

Bridging the health equity divide

Connected Care Initiative

A program to increase access to broadband for patients who have behavioral health conditions, including substance use disorders, as well as other chronic diseases, from low-income and veteran populations.

The Need

Within Massachusetts, access to broadband services is correlated with race and socioeconomic status: residents who are non-white and of lower socioeconomic status have poorer access to broadband. In fact, we estimate more than 20% of health center patients in the Commonwealth have no access to broadband. Census tracts indicate that in predominately minority households, 1 in 4 are without broadband, while in tracts that are 95% white only, 1 in 8 households are without broadband. One recent study found that “the internet has become a fundamental component of so many aspects of American life, broadband access is increasingly recognized as an important social determinant of health as well as a public health issue.”¹ When individuals and families live in digital deserts with no internet connectivity, they are unable to:

- Access telehealth and remote monitoring services
- Access remote learning for school
- Access remote connectivity for employment and workforce training

Given that broadband access intersects with so many social determinants of health, several national organizations have recently characterized broadband access as a “super-determinant” of health.²

The pandemic has greatly increased the number of individuals struggling with behavioral health conditions, including substance use disorders. In the Commonwealth, on average, one person dies by suicide every 12 hours. Sadly, suicide is the second leading cause of death among individuals ages 10-34. Additionally, substance use rates have increased over the last nine months, with the MA Department of Public Health reporting that Opioid-related overdose deaths rose in MA for this period. Federally Qualified Health Center (FQHC) patients are

¹ Bauerly BC, McCord RF, Hulkower R, Pepin D. Broadband Access as a Public Health Issue: The Role of Law in Expanding Broadband Access and Connecting Underserved Communities for Better Health Outcomes. J Law Med Ethics. 2019;47(2_suppl):39-42. doi:10.1177/1073110519857314

² Clyburn ML, Remarks at the Launch of the Mapping Broadband Health in America Platform, Microsoft Innovation and Policy Center, August 2, 2016, available at <<https://www.fcc.gov/document/commissioner-clyburn-remarks-mapping-broadband-health>> (last visited February 8, 2019); B. Crook Bauerly, “Broadband Access as a ‘Super-Determinant’ of Health,” Network for Public Health Law, July 17, 2018, available at <https://www.networkforphl.org/the_network_blog/2018/07/17/1017/broadband_access_as_a_super-determinant_of_health> (last visited February 8, 2019). [Google Scholar]

disproportionately impacted by these conditions, with over 38% of patients having one or more behavioral health conditions, including substance use disorders. For most patients, these conditions impact both physical and social needs, leading to poor health outcomes and affecting daily life.

A lack of broadband access deepens the digital divide by preventing some residents from accessing care that they so desperately need. This lack of access is further exacerbated by the number of clinicians without secure internet. While the US Census Bureau estimates that 91.3% of Massachusetts' residents have a computer and broadband access, this percentage is significantly lower in the populations served by FQHCs. National data indicate 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.

The Connected Care Initiative

In March 2020, 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, formed the FQHC Telehealth Consortium, as an immediate response to the COVID-19 pandemic and its impact on FQHC patients and families. The Consortium quickly grew to include 35 or 95% of FQHCs located throughout Massachusetts that collectively serve more than 700,000 of the Commonwealth's most under-resourced individuals, including low-income; non-English speaking; veterans; and Black, Indigenous, and People of Color (BIPOC).

In December 2020, 33 of the Consortium's FQHC members serving over 690,000 patients, applied for funding through the Consortium to the Federal Communications Commission's (FCC) Connected Care Pilot Program (CC Initiative). In February, the Consortium was awarded \$3.1 million in funding for three years. This funding, requiring a 15% match, will:

- Provide broadband through MIFI/hotspots to patients with behavioral health conditions, including substance use disorders, as well as other chronic diseases, from low-income and veteran populations, enabling them to receive care in their homes and conduct regular telehealth visits with their care team. Additionally, these patients will have access to remote patient monitoring and remote treatment, such as medication-assisted treatment to treat substance use disorders.
- Build infrastructure capacity and security at participating FQHCs 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. Expanding broadband capacity at participating FQHCs is a challenge, requiring in-depth technical assessments; coordination with vendors; and installation.

The impact of greater access to care through broadband will be significant in reducing health disparities for many health conditions, including:

- Diabetes: 60,400 Consortium patients have diabetes. Through increased telehealth visits, the Consortium FQHCs will seek to stabilize and/or lower the average HbA1c for these patients – with 61% of patients reporting an HbA1c<9.
- Hypertension: Over 121,000 Consortium patients have hypertension, FQHCs will seek to increase the number of patients who have well-controlled hypertension to 64%.
- Behavioral health conditions, including substance use disorders: Over 240,000 Consortium patients have a behavioral health condition, including substance use disorders. Through the CC Initiative, more than 40% of patients with an acute inpatient stay for mental illness will have a follow-up visit within 7-days of discharge
- Overall access to care: 80% of patients within the target population will have at least 2 annual visits (telehealth or in-person) with staff at a participating FQHC.

In addition, this funding will enable participating FQHCs to continue to evaluate patients' social needs over the three years of the grant and connect them with necessary resources.

The Funding Request

The Consortium's FCC award goes a long way to addressing the digital divide over the next three years by providing both under-resourced patients and the providers who care for them with access to broadband, leading to increased telehealth services. Significantly, the FCC award does not include any financial support for the personnel required to implement this program. Consequently, the Consortium is seeking \$900,000 for the CC Initiative, to fully realize the program's potential. These monies will assist in covering the required 15% match for the FCC award, as well as personnel and additional equipment not covered by the grant. Staffing for the CC Initiative includes the following staff for the three-year grant period: 1) a Project Manager to oversee the daily operations of the program; 2) a part-time IT Consultant who will serve as a subject matter expert for the Consortium and participating FQHCs; and 3) a Data Analyst who will quantitatively assess and document the impact of the CC Initiative.

For more information on this initiative and ways in which you can bridge the telehealth divide for our most under-resourced populations, please contact Abby Akoury (857) 302-4261, or aakoury@C3aco.org.