## Telehealth...Friend of Foe?

By: Toniann Richard, Executive Director, Health Care Collaborative of Rural Missouri

At the Health Care Collaborative of Rural Missouri (HCC), having encountered both challenges and successes, we unequivocally say Friend!

The HCC is a rural health network, committed to improving the health status of underserved populations in a three county area. HCC was formally established in 2006 following a three year period of working informally together to address area health care needs. The purpose was to ensure that the health care needs of all citizens in our service area were met, particularly the needs of the under- and uninsured. Since forming, our focus has been to develop and implement programs that are responsive to the documented health needs of county residents, with specific health status indicators as benchmarks for progress on addressing those needs. Of course, this was how we embarked on our telehealth journey in 2011.

HCC applied for and received a United States Department of Agriculture (USDA) Distance Learning and Technology grant with network partner Lafayette Regional Health Center (a critical access hospital). We purchased several telehealth units for the rural health clinics as well as one for the emergency department and outpatient clinic. The initial project was focused on integration of mental health services with HCC's network partner Pathways Community Health, a Community Mental Health Center.

Initially we had several bumps in the road. Let's start with the obvious...high speed internet. Our network is located in a very rural part of Missouri - think dial-up connectivity. So, step one was finding a connection that was both fast enough and affordable for all of our partners. We began by partnering with an information technology vendor who understood the value of purchasing connectivity in rural Missouri. We then applied for Universal Service Administrative Company funding and were granted reduced-cost connectivity.

With the connectivity problem overcome, we developed another problem...firewalls. The point-to-point connection from A to B was a

much bigger hurdle than we could imagine. There were two firewalls, along with the bridge firewall at the HCC office. It took three information technology consultants, a technology vendor and multiple staff from the network and network members to get the problem solved, multiple times. Each time the firewall changed for the members, we had to bring the consultant team back together to troubleshoot the problem yet again. It is an ongoing challenge for us, but we have learned how to work together to meet the requirements for connectivity.

The next phase of our project was even more interesting. HCC had made a decision in 2012 to apply for a new access point (Community Health Center) funding for our network. HCC was awarded this designation in late 2013 and one of our first orders of business was to launch our own telehealth project, which focused on behavioral health. We were so excited to launch this program because there is a major lack of mental health providers in our area and psychiatry is definitely a major shortage. We partnered with long-term friend of HCC, Pathways Community Mental Health, for a behavioral health consultant (face-to-face) and a psychiatrist (telehealth). As a result, Pathways is paving the way for telehealth statewide. On average, they currently do 3,000 telehealth visits per month with over 30 of those visits being for HCC.

You must be asking yourself, "But what do the patients think?" Well, I am glad you asked! Pathways conducts annual patient satisfaction surveys with their telehealth patients. We were proud to learn that their overall satisfaction was over 90% and over 20% would choose telehealth as their form of treatment. This tells us that telehealth is being accepted more and more across rural America.

Last but never least, during implementation we were also working on policy. Senate Bill 262 was introduced in 2012 and passed in 2013. Senate Bill 262 prohibits health carriers from denying coverage for a health care service on the basis that the service was provided through telemedicine if the same service would be covered when delivered in person. This was a major hurdle for rural Missouri and it is one of the areas where Missouri set the tone for the rest of the Midwest.

We look forward to our next step in telehealth, which will be the addition of a new unit at our second health center and plans to develop a comprehensive, vertical telehealth network with our partners.

## **About HCC**

The Health Care Collaborative of Rural Missouri (HCC) has a mission to "Cultivate partnerships and deliver quality health care to strengthen rural communities." Since its inception, the HCC has developed into a comprehensive rural health network, with a wide variety of health, social services and community partners that provide health and wellness prevention and treatment programs for all citizens in our service area, and focused on the health care needs of low-income, under- and uninsured residents. The HCC's strength lies in developing collaborative relationships, utilizing the strengths of individual organizations to develop programs and services that are larger than any one organization. HCC is the first rural health network to receive HRSA's Bureau of Primary Health Care 330 funding to operate a community health center. HCC has been an active member of NCHN (National Cooperative of Health Networks) since 2010.

(Picture source: MailScanner has detected a possible fraud attempt from "r20.rs6.net" claiming to be http://telehealth.med.miami.edu/what-is-telehealth)

