

Coordinating Telehealth Technical Assistance Providers

Organizations Come Together to Share Best Practices, Resources, and Future Direction

Author: Pam Malinoski

When COVID-19 spread rapidly around the world in early 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide a wide range of assistance for healthcare organizations. This step, in concert with relaxation of telehealth regulations and the cooperation of Medicare, Medicaid, and private insurers, helped to accelerate the adoption of telehealth technologies around the country. Technical assistance providers, like the Telehealth Resource Centers (and many others), received supplemental funding from the CARES Act to support the rapid expansion of telehealth with training and other resources for health centers. However, many of these training and technical assistance (TTA) providers didn't know each other or have any idea of the full range of new CARES Act-funded TTA activity across all the grantees.

Background

"I think there has been a tremendous amount of interest within community health centers regarding telehealth for years, but there was no urgency to make the expanded use of telehealth and attendant practice transformation a strategic priority. There also wasn't any funding to make the use of telehealth sustainable," said Ted Boesen, retired CEO of the Iowa Primary Care Association and project consultant. "COVID was the game changer, and as a result health centers implemented telehealth very rapidly. When regulatory organizations and payers stepped up during that period, we saw explosive growth of telehealth implementations. It's energized providers, patients, and payers about the potential of what telehealth can do."

After learning about the broad range of new CARES Act funding made available to TTA providers, the Great Plains Telehealth Resource and Assistance Center (gpTRAC) reached out to the National Association of Community Health Centers (NACHC) to propose a joint project to identify organizations that received CARES Act funds to provide telehealth training, convene

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these TTA providers, pool their learning and resources, and find out how they could all work together to be even more successful into the future.

As a result of the collaboration with NACHC, a project called the National FQHC Telehealth TTA Partners Roundtable was created to provide a forum where Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), National Training and Technical Assistance Partners (NTTAPs), and Telehealth Resource Centers (TRCs) could all meet together and learn about each other's ongoing TTA efforts.

"We wanted to bring all these organizations together, meet one another, and share what we've been working on during the past year," said Jonathan Neufeld, director of gpTRAC and one of three administrators of the Roundtable. "We created three tiers: an administrative level that led the charge and kept things moving forward, a steering committee that represented all the organizations and planned the quarterly roundtable events, and a full roundtable group that included all staff members of participating TTA organizations."

Diversity of Expertise Lays Solid Foundation

Although these various organizations had many goals and challenges in common, they often had very specialized areas of expertise which were unknown to one another before the formation of the Roundtable.

For example, NACHC has a national view and focuses on telehealth technology issues on a more global and general level. "One example is converting enabling services work into an electronic workflow supported by telehealth technology," said Gina Capra, senior vice president for training and technical assistance for NACHC and one of three administrators of the Roundtable. "We can provide information that's broadly applicable for any community health center across the country.

"However, when it comes to how a clinic would secure state-specific Medicaid reimbursement for services delivered via telehealth technology (audio or visual), that's where the PCAs come in," she continued. "They are excellent at navigating the state operating environments, whether that be legislative or regulatory."

The HCCNs bring other diverse and complimentary services to the table, such as expertise in cybersecurity, cloud storage of medical records, privacy issues, and data analysis. Each of the TRCs tend to have specialties as well. One region may be well versed in school-based telehealth, while another may be an expert in a general clinic setting, or another may be an expert in telehealth policies.

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“The risk that we saw early on was that we could all potentially duplicate one another’s efforts with valuable federal dollars,” Capra said. “The Roundtable was a way that we could all come together, share ideas and resources, and maximize the impact of those funds.”

The 20-member steering committee comes together on a volunteer basis each month between November and June to set the stage and guide the content and creation of the major Roundtable meetings.

“We have high-ranking, engaged leaders representing all four TTA cohorts, the PCAs, the NTTAPs, the TRCs, and the HCCNs,” Capra said. “We ask them what they want to explore more meaningfully, and then we help support them to be the facilitators of the Roundtable breakout rooms. Integrated Work, our facilitator and design consultant, helps all of us prepare meaningful questions and coaches us on how to lead the discussions in the most effective and engaged manner to promote all voices.”

Initial Roundtable Meeting Sets the Stage

In January 2021, more than 75 professionals from PCAs, HCCNs, NTTAPs, and TRCs participated in the first TTA Roundtable meeting. Besides making new connections, the group shared their experiences, challenges, and hopes for the future.

One deliverable from the meeting will be a National Telehealth TTA Asset Inventory, which will represent a collective body of knowledge curated from roundtable meetings about the resources available across the full range of TTA providers. The inventory will include TTA services and provide a sort of organizational categorization of the needs, resources, and challenges of telehealth implementation and sustainability at community health centers.

Some of the key issues that came up during the initial Roundtable meeting included patient access to technology and technology literacy, on-going staff training, broadband needs, reimbursement, and integration of telehealth as a core tool for delivering services.

“I think one of the biggest benefits was that we all gained exposure to, and awareness of, the vast array of TTA services offered by HRSA-funded partners,” Capra said. “We don’t have to fill in all the gaps; we just need to know where to triage amongst the partners.

“Before the Roundtable, we had no mechanism to get together and learn from one another,” she continued. “When I get a phone call requesting assistance now, I can answer more robustly and completely because I know what’s available. The Roundtable has also opened new avenues of collaboration between organizations, including case studies and a data dictionary project. Our forums plant seeds of discussion, and now we can partner on other important projects that emerge.”

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Defining Technical Assistance Categories

“One of the first challenges that was raised by many organizations was how to develop categories of technical assistance,” Neufeld said. “While the Bureau of Primary Care suggested 11 content categories, including things like regulatory issues, billing, reimbursement, and others, we felt like that was only one of many ways to define categories.”

The Roundtable Steering Committee members raised the format of deliverables as another possible segmentation dimension. The range of possible formats included things like toolkits, printed materials, webinars, and ECHO groups.

“I think we also discovered that the most effective types of content will vary depending upon whether your organization is new to telehealth, in the midst of rapid growth, or mature and stable,” Neufeld said.

Moving forward, the group wants to imagine the next generation of technical assistance, trying to anticipate the types, topics, and formats of technical assistance resources that will best meet the range of needs for telehealth training and technical assistance.

“It’s time to collectively put our heads together on things like operations, policies, and working with the new administration,” Boesen said. “We have a lot more opportunities to sustain telehealth moving forward. It’s time to get serious about communicating what we need in order to be able to provide technical assistance and training in the future.”

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