACY/CLINICAL VALIDATION
- ❑ Previous results
- ❑ Case studies or testimonials
- ❑ Peer-reviewed literature/ clinical evidence
- ❑ Ability to deliver on your organization's goals, metrics, and KPIs
- ❑ Product and outcomes research includes patients from historically marginalized and minoritized populations

DATA SECURITY/PRIVACY
- ❑ HIPAA/HITECH compliance
- ❑ Third-party audits (SOC 2, HITRUST)
- ❑ Penetration testing for software and device
- ❑ Liability structure
- ❑ User authentication and authorization
- ❑ Transparency on collected data use practices and processes

USABILITY
- ❑ Data accuracy
- ❑ Device ease of use for patients
- ❑ Dashboard/workflow assimilation
- ❑ Front/back-end user interface
- ❑ Multi-disease state application
- ❑ Cross-system interoperability
- ❑ Diverse users considered in the development and design of the technology and user experience

- RPM devices must fit your clinical workflows, not the other way around!
- Work with RPM partners that provide support to you and your patients
- Ability to report on data and health outcomes is key!

View the full AMA RPM Playbook here

CMA

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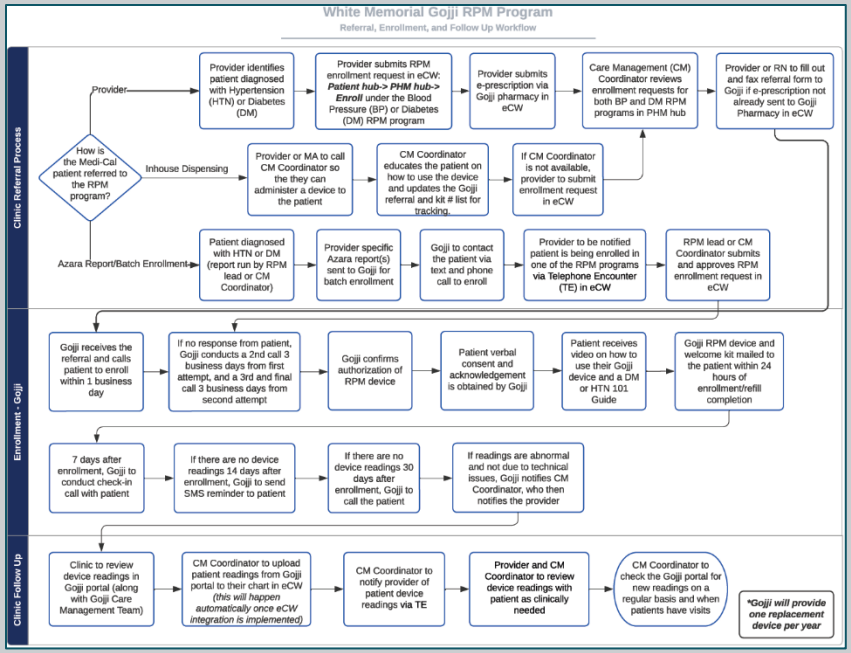
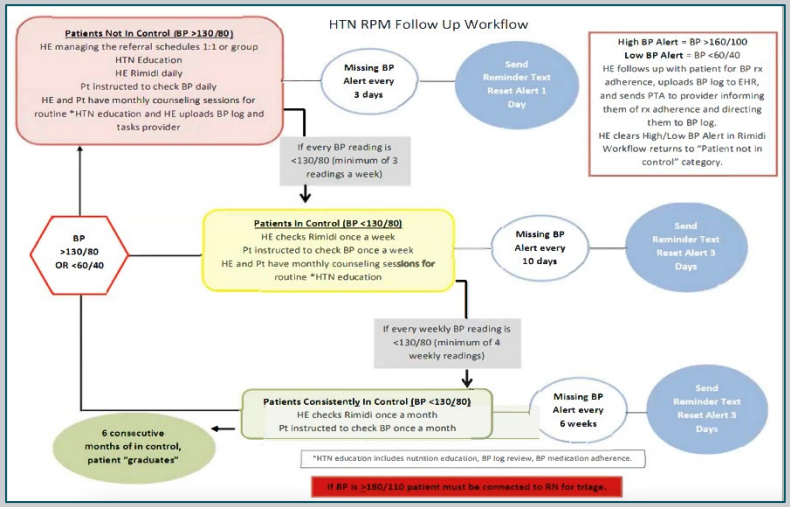
Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Workflow

- Resource: RPM Device Referral, Enrollment and Follow Up Workflow
- Sample clinic workflow outlining how they identify, refer and enroll Medi-Cal patients into the Gojji RPM platform
- Includes steps for both glucometer and BP device distribution
- Three different referral pathways: by provider, in-house dispensing or Azara DRVS report/batch enrollment
- Developed by **White Memorial Community Health Center**



Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Workflow
• Resource: Rimidi Hypertension RPM Device Workflow • Sample clinic workflow outlining how they identify and enroll patients into the Rimidi RPM platform • Detailed guidance depending on how well the patient complies with taking blood pressure readings • Developed by **Northeast Valley Health Corporation (NEVHC)**	

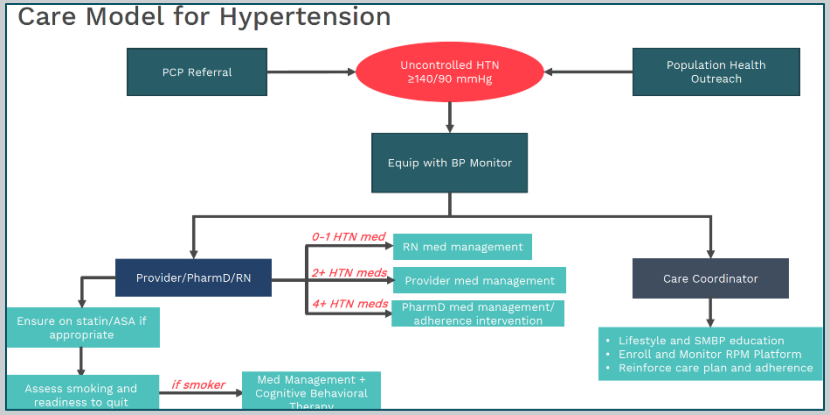
Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations

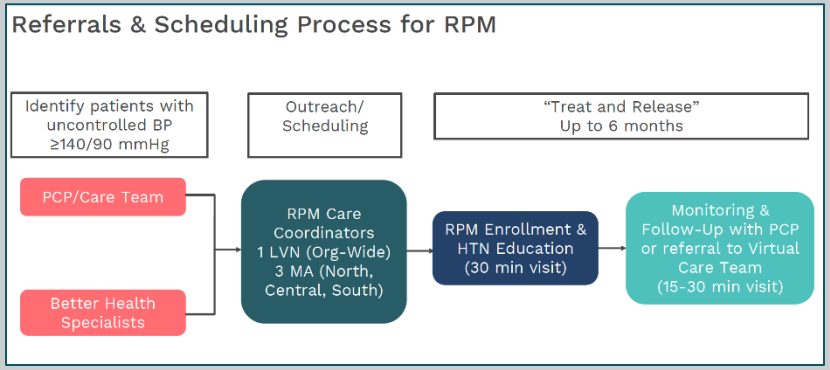
Workflow

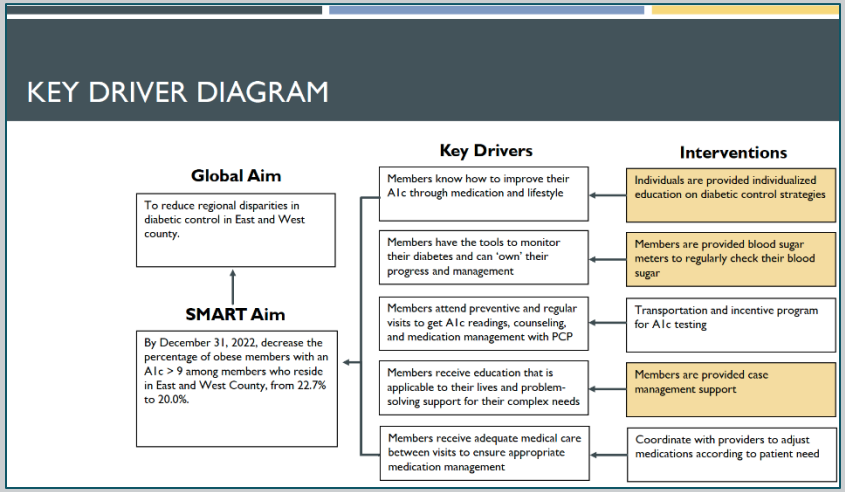
- Resource: RPM BP Device Workflow

- Sample workflow outlining how the clinic identifies, refers and enrolls patients into their RPM hypertension program
- Clinic used VitalTech/AT&T RPM services
- RPM program details shared in a webinar presentation in February 2023

- Developed by **Neighborhood Healthcare**
- Resource Link: Click here





Bridging the Digital Divide (BTDD): Remote Patient Monitoring (RPM) Device Usage and Adoption for Digital Divide Populations	Workflow
• Resource: Remote Patient Monitoring Cellular Enabled Glucometers & Disease Management • Webinar presentation on how this organization developed an RPM program with cellular enabled glucometers utilizing the Gojji RPM platform • Driver diagram provides ample detail on how they identified priority interventions and defined their RPM program goal • Developed by **Contra Costa Health Services** • Resource link: Click here	

Section 3: New Resources for Patient Portal Usage and Adoption for Digital Divide Populations

Bridging the Digital Divide (BTDD): Patient Portal Usage and Adoption for Digital Divide Populations

Training and Education

- Resource: Disparities in Patient Portal Access and the Role of Providers in Encouraging Access and Use

- Research study aiming to identify racial and ethnic disparities in patient portal access and use
- Also examined the influence providers have on encouraging and facilitating use of the data made available in the patient portal
- The findings suggest that differences in access and use are likely driven by disparities in whether a patient is offered to sign up on the patient portal

- Developed by **Journal of the American Medical Informatics Association (JAMIA)**
- Resource Link: Click here

Journal of the American Medical Informatics Association, 30(2), 2023, 308–317
https://doi.org/10.1093/jamia/ocac227
Advance Access Publication Date: 30 November 2022
Research and Applications

AMIA OXFORD

Research and Applications

Disparities in patient portal access and the role of providers in encouraging access and use

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ABSTRACT

Objective: The aim of this study was to identify racial and ethnic disparities in patient portal offers, access, and use and to examine the role of providers in facilitating access to electronic health information (EHI) by offering patient portals and encouraging their use.
Materials and Methods: Using nationally representative survey data from 2019 and 2020 ($N = 8028$), we examined disparities in patients being offered access to a portal by their provider and differences in subsequent access and use. Using multivariable models, we estimated the effect of race and ethnicity on the likelihood of being offered, accessing or using a portal. Among those offered, we examined the relationship between provider encouragement and portal access; and for those who did *not* access their portal, we explored reasons for nonuse.
Results: Black and Hispanic individuals were offered and accessed patient portals at significantly lower rates than White individuals. Compared to Whites, Black and Hispanic individuals were 5.2 percentage-points less likely to be offered a portal ($P < .05$) and, among those offered, 7.9 percentage-points less likely to access their portal ($P < .05$). Black and Hispanic individuals who were offered and accessed a portal were 12 percentage-points more likely than Whites to use it to download or transmit information ($P < .01$). Individuals who were offered a portal and encouraged to use it were 21 percentage-points more likely to access it.
Discussion: Differences in patient portal access and use are likely driven by disparities in which groups of patients reported being offered a portal.
Conclusions: Providers play an important role in increasing access to EHI by facilitating access to patient portals.

Bridging the Digital Divide (BTDD): Patient Portal Usage and Adoption for Digital Divide Populations

- Resource: Impact of Digital Divide on the Adoption of Online Patient Portals for Self-Motivated Patients
- Research study aiming to determine the effect of the digital divide in the adoption of online patient portals by motivated patients who wish to improve their health outcomes using the Internet
- Also explored social media use as a correlation to patient portal use
- The usability factor of online portals is likely a hindrance to its adoption
- Developed by **Healthcare Informatics Research (HIR)**
- Resource link: Click here

Training and Education

Original Article

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HIR
Healthcare Informatics Research

Impact of Digital Divide on the Adoption of Online Patient Portals for Self-Motivated Patients

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[2]Senyaun Consulting, Brenham, TX, USA
[3]Geisinger Health Systems, Danville, PA, USA

Objectives: Our study aimed to determine the effect of the digital divide in the adoption of online patient portals by motivated patients who wish to improve their health outcomes through the use of the Internet and information technology to assess determinants of low adoption rates of online portals and to explore social media use as a correlation to patient portal use. **Methods:** We utilized data from the Health Information National Trends Survey (HINTS) 2017 and 2018. We performed a cross-sectional study analyzing the outcome variable of patient portal use with several predictor variables, namely, age, marital status, gender, mental health, education, Medicaid, income, number of people in household, trust, social media, chronic disease, and health app use. Basic descriptive statistics and logistic regression were performed using SPSS version 25. **Results:** Our study found that low adoption rates go beyond the digital divide. A correlation exists between social media use and patient portal use, and the impact of previously identified factors on patients with self-motivation for health improvement. **Conclusions:** Self-motivation is an important factor in patient portal use and access. Behavioral and motivational interventions geared towards the adoption of health information technology tools, such as online portals, can assist with improving the public health significance of these tools.

Keywords: Digital Divide, Patient Portals, Social Media, Motivation, Internet Access

I. Introduction

Online patient portals are web-based applications that give patients direct and secure 24-hour access to their Electronic Health Records. Through such portals, they can view information like laboratory results, medication history, and discharge summaries. Patients can also perform various activities, such as securely message their providers, request prescription refills, and schedule appointments [1]. Patient portal use can increase patient engagement [2-4] and thereby improve the quality of care provided to individual patients [5]. Patient engagement is a set of behaviors by patients, family members, health professionals, and a set of organizational policies and procedures that foster the inclusion of patients and family members as active members of a collaborative healthcare team in partnership with providers and provider organizations [6]. Patient engagement translates to public health benefits on a larger scale because it results in increased levels of screening and preventive care, efficient utilization of health resources, and reduction in

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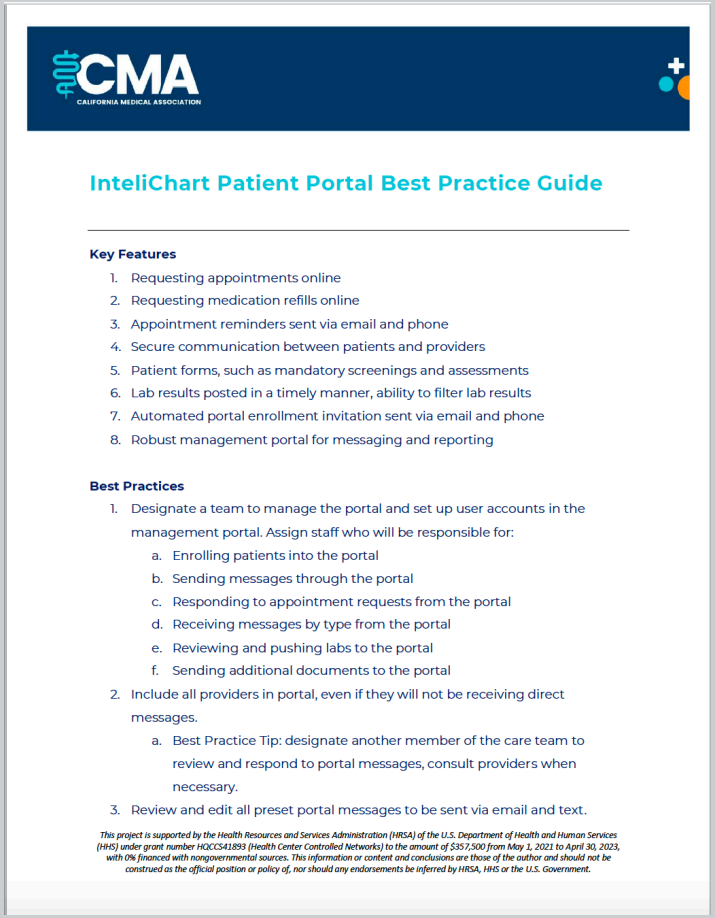
Bridging the Digital Divide (BTDD): Patient Portal Usage and Adoption for Digital Divide Populations	Marketing Materials
• Resource: InteliChart Patient Portal Best Practice Guide • Guide to be used for training staff when implementing the InteliChart patient portal • Outlines specific guidance for how to assist patients with understanding how to use this new portal and take advantage of the features (e.g., Enable automated enrollment for patients to register without staff involvement) • Developed by **Eisner Health**	

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CALIFORNIA MEDICAL ASSOCIATION

InteliChart Patient Portal Best Practice Guide

Key Features

1. Requesting appointments online
2. Requesting medication refills online
3. Appointment reminders sent via email and phone
4. Secure communication between patients and providers
5. Patient forms, such as mandatory screenings and assessments
6. Lab results posted in a timely manner, ability to filter lab results
7. Automated portal enrollment invitation sent via email and phone
8. Robust management portal for messaging and reporting

Best Practices

1. Designate a team to manage the portal and set up user accounts in the management portal. Assign staff who will be responsible for:
   a. Enrolling patients into the portal
   b. Sending messages through the portal
   c. Responding to appointment requests from the portal
   d. Receiving messages by type from the portal
   e. Reviewing and pushing labs to the portal
   f. Sending additional documents to the portal
2. Include all providers in portal, even if they will not be receiving direct messages.
   a. Best Practice Tip: designate another member of the care team to review and respond to portal messages, consult providers when necessary.
3. Review and edit all preset portal messages to be sent via email and text.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HQCCS41893 (Health Center Controlled Networks) to the amount of $357,500 from May 1, 2021 to April 30, 2023, with 0% financed with nongovernmental sources. 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.

Bridging the Digital Divide (BTDD): Patient Portal Usage and Adoption for Digital Divide Populations	Marketing Materials
• Resource: NextGen PxP ChatNow Feature Overview • Handout describing details on how the NextGen ChatNow feature can assist staff with redirecting patient questions to the chat • Outlines details for live patient support and how it can be customized to your organization's brand • Developed by **NextGen** • Resource link: Click here	

Let Us Answer Your Patients' Tech Questions

NextGen® ChatNow

Too much time spent helping less tech-savvy patients

Patients unfamiliar with online engagement may need support when navigating the patient portal—particularly when they log in, reset passwords, or communicate with their care team. Often their next step is calling your practice for help. This can take valuable time away from staff who prefer to focus on care rather than respond to technical support calls.

This challenge may grow as your practice prepares for the upcoming NextGen® Enterprise Spring '21 release and the new NextGen® PxP Portal launch. There may be a spike in support cases as there is with any type of change.

Save time and take a load off your staff

With NextGen ChatNow, a technical support team handles your patients' questions and guides them to help themselves—with one click. This solution frees up your staff while a live agent provides the patient engagement technical support that enables patients to receive the full benefit of your patient portal.

"I'm glad there are nice and polite people working to help customers like me! Great experience!"

—Patient portal user

Features

Ensure your portal meets your patients' needs regardless of their technological background. NextGen ChatNow:

- **Provides live agent support**—patients can chat with a technical support team member (8am–8pm ET / 5am–5pm PT)
- **Supports multiple languages**
- **Features self-serve chatbot/automation**
- **Enables patients** to share files
- **Supports proactive engagement**—for example, if a patient spends a lot of time on a page, a chatbot message could say, "Is there anything I can help you with today?"
- **Includes customizable branding** to match your practice's distinctive style

nextgen healthcare

Section 4: New Resources for Equipment and Services Assessment Usage and Adoption for Digital Divide Populations

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Assessments
• Resource: Digital Divide Assessment • This assessment was tailored by clinic staff to include the most useful questions for their patients • Revised from the original digital device and internet access assessment we created last year • Developed by **All-Inclusive Community Health Center (AICHC)**	

Bridging the Digital Divide Patient Assessment

The following three questions should be answered by each patient to determine if bridging the digital divide in accessing care and communicating with the care team is necessary. Depending on the patient's answers, there are multiple resources to share with the patient if they are in need of internet and/or digital devices.

These questions will be added to eCW so the patient's answers will be recorded in their chart:

1. Do you have access to the internet? **(Yes/No)**
2. Do you have access to a digital device, e.g., cell phone, tablet, computer, laptop, etc.? **(Yes/No)**
3. Do you need help gaining access to the internet or obtaining any devices? **(Yes/No)**

DIGITAL DIVIDE RESOURCES FOR PATIENTS

Please review the following resources with patients if they need assistance with connecting to community resources for internet and/or digital devices:

- San Fernando DPSS Office Location *(Services: CalFresh, General Relief, Medi-Cal, GROW)*
  - 4680 San Fernando Rd. Glendale, CA 91204
  - (866) 613-3777
- Review the **Bridging Digital Divide Toolkit Resource** *here*
- Everyone On: https://www.everyoneon.org/find-offers
- Affordable Connectivity Program (ACP): https://nv.fcc.gov/lifeline/?id=nv_flow&ebbp=true

If your household is eligible, you could receive:

- Up to a $30/month discount on your internet service
- Up to a $75/month discount if your household is on qualifying Tribal lands
- A one-time discount of up to $100 for a laptop, tablet, or desktop computer (with a co-payment of more than $10 but less than $50)
- A low cost service plan that may be fully covered through the ACP*

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Assessments
• Resource: Digital Divide Assessment • This assessment was tailored by clinic staff to include the most useful questions for their patients • Revised from the original digital device and internet access assessment created last year • Added additional space for feedback from patients and/or staff based on the first round of piloting the assessment • Developed by **JWCH Institute**	

Bridging the Digital Divide Patient Assessment

The following three questions should be answered by each patient to determine if bridging the digital divide in accessing care and communicating with the care team is necessary. Depending on the patient's answers, there are multiple resources to share with the patient if they are in need of internet and/or digital devices.

Digital Divide Assessment:

1. Do you have access to the internet? **(Yes/No)**
2. Do you have access to a digital device, e.g., cell phone, tablet, computer, laptop, etc.? **(Yes/No)**
3. Do you need help gaining access to the internet or obtaining any devices? **(Yes/No)**
4. Does the patient have help accessing the internet and/or digital devices from a family member or friend, therefore not needing additional help? **(Yes/No)**

Additional Feedback from the Patient or Staff:

DIGITAL DIVIDE RESOURCES FOR PATIENTS

Please review the following resources with patients if they need assistance with connecting to community resources for internet and/or digital devices:

- Review the **Bridging Digital Divide Toolkit Resource** *here*
- Everyone On: https://www.everyoneon.org/find-offers
- Affordable Connectivity Program (ACP): https://nv.fcc.gov/lifeline/?id=nv_flow&ebbp=true

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Assessments
• Resource: Digital Literacy Checklist • This checklist was developed by Ipsos for conducting a research survey with UK individuals focused on digital literacy • Developed an "Essential Digital Skills Methodology" • The checklist is referenced in a 2022 CHCF issue brief article • The questions listed on the right are summarized and the full digital literacy survey can be found at the link below • Developed by **Lloyds Bank/Ipsos Research Company** • Resource Link: Click here	

Table 1. A Digital Literacy Checklist

CAN THE USER DO THE FOLLOWING?

Foundational

- Turn on device.
- Use available device controls, such as a touchscreen, mouse, and keyboard.
- Use menu settings, such as changing the volume or increasing the font size to make text easier to read.
- Connect to a Wi-Fi network.
- Find and open apps.
- Use an internet browser.
- Update and change passwords.

Communications

- Use email, messaging apps, text messages, social media, and video to communicate with others.

Information

- Use a search engine to find news, health information, and other information of interest.
- Recognize the trustworthiness of online information.
- Stream or download online movies, music, games, books, and other content.

Transactions

- Access and use public services and assistance online, such as applying for services and paying bills.
- Purchase goods or manage money and financial transitions securely online.

Problem solving

- Use online resources, including online tutorials, FAQs, and forums, to solve problems and search for information.

Safety and privacy

- Keep online accounts secure and private using robust passwords and privacy settings.
- Assess risks and threats involved in being online.
- Recognize and avoid suspicious links in emails, websites, and social media.

Bridging the Digital Divide (BTDD): Equipment and Services Assessment

- Organization: Angeleno Connectivity Trust
- Region: City of Los Angeles
- Resource: Free Internet

- This resource was included in our prior toolkit, but the material and link have been updated
- Provides free internet service to students in Los Angeles who are struggling to stay connected online to classes and essential support services
- The student will be provided a T-Mobile Wi-Fi hotspot at one of the partner organizations or at their local City of Los Angeles Public Library

- Resource Link: Click here

Discounted Technology and Broadband Resources

DOES A STUDENT IN YOUR HOUSEHOLD NEED A WIFI HOTSPOT FOR SCHOOL?

You can request one through the Angeleno Connectivity Trust (ACT) Program. The hotspot is free, and there's no financial obligation.

This is an extraordinary initiative providing 100GB per year of free internet service for the next five years for up to 18,000 students in Los Angeles who are struggling to stay connected online to classes and essential support services.

WHO IS ELIGIBLE?

K-12 students who meet the following requirements are eligible:

1. Live in or attend school in the City of Los Angeles, or receive services from any one of our regional partners (including YouthSource, FamilySource Centers, and many community organizations like School on Wheels and the YMCA).

2. The student is (only one of these is needed):
   a. Homeless, housing insecure, or living in unstable housing
   b. Foster youth
   c. Student with a disability
   d. Student who has dropped out of school or is having trouble staying in school this year due to the lack of internet connectivity

3. Have not already received a T-Mobile hotspot provided by LAUSD

HOW DO I SIGN UP?

1. **Call** the Los Angeles Public Library Angeleno Connectivity Trust Hotline **213-228-7393**

2. **Leave** your contact number on the Hotline Voicemail

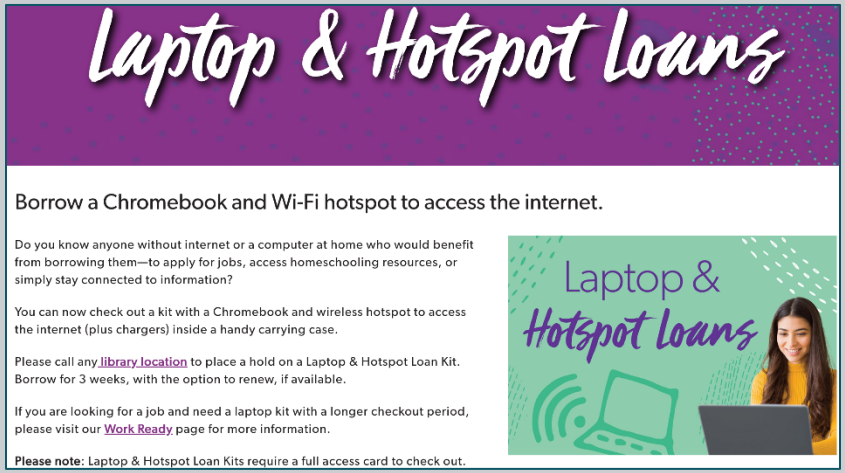
3. **Expect** a return call from a Library Team Member who will help you sign up for the Angeleno Connectivity Trust WiFi hotspot program. There is absolutely no financial commitment and the device and 5-year internet is free.

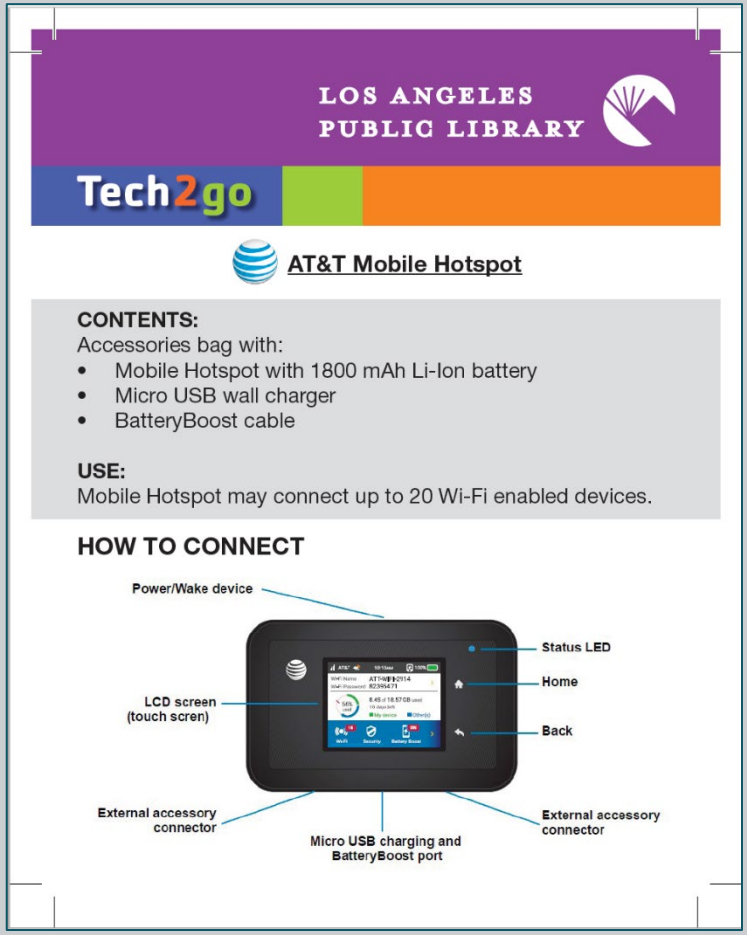
4. **Plan** to pick up your device from the assigned L.A. Public Library location (the location will be communicated by the Librarian).

MORE QUESTIONS?

Call the Los Angeles Public Library Angeleno Connectivity Trust (ACT) Hotline @ 213-228-7393

The Angeleno Connectivity Trust is led by Mayor's Office of the City of Los Angeles, in coordination with T-Mobile's Project 10Million, and the Mayor's Fund for Los Angeles. https://www.lapl.org/tech2go/angeleno-connectivity

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Discounted Technology and Broadband Resources
• Organization: LA Public Library • Region: LA County • Resource: Free Internet and Mobile Hotspots • Borrow a Chromebook and Wi-Fi hotspot to access the internet • Must have a full access card to check out the equipment (can sign up following the link below) • Resource Link: Click here	 Laptop & Hotspot Loans Borrow a Chromebook and Wi-Fi hotspot to access the internet. Do you know anyone without internet or a computer at home who would benefit from borrowing them—to apply for jobs, access homeschooling resources, or simply stay connected to information? You can now check out a kit with a Chromebook and wireless hotspot to access the internet (plus chargers) inside a handy carrying case. Please call any library location to place a hold on a Laptop & Hotspot Loan Kit. Borrow for 3 weeks, with the option to renew, if available. If you are looking for a job and need a laptop kit with a longer checkout period, please visit our Work Ready page for more information. **Please note**: Laptop & Hotspot Loan Kits require a full access card to check out. Laptop & Hotspot Loans

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Discounted Technology and Broadband Resources
• Organization: Tech2Go/LA Public Library • Region: LA County • Resource: Free Mobile Hotspots • Free mobile hotspot available for a 6-week period • 13 participating library locations • Available through AT&T, Sprint and T-Mobile carriers • Flyers available in English and Spanish • Must have a library card in good standing to be eligible for a hotspot • Resource Link: Click here	

LOS ANGELES PUBLIC LIBRARY

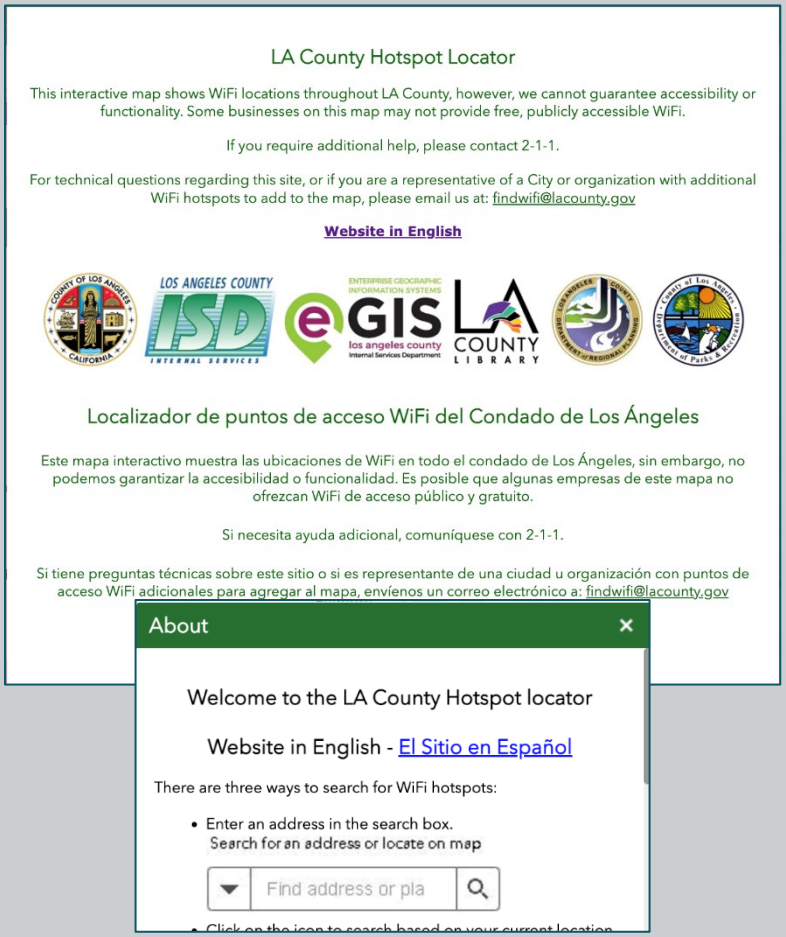
Tech2go

AT&T Mobile Hotspot

CONTENTS:
Accessories bag with:
- Mobile Hotspot with 1800 mAh Li-Ion battery
- Micro USB wall charger
- BatteryBoost cable

USE:
Mobile Hotspot may connect up to 20 Wi-Fi enabled devices.

HOW TO CONNECT

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Discounted Technology and Broadband Resources
• Organization: LA Hotspot Locator • Region: LA County/2-1-1 • Resource: Free Internet/Wi-Fi • Interactive map that shows available, free internet after typing in an address • Different icons on the map can represent public buildings, parks, restaurants and libraries • Website is available in Spanish as well • Resource Link: Click here	

LA County Hotspot Locator

This interactive map shows WiFi locations throughout LA County, however, we cannot guarantee accessibility or functionality. Some businesses on this map may not provide free, publicly accessible WiFi.

If you require additional help, please contact 2-1-1.

For technical questions regarding this site, or if you are a representative of a City or organization with additional WiFi hotspots to add to the map, please email us at: findwifi@lacounty.gov

Website in English

Localizador de puntos de acceso WiFi del Condado de Los Ángeles

Este mapa interactivo muestra las ubicaciones de WiFi en todo el condado de Los Ángeles, sin embargo, no podemos garantizar la accesibilidad o funcionalidad. Es posible que algunas empresas de este mapa no ofrezcan WiFi de acceso público y gratuito.

Si necesita ayuda adicional, comuníquese con 2-1-1.

Si tiene preguntas técnicas sobre este sitio o si es representante de una ciudad u organización con puntos de acceso WiFi adicionales para agregar al mapa, envíenos un correo electrónico a: findwifi@lacounty.gov

About ×

Welcome to the LA County Hotspot locator

Website in English - El Sitio en Español

There are three ways to search for WiFi hotspots:

- Enter an address in the search box.
  Search for an address or locate on map

Find address or pla

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Discounted Technology, Broadband and Educational Resources
• Organization: Insure the Uninsured Project (ITUP) • Region: California • Resource: Toolkit with internet, digital literacy and digital device resources • A policy toolkit that provides hyperlinks to resources that help you understand more about the need to expand broadband and connectivity to ensure a better future of health care for California communities • Curates state and federal initiatives and select resources around telehealth, broadband and connectivity • Resource Link: Click here	

ITUP Insure the Uninsured Project

AUGUST 2022

Policy Toolkit

Broadband and Connectivity for Better Health Care

This ITUP Policy Toolkit:

1) Provides hyperlinks to resources that help you understand more about the need to expand broadband and connectivity to ensure a better future of health care for California communities,
2) Curates state and federal initiatives and select resources around telehealth, broadband, and connectivity,and,
3) Contains hyperlinks to help you navigate between state agency programs and initiatives.

Broadband and Digital Equity: Learn More

ITUP Broadband for Health Basics Fact Sheet
ITUP Health, Equity, and the Digital Divide: How to Engage
ITUP Broadband and Connectivity Policy Forum
ITUP LA Health Collaborative: Addressing Broadband as a Social Driver of Health
Local Lessons Learned in Telehealth
Institute for Local Self-Reliance (ILSR): Digital Equity Fact Sheets
National Digital Inclusion Alliance: Digital Inclusion 101
Electronic Frontier Foundation: Community Broadband Fact Sheet
ITUP Health Information Exchange Fact Sheet
ITUP Community Health Workers Fact Sheet
ITUP Telehealth During COVID-19 Fact Sheet

Advancing Digital Equity in Virtual Care

Department of Health Care Services (DHCS): Telehealth FAQ
- DHCS Public Health Emergency (PHE) Unwinding Plan: Telehealth Flexibilities
- DHCS Telehealth Advisory Workgroup
- DHCS Telehealth Advisory Workgroup Slides: Telehealth Data

California Health Care Foundation (CHCF): Bridging the Digital Divide Series
- CHCF Survey Results: Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future
- CHCF Telehealth Resource Collection

California Pan-Ethnic Health Network (CPEHN): Equity in the Age of Telehealth: Considerations for California Policymakers
OCHIN California Telehealth Network
Center for Connected Health Policy (CCHP): California Telehealth Policy Coalition

FastFacts

BROADBAND AND TELEHEALTH LANDSCAPE IN CALIFORNIA

Statewide Broadband Adoption, by Speed (Megabits per second (Mbps))

79.6% 25/3 Mbps — **66.5%** 100 Mbps

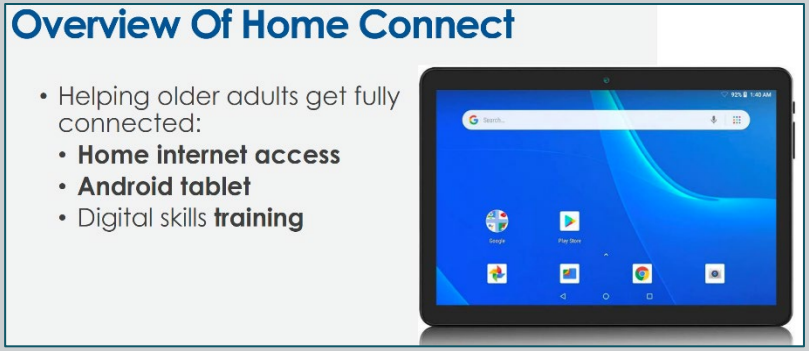
According to Department of Health Care Services (DHCS) data from April 2020 to March 2021:

- **1 out of 5** new patient Evaluation and Management Claims were via telehealth across age groups
- **1/3+** of all claims for established patients, all age groups, were for telehealth visits

*Telehealth utilization data during the pandemic is skewed because in-person visits may have been postponed.

A **CHCF Telehealth Survey** showed: **79%** of low-income adults in California would like to always have the option for a telehealth visit

ITUP Policy Toolkit [1] August 2022

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Educational Resources
• Organization: CA Department of Aging • Region: Nationwide • Resource: Digital Literacy Education to Combat Loneliness • Webinar presentation focused on strategies to address digital literacy to combat loneliness & isolation • Speakers from four different organizations sharing the projects and/or partnerships they delivered to increase digital literacy for those living alone • Resource Link: Click here	

Bridging the Digital Divide (BTDD): Equipment and Services Assessment

- Organization: California Community Foundation (CCF)
- Region: California
- Resource: Broadband 101 Fact Sheet

- A fact sheet that explains the basics of broadband infrastructure, detailing backbone, middle mile and last mile infrastructure
- Provides California and LA County specific rates for households not connected to the internet

- Resource Link: Click here

Educational Resources

California COMMUNITY Foundation

Broadband can be "wired" or "wireless," with several types in each category:

Wired

- DSL - oldest, slowest, least reliable
- Cable - most common, can be fast + reliable
- Fiber - newest, fastest, highest capacity and most reliable

Wireless

- Fixed - stationary connection between two relatively close towers
- Mobile - connection through cellular towers
- Satellite - low-Earth orbit satellites that connect to fiber-optic middle-mile infrastructure[2]

Fast Facts:

- Fiber or (fiber-optic) is the newest, fastest, and most reliable broadband type.[3]

  Fiber is exponentially faster and more reliable, with more capacity to accommodate growing data needs, than other infrastructure types. Fiber is not available to most American households, and remains extremely rare in low-income communities - an artifact of digital redlining.[4] A recent study of AT&T's investment in upgrades to fiber in California found that "initial fiber-to-the-home deployment is disproportionately focused on high-income communities."[5] The study found that the concentration of broadband investment in wealthy communities was worst in Los Angeles County, where the median household income for households benefiting from fiber-to-the-home upgrades was nearly double that of the households left in the slow lane.

- 16% of California households and 19% of LA County households are unconnected or under-connected.[6]

  Primarily due to affordability, 1 in 10 households in LA County have no broadband access, and nearly another 1 in 10 are under-connected, relying on a mobile phone only to access the internet. Most Americans use cable broadband to access the internet via a national internet

Bridging the Digital Divide (BTDD): Equipment and Services Assessment

- Organization: California Community Foundation (CCF)
- Region: California
- Resource: Digital Equity Initiative: Glossary Of Terms

- An overview of common broadband terms separated into four different sections:
  - Data and Metrics terms
  - Network, Service and Technology terms
  - Advocacy terms
  - Policy and Regulatory terms

- Resource Link: Click here

Educational Resources

California COMMUNITY Foundation

CCF DIGITAL EQUITY INITIATIVE: GLOSSARY OF TERMS

The highly technical, jargon-infused language surrounding broadband is a barrier to strong community and consumer advocacy for fast, reliable, and affordable internet. This glossary is a living document to help break down that barrier and further empower communities to engage on this critical equity issue.

Section 1: Data & Metrics Terms 1
Section 2: Network, Service & Technology Terms 3
Section 3: Advocacy Terms 8
Section 4: Policy & Regulatory Terms 10

Section 1: Data & Metrics Terms

- Bandwidth: The rate at which the network can transmit information. Higher bandwidth generally means faster, more reliable, and more scalable (i.e. more devices can effectively connect) internet. I.e. available bandwidth can determine whether you can download a photo in 2 seconds or 2 minutes.[1]

- Bits: The base unit of measuring network speeds. Network speeds tend tp be measured by bits per second -(bps) using kilo (1,000), mega (1,000,000), and giga (1,000,000,000). Bit is generally abbreviated with a lower-case b.[2] The federal definition of "broadband" is minimum pf 25Mbps download speed and 3Mbps upload speed. A Zoom meeting requires a minimum bandwidth of 1Mbps upload and 600kbps download per device (so one child doing remote school and one adult doing remote work at the same time would require bandwidth of 2Mbps download and 1.2Mbps upload.)[3]

Bridging the Digital Divide (BTDD): Equipment and Services Assessment

- Organization: California Health Care Foundation (CHCF)
- Region: Nationwide
- Resource: How Providers Can Better Adopt Digital Health Tools Article

- Outlines how providers and health plans can create more inclusive digital health tools
- Main goal is to provide key stakeholders with action-oriented recommendations to ensure digital health technology meets the needs of diverse patients
- Provides a sample digital literacy case study developed by a LA health center

- Resource Link: Click here

Educational Resources

CHCF Issue Brief

FEBRUARY 2022

by Courtney R. Lyles, Adrian Aguilera, Oanh Nguyen, and Urmimala Sarkar

Bridging the Digital Health Divide:
How Providers and Plans Can Help Communities Better Adopt Digital Health Tools

A plethora of digital health tools for patients have been developed in the United States over recent years, including mobile phone applications, wearable devices, and technology linked to health care data, such as patient portals.[1] However, there are large inequities in who is using these digital tools.

The goal of this two-part series, "**Bridging the Digital Health Divide,**" is to provide key stakeholders with action-oriented recommendations to ensure digital health technology meets the needs of diverse patients. The goal is to ensure all patients benefit from digital health tools regardless of their cultural background, language, income, race, or ethnicity. The audience for this issue brief includes those who implement digital health products and services, including health care providers; leaders of hospitals, clinics, and health systems; information technology staff; and payers. The challenges described in the series — including the digital divide as well as digital health inequities — are multifaceted. Approaches to address these challenges must reach patients where they are, whether at the doctor's office, at home, or on the go.

The other brief in the series discusses the challenges for technology developers in ensuring equitable digital health design and suggests design principles that can help them overcome these challenges.

With a focus on equity and inclusion during implementation and design, health care providers, health plans, and developers can create technology that better reaches everyone.

Why Change Is Needed

It has never been more apparent that digital health in the US needs to be more inclusive. The COVID-19 pandemic amplified the need for remote and digital approaches to complete everyday tasks, such as going to school or seeing the doctor. The rapid conversion to remote health care delivery via telemedicine also highlighted key pitfalls of our existing digital health infrastructure.[2]

In particular, the shift to telemedicine meant that people already suffering from health inequities were left even further behind due to limited access to digital health services. This included rural residents who lack reliable broadband, people from racial and ethnic minority groups who are alienated from the health care system, older adults who have lower digital literacy skills, those with low incomes who have unaffordable cell phone data plans, and those with a preferred language other than English who could not effectively use English-only digital health platforms.[3] Without focused attention, the health care system will continue to see uneven adoption of digital tools such as telemedicine, resulting in worsening health inequities, even beyond the pandemic.[4]

Multiple underlying drivers of digital health equity exist. Within the US, 93% of American adults use the internet and 85% own smartphones.[5] However, access and use are not distributed equally, a disparity known as the digital divide.[6] Among adults over age 65 in the US, only 55% to 60% own a smartphone or have home broadband access, and only 60% can send an

Bridging the Digital Divide (BTDD): Equipment and Services Assessment

- Organization: CHCF
- Region: Nationwide
- Resource: How Designers Can Create More Inclusive Digital Health Tools Article

- Details why digital health solutions are less usable among groups that are under-resourced and who face economic, racial, and language barriers in accessing health care. A lack of usability can widen the digital divide and fuel greater inequities
- Principles of universal design are included in the image to the right

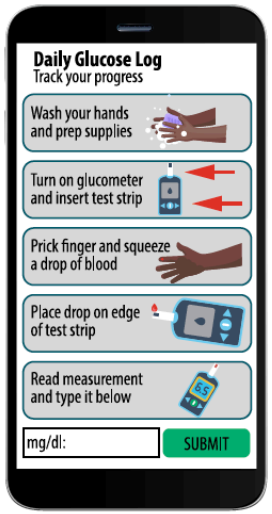
- Resource Link: Click here

Educational Resources

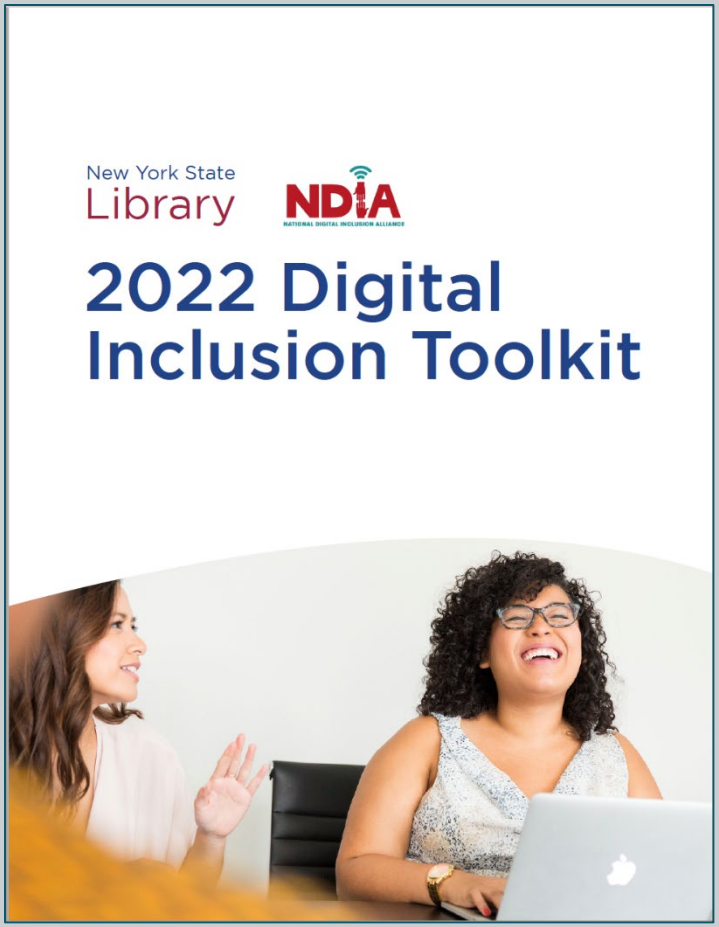
- **Equitable use.** A technology performs similarly well across a wide spectrum of users. For example, special attention should be paid to the data used (or not used) to develop algorithms, such as those used in clinical decision support, to avoid encoding bias into technology.[8] Technology also should be accessible to those with disabilities and functional impairments. Products should be designed so that they can be used with screen readers for people with visual impairments, as one example.
- **Flexibility in use.** The product enables users to select their preferred format, such as receiving information via audio narration instead of written text or in a preferred language other than English.
- **Simple and intuitive.** The design is easy to understand regardless of a user's experience, knowledge, and current concentration level. This principle entails designing technology to provide necessary information while involving the lowest "cognitive load."
- **Perceptible information.** The technology is usable in a wide range of environments, such as varying levels of ambient noise, lighting, and motion.
- **Tolerance for error.** Accidental user actions are efficiently remedied. For example, a pop-up can ask users to confirm the information that they have entered.
- **Low physical effort.** Technology requires less dexterity so that individuals with a wide range of physical abilities can use it.
- **Size and space for approach and use.** Designers provide appropriate size and space for use regardless of a user's body size, posture, or mobility. An example of this is a wearable watch with an adjustable or customizable wristband.

Improving Health Literacy of Digital Solutions

The illustration below provides an example of a Daily Glucose Log app with design features that follow the Agency for Healthcare Research and Quality's guidelines for health literacy. It uses plain language, only includes relevant content, uses a format conducive to comprehension, and includes images of varying skin tones.



Source: *Accessible Health Information Technology (IT) for Populations with Limited Literacy: A Guide for Developers and Purchasers of Health IT*, AHRQ, 2007.

Bridging the Digital Divide (BTDD): Equipment and Services Assessment	Educational Resources
• Organization: National Digital Inclusion Alliance (NDIA) and NY State Library • Region: Nationwide • Resource: Digital Inclusion Toolkit • Digital inclusion services are programs, actions, and services developed and sustained to assist community members in gaining access to appropriate devices, sustainable broadband, digital skill building and developing long-term digital skills • Provides templates and guidance on how to define your community's needs, survey your community, understand access to broadband and details around the digital navigator program • Resource Link: Click here	

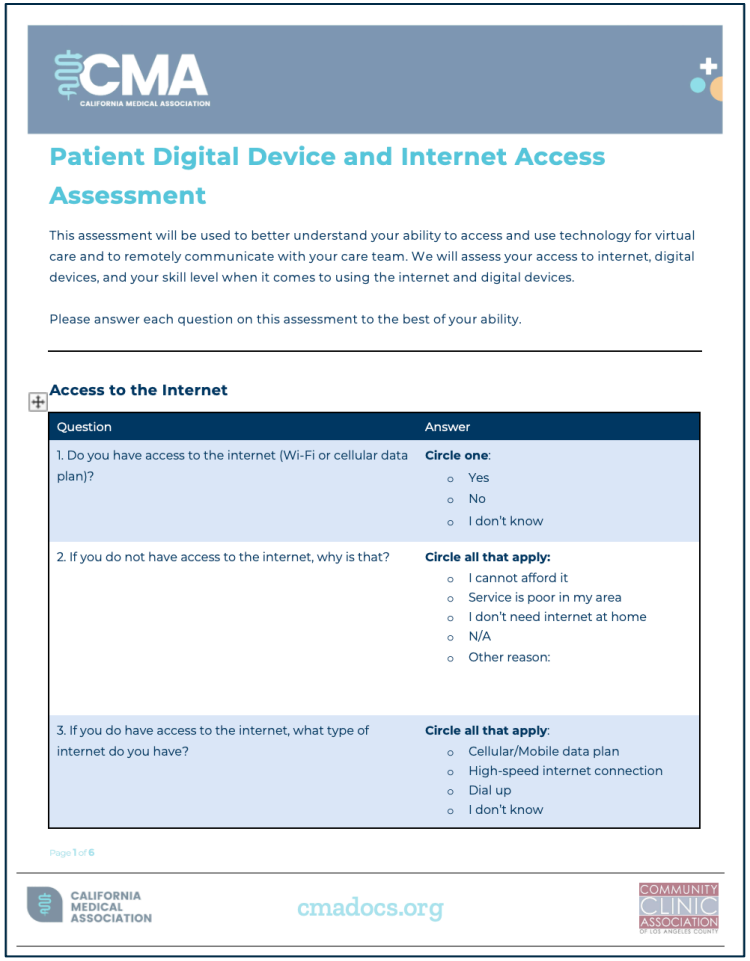
Section 5: Clinic Digital Divide Assessment Pilot Overview and Results

Clinic Pilot: Via Care Community Health Center

- Via Care Community Health Center is a non-profit Federally Qualified Health Center (FQHC) in East Los Angeles
- They have nine clinics including a school-based wellness center at Garfield High School delivering quality medical, dental, behavioral health, and supportive services
- **Clinic Presenter**: Louie Ulloa, Associate Director of Managed Care
  - Been working at Via Care for 4 years
  - Started as an Enrollment Counselor, became Enrollment Supervisor, and then took over the Managed Care department
  - He has been working in the medical/health insurance field for 14 years, starting his career with Healthy Families

Clinic Pilot: Via Care Community Health Center

- Six clinic staff administered the pilot survey, including Louie
  - Enrollment team
- Completed 32 assessments in the first round
- Added assessment to their patient intake packet
- All Spanish-speaking patients
- On average, it took 10 minutes to complete the survey



CMA
CALIFORNIA MEDICAL ASSOCIATION

Patient Digital Device and Internet Access Assessment

This assessment will be used to better understand your ability to access and use technology for virtual care and to remotely communicate with your care team. We will assess your access to internet, digital devices, and your skill level when it comes to using the internet and digital devices.

Please answer each question on this assessment to the best of your ability.

Access to the Internet

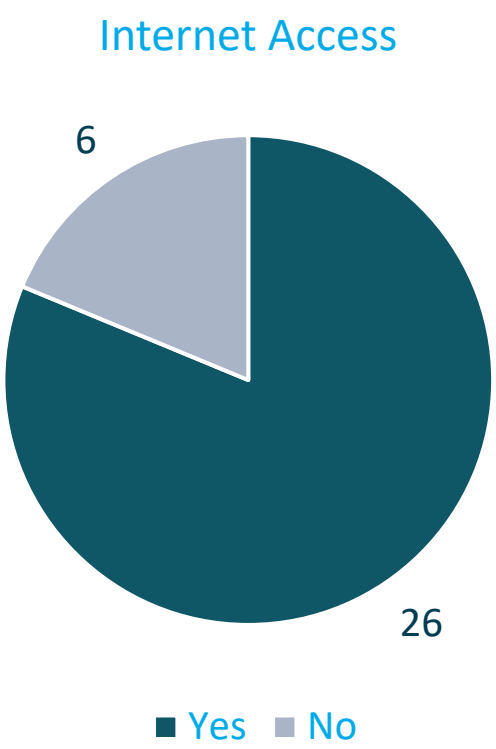
Question	Answer
1. Do you have access to the internet (Wi-Fi or cellular data plan)?	**Circle one**: o Yes o No o I don't know
2. If you do not have access to the internet, why is that?	**Circle all that apply:** o I cannot afford it o Service is poor in my area o I don't need internet at home o N/A o Other reason:
3. If you do have access to the internet, what type of internet do you have?	**Circle all that apply**: o Cellular/Mobile data plan o High-speed internet connection o Dial up o I don't know

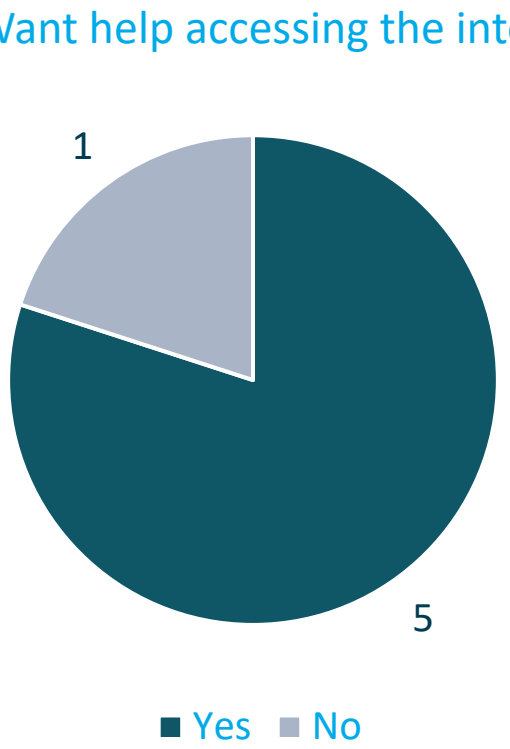
Page 1 of 6

CALIFORNIA MEDICAL ASSOCIATION cmadocs.org COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

Clinic Pilot: Via Care Community Health Center

- Internet Findings:

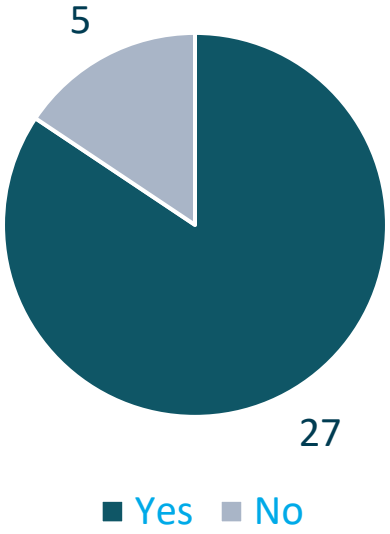




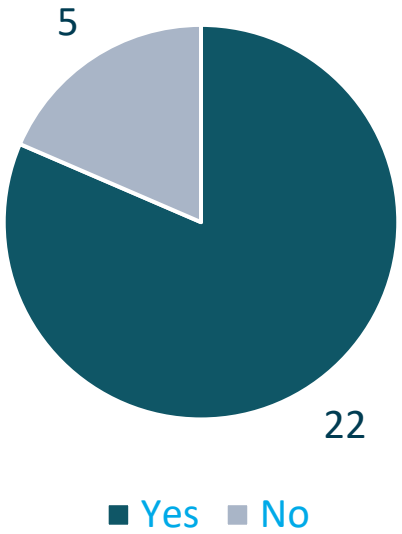
Clinic Pilot: Via Care Community Health Center

- Digital Device Findings:

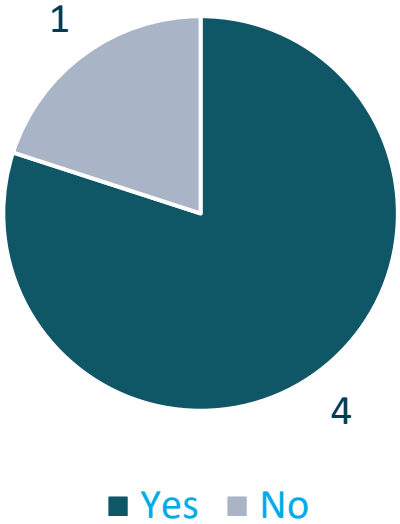
Access to a Digital Device



Have Access but Still Want Assistance with Discount



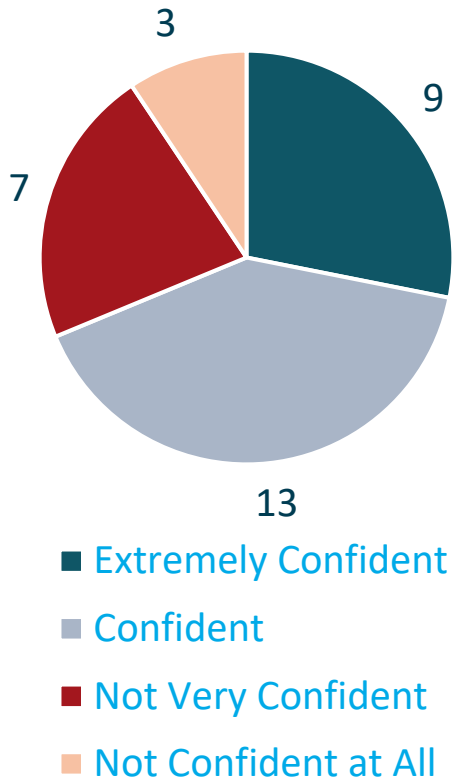
No Access and Want Assistance



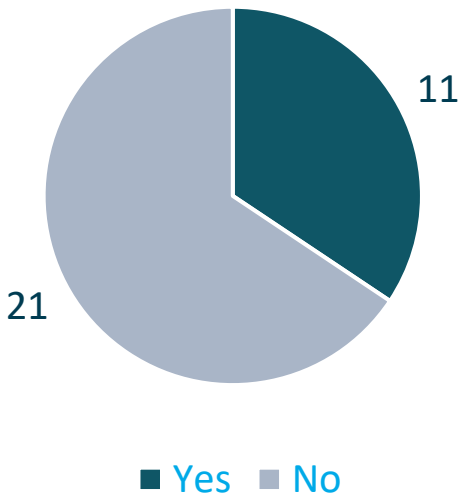
Clinic Pilot: Via Care Community Health Center

- Digital Literacy Findings:

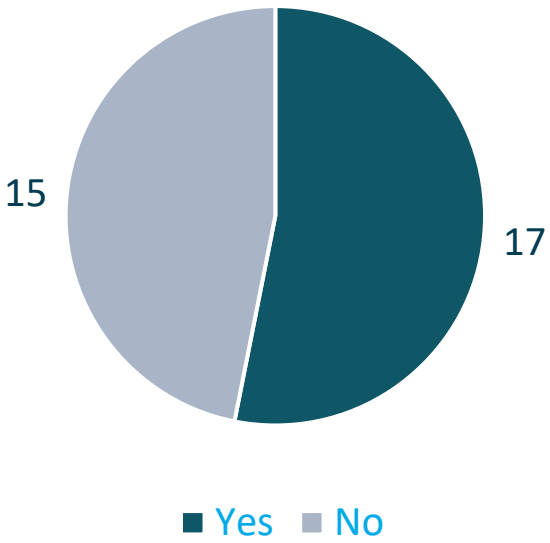
Confidence Using the Internet



Want Help Increasing Confidence



Interest in an Online Course



Clinic Pilot: Via Care Community Health Center

- Completed 18 assessments in the second round
- Added assessment to their patient intake packet
- 14 assessments completed in English and 4 assessments completed in Spanish

CMA
CALIFORNIA MEDICAL ASSOCIATION

Patient Digital Device and Internet Access Assessment

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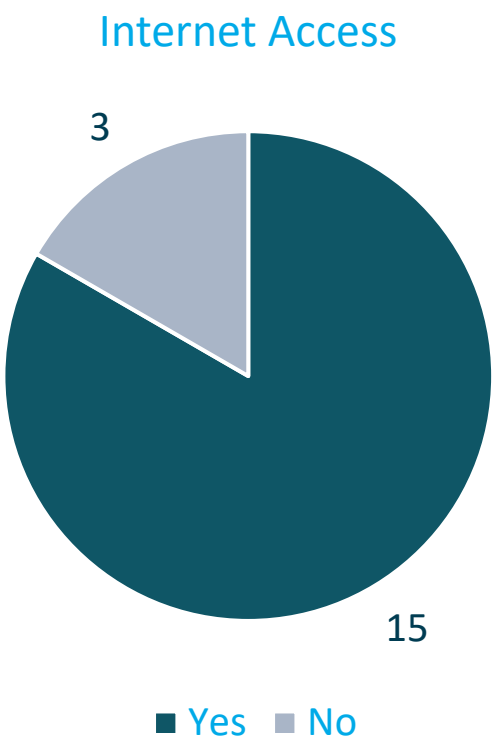
3. If you do have access to the internet, what type of internet do you have?	**Circle all that apply**: o Cellular/Mobile data plan o High-speed internet connection o Dial up o I don't know

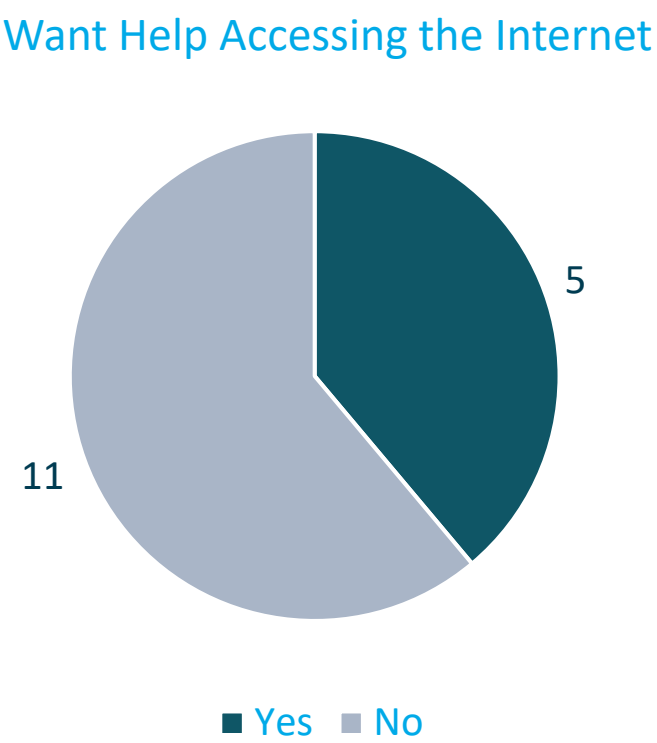
Page 1 of 6

CALIFORNIA MEDICAL ASSOCIATION cmadocs.org COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

Clinic Pilot: Via Care Community Health Center

- Internet Findings:

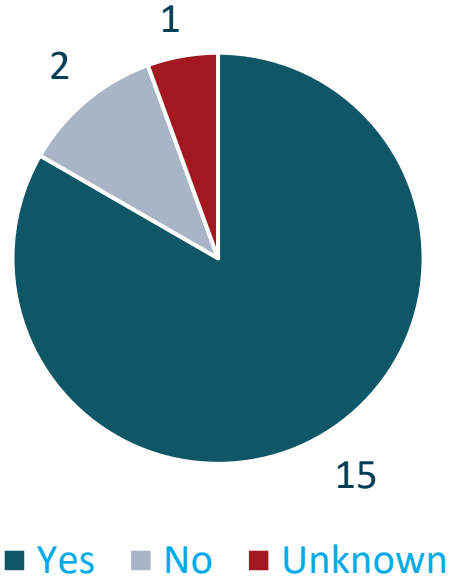




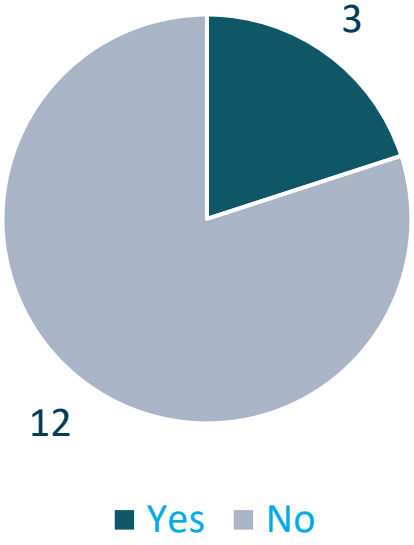
Clinic Pilot: Via Care Community Health Center

- Digital Device Findings:

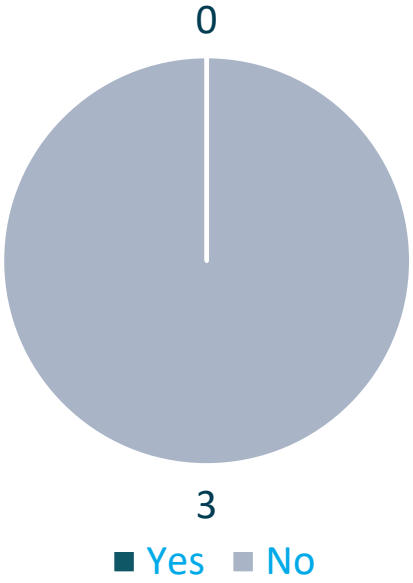
Access to a Digital Device



Have Access but Still Want Assistance with Discount



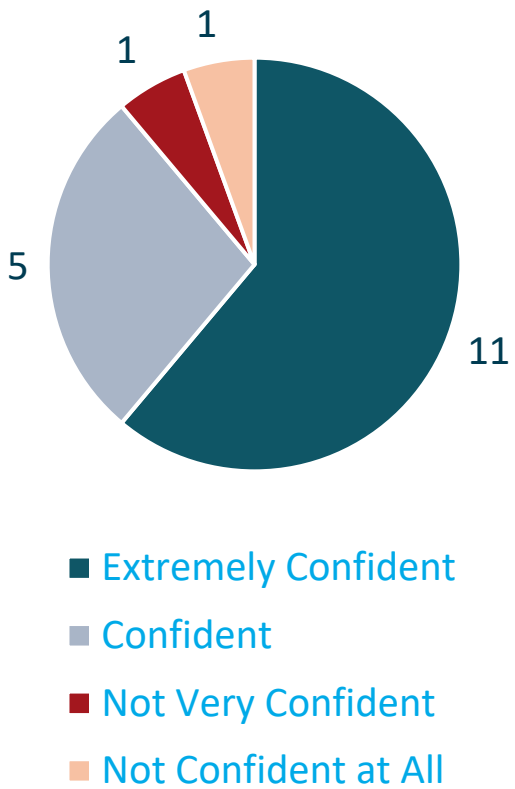
No Access and Want Assistance



Clinic Pilot: Via Care Community Health Center

- Digital Literacy Findings:

Confidence Using the Internet



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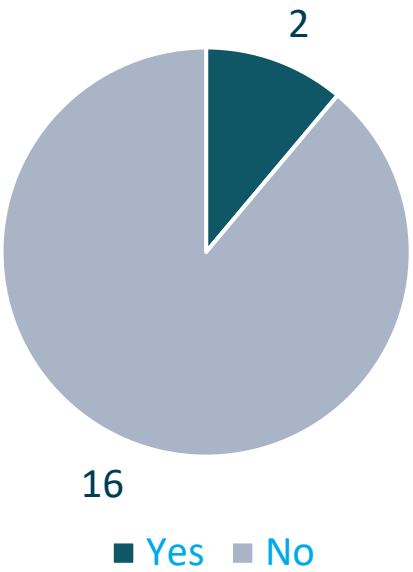
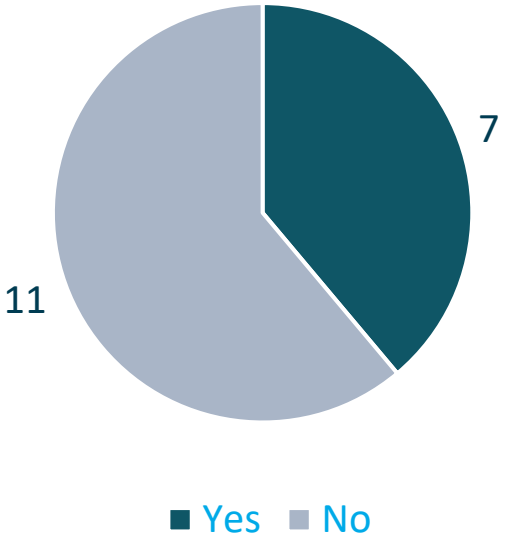


Interest in an Online Course



Clinic Pilot: Via Care Community Health Center

Additional Takeaways:

- Both patients and staff did not have issues with the length of the survey
- Main resource provided in person was a Spectrum Internet flyer
- Most patients did not want to add their name to the assessment; added the patient MRN on the second round of assessments
- Still actively following up with patients to aid with internet and digital device program enrollment (mainly from the first round of assessments)
- During the second assessment round, the clinic sent requested resources to the patients via the Well App
  - Included links to internet, digital device and/or digital literacy resources requested
  - Completed this with the patient before they left the clinic

Q&A

Any questions?

rproud@cmadocs.org
lulloa@viacarela.org