Federal Communications Commission

Connected Care Pilot Program

Network Plan

Introduction

In Massachusetts (MA), approximately one million people (nearly 1 in 8), rely on Federally Qualified Health Centers (FQHCs) each year to receive medical care. Serving as a vital resource for vulnerable populations, FQHCs ensure that all people, including low-income; non-English speaking; veterans; and people of color have access to care and the necessary resources to address their social needs. Given the ongoing coronavirus pandemic, Community Care Cooperative (C3), a MA-based, non-profit, Accountable Care Organization formed and owned by FQHCs and the Massachusetts League of Community Health Centers (League), the State Primary Care Association, along with their member health centers, identified the need to create a robust telehealth infrastructure, so that patients could access care outside of the traditional clinic setting. These organizations formed the MA FQHC Telehealth Consortium (Consortium). For the Connected Care Pilot Program (CC Initiative), this Consortium is comprised of 33 health centers serving over 690,000 patients, 10% of the State's population.

(1) Goals and Objectives of the Network

Background Information

Within MA, access to broadband services is correlated with race and socioeconomic status: people who are non-white and of lower socioeconomic status have poorer access to broadband. Over 101,000 health center patients do not have access to broadband. In predominantly minority census tracts, 1 in 4 households are without broadband, compared to tracts that are 95% white, which have only 1 in 8 households without broadband. Moreover, many of the Consortium FQHCs lack the necessary network equipment and broadband capabilities to carry out secure telehealth sessions with patients (see "Attachment A – Background Information"). Consequently, to address the digital divide and ensure that all patients have access to healthcare services, the Consortium has developed the following overarching goals for the Connected Care Pilot Program: 1) Provide low-income individuals and veterans who have behavioral health conditions, including substance use disorders with access to broadband by providing them with MIFI/hotspots, leading to improved clinical outcomes, as well as addressing health-related social needs; and 2) Build infrastructure capacity and security at health centers by improving broadband internet and data connections, as well as cyber security measures, so all FQHC staff have access to reliable and secure connections to render telehealth services. Through the Connect Care Pilot Program, the Consortium will provide 25,000 patients with access to secure, telehealth visits annually.

Goals and Objectives for the Connected Care Pilot Program

The Consortium's specific goals and objectives for the Connected Care Pilot Program are outlined below:

Goal 1: Bridge the digital divide and address health disparities for vulnerable populations served at Federally Qualified Community Health Centers (FQHCs) in Massachusetts (MA), specifically low-income individuals and veterans who have behavioral health conditions (including substance use disorders), by providing broadband capabilities (such as MIFI/hotspots) to these patients, allowing for greater access to telehealth services, resulting in improved clinical outcomes, as well as addressing health-related social needs.

> **Objective 1:** Purchase and provide broadband technology, such as MIFI/hotspots to patients within the target population (those veterans and low-income patients with

behavioral health conditions, including substance use disorders), so these individuals may access Connected Care services (telehealth services) in the community, including video visits and asynchronous virtual communication with care teams.

Objective 2: Enroll patients from the target population for participation in this initiative and actively monitor associated outcome metrics.

Goal 2: Build infrastructure capacity and security at Consortium FQHCs by improving broadband internet and data connections, as well as cyber security measures (through the installation of network equipment), so all FQHC staff have access to reliable and secure connections for telehealth services, leading to improved clinical quality outcomes, as well as addressing health-related social needs.

Objective 1: Implement improved WIFI and broadband connectivity to include redundant fail over capability at the Consortium FQHCs; purchase and install network security equipment and WIFI to ensure that FQHCs have continuous broadband coverage and secure connections for providing Connected Care services, leading to improved clinical quality outcomes, as well as addressing health-related social needs.

Objective 2: Each FQHC's unique specialized network also will allow qualified patients to utilize the health center's broadband for telehealth or critical social needs.

Objective 3: Train FQHC clinical providers and staff on the new broadband and security capabilities.

These goals and objectives will allow the Consortium to reduce patient costs by treating the target population in the community, as well as improve patient overall health and adherence to treatment plans, increase the number of patient engagements, and support the trend towards connected care everywhere.

Use of the Requested Services

Through Connected Care Pilot Program funding, the Consortium is seeking to deliver and support internet service-enabled technologies including remote monitoring and video visits to low-income individuals and veterans who have behavioral health conditions (e.g., substance use disorders) by providing access to broadband via MIFI/hotspots. By providing these patients with access to broadband in the community (direct broadband access through a hotspot), these individuals will be able to receive care in their home and conduct regular telehealth visits with their care team, as well as have remote patient monitoring and remote treatment, such as medication-assisted treatment. Moreover, based on the telehealth gap analyses conducted on each FQHCs' telehealth capabilities, Consortium FQHCs will be implementing a unique specialized network to conduct secure telehealth services. This network will include necessary network equipment. Additionally, improved WIFI will be implemented at the FQHCs with the goal of providing telehealth services to all patients.

Why the Consortium Wants the Noted Services

A lack of broadband access deepens the digital divide by preventing Consortium patients from accessing care, as well as other resources, such as online education and social services. Furthermore, a lack of access by clinicians to secure broadband limits access to these resources as well. While the US Census Bureau estimates that 91.3% of MA residents have a computer and broadband access, this percentage is significantly lower in the populations served

by the Consortium. National data provide that the lowest rates of digital access are found in geographic areas that have larger communities of color, especially those areas with a high percentage of residents below the Federal Poverty Level. In predominantly minority census tracts, 1 in 4 households are without broadband, compared to tracts that are 95% white, which have only 1 in 8 households without broadband. To lessen the digital divide and ensure MA FQHC patients have access to services – the Consortium has developed the aforementioned goals and objectives.

(2) Strategy for aggregating the specific needs of health care providers (including providers that serve rural areas) within a state or region

The Consortium FQHCs serve over 690,000 patients across various geographies throughout MA, so strategies for aggregating specific needs among the FQHCs is challenging. However, to ensure all provider needs are being met, the Consortium has developed a Telehealth Maturity Model focused on implementing multi-line, sustainable telehealth at all Consortium FQHCs (see "Attachment B – Maturity Model"). Over the past year, C3 and the League have been working with the FQHCs to conduct gap analyses on current telehealth capabilities. Based on these assessments, each FQHC is drafting a strategic plan for telehealth, which includes Connected Care Pilot Program activities, such as the implementation of network equipment, improved WIFI, etc. Each plan will be led and implemented by the CEO and C-suite champions at each FQHC. These leaders will oversee the implementation of the Initiative and provide operational oversight with the support from C3 and League staff.

Along with gap analyses on current telehealth capabilities, the Project Management Team for the Pilot Program has conducted assessments with each HCP and their IT team on the current state of their network infrastructure to identify 1) broadband and equipment needs 2) site-specific implementation strategy 3) overall readiness. The Consortium runs monthly meetings for HCP representatives to contribute questions, workflows, and telehealth related ideas to the larger community. In these meetings, the Consortium strategizes with participating HCPs to create cohesive plans for initiatives like Connected Care and confirm decisions put forth by leadership. Such a multi-prong communication and project implementation strategy is key to aggregating the specific needs of health care providers of the Consortium which include federally qualified rural sites including Outer Cape Health Services (#81699) and Community Health Programs (#39166).

(3) Strategy for leveraging existing technology to adopt the most efficient and cost-effective means of connecting those providers

Through competitive bidding processes and potential bulk purchasing in some situations, the Consortium will see to leverage its capacity as a network to adopt the most efficient and cost-effective means of connecting providers. By identifying the internet and technology layout at the HCPs and prioritizing immediate needs such as the nonexistence of a failover line, the Consortium's strategy is to build upon the existing networks of each HCP and address underperforming areas first.

The Consortium seeks to procure group pricing for high-speed fiber services offered by existing Internet Service Providers (ISPs) by facilitating collaboration and cooperation among its HCPs. The approach is to fund opportunities to secure group negotiated rates for broadband, either in the form of a new or redundant symmetrical fiber line, while balancing each HCPs unique network environment. With this cost-effective and

customization-enabling approach, the Consortium can scale the project to fit the developing needs of each HCP as they expand at different rates without sacrificing cost-efficiency and effectiveness because baseline broadband and equipment is established.

(4) How the supported network will be used to improve or provide healthcare delivery

Through the Consortium, 33 FQHCs will partner with C3 and the League (community partners) to carry out the Connected Care Pilot Program and implement a robust telehealth infrastructure. This partnership that serves over 690,000 patients will target 75,000 patients over the 3-year funding period to receive services. This new and improved broadband access for providers and patients will allow for more telehealth visits, remote patient monitoring and treatment, as well as the evaluation and tracking of patients' social needs. Because of the pandemic, staffing shortage, and other structural barriers, FQHCs are facing particular strain on care delivery and management. Through funding, the Consortium is seeking to increase access to connected care services and improve outcome metrics in underserved populations. This includes but is not limited to over 240,000 Consortium patients with behavioral health conditions and providing them with access to continuous access to video conferencing with their provider, remote care management, and connecting them with necessary resources in a virtual setting when appropriate. Consequently, the implementation of the noted equipment will lead the Consortium to move closer to its goals of lessening the digital divide, improving overall health, increasing the number of patient engagements, and reducing costs by treating patients in the outpatient/community setting.

(5) Any previous experience in developing and managing health information technology (including telemedicine) programs

Consortium Experience with the Delivery of Telemedicine Programs

Prior to the pandemic, the Consortium FQHCs had varying levels of telehealth experience with some health centers offering little to no telehealth and others providing video visits. However, at the onset of the pandemic, the FQHCs quickly pivoted to offering both video and phone visits for patients. C3 and the League worked with the FQHCs to mobilize a rapid telehealth response, including the development of the Consortium to pool both knowledge and financial resources to create a robust telehealth infrastructure. The Consortium applied for funding from various sources, which allowed the FQHCs to receive hardware, software, and technical support to ensure patients had access to care. These efforts have been successful in providing ongoing care to patients and providing the FQHCs with experience around video and phone visits, eConsults, and patient support with phones and remote monitoring. Now the Consortium is seeking to create a telehealth strategy at each FQHC by addressing needed capabilities.

Moreover, the Consortium has experience with remote patient monitoring programs. Through other grant initiatives, the Consortium is implementing a Telehealth Navigation Program. This new program seeks to ensure FQHC patients have access to a telehealth navigator to assist patients in using, connecting with and providing data to specific health centers around blood pressure control, etc.

Management Team's Experience with Managing the Telemedicine Initiatives

The management team has a wealth of experience implementing telemedicine Initiatives. First,

the Consortium received FCC – Round 1 COVID-19 funding, which has been a successful project in ensuring access to telemedicine services. Furthermore, the team is in the midst of implement a Telehealth Navigator Initiative to assist patients with remote patient monitoring. Senior team members also have operational experience at health centers around the implementation of health information technology and telemedicine initiatives.

(6) A project management plan outlining the project's leadership and management structure, a work plan, schedule and budget

Project Leadership

The C3 Leadership team representing the Consortium and working with service providers includes:
- Matt Mullaney, Chief Financial Officer
- Jenny Azzara, Senior Director

The League team representing the Consortium and working with service providers includes:
- Susan Adams, Vice President of Health Informatics

The Project Management Team for the implementation of Connected Care Pilot Program include:
- Yudi Liu, Project Coordinator
- Kati Moran, Telehealth Program Manager

Work Plan

The Consortium anticipates a Work Plan and Schedule for each individual project after posting of the RFP similar to the following:

Project Milestone	Time to Complete
Bidding Period	28 days
Evaluation Period	14 days after bidding period ends
Contract Negotiation and Selection of Provider	14 days after evaluation period ends
Submit Form 462 for Funding Request	Up to 30 days after selection
Implementation (to start after vendor award notification)	Up to 60 days or as mutually agreed upon

Budget

The Connected Care Pilot Program will pay for 85% of connected care eligible services, while the Consortium will pay 15% matching costs from operational and potential philanthropic funding.