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# Telehealth Push: CT providers want piece of \$400M broadband fund

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Community Health Center CEO Mark Masselli said the state must do more to expand insurance coverage for telehealth services, which his organization uses for staff and patients.

With 600 employees and 13 locations spread across the state, Community Health Center of Middletown's annual Internet bill runs into six figures.

But all that money doesn't equate to a frustration-free experience for its doctors and staff. That kind of user-friendly bandwidth would cost even more, according to Ed Bianco, CHC's chief information officer.

"We're a nonprofit and we can't afford some of these high-cost networks," Bianco said.

Network speeds limit how many staff members can participate in the more than 300 video conference calls CHC conducts every month and can slow down or temporarily restrict doctors from accessing patients' electronic medical records, said Dr. Veena Channamsetty, CHC's chief medical officer.

"The biggest frustration is if the health record is not available to me," Channamsetty said. "I can't deliver the best care because I no longer have the record in front of me."

There may be a solution.

CHC and a number of other Connecticut health providers have joined a consortium that's seeking a piece of a \$400 million federal fund that will pay for an expansion of broadband services.

The fund, which is being overseen by the Federal Communications Commission, reimburses up to 65 percent of providers' costs of obtaining higher bandwidths and related network services. The FCC recently changed the rules for the fund, opening it up to more types of network services and health providers, which means Connecticut could get its first ever piece of the money.

Predecessor programs were targeted at providers in rural areas, of which Connecticut has few, according to the FCC's definition. But the fund now allows urban providers to receive money, if they apply as part of a larger group where the majority of provider offices and locations are located in rural areas.

Balancing the rural and urban members it recruits is a key ongoing challenge for the Connecticut Healthcare Connect Consortium, of which CHC is a member.

"To make this as big as we can, we need to have as many rural providers in this thing as we can," said Douglas Arnold, who is leading the consortium. "We're saying 'Let's go get some of this money.'"

And there's plenty of money to be had.

Historically, the FCC fund has been undersubscribed, and even with broader eligibility supply is expected to outpace demand for several years as providers start to learn about it, Arnold said.

The fund paid out just \$178 million of the \$400 million in fiscal year 2013, according to the FCC.

Arnold said many providers he's talked to didn't know the FCC had money available for health care. Providers are used to dealing mainly with the Center for Medicare and Medicaid Services — not the FCC, he said.

"I didn't even know about it until last May," Arnold said.

### **Millions of dollars at stake**

To get as many rural locations into the consortium as possible, Arnold is also recruiting municipal health districts and public schools with health clinics. He said he's also talking to Day Kimball Hospital, which he believes is the largest provider in a rural census tract.

Arnold estimates that the Connecticut consortium, if successful, could bring in hundreds of thousands or even millions of dollars to boost its members' network speeds.

If things go smoothly, Arnold hopes the first round of funding could come this spring, at which point the consortium would negotiate with broadband providers to build out the members' networks.

A large consortium with 500 members in Maine, Vermont and New Hampshire has been the biggest recent recipient of the FCC's telehealth fund in New England, receiving nearly \$25 million during the fund's pilot phase.

Arnold and his partners — consortium President Kevin Welch and Peter Herten, who both have telecom backgrounds — have recruited upwards of 70 members so far.

The Connecticut consortium is Arnold's latest project. Until last year, he was CEO of Medical Professional Services, a Middletown-based physician network.

He worked his last day there in September, before going in for his sixth surgery on an ankle he badly injured falling from a ladder at his Avon home.

Arnold said the time he was missing from MPS strained relations with the board of directors there, but he said he couldn't comment further on the matter.

Dr. Michael Kazakoff, chairman of MPS, did not respond to a request for comment.

### **CT telemedicine expansion**

Plenty of good can come from ensuring doctors have quick and convenient access to electronic medical records and video conferences with colleagues.

But what about video consults and other remote services for patients?

The FCC money could help providers afford the bandwidth to provide those types of services, but there is one major hurdle.

Connecticut is one of just several states whose Medicaid program doesn't pay for telemedicine services and also doesn't require private insurers to cover the costs, according to the American Telemedicine Association, which gave Connecticut one of just three failing grades in the country for telemedicine laws and regulations.

Legislators have introduced several bills that would change that. State Sen. Joseph Crisco Jr. (D-Woodbridge) has

proposed legislation that would require insurers to cover telemedicine services. Several other bills aim to establish telehealth standards. Similar legislative proposals have failed in the past, facing resistance from insurers, which have argued telemedicine's value has not been adequately proven. State health officials have said they want to develop telemedicine guidelines through their Medicaid reform plan, known as the State Innovation Model.

CHC CEO Mark Masselli said he's concerned with the state's lack of telemedicine standards and coverage requirements.

But if a bill is successful this session, the FCC money could supercharge telemedicine efforts by providing the bandwidths to optimize new patient services.

"I think it's coming onto people's radar screens," Masselli said of the fund. "So this is exciting."

*Correction: The original version of this story gave an inaccurate employee count for Community Health Center.*

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