



## **Frequently Asked Questions about the California Center for Connected Health**

**January 2009**

### **1. What is telehealth?**

Telehealth is the use of technology and processes to electronically connect patients in remote or underserved areas with health care providers and educators, overcoming barriers of time and distance and delivering health services and education in places that lack those resources. It can be as simple as a remote provider discussing a case over the phone with a specialist, or as sophisticated as a patient having a virtual appointment with a distant provider via video conferencing.

Telehealth is an expansion of telemedicine. While telemedicine is narrowly focused on diagnosis and direct treatment of illnesses, telehealth encompasses a broad definition of remote health care services enabled by telecommunication technology, including education, diagnosis, treatment, assessment, and monitoring.

### **2. What is the California Center for Connected Health?**

Established in January 2009 and based in Sacramento, the California Center for Connected Health (CCCH) is a strategy and planning body designed to promote integration of telehealth within California's health care system, with the larger goal of enhancing access and quality of care for all Californians, particularly uninsured and low-income Californians.

CCCH will:

- Promote a shared vision for telehealth adoption and integration in the health care delivery system;
- Work to ensure that California is a national model of telehealth integration;
- Identify and promote practice patterns, policies, regulations, and statutory changes that will maximize the ability of telehealth to improve health outcomes and care delivery; and
- Manage a specialty care pilot project for UC campuses and community-based clinics to develop a sustainable model for telehealth services.

### **3. What is the Foundation's role?**

The California HealthCare Foundation (CHCF) created the California Center for Connected

Health with input from a range of public and private sector stakeholders and organizations. The Foundation developed the CCCH charter and initial work plan and is providing start-up funding of \$5.5 million. This investment is for operations and a statewide project using telehealth technologies to improve specialty care access by connecting primary care clinics serving low-income Californians with specialists at the University of California medical centers. Support for telehealth is a part of CHCF's broader mission to promote innovations in health care that can deliver affordable, high-quality care to more Californians.

#### **4. Who is leading CCCH?**

Sandra Shewry, former director of the California Department of Health Care Services, will be president and CEO beginning January 1, 2009. Shewry will lead the new organization in developing a strategic, scalable, and sustainable telehealth initiative to increase access to quality, affordable health care for all Californians. Dr. Thomas Nesbitt, executive associate dean of the University of California Davis School of Medicine, will serve as CCCH's executive director of telehealth services.

#### **5. Where did the influx of money for telehealth infrastructure come from?**

Recent allocation of federal and state funds for connectivity, hardware, and software give California an unprecedented opportunity to expand the telehealth infrastructure statewide.

- California received a \$22-million, three-year Federal Communications Commission (FCC) grant under the Rural Health Care Pilot Program (<http://www.fcc.gov/cgb/rural/rhcp.html>) to create a broadband network -- The California Telehealth Network -- dedicated to connecting public and private nonprofit health care providers in rural and urban locations. The California Emerging Technologies Fund contributed \$3.6 million toward the development of the Network.
- Proposition 1D, the "Kindergarten-University Public Education Facilities Bond Act of 2006," included \$200 million to expand telehealth and medical education through the University of California. Of this, \$10 million was earmarked for a "community investment fund" to assist with the cost of equipment needed to expand telehealth services at community sites that would have the greatest impact on increasing access to health services in underserved areas.

#### **6. What is the relationship between CCCH and the University of California system?**

The UC system has played a leadership role to advance telehealth use in the state over the past decade. It serves as lead agency for California's application to the FCC for the Rural Health Care Pilot Program, under which the California Telehealth Network (CTN) was created.

The University is also responsible for implementing funding included in Proposition 1D, approved by California voters in 2006, which includes \$10 million for a "community investment fund." These funds will help equip community health care sites partnering with the University of California to enhance access to medical services through telehealth.

In addition, in the specialty access project approved as part of the CCCH launch, specialists within UC medical centers will be able to provide care and consultation to an increased number of primary care clinics in underserved areas within the state.

## **7. Is CCCH a grantmaking organization?**

A strategy and planning body, CCCH is designed to support efforts of a number of stakeholders, including grantmakers, to more fully integrate telehealth with California's health care delivery system. However, the Center itself will not be a grantmaking organization.

## **8. Will CCCH provide care to patients?**

No. While CCCH plans to work closely with providers across the state, it will not be directly involved in providing care to patients.

## **9. Does the technological infrastructure exist for CCCH to reach its goals?**

Along with price reductions in equipment, advances in broadband availability have made it possible to scale telehealth much more broadly than in the past. Over the next several years an infrastructure will be put in place to make large-scale programs a reality.

## **10. Who are the stakeholders in telehealth in California? How does each benefit from expanded telehealth use in California?**

**Patients:** Telehealth technologies can help patients in underserved areas get access to medical resources around the state. People who need access to specialty care currently unavailable in their own communities can receive it without the cost and inconvenience of traveling.

**Remote providers:** Remote providers gain access to the consultative services of providers at other locations around the state, as well as educational opportunities and "knowledge networks" to improve their ability to manage patient care.

**All Californians:** All Californians benefit from the reduction in travel (fuel consumption and pollution) associated with the use of telehealth technologies. Telehealth technologies offer the opportunity to help make health care more environmentally friendly.

## **11. Why is a sustainable telehealth system so important for California?**

The lack of affordable, quality health care in California is dire. Approximately five million people live in rural areas that make up 80 percent of the state's territory. There are shortages of health care providers in 51 of 58 counties and more than 200 communities are designated as Health Professional Shortage Areas. Telehealth offers a way to bridge the gap for rural and underserved urban residents, as well as supply critical support to remote health care providers.

## **12. How does the shortage of specialists affect access to care?**

While community health centers provide a safety net for primary care, there is no such safety net for specialty care. Primary care providers whose patients need specialty consults are left to navigate an uncoordinated network of private and university-based providers, many of whom are reluctant or refuse to see Medi-Cal or uninsured patients.

### **13. Which kinds of services is telehealth good at delivering?**

Telehealth excels at services where a remote provider can review an image and offer feedback—for example, radiology, dermatology, and diabetic retinopathy. A provider sends an image to a consultant or specialist in a structured format and the consultant can view the image at any time and provide feedback to the sending provider. This method removes some of the challenges associated with having both providers available at the same time.

Specialties such as behavioral health and psychiatry -- where the intervention involves verbal communication and a visual examination of the patient -- are also successful. A patient in a remote location can meet via video with a provider and the provider can observe the patient visually and provide therapy.

Additionally, telehealth is effective at delivering medical interpretation services for non-English speaking people and providing an efficient method for medical providers and patients to participate in e-learning opportunities. This helps remote providers to better care for their patients and enables patients to be more actively involved in the management of their care.

### **14. What are some real-life examples where telehealth has been successful?**

Telehealth can link diverse aspects of the medical system and increase patients' access to all types of care. These real-life examples illustrate the promise of telehealth:

- Live from the ER, a rural provider consults with a neurologist at an urban medical center as he treats a patient with acute head trauma. The neurologist can see what is happening via video conferencing and advises the provider in real time.
- A remote provider keeps up on best practices and the latest advances in care through virtual attendance at grand rounds at a world-class medical center.
- A patient in an urban clinic has a persistent rash. Her primary care provider takes a picture and sends the image to a dermatologist via a “store and forward” system. The dermatologist reads the patient notes and views the image the next evening and provides interpretation and treatment advice to the primary care provider. The patient is treated in a week instead of waiting months for an appointment with a dermatologist.
- A rural practitioner in Humboldt downloads diabetes educational materials in Spanish from the UC Medical Center in Los Angeles to give to her Spanish-speaking patient.

### **15. How will providers be paid for delivering care and services through telehealth?**

The State of California enacted the “Telemedicine Development Act of 1996,” which requires all commercial insurers and Medi-Cal to have written policies on telehealth reimbursement. These policies are not well known or understood and there is general agreement that clarification would be helpful to providers interested in offering telehealth services.

The current reimbursement model generally provides the same fees a provider would receive for seeing a patient in person. Some payers (such as Blue Cross in its Medi-Cal program and now Medi-Cal) pay a “site fee” to help compensate providers for the additional administrative costs of conducting telehealth visits. Medi-Cal currently reimburses for “store

and forward” and “live” telehealth care. However, California has low provider reimbursement rates -- it ranks near the bottom among states on physician payment levels -- and as a result, many providers, particularly specialists, choose not to participate in the program.

New payment models -- such as payment for physician to physician consultations -- made possible by telehealth technologies will also be explored.

**16. How can state and federal health care policymakers help support and sustain telehealth?**

Telehealth provides an opportunity to improve access to care for all Californians by leveraging technology to more fully extend the reach of the health care workforce. It can also optimize scarce resources in publicly funded programs.

However, using technology to provide health care requires significant reforms to the existing medical system. Specifically, policymakers need to promote reimbursement pilots that support new models of care enabled by telehealth, and enact licensing and regulation reform to capitalize on access and efficiency gains available through new technologies.

**17. Telehealth has long been identified as a solution to access problems. What’s different today that gives you confidence it will be sustainable?**

While much progress has been made in advancing the use of telehealth through independent pilot programs over the last ten years, a model for making telehealth services available to a broad population has not existed. The many independent and uncoordinated initiatives have demonstrated telehealth can work but have not produced a sustainable, statewide program.

The significant influx of funds for telehealth equipment and broadband infrastructure has created a window of opportunity for broader adoption in California. With over a decade of experience in telehealth work, we have a strong foundation upon which to build.

Practitioners, policymakers, and other stakeholders are clear that coordination is necessary to leverage federal and state funds effectively, recruit resources necessary for administration and operations, and create a shared vision for telehealth in California. The first initiative of its kind in the state, the California Center for Connected Health is a coordinating entity with the leadership, funding, partnerships, and capabilities necessary to produce an effective and scalable telehealth program.

**18. How can I stay in touch with CCCH?**

Contact information:

Sandra Shewry, President & CEO  
California Center for Connected Health  
916.488.8607  
info@connectedhealthca.org

[www.connectedhealthca.org](http://www.connectedhealthca.org)