Delivering on the Promise of Telehealth to Improve Health Status in California
Fact-Finding Listening Conferences

Thursday, October 22, 2020
8:30AM – Noon (Pacific Time)

Questions and Comments from October 22 Telehealth Conference Chat

At the October 22 Conference, attendees had an opportunity to pose questions and/or comments to Conference speakers via chat. Due to time constraints, the Conference team gathered the questions and is in the process of receiving responses from Speakers. Once all responses have been collected, they will be emailed to attendees as an update and posted to this website (CETFund.org) as an update, as well. For now, we encourage you to review the questions and comments below as a reflection of the array of challenges and opportunities that exist in advancing Telehealth in California.

Chat Questions/Comments:

1. **Abdul Wahid, Tracy**
   What is the possibility of making broadband as 4th utility? We are still fixing 21st-century problems with 20th-century tools.

2. **Eduardo Gonzalez, Executive Director, CSU Fresno Office of Community and Economic Development, San Joaquin Valley Regional Broadband Consortium**
   One of the continuous issues has been adequate medical interpreting services, not just a staff that can speak Spanish, Hmong, Punjabi but also can interpret medical terminology. How do we train virtual telehealth interpreters?

   Anthem has partnered with Consejo Sano to offer culturally appropriate text messaging for patients. They did a webinar for the National Consortium of Telehealth Resource Centers in September 2020. If it's of interest to you, you can watch it here: https://www.youtube.com/watch?v=IbOyECWdfEg

3. **Rebecca Picasso, Program Director, California Telehealth Resource Center**
   Pre-COVID: Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) were limited to only being able to act as a distant site for Medi-Cal to Homeless, Homebound, Migratory and Seasonal workers. All other patient populations were unable to be seen via telehealth from an FQHC/RHC provider. What does the future look like?

4. **Jennifer Stoll, Executive Vice President Government Relations and Public Affairs, OCHIN**
   How do we ensure that Medi-Cal has the same policy around reimbursement policies that are required for commercial insurers? AB 744 is payment parity for commercial plans but does not include Medi-Cal or Medi-Cal managed care plans.

5. **Don Ritzman, RRHoldings Group**
   As we move into a fully distributed delivery environment, security is a mandate - not an afterthought. What is being done with respect to privacy and personal data security and who is focused on the details of security in this initiative?

6. **Jack Higgins, Global Telehealth Network/RotaCare Bay Area, Half Moon Bay**
   We started the nonprofit Global Telehealth Network (GTN) based on the belief that health care is a human right, and that no one should be denied access to health care because of their location or ability to pay. Our volunteer physicians are dedicated to reducing health disparities by offering free online consultations for doctors and other health workers located "on the ground" in medically underserved areas. Pilot projects will launch soon in East Africa and Northern California.

   I'm also President of RotaCare Bay Area, which operates 10 free clinics in the SF Bay Area as a safety net for the safety net.

   We're soon starting a for-profit social enterprise as a Benefit Corporation that will operate a parallel telehealth network for patients who have a way to cover the cost of their visits (e.g., Medi-Cal).
   Do you have suggestions of FQHCs, community clinics and free clinics that might want to partner with us? I'm on LinkedIn at https://www.linkedin.com/in/jackhigginsmd.

7. **Laura Miller, Chief Medical Officer, Community Health Center Network, San Leandro**
   Are you seeing this trend? There's a significant reduction in no shows in behavioral health since telehealth expanded in pandemic.

8. **Helen Galvan, State Chairwoman, American GI Forum, Santa Maria**
   Yes, I agree that increased participation for persons who need behavioral health is HUGE. How do mental health issues fit into more Telehealth use?

9. **Dianne Davis, Vice President, Partners in Care Foundation**
   We are having a similar experience with reduced no shows in our evidence-based health and wellness programs. We have a 90% complete rate and the national average had previously been closer to 70%.

10. **Martha Van Rooijen, Executive Director, Inland Empire Regional Broadband Consortium, San Bernardino**
    There is a strong need to provide "hands-on" digital training to improve comfort level and utilization of telehealth services. For example, home -bound, disabled, seniors, and disadvantaged families including children could greatly benefit from telehealth digital training and access support. What do you think of this: A telehealth home health aid would be able to reach into the home and identify internet access opportunities, barriers to access, (lack of equipment, internet service, etc.) and give one-on-one training to those that need it most. This type of digital adoption training--a telehealth home health aide--could really increase telehealth comfort and utilization. It would also start providing more data on barriers to adopting telehealth--making more argument to push for increased broadband service where internet service is the actual barrier to providing telehealth, especially to vulnerable and disadvantaged people. It would also be a great idea for insurance to cover a device for telehealth for the disadvantaged if there is internet service available in the home, but the patient doesn't have the budget for a device.

    Schools could also teach students how to use telehealth. This could be included in a module of teaching healthcare. There could be a focus on learning how to get the most out of a telehealth visit. e.g. phone vs. video appointment; having a safe and secure visit, making a list of health concerns before the visit starts, helping others in their family including seniors to feel okay about telehealth, etc.

    Online training is very difficult for those who literally have never been online or have resistance to being online. A hands-on approach with a home health telehealth aid or a medical office training them would really help in long run. I have found that the medical community is leaving the training to others. If it gets covered by insurance, then the medical community will get involved in telehealth training. Home based, medical offices, or online.

11. **Brooke Whitehead-Tolles, Living Coordinator, Independent Learning Center (ILC) of Kern County**
    It is great to embed that in addressing telehealth at the local clinic level. For now, you can look into your local independent living centers and Area Agencies on Aging (AAAs) as many are addressing this need with personalized training.

    I agree in encouraging this training as part of the telehealth model. However, we all know setting up a new system and payment takes time so while this is being worked out, I would encourage providers to refer to their local ILCs or AAAs. And by refer I do not mean tell the client to call, I mean having the medical staff call and provide that warm hand off. ILCs and AAAs are able to do in-person training. This is also a great opportunity to connect clients/patients to other available resources that telehealth does not cover such as nutrition services, utility support, etc.

12. **June Simmons, President and CEO, Partners in Care Foundation**
    The comments above are so aligned with our experience at Partners in Care Foundation and by the great network of CBOs spread across our state that are crucial for consumer engagement and empowerment. What roles can these organizations play? Area Agencies on Aging, waiver providers of LTSS/social models and so many others. Community agencies have solid evidence-based tools to inventory the full meds picture in the home, including adherence and challenges. HomeMeds is available and easy for CHWs and other social service personnel (or health professionals) to use to identify the dramatic meds dangers at home. Partners in Care Foundation offers this for CBOs and health system partnerships. Go to picf.org to learn about many in-home evidence-based tools available across many agencies in our state.

True that medical offices can train, but our experience with many low income and older patients is it takes 30 to 90 minutes per person. So we think online training, volunteers and other methods will be essential to make it cost-effective. But once done, engagement must be supported as well. That will likely mean a range of other community connections to keep people using devices frequently so it becomes comfortable and meaningful/fun/engaging for reducing loneliness, social isolation and offsetting depression and anxiety. Different people learn different ways. Teaching it in the schools, kids can teach their families, many other systems that have natural connections and the trust needed for comfortable learning. Will take resources, for sure.

13. **Denise Payan, Assistant Professor of Public Health, University of California, Merced**
    What can we do about health literacy? Addressing health literacy issues (in addition to language and digital literacy) is critical as well.

14. **Britta Guerrero, CEO, Sacramento Native American Health Center (SNAHC)**
    What are other ideas? SNAHC joined forces with the United Way and the City of Sacramento to provide free hot spots, free broadband and laptops to patients that are dependent on some sort of public program i.e., Medi-Cal, TANF, WIC, etc. What was great about this program was that they offered advice to help folks get connected and learn how to use their equipment.

    Different people learn different ways. Teaching it in the schools, kids can teach their families, many other systems that have natural connections and the trust needed for comfortable learning. Will take resources, for sure.

15. **Cynthia Mackey, Winning Strategies, Oakland**
    How do we get these households connected? Suggestion: There are a significant number of satellites launched or about to be launched with the goal of providing 'global Internet coverage'. In the spirit of bridging the Digital Divide, we must start now to hold these companies accountable and make an inroad and requirement for the public to have access to bandwidth now. Recent articles speak to 800 satellites deployed and in Space now and being tested. Amazon/Jeff Bezos is one, Space X/Microsoft another. If we don't open a channel now, the public will be left out of this. As citizens, 'Space' is a domain that is open to us all as well, not just to private entities. I know CETF and other organizations here can help start the conversation. Here's a recent article: https://www.cnbc.com/2020/10/20/microsoft-expands-its-space-business-pairing-its-azure-cloud-with-spacexs-starlink-internet.html

16. **Brad West, Field Representative, Assemblymember Sabrina Cervantes**
    My email address is Brad.West@asm.ca.gov. Assemblymember Cervantes has a great interest in the expansion of telehealth in California. Unfortunately, AB 798 never made it out of Appropriations Committee, which would have started a pilot program for telehealth delivering Maternal Mental Health in Riverside County.

17. **Karl Steinberg, M.D. Past President, California Association of Long-Term Care Medicine (CALTCM); Chief Medical Officer, Mariner Health Care Central**
    CALTCM stands ready to work with any organizations or individuals on optimizing telemedicine in long-term care settings. www.caltcm.org karlsteinberg@MAIL.com