VPQHC
Vermont Program for Quality in Health Care, Inc.

CONNECTIVITY CARE PACKAGES: A PROPOSAL TO ENHANCE EQUITABLE ACCESS TO HEALTH CARE FOR VERMONTERS

SUMMARY

The onset of COVID-19 has made it evident that telehealth is foundational to a functional healthcare delivery system. The Public Health Emergency has shown that telehealth is an essential tool to minimize the spread of COVID-19 and provides clinicians the tools they need to treat patients. However, not all Vermonters have the equipment, nor the digital literacy skills, they need in order to successfully participate in telehealth visits. According to recent survey data, a significant majority of health care providers indicated that lack of patient access to a smartphone or video capability was a barrier to accessing telehealth services, and similarly indicated that a patient's inability to operate digital equipment was a barrier. This situation has the potential to exacerbate inequities in health care access, and health outcomes.

Through the "Connectivity Care Packages" pilot proposal, it is our aim to address those barriers to telehealth provision in Vermont by working with clinicians to provide telehealth equipment to patients and healthcare sites that need it, and by establishing a robust technical assistance team to support both providers and patients throughout the lifecycle of the grant.

What is a "Connectivity Care Package"? We propose four streams of Connectivity Care Packages be provided, based on service type: primary care, mental health, dental, and home health. Eligible equipment will be identified by the providers based on need, and will include:

- Tablets with audio-visual capability *(160 included in budget)*
- Translation services for deaf/hard of hearing *(80 hours included in budget)*
- Direct-to-consumer peripherals, including for dental services *(27 Tyto at-home exam kits, and 12 MouthWatch intraoral cameras included in budget)*
- Home health kits *(42 included in budget)*
- Telemedicine carts *(17 included in budget, along with accompanying peripherals such as otoscope, stethoscope, and blood pressure cuff)*
- Wi-Fi boosters *(160 included in budget)*
- Hotspots *(160 included in budget)*
- Pre-paid talk/text/data cards *(260 included in budget)*

In addition to the equipment, educational programming will be coordinated for both patients and providers to support them with the basics on how to connect to a telehealth visit, how to interact on a telehealth visit, and what to expect. In addition, through the support of two full-time staff persons, technical assistance will be available for both providers and patients throughout the lifecycle of the grant for things such as equipment management, troubleshooting software issues, and other areas of identified need. It is the intent that this small pilot will inform future expansion efforts. As such, we will work with a consultant to assemble a robust process evaluation to identify best practices, and lessons learned.

There are two categories of telehealth equipment that we have budgeted for – equipment that could have a 1:1 ratio in terms of the number of patients impacted, and equipment that can be utilized by multiple patients. For example, considering the tablets with audio-visual capability, and connectivity boosters - if they are given to patients, at minimum, 150 families in most need of support would be impacted. However, if the tablets are loaned, a greater number of families would be impacted. This will be a practice-based decision. The included direct-to-consumer peripherals can be categorized similarly, and reach will be dependent upon whether equipment is given, or loaned. Telemedicine carts (including extensive peripherals) live at a provider's office and allow the provider and patient to connect with a specialist at another site. These telemedicine carts will have a far greater reach, as they will be utilized repeatedly, producing multiple services for the initial investment. Similarly, home health kits that we have included in the budget are tools for providers that a visiting a patient's home, to provide in-home clinical visits – again, this equipment has the capacity to be utilized repeatedly, producing multiple services for the initial investment. While the full scope and reach of the project can't be determined at this time, it will be tracked upon distribution.

The development of this proposal included input and collaboration from key partners to the greatest extent possible given time constraints. The Vermont Statewide Telehealth Workgroup and key partners will be updated throughout the duration of the Scope of Work.

We appreciate your support of this project which will enhance the equitable provision of healthcare throughout Vermont.

BUDGET

EXPENSE CATEGORY	COST
Telehealth Equipment	$523,000
Educational Programming	$18,975
Technical Assistance	$68,000
Program Administration & Program Evaluation	$189,799
PROGRAM TOTAL:	**$800,000**