

## The Federally Funded Telehealth Resource Centers

With the passage of the Affordable Care Act (ACA), health systems are looking to improve care in the most efficient way possible. Demands are being made on all parts of the health system, including allied professionals. At the center of many new reform-based programs and initiatives is the “Triple Aim” with three goals of:

- Improving population health
- Enhancing the patient care experience
- Reducing per capita costs

Telehealth has been used and paid for by public and private payers for nearly two decades, most frequently for populations in rural and underserved areas. Telehealth is being increasingly examined as a potential avenue to address the needs of a strapped health system that is facing more stress with the implementation of the ACA and still meet the goals of the Triple Aim. One analyst (Graham, 2013) predicts the US telehealth market will grow from \$240 million today to \$1.9 billion in 2018, an annual growth rate of 56 percent. According to Towers Watson’s 2014 *Clinical Innovation & Technology Report* that surveyed US employers with at least 1,000 employees, 37% of the respondents expect to offer telehealth services by 2015, which is up from the current figure of 22%.

With telehealth poised to explode in adoption and utilization, the invaluable investment the federal government has made in telehealth for nearly a decade has proven to be farsighted. The Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA has over a 100 different programs that are focused on improving health and achieving health equity through access to quality services, a skilled health workforce and innovative programs. One such program is the telehealth resource centers (TRCs).

As health professionals such as speech and language pathologists and audiologists explore the potential of using telehealth to deliver their services, they can find invaluable information and tools provided by the TRCs to assist with their questions. As a collective the TRCs are a resource of the information most needed for a telehealth program. The TRCs offer assistance and information to the public on reimbursement, the technical aspects of starting a telehealth program, tools and forms and other resources. A great deal of thought and research must be conducted before a provider begins utilizing telehealth in his or her practice, otherwise resources may be wasted in trial and error or laws and regulations may be inadvertently violated. A wide range of issues must be considered from sustainability, to work flow, equipment choice and legal topics such as privacy and malpractice. This article will examine the TRCs, the services they offer health professionals such as speech and language pathologists and audiologists.

## HRSA TELEHEALTH PROGRAMS

The definition of telehealth may vary (and sometimes the term is used interchangeably with “telemedicine” or other variations such as “teletherapy” or “telepractice”). HRSA defines it as, “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications” (“Telehealth,” n.d.).

HRSA’s telehealth activities work towards increasing and improving the use of telehealth by:

- Fostering partnerships within HRSA, and with other Federal agencies, states and private sector groups to create telehealth projects.
- Administering telehealth grant programs.
- Providing technical assistance.
- Evaluating the use of telehealth technologies and programs.
- Developing telehealth policy initiatives to improve access to quality health services.
- Promoting knowledge exchange about "best telehealth practices" (“Telehealth,” n.d.).

Currently, HRSA has five telehealth grant programs:

*Licensure Portability* is a competitive grant program that provides support for State professional licensing boards to carry out programs under which licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine (“Telehealth”).

*Telehealth Network* is a competitive grant program that funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in urban, rural, and frontier communities (“Telehealth”).

*The Rural Veterans Health Access Program (RVHAP)* provides funding to enhance mental health services, including crisis intervention and diagnostic assessments, to detect post-traumatic stress disorder, traumatic brain injury, and other injuries associated with veterans of Operation Iraqi Freedom and Operation Enduring Freedom. RVHAP focuses on methods that utilize regional approaches, networks, health information technology, telehealth, or telemedicine to deliver services to individuals in rural areas (S. Pruitt, personal communication, October 27, 2014).

*The Evidence-based Tele-emergency Network Grant Program* is a competitive grant program funding the expansion of existing tele-emergency programs to build the evidence-base for evaluating overall telehealth impact, such as tele-stroke. In 2014, six telehealth programs were awarded nearly \$400,000 each to purchase equipment, coordinate and expand services, and collect and report data to be evaluated for both cost and clinical effectiveness of the tele-emergency services delivered (S. Pruitt, personal communication, October 27, 2014).

*Telehealth Resource Center* is a competitive grant program that provides support for the establishment and development of Telehealth Resource Centers (TRCs). These centers are to assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations (“Telehealth”).

### WHAT ARE THE TRCS?

United States Code 42 USC § 254c-14 established the Office for the Advancement of Telehealth (OAT) under HRSA. OAT is charged with administering both the Telehealth Network and Telehealth Resource Center grants. The TRC grant began in 2006 with six regional resource centers. Currently, the number of resource centers has increased to 12 regional resource centers (RTRCs) that cover all fifty states by regions and two national centers, one focused on technology (NTRC-T) and the other on policy (NTRC-P). See Figure 1 for a map of which states the TRCs cover. The grants range from \$300,000 to \$325,000 annually for a program total of \$4.5 million annually. This investment has created a network of non-partisan, technical information sources designed to cover the entire nation and help all sectors involved in the health care system, from payers to providers to policymakers and the consumer with technical assistance on the entire spectrum of issues that face a telehealth program.

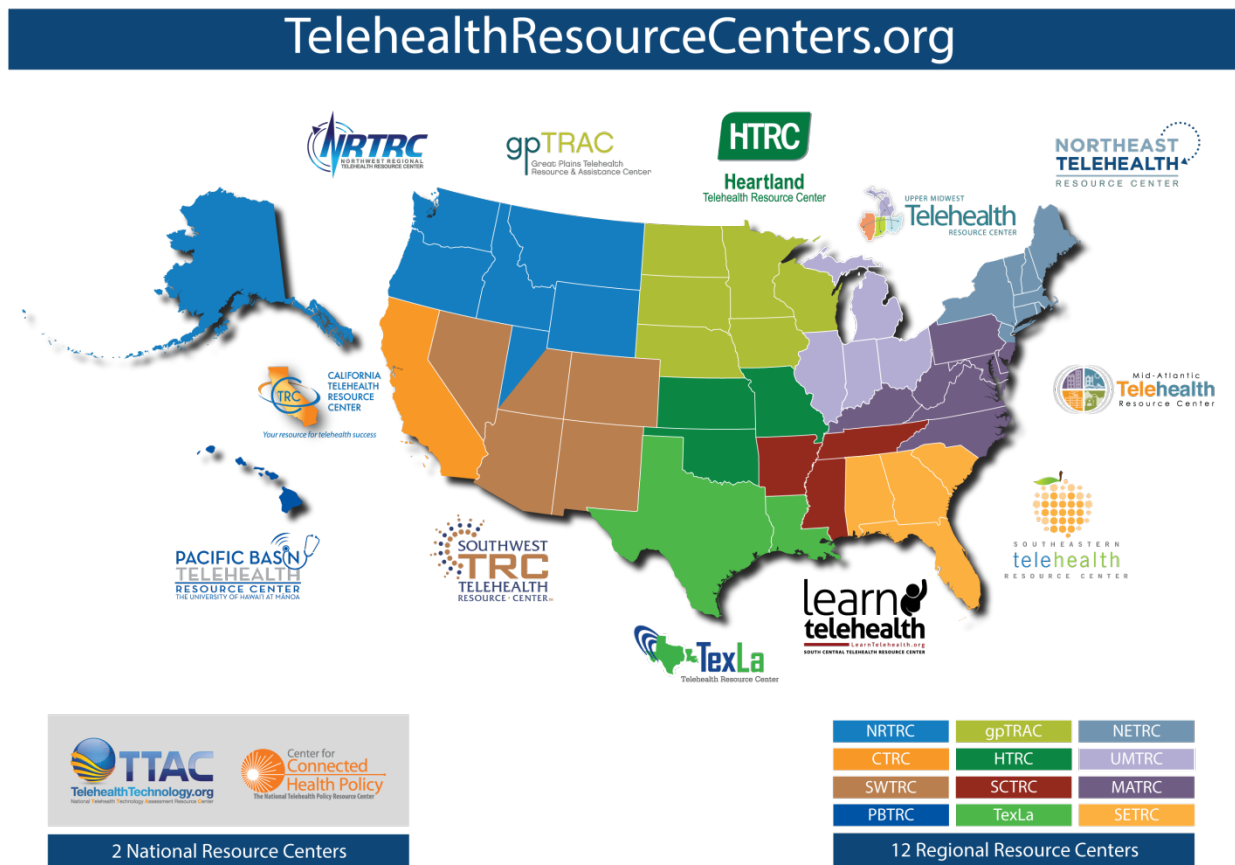


Figure 1. Telehealth Resource Center Map. This figure shows the regions each TRC covers.

The TRCs provide assistance to any party interested in telehealth and anyone may utilize the free resources and tools they offer. The TRCs do not promote or recommend any vendor or organization. A TRC may have a list of available telehealth providers or vendors that operate in their region that they offer as potential contacts for interested parties, but the TRC will not influence any person or organization towards a particular entity. The TRCs are required to maintain their neutrality.

The TRCs are administered out of the Office of Rural Health Policy (ORHP) by OAT. Thus a main focus is on rural and underserved populations, though the TRCs do not restrict their services to these populations. While many may view telehealth as only a tool for rural communities, the technology has significant uses for urban areas that are medically underserved. Due to the non-partisan nature of the TRCs, their assistance is also extended to all entities regardless of their location in the United States. The TRCs do not discriminate to whom they provide technical assistance. While the majority of their information and services are free, depending on the nature and resources of a request, a TRC may charge a consultation fee. For example, should a request require the creation of a tool or research by the TRC which may take over a certain number of hours.

Telehealth policy varies from state to state, with no two states the same. This requires each TRC to tailor its tools and assistance for their regions in order to serve it effectively and efficiently. However, due to the collaborative efforts of the 14 TRCs, as a group, they also offer a consistency of information for issues that have an impact beyond a specific region's borders such as information and tools related to federal policy. See Figure 2 to view the TRCs that cover each state.

<b>Name of TRC</b>	<b>Region</b>	<b>URL</b>
California Telehealth Resource Center (CTRC)	California	<a href="http://www.caltelehealth.org">www.caltelehealth.org</a>
Great Plains Telehealth Resource and Assistance Center (GPTRAC)	North Dakota, South Dakota, Minnesota, Iowa, Wisconsin, Nebraska	<a href="http://www.gptrac.org">www.gptrac.org</a>
Heartland Telehealth Resource Center (HTRC)	Kansas, Missouri, Oklahoma	<a href="http://www.heartlandtrc.org">www.heartlandtrc.org</a>
Mid-Atlantic Telehealth Resource Center (MATRC)	Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, DC	<a href="http://www.matrc.org">www.matrc.org</a>
National Telehealth Resource Center-Policy (NTRC-P)	Nation	<a href="http://www.cchpca.org">www.cchpca.org</a>
National Telehealth Technology Assessment Resource Center (TTAC)	Nation	<a href="http://www.telehealthtechnology.org">www.telehealthtechnology.org</a>
Northeast Telehealth Resource Center (NETRC)	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	<a href="http://www.netrc.org">www.netrc.org</a>

Northwest Regional Telehealth Resource Center (NRTRC)	Montana, Washington, Alaska, Oregon, Idaho, Utah, Wyoming	<a href="http://www.nrtrc.org">www.nrtrc.org</a>
Pacific Basin Telehealth Resource Center (PBTRC)	Hawaii, Pacific Basin	<a href="http://www.pbtrc.org">www.pbtrc.org</a>
South Central Telehealth Resource Center (SCTRC)	Arkansas, Mississippi, Tennessee	<a href="http://www.learntelehealth.org">www.learntelehealth.org</a>
Southeast Telehealth Resource Center (SETRC)	Georgia, South Carolina, Florida, Alabama	<a href="http://www.setrc.org">www.setrc.org</a>
Southwest Telehealth Resource Center (SWTRC)	Arizona, Colorado, New Mexico, Nevada, Utah	<a href="http://www.southwesttrc.org">www.southwesttrc.org</a>
TexLa Telehealth Resource Center	Texas, Louisiana	<a href="http://www.texlatrc.org">www.texlatrc.org</a>
Upper Midwest Telehealth Resource Center (UMTRC)	Indiana, Illinois, Michigan, Ohio	<a href="http://www.umtrc.org">www.umtrc.org</a>

Figure 2. Telehealth Resource Centers List. This figure provides a comprehensive list of TRCs, with their covered states and websites.

**Regional TRCs**

Each of the twelve regional TRCs is independently managed by various entities, including universities, organizations and associations. Consequently, each has slightly different offerings and areas of expertise, depending on the needs of their region. In order to assist organizations in implementing cost-effective programs, TRCs offer services in three distinct areas:

- Increasing use and efficiency of telehealth through education and training;
- Raising awareness about the benefits of telehealth in their prospective regions; and
- Working collaboratively with each other and sharing tools and information that can be used or modified for other regions.

**Educational Documents and Tools**

Many TRCs offer toolkits containing useful templates and guides that can be utilized when starting a telehealth program. These guides help organizations avoid costly mistakes by educating them on the various facets involved in starting a telehealth program and educating them on other factors they may not have considered. What type of technology would work best for the organization? What might be the impact on clinic flow? What privacy questions must be considered?

Tools that are available from the TRCs vary. Northeast TRC offers toolkits focused on psychiatry and dermatology for instance, while Great Plains TRC’s toolkit is centered more on operational procedures, with the following elements:

- An overview of key issues in specialty consultation telemedicine services

- Sample process for telemedicine consultation at the consult site
- Registered nurse telepresenter competency check list
- Telehealth nurse presenter course
- Telemedicine patient evaluation form
- Video example of a patient consultation (“gpTRAC Toolkit,” n.d.)

Additionally, the TRCs work collaboratively (both regional and national TRCs) to release joint documents on a variety of issues. Telehealth policy, laws and regulations vary from state to state and often a state’s policy may differ from what a federal approach may be. This creates a confusing maze of differing rules telehealth providers, payers, consumers, and others must navigate. By working collaboratively, the TRCs are able to provide a cohesive and consistent voice on specific topics. Recent examples of these efforts include a statement on the definition of telehealth and an issue brief on the Federation of State Medical Board’s telehealth guidelines.

### **Consultation, Training, Educational Activities**

More specialized assistance is offered by the TRCs for programs who may require assistance beyond the available kits and tools. Many of the TRCs offer individualized advice, training and consultations. The TRCs receive and respond to requests for telehealth related technical assistance (TA) made by providers and others interested in or currently engaged in telehealth. In most cases questions can be submitted through online forms or over the phone. Southwest TRC, for example, has a formalized TA processing procedure, providing a Help Desk which can be accessed through their website with mechanisms in place for both urgent and non-urgent support requests that covers a variety of application areas such as general, technical, network, computer, teleradiology, teletrauma and videoconferencing (“Help Desk,” n.d.). Upper Midwest also has a unique technical assistance strategy, hosting telehealth stakeholder calls where they can provide technical assistance to assist individuals and organizations interested in telehealth within their region (“Monthly Stakeholder Call,” 2014). TRC staff is knowledgeable and have developed telehealth expertise, giving them ample experience to draw on to answer incoming questions and provide technical assistance. They also have quick access to the network of TRCs through a listserv that links all TRCs, which can be used to tap the knowledge base of other regional and national TRC staff throughout the country.

Some TRCs also offer on-site needs assessments, operational, administrative and technical training and network management. These services are sometimes free, and other times require a fee depending on the TRC, their current funding, and the complexity of the request. For example, Heartland TRC offers onsite services, including needs assessments, extended services, and network management for varying cost levels (“HTRC Services,” n.d.).

Telehealth related workshops, classes and certification programs are also among the offerings of a few TRCs. In July 2014, TexLa TRC offered a telemedicine 101 class, for example. Additionally, California TRC and Southeast TRC jointly offer accredited telemedicine certificates for clinical presenters, telemedicine coordinators and telehealth liaisons.

The TRCs collaboratively offer a monthly National Webinar Series on a topic of current interest in telehealth. Examples of past topics have included:

- The Healthcare Connect Fund and Telecommunications Program
- How to choose and vet telehealth specialty care providers
- How telehealth can help to reduce hospital readmissions
- How telehealth can help to meet the demand for geneticists (“National Webinar Series,” n.d.).

Each month features a presenter from a different TRC, which allows for a wide variety of topics and expertise to be covered. Many of the TRCs host webinars on their own or in collaboration with other organizations as well.

In addition to webinars, some of the TRCs offer free online instructional modules or video tutorials on a variety of telehealth operational, administrative and policy topics. For example, South Central TRC offers training modules on quality assurance, control and safety, business models and sustainability and regulatory issues, among others (“Course Categories,” n.d.). Some of these learning modules even offer continuing education credit. CTRC also offers video tutorials ranging from what telemedicine is to the various FQHC reimbursement models (“Videos,” n.d.).

Many of the TRCs also have annual conferences that bring together people interested in telehealth from a wide variety of fields from their regions. The conferences provide an opportunity for those interested in telehealth to learn from others in the field, network and find resources to grow their own telehealth programs. Northwest Regional TRC and Mid-Atlantic TRC are two examples of TRCs that have annual conferences.

### **Raising Awareness about Telehealth**

The TRCs also help to raise awareness about the benefits of telehealth to increase health outcomes, quality and cost efficiencies. To do this they exhibit at conferences such as the annual American Telemedicine Association Conference and American Public Health Association Conference, and TRC staff regularly present at regional and national conferences throughout the year.

TRC’s websites, including the National Telehealth Resource Center website, also are used as a vehicle to disseminate information and promote the benefits of telehealth. TRC’s websites act as a valuable repository of information on a variety of administrative, operational and policy topics. They house the TRC’s educational documents and tools and region specific information. A few of the TRCs collect best practices from their region and communicate such best practices through their website, social media, and newsletters. Although TRCs do not offer funding, they can serve as a resource for those interested in applying for telehealth funding, and often provide links to funding entities on their websites, as well. For example, Pacific Basin TRC lists potential government and foundation funding entities for telehealth programs. Finally, TRC websites also offer links to other telehealth organizations, resources, journal articles and other materials that can be helpful when researching the various facets of telehealth.

## **NATIONAL TELEHEALTH TECHNOLOGY ASSESSMENT CENTER (TTAC)**

TTAC aims to create an informed, knowledgeable and engaged community on telehealth technology and technology assessment. With a focus on technology, they offer a variety of services to help consumers answer questions about selecting appropriate technologies for their telehealth program (“National Telehealth Technology,” n.d.). Like all the TRCs, TTAC is neutral in their recommendations on equipment.

Among their offerings, TTAC provides a variety of toolkits to help consumers understand the fundamentals about how various technologies work, as well as how to assess them for use in a telehealth program. Some of the toolkits guide consumers through performing their own assessments, while others help consumers identify their needs. Recent toolkits from TTAC focus on mHealth app selection, mobile blood pressure units and tympanometers used to test the function of the middle ear (“National Telehealth Technology”). TTAC’s website also features user reviews, which highlight technology that consumers have tested and reported their experiences in order to assist others with their selection process. TTAC also tracks new and upcoming telehealth equipment, apps and other tools to keep consumers informed on the latest technology options on the market. Like the other TRCs, TTAC regularly participates in webinars and engages in activities such as conferences to raise awareness about the services they offer as well as how they can help consumers make better choices when choosing telehealth equipment.

## **NATIONAL TELEHEALTH RESOURCE CENTER – POLICY (NTRC-P)**

The Center for Connected Health Policy (CCHP) serves as the NTRC-P, focused on telehealth policy. CCHP provides policy technical assistance to the RTRCs as well as to the general public including providers, payers, consumers, and state and federal policymakers. CCHP does not lobby, but offers a non-partisan, unbiased analysis and assessment of state and national telehealth policies. Among the resources CCHP has created are:

### **State Telehealth Laws and Reimbursement Policies: Interactive 50-State Map**

Serving as a vital resource for policymakers, health care professionals, researchers and health advocates, CCHP’s annual State Telehealth Laws and Reimbursement Policies report illustrates how each state defines, governs, and regulates technology-enabled care by providing the nation’s most current summary guide of Medicaid provider manuals, applicable state laws, and telehealth-related regulations for all fifty states and the District of Columbia. Paired with the report is an interactive policy map with the most recent telehealth-related policy information. The map is updated quarterly while the report is updated at least annually.

It should be noted that no two states are alike in their treatment of telehealth. Medicaid policies, state laws, regulations and licensing boards’ of every profession are different. Given the ease that telehealth allows a provider to cross state lines, knowledge of the differences between each states’ policies is invaluable to a practitioner in order to not only be reimbursed, but to make sure no laws or regulations are inadvertently violated.



## **Fact Sheets, Reports and Policy Briefs**

CCHP produces fact sheets on important proposed legislation and policy changes, key research reports, and other policy points that impact telehealth's use. Fact sheets on pending bills include an overview of the bill, comparisons of the bill's key points against existing law if applicable, and an analysis of the bill's potential impacts on telehealth use.

## **Technical Assistance**

Like the TRCs, CCHP offers technical assistance to the general public. CCHP maintains an interactive informational website, a toll free number, public email and information inbox to accept inquiries regarding telehealth policies in such areas as payment and reimbursement, state and federal laws and regulations, privacy, credentialing and privileging, malpractice, informed consent, cross-state licensure and other related issues. While not providing legal counsel, CCHP is able to offer insight, information, analyses and direction to resources. As an independent non-profit resource, state and federal policymakers, health plans, healthcare delivery organizations, consumer groups and industry have come to trust and rely on unbiased CCHP's assistance.

## **THE FUTURE**

Considering the growing potential of telehealth in addressing the needs of the health care system, the nearly decade old decision by HRSA to fund these centers is proving to be prescient. The TRCs are available to help health system participants navigate the complicated questions and issues that arise as entities consider starting or altering a telehealth program or policy. The varied services that TRCs provide benefit a variety of constituents including innovators, researchers, law makers and payers. Those seeking help from the TRCs have ranged from state and federal policymakers, to researchers, to providers along the entire spectrum of health, hospitals, clinics, state licensing boards and consumers. The reach of the TRCs and breadth of information and assistance they offer as a collective provides a comprehensive catalogue of information on telehealth from research, to operations, to clinical practice to policy. As more and more health professionals, such as speech and language pathologists and audiologists consider integrating telehealth into their practices, the demands for the nonpartisan knowledgeable services of the TRCs will increase and be needed more than ever.

However, as more sectors recognize the value of telehealth to address the needs of the population, the services provided by the TRCs will be in much greater demand. Although we urge health professionals, especially allied health professionals such as speech and language pathologists and audiologists, to utilize the services the TRCs offer, it must also be recommended that the funding level for this program be increased accordingly in order meet the expanded demand for assistance, and ensure that the information and support continues to be of the same high quality, nonpartisan nature it has been since the inception of the program.

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