

# Panel 1

## Presentations and Dialogue

Telehealth, Digital Equity, and  
Health Equity Zones  
(35 minutes)

*Introductions/Moderator:*  
*Dr. Mahaniah*

**Adam Delmolino, Director of Virtual  
Care & Clinical Affairs at MA Health  
and Hospital Association and  
convener of tMed Coalition**

**Christina Severin, President and  
CEO, Community Care Collaborative**

**Brendan Abel, Esq., Director of  
Advocacy and Government  
Relations, MA Medical Society**

**Jennifer Hawkins, Executive  
Director, One Neighborhood  
Builders, Providence, Rhode Island**

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Ch. 260 of the Acts of 2020

## An Act Promoting a Resilient Healthcare System That Puts Patients First

# W



Adam Delmolino  
Director, Virtual Care & Clinical Affairs  
MHA  
January 19, 2021



# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

- Includes the “three-legged stool” of a telehealth regulatory framework for Massachusetts that we had been promoting since 2015 that comprises:
- Coverage Parity Across All Payers including MassHealth and the GIC;
- Telehealth is defined as both synchronous and asynchronous technologies including but not limited to audio-only telephone;
- Permits Proxy Credentialing for telehealth services to reduce the administrative burden of providing telehealth.

# Ch. 260 – An Act Promoting a Resilient Healthcare System That Puts Patients First

- Permanent Reimbursement Parity for Behavioral Health Services
- 2 Years Reimbursement Parity for Chronic Disease Management & Primary Care Services until 1/1/23
- Assumes Reimbursement Parity for All Other Services Through PHE – and 90 Days After the PHE Ends

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

- HPC report on effect of telehealth on healthcare access and system cost
- Repeals current narrow law for commercial insurers that permitted telehealth coverage through “approved telemedicine networks”
- Does NOT include language limiting the originating site of care and strict limits regarding the prescribing medication via telehealth

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

## Consumer Protections:

- Network Adequacy Protections to Ensure Access to in-person visits
- No Documentation of Barriers to In-Person Visits
- No limits on the type of setting where telehealth services can be provided

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

## Consumer Protections:

- Patients may decline receiving services via telehealth in order to receive in-person services
- Co-pays, co-insurances and deductibles for telehealth cannot exceed the same out-of-pocket costs for in-person visits
- Standards of care for telehealth are the same as for in-person services

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

## Consumer Protections:

- Telehealth services must conform to applicable federal & state health information privacy & security standards as well as standards for informed consent in place for in-person visits.

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

## Definitions

- Primary Care Services – Services Delivered by a primary care provider
- Behavioral Health Services – care & services for the evaluation, diagnosis, treatment or management of patients with mental health, developmental or substance use disorders
- Chronic Disease Management – care & services for the management of chronic conditions, as defined by the federal Centers for Medicare & Medicaid Services, that include, but are not limited to, diabetes, COPD, asthma, congestive heart failure, hypertension, history of stroke, cancer and coronary artery disease

# Ch. 260 – An Act Promoting a Resilient Healthcare System That Puts Patients First

## **Division of Insurance (DOI) Responsibilities**

- DOI's Bureau of Managed Care is required, by regulation, to establish minimum standards for the accreditation of insurers regarding insurer access to behavioral health services, chronic disease management and primary care services delivered via telehealth in consultation with the state's Health Policy Commission and the Center for Health Information & Analysis.

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

## Evidence of Coverage

- In the evidence of coverage that is provided to subscribers of insurance, the insurer must include a summary description of their telehealth coverage and access to telehealth services, including, but not limited to, behavioral health, chronic disease management, and primary care services in addition to the telecommunications technology that it available to access telehealth services.

# Considerations for the Future

- JAMA Network Open, December 29, 2020: [Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic.](#)
- Addressing the digital divide
  - Devices
  - Digital Literacy
  - Broadband
  - Wi-Fi Hotspots

Digital Literacy that is culturally and linguistically competent, appropriate – screening patients for digital literacy / access

Patient Portals that are in languages other than English

Financial Disincentives that Discourage Telehealth Use

# Considerations for the Future

- Target areas of high inequity and health outcomes
  - Including telehealth coverage for those hardest hit by COVID to care for the long-haul effects
- Targeted digital divide investments – public private partnerships with telecommunication companies, municipalities, non-profits, others
- Leverage the devices that have gone home from schools and with those who are unemployed
- Build a telehealth toolkit

# Questions

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# FQHC Telehealth Consortium

Bridging the health equity  
divide

Christina Severin  
President and CEO, Community  
Care Collaborative

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# FQHC Telehealth Consortium

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- The FQHC Telehealth Consortium was created in April 2020 in response to the growing need of telehealth services in federally qualified health centers due to the COVID-19 pandemic
- This effort is led by **Community Care Cooperative** and **the Massachusetts League of Community Health Centers**
- The consortium consists of **35 FQHCs** across the Commonwealth and serves over **713,000 patients**
- We recently closed Phase I of our work, achieving our fundraising goals and launching **robust telehealth services** at our FQHCs
- We have now opened Phase II with an expressed goal of invest in FQHCs to achieve **health equity and telehealth sustainability**

# Summary of Key Accomplishments To-Date

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**We've completed our Phase I work and campaign** to support telehealth services at 35 FQHCs. These 35 FQHCs collectively serve more than 713,000 patients. To date these funds have enabled us to:

- Mobilized a rapid telehealth response at all Consortium member health centers - providing hardware, software, IT support
- Develop a long term strategy for FQHCs called the Telehealth Maturity Model; completed 35 Maturity Model assessments
- Created Telehealth Playbook and offered practice coaching and consultations to support telehealth advancement
- Measured patient satisfaction outcomes, with ability to stratify by race, ethnicity and language
- Piloted and extended the provision of smart phones, connectivity, and connected devices to 800 patients

# Summary of Key Goals for Phase II

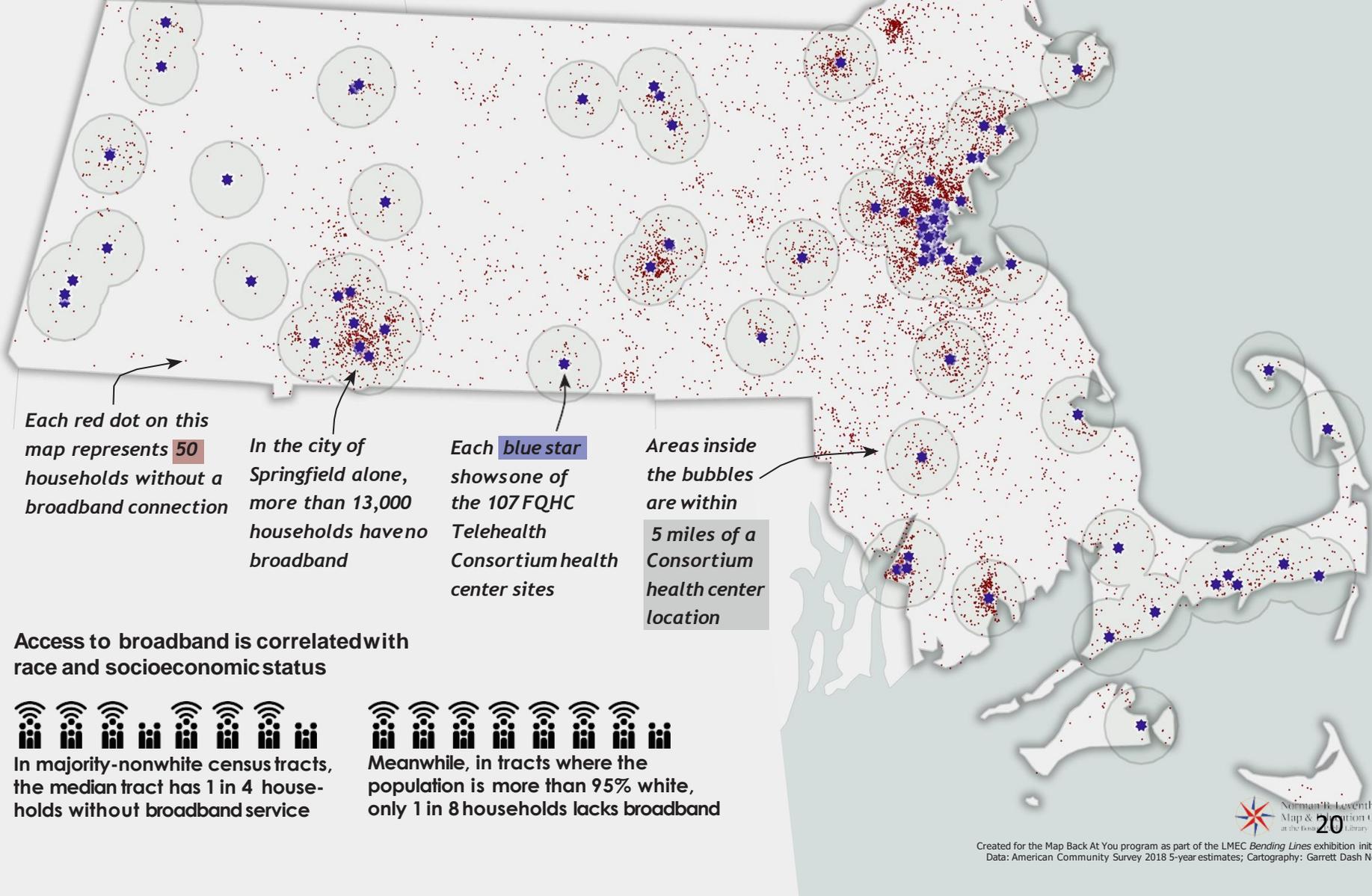
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**We have launched a second campaign** to support telehealth sustainability and to address health equity

- Initial Phase II funding has allowed to us launch the **Telehealth Transformation Initiative** select 9 FQHCs for 12-month intensive program to integrate and sustain telehealth
- Supporting widespread increase of video capacity and usage
- Developing and implementing an evaluation strategy
- Bridging the digital divide
  - Expanding community-based interventions
  - Advocacy for broadband
- Investing in efforts to have digital equity support overall health equity

# Bridging the Health Equity Divide

With more health care taking place over the Internet, vulnerable communities with limited broadband services can find themselves cut off from telehealth



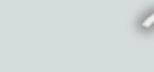
Each red dot on this map represents **50** households without a broadband connection

In the city of Springfield alone, more than 13,000 households have no broadband

Each **blue star** shows one of the 107 FQHC Telehealth Consortium health center sites

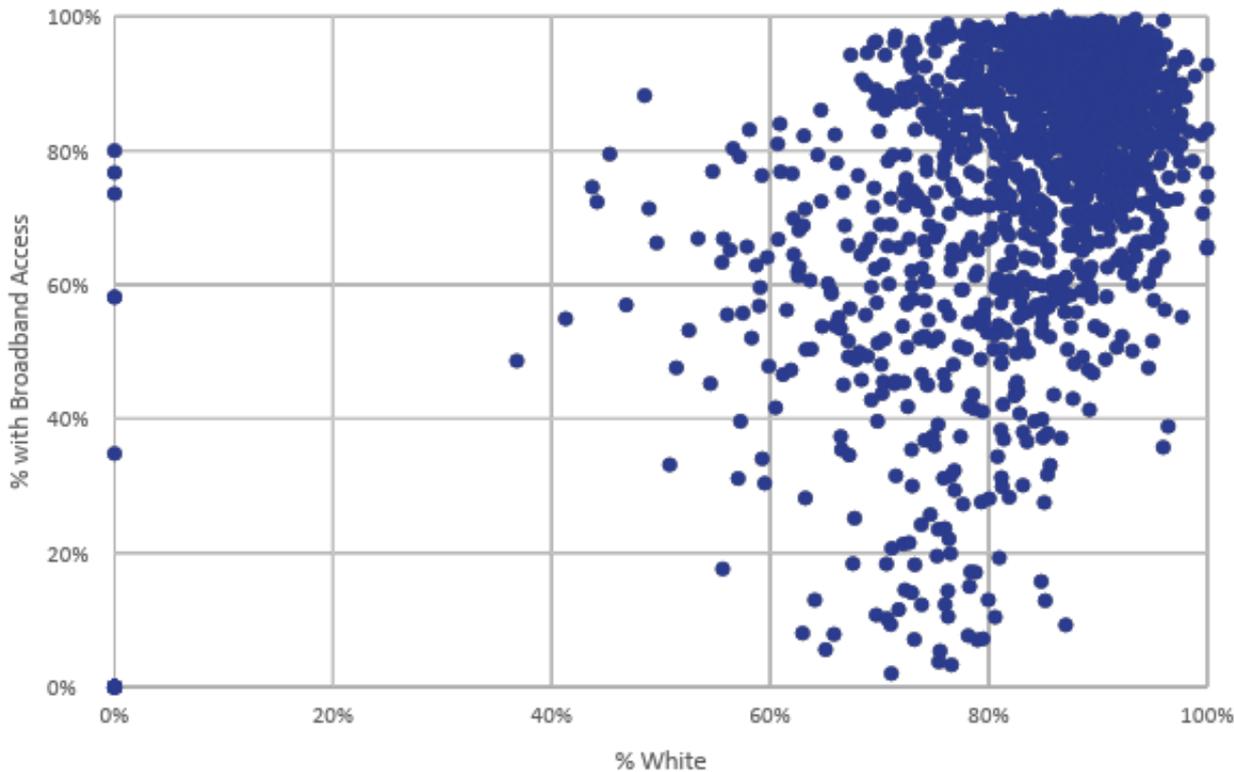
Areas inside the bubbles are within 5 miles of a Consortium health center location

Access to broadband is correlated with race and socioeconomic status

# Digital Divide in Massachusetts

% of Households with Broadband Access by % of Population that is White by Census Tract: Massachusetts

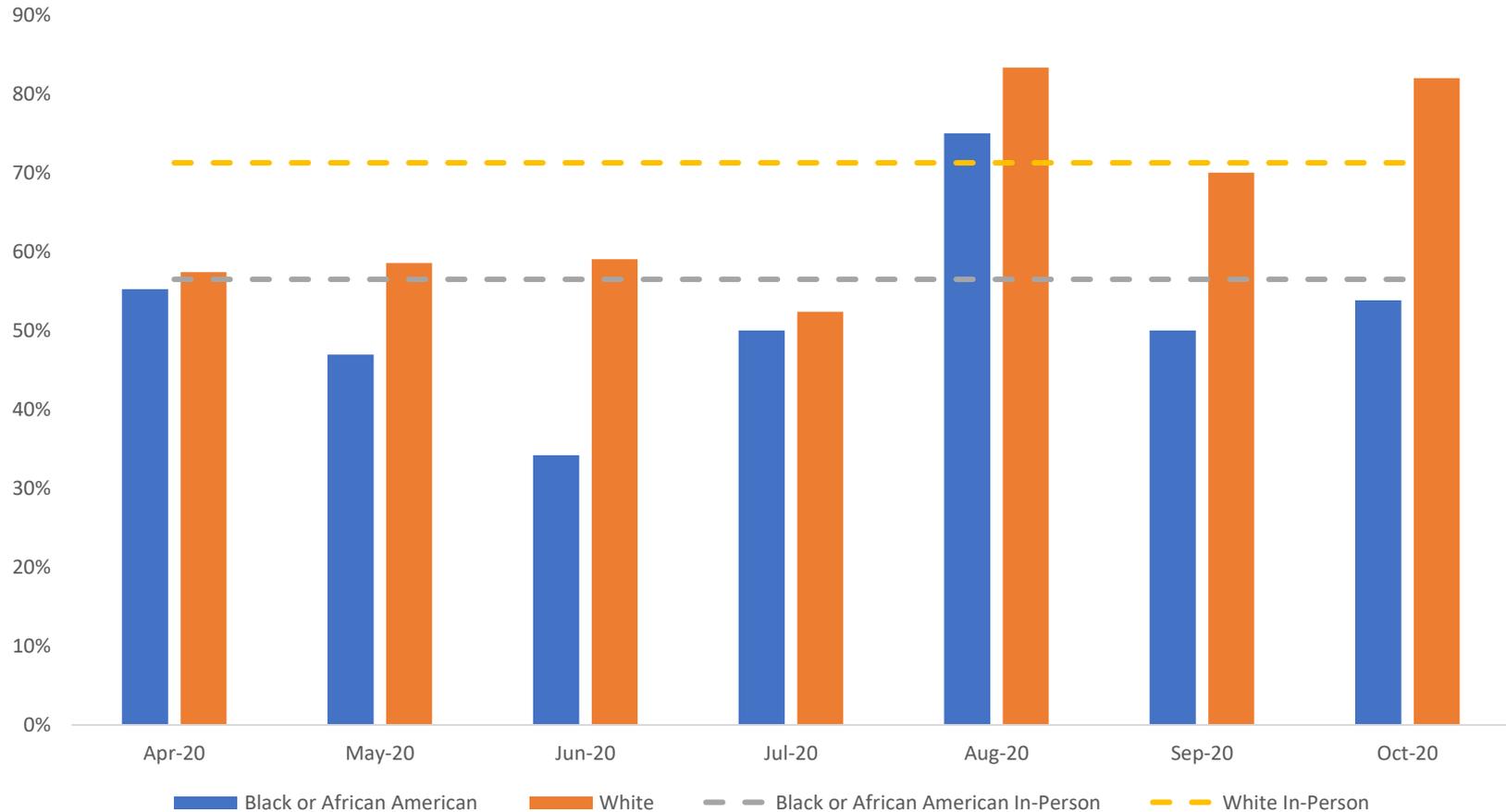


15.3%  
of households in MA have no  
Broadband Access and these  
households are  
disproportionately non-white

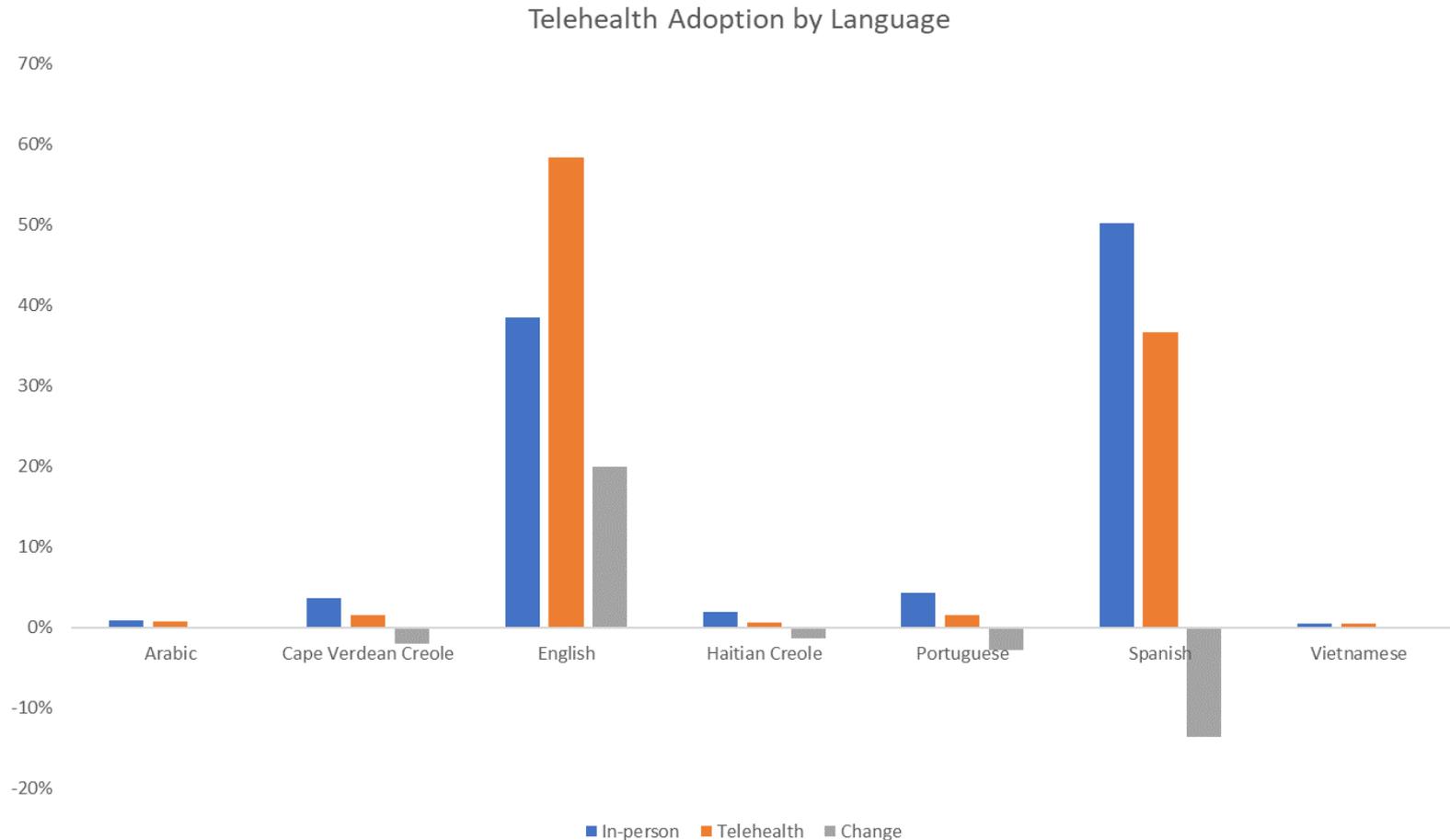
Based on the Census Bureau's American Community Survey

# There are Disparities in Satisfaction with Telehealth by Race

Percent of Encounters Rated Excellent by Race

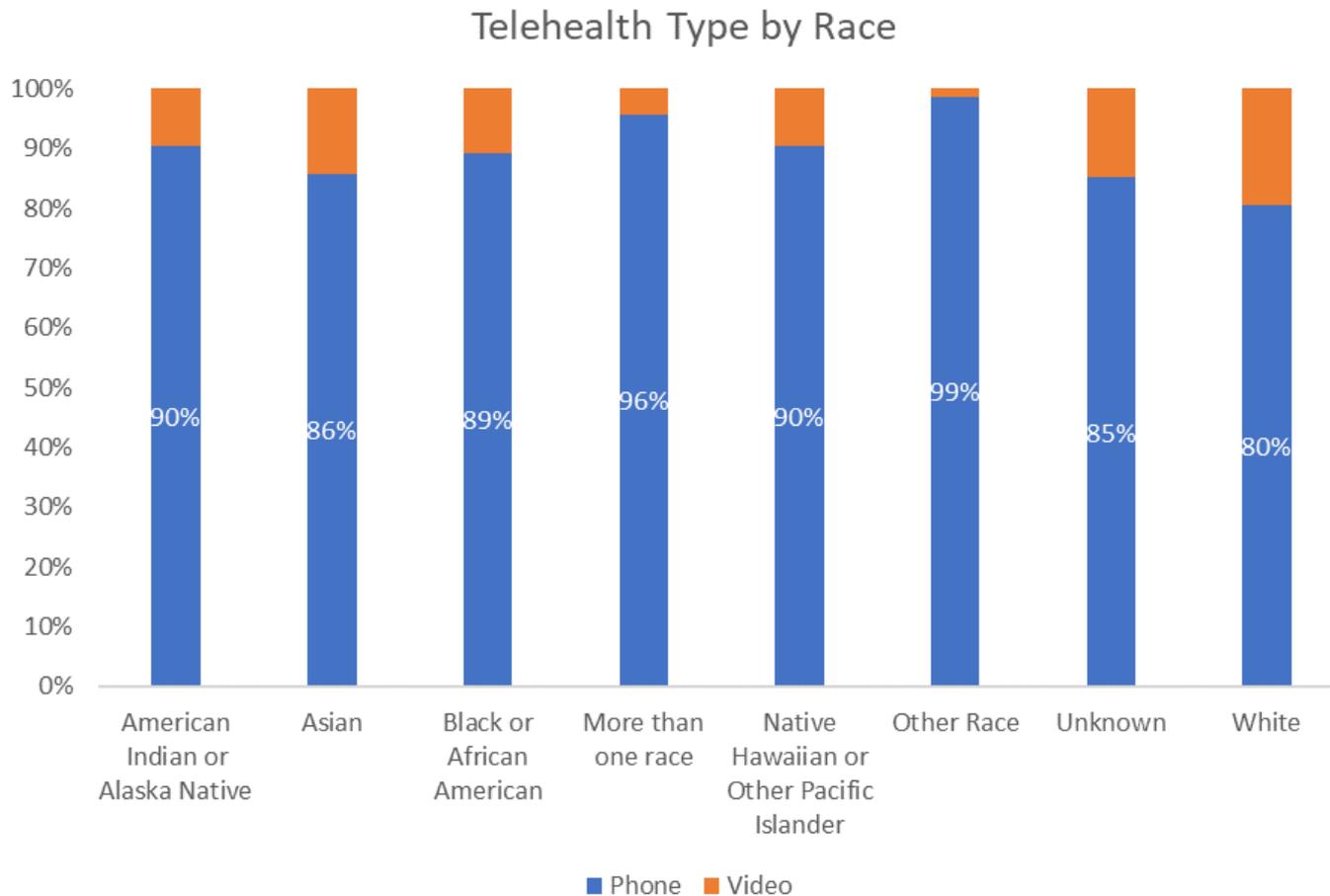


# Language has Factored into the Adoption of Telehealth

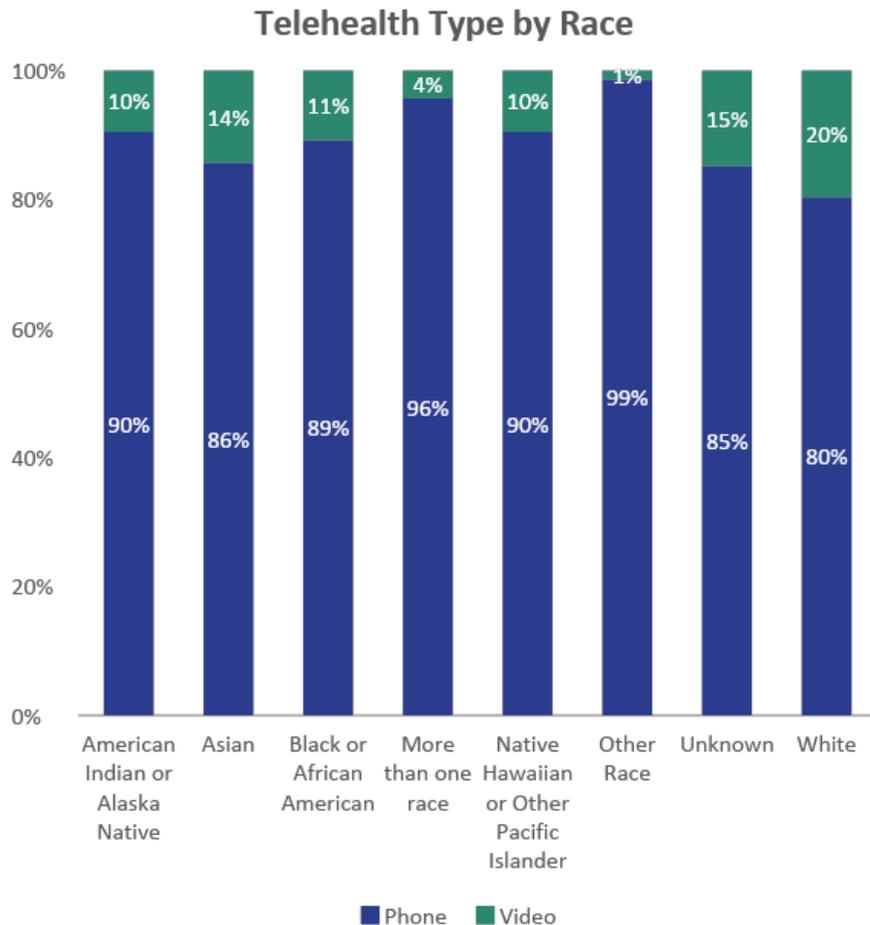


This graph indicates telehealth adoption disparities by language. We are working to ensure all languages are represented and easily accessible via telehealth services.

# White Respondents Most Likely to Utilize Video for their Telehealth Encounter



# Video Telehealth is a Particular Barrier for Non-white and Non-English speaking patients



**Telehealth Adoption by Language**

Race	In-person	Telehealth	Difference
Arabic	1%	1%	0%
Cape Verdean Creole	4%	2%	-2%
English	38%	58%	20%
Haitian Creole	2%	1%	-1%
Portuguese	4%	1%	-3%
Spanish	50%	37%	-14%
Vietnamese	1%	0%	0%
Grand Total	4785	4434	9219

- Based on patient satisfaction survey results, White respondents were most likely to have used video in their telehealth encounter
- The proportion of English speakers increased by 20% with Telehealth encounters as compared to in-person encounters, identifying a potential barrier to adoption

# Goals & Priorities: Addressing Health Equity & the Digital Divide

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- Our goal is to **bridge the digital and health equity divide** by providing broadband access and technology for low-income and underserved patients who do not have access
- We firmly believe that broadband access is a **social determinant of health** and we need to find solutions in order to make it readily available to more communities
- We also believe that equitable access to telehealth is a **racial justice issue**
- We are looking forward to working with the Commonwealth in order to find way to provide this basic need

# MA Medical Society

**Brendan Abel Esq.,  
Director of Advocacy and  
Government Relations**

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# **Community Wi-Fi & Health Equity in Providence, RI**

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**Jennifer Hawkins**  
**President & Executive Director**  
**[hawkins@onenb.org](mailto:hawkins@onenb.org)**

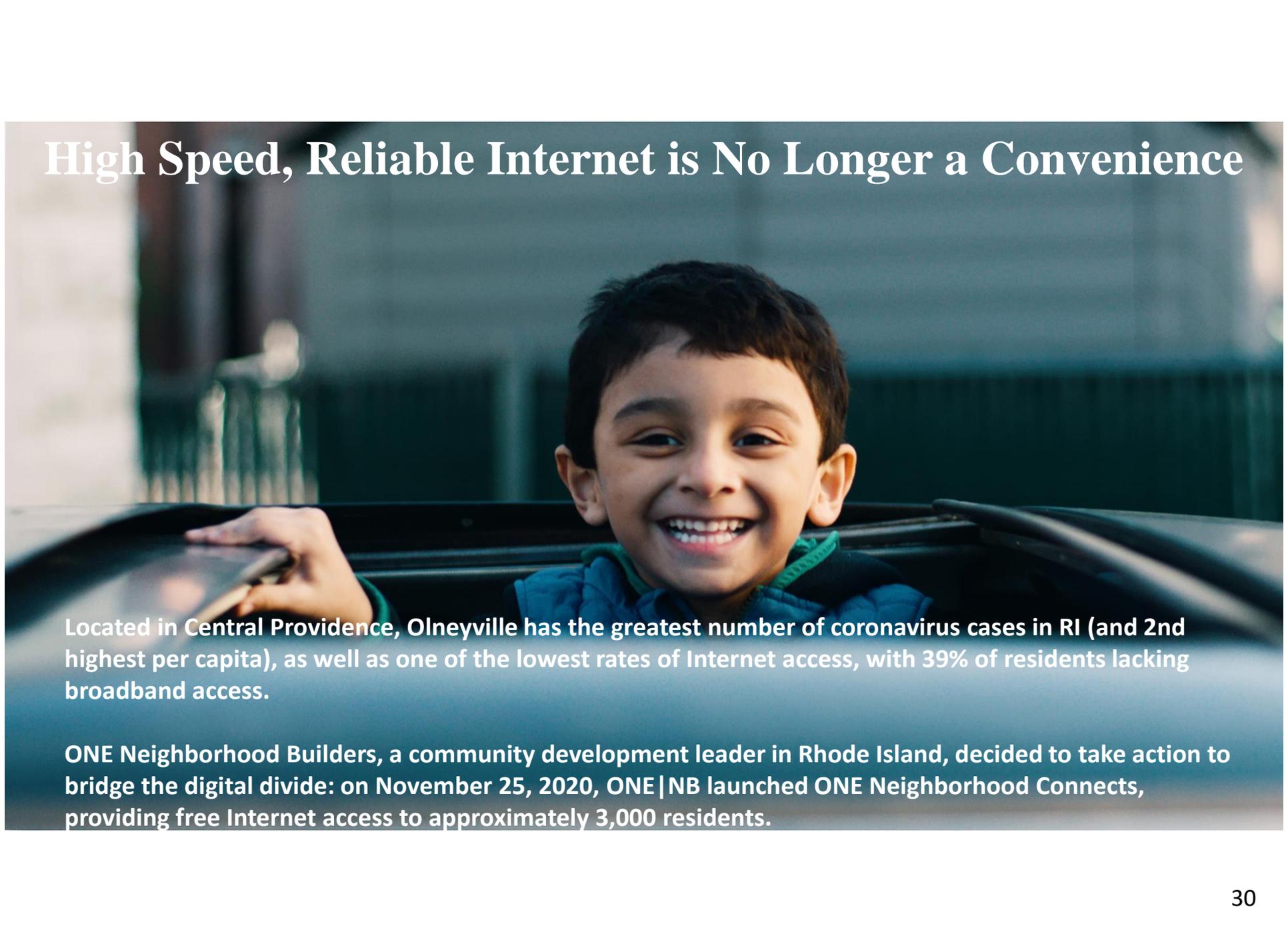
# MISSION

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To develop affordable housing and engage neighbors across Greater Providence to cultivate healthy, vibrant, and safe communities.



# High Speed, Reliable Internet is No Longer a Convenience

A young boy with dark hair, wearing a blue jacket, is smiling broadly while sitting in a black toy car. He is holding a small object in his right hand. The background is a blurred outdoor setting with a fence and trees.

Located in Central Providence, Olneyville has the greatest number of coronavirus cases in RI (and 2nd highest per capita), as well as one of the lowest rates of Internet access, with 39% of residents lacking broadband access.

ONE Neighborhood Builders, a community development leader in Rhode Island, decided to take action to bridge the digital divide: on November 25, 2020, ONE|NB launched ONE Neighborhood Connects, providing free Internet access to approximately 3,000 residents.

## ONE Neighborhood Connects: Community WiFi

- 62% in-home Wifi vs. 87%
- 12 strategically located Access Points erected on properties owned by ONE|NB, relaying the WiFi signal to create a ~5 million SF mesh over half of Olneyville neighborhood.
- Fundraised \$260,000 to engineer, purchase, and install the equipment.

## ONE Neighborhood Builders – Real Estate Initiatives



OSHEAN

brave river  
solutions

HARBOR  
NETWORKS

UNO BARRIO CONECTA  
GRATIS COMUNIDAD WIFI



comenzando Noviembre 25, 2020

network: ONENBconnects  
contrasena: OVWifi2020

\*wifi disponible en areas limitadas, para mas informacion visite:  
[WWW.ONENBCONNECTS.ORG](http://WWW.ONENBCONNECTS.ORG)



LIVE



Sunday, December 6<sup>th</sup> at 2pm, ONE |NB Team held a Caravan Parade.  
Driving around the neighborhood to let residents know:  
**WE GOT WI-FI!**



The Rhode Island Department of Health established Health Equity Zones (HEZs) in 2015 to improve community health in areas that need it most.

HEZs are collaboratives of residents, community organizations, health professionals, and others who come together to address the root causes (**racism and discrimination**) of health disparities.

HEZs work to ensure that every neighborhood has a fair and just opportunity to be healthier.

This work requires removing obstacles health, including insufficient access to good jobs with fair pay, quality education, affordable housing, food insecurity and safe environments.

- ❖ ONE|NB is the **Backbone Organization**. We establish strategic direction, provide fiscal oversight and grant management, and lead evaluation and external communication efforts.
- ❖ The **Steering Committee** is comprised of healthcare, advocacy, housing and resident engagement experts.
- ❖ **Neighborhood Links** are pillar organizations in the neighborhoods. They act as the connectors between the HEZ infrastructure and neighborhood stakeholders.
- ❖ **Community Health Workers** are Registered Apprentices. This group of primarily bilingual-residents complete over 140 hours of hands-on and classroom experience and receive their CHW certification. They keep the pulse on the neighborhoods, reporting trends back to the rest of the Steering Committee so that programmatic adjustments can be made as needed.
- ❖ **The Collaborative** is a diverse group of more than 40 partners who act as the HEZ thought-partners and implementation team. They meet bi-monthly to share resources and discuss neighborhood opportunities.

**WHY?** Life expectancy in Central Providence neighborhoods is about 9 years less than that of residents from more socioeconomically advantaged neighborhoods of Providence. 80% of the factors that determine health have to do with economic and social conditions.

**HOW?** To address socio-economic disparities, we work to increase housing stability and affordability, improve access to living-wage employment and expand basic needs, such as childcare and transportation.

**IMPACT?** By improving the social and economic conditions of the community, the overall health of a community will improve. When our neighbors are healthier, they use less of expensive healthcare services. Savings realized by the healthcare system have the potential to be reinvested in actions that promote health.