

WHITE PAPER

National Consortium of Telehealth Resource Centers



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

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Introduction

With telehealth fast becoming an integral part of the healthcare landscape, a national network of federally funded non-profit resource centers is giving providers, lawmakers, and other connected health advocates the tools they need to understand the territory.

Known collectively as the [National Consortium of Telehealth Resource Centers](#), the network offers a wide scope of services, including but not limited to online toolkits, checklists, training videos, webinars, reports and issue briefs, forums and other events focused on “expanding the reach of healthcare and sustainable telehealth programs in local, rural, and underserved communities for the most vulnerable populations”.

Established in 2006, the Telehealth Resource Center (TRC) Program consists of 12 regional and two national telehealth resource centers, one focused on technology and the other on policy. They’re funded by cooperative agreements from the US Department of Health and Human Services’ Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth (OAT), which is part of the Federal Office of Rural Health Policy (FORHP).

The 12 regional resource centers cover every state, Washington DC, and several US territories and Pacific Island nations. They are:

- [The California Telehealth Resource Center \(CTRC\)](#), based with the California Telehealth Network in Sacramento, is part of the OCHIN organization. It covers all of California.
- [The Great Plains Telehealth Resource and Assistance Center \(gpTRAC\)](#), based at the University of Minnesota Institute for Health Informatics in Minneapolis, covers Minnesota, North and South Dakota, Iowa, Wisconsin and Nebraska.
- [The Heartland Telehealth Resource Center \(HTRC\)](#), based at the University of Kansas Medical Center in Kansas City, KS (the University of Missouri in Columbia and Oklahoma State University Health Sciences in Tulsa are sub-grantees) covers Kansas, Missouri and Oklahoma.
- [The Mid-Atlantic Telehealth Resource Center \(MATRC\)](#), based at the University of Virginia Center for Telehealth in Charlottesville, covers Pennsylvania, Delaware, Maryland, Virginia, West Virginia, Kentucky, North Carolina, Washington, DC and southern New Jersey.
- [The Northeast Telehealth Resource Center \(NETRC\)](#), based with Medical Care Development’s Public Health Division in Augusta, ME, and partnering with the University of Vermont and the UVM Health Network, covers Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York and northern New Jersey.
- [The Northwest Regional Telehealth Resource Center \(NRTRC\)](#), based at the Utah Telehealth Network at the University of Utah in Salt Lake City, covers Alaska, Washington, Oregon, Idaho, Montana, Wyoming and part of Utah.
- [The Pacific Basin Telehealth Resource Center \(PBTRC\)](#), based at the University of Hawai’i in Manoa, covers Hawai’i, the US territories of Guam and American Samoa, the Commonwealth of the Northern Mariana Islands and the countries of Palau, the Marshall Islands and the Federated States of Micronesia.
- [The South Central Telehealth Resource Center \(SCTRC\)](#), based at the University of Arkansas Institute for Digital Health & Innovation in Little Rock, covers Arkansas, Mississippi and Tennessee.
- [The Southeastern Telehealth Resource Center \(SETRC\)](#), based in Blackshear, GA at the non-profit Georgia Partnership for Telehealth and Global Partnership for Telehealth, covers Alabama, Florida, Georgia and South Carolina.

- [The Southwest Telehealth Resource Center \(SWTRC\)](#), a subsidiary of the Arizona Telemedicine Program at the University of Arizona Health Sciences Center in Tucson, covers Nevada, Colorado, Arizona, New Mexico, and part of Utah.
- [The TexLa Telehealth Resource Center \(TexLa TRC\)](#), based at Texas Tech University in Lubbock, TX, covers Texas and Louisiana.
- [The Upper Midwest Telehealth Resource Center \(UMTRC\)](#), a consortium of telehealth organizations headed by the Indiana Rural Health Association in Linton, covers Indiana, Illinois, Michigan and Ohio.



Regional TRCs Addressing Regional Needs

Each regional TRC is designed to address that region’s connected health needs and give healthcare providers, payers, and others (including patients) a personalized approach to implementation and use.

For example, the NETRC serves a wide swath of the Northeast, which includes cities like Boston and New York, as well as the sprawling hills and mountains of northern Maine, New Hampshire, Vermont and New York’s North Country. Telehealth concerns in the Northeast are unique, featuring major urban centers and some of the nation’s most underserved communities scattered across thousands of miles - not to mention eight diverse states with individual rules and regulations.

Kathy Wibberly, director of the Virginia-based MATRC, recognizes the differences in her region.

“The states in the MATRC region vary significantly, from those who have been at the forefront of telehealth for several decades to those who have just started venturing into telehealth in the past ten years,” she says. “One thing MATRC has been able to do is to connect these states together to glean lessons learned from each other. Interestingly enough, states that have taken the slow and steady approach are now seeing the late-adopting states take advantage of those lessons learned and, in some ways, are leapfrogging ahead in terms of progressive policies.”

Rena Brewer, principal investigator for the SETRC, says state-specific telehealth workgroups have been extremely effective at bringing stakeholders together to address the various barriers and challenges that have hindered or delayed telehealth expansion in each state.

“It has been amazing to see what happens when people from different backgrounds, interests and agendas come together for a common cause to promote positive changes for the good of all,” she says.

Andrew Solomon at the NETRC says his resource center has noticed an increase in interest for telehealth training — not only in hospitals, clinics, and doctor’s offices but also in colleges and universities working with the next generation of providers.

“As telehealth adoption continues to expand, training for current practitioners and the future healthcare workforce is necessary,” he says. “Although it is largely agreed that telehealth is not a ‘new’ service or specialty, but another mechanism or tool to deliver standard care, training is important to ensure quality of service. NETRC is working with a variety of academic institutions, health system CME offices, government agencies, payers, and others to support the development of telehealth training initiatives and curriculum.”

Solomon and others in the network also see a new emphasis on the social determinants of health, factors outside the clinical realm that affect both access to care and outcomes. These may include health insurance coverage, transportation to appointments, and food access, but may be expanding to include the ability to afford technology and broadband (see [here](#) how a Federally Qualified Health Center on one of Maine’s remote islands is successfully using telehealth to address social determinants of health).

The goal of each TRC is to develop content that addresses those regional issues and trends, giving healthcare providers, payers, and others a strategy for telehealth development and sustainability that would work best with the populations and communities they serve.



Tackling National Issues Through the TTAC and CCHP

The two national resource centers are [the Center for Connected Health Policy \(CCHP\)](#), based in the Public Health Institute in Sacramento, CA, and [the National Telehealth Technology Assessment Center \(TTAC\)](#), based with the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage, AK.

TTAC serves as the consortium’s technical clearinghouse, offering expertise and guidelines on the technology used in telehealth programs, from mHealth devices and apps to telemedicine platforms that offer both synchronous and asynchronous (i.e., store-and-forward) connections to patients and providers.

According to TTAC Director Doris Barta, the center often serves as an intermediary for care providers and others looking for technical information, first answering their questions or pointing them to the right resources and then connecting them with their regional TRC to put that information to use.

“When they’re looking for information on the technology, they’ll give us a call,” she says, “but we’re just as interested in creating partnerships.”

The center offers a wide variety of toolkits, interactive platforms that allow visitors to learn about how the technology works and how it might be applied to patient care. Newer technologies are featured in the Innovation Watch while trending technologies are profiled in the Technology Showcase.



As will all things TRC-related, the services and resources are strictly vendor-neutral. For instance, a toolkit might offer several examples of a particular device or platform but will by no means endorse or recommend one over another.

“We want them to make the decision” on what to use, says Barta. “I think, in a way, that’s why people come to us.”

Barta says much of the traffic before the coronavirus’s onset was focused on the newest peripherals and how mHealth tools and devices could be integrated with patient care. When the pandemic hit, the attention turned — in droves — to direct-to-consumer telehealth and platforms that allow providers to deliver care from a distance into the home. Many also wanted to know about telemedicine platforms for federally qualified health centers and other clinics, emphasizing services that a doctor or nurse could provide from their own homes.

Whereas TTAC focuses on telehealth’s technical side, CCHP digs into the policies and regulations that shape how it’s used, both nationally and in each state.

Established in 2009, the center began on a conditional, one-year HRSA grant in 2012, forcing the four-person staff to prove their value and qualify for three-year funding quickly. This led to the creation of the State Telehealth Laws and Reimbursement Policies Report, an annual rundown of every state’s rules and regulations that’s now become a go-to guide for telehealth advocates.

“That’s how we got started,” says CCHP Executive Director Mei Kwong.

And that’s how CCHP forged a strong relationship with the rest of the network, as it immediately engaged with the 12 regional TRCs. From that point, CCHP became the clearinghouse for state and national telehealth policies and trends, giving both the regional centers and those coming to the TRCS for guidance the resources they needed to move forward.

Kwong says CCHP will often be asked to comment on state or federal guidelines, pointing out what can and can’t be done with telehealth. They’ll often give feedback and point out the details but are very careful to avoid taking sides or becoming advocates.

“We do not and cannot take a position on legislation, but we’re able to provide information on what other states have done and potential impacts,” she says, “and we’ve become very good at asking questions.”

CCHP further cemented its status as a national resource with the onslaught of the coronavirus pandemic. Kwong says the regional TRCs were flooded with requests for help from providers, hospitals, and health systems with very little interest in telehealth before the crisis. CCHP was fielding calls from lawmakers, health system executives, and even consumers.

“It was literally a firehose opening up on us,” she says. “At first, we were just triaging, just finding a way to keep the whole nation aware of what was going on with telehealth policy and helping providers who have never done telehealth before try to stand up a program almost immediately.”

For example, Kwong says the NCTRC developed a webinar focused on changes in Medicare coverage due to

the pandemic in just a few short days. They expected roughly 300 attendees, the average attendance for their monthly webinars — and found themselves with almost 10,000 registrations and almost 7,000 attendees on the day of the event.

Consortium officials say the network saw a 753 percent increase in requests for help in March 2020, just as COVID-19 took over the national stage.

A lot of that traffic was driven by health systems trying out telehealth for the first time, those looking to expand what they had to meet the surge in traffic, and local and state governments looking to loosen the reins on telehealth laws and guidelines.

As a result, CCHP bolstered its online presence with more resources, including regularly updated databases of each state's emergency measures to expand telehealth access and coverage and updates of legislation and regulation making their way through the state governments. The center even put together a series of videos updating state and federal policy.



Taking Charge of the Telemedicine Hack Program

In mid-2020, the HHS' Office of the Assistant Secretary for Preparedness and Response (HHS-ASPR) tapped the consortium to take a lead role in implementing its [Telemedicine Hack program](#).

The program began in July as a 10-week webinar series, with the consortium playing an active role in planning, presenting and support. Averaging about 2,000 attendees per session, the series targeted important topics to consider as the nation embraced telehealth to deal with the coronavirus pandemic. Issues include launching a new program, documentation and workflows, billing and reimbursement, clinical best practices (including how to conduct a virtual exam), and how to prepare for "the new normal," that yet-to-be defined healthcare landscape after the pandemic.

"Telehealth is a vital part of healthcare with or without COVID," one attendee noted in a discussion board after a session. "This information is important for providers, ancillary staff, patients, and caregivers."

The transition to the NCTRC reflects the thinking that many questions fielded during the program were state-focused and that the network — and, in particular, the individual TRCs — could best answer questions going forward. Also, several attendees asked to deliver their own presentations and ensure peer-to-peer support was highlighted in future programming.

Following the success of a "Bonus Hack" in September — a session on telemental health developed by the Telemedicine Hack planning team, the consortium and gpTRAC that drew roughly 1,000 registrants — the consortium took over the series and is now planning several more Bonus Hacks into 2021.

Handling Growth and Expanding the Consortium's Profile

As interest has grown in telehealth and telemedicine through the years, the network has seen a corresponding increase in traffic. According to the consortium's 2019 annual report, requests for assistance increased by roughly 67 percent between March and September of that year, with TRCs providing an average of 16 hours of consult time per request (the longest time spent on a consult was 60 hours).

In total, the network processed more than 4,000 requests for help in 2019 and put on 658 educational and training sessions, including 26 Telehealth Technology showcases. The network saw roughly 2.2 million website hits and 8,329 webinar attendees and almost 6,000 attendees at various regional live events.

Officials are now hoping to boost the profile of the consortium, which was launched in 2017 to give the network a more cohesive approach to national trends and issues.

"There was confusion when people were calling us," says Kwong, even among federal agencies that didn't know the TRCs existed. To raise their visibility, each of the individual centers and the two national centers contributed money from their budgets to develop a national platform and website and hire a coordinator.

"It was one way to stretch out our resources," she says. "We wanted to give the TRCs more support" and reinforce the understanding that the network could address telehealth on a national level, with studies and events that encompass regional and national trends and issues.

"Partly because of COVID, telehealth will be more fully integrated in the future," Kwong says. "And we have to be ready to address that. We're all going to have to work together" and keep the momentum going beyond the pandemic.

She says the consortium will be particularly valuable in the months and years ahead as the nation eases out of the COVID-19 emergency. That's when the emergency measures end and health systems need help understanding what they can and can't keep doing. They'll need help adjusting and refining their strategies for long-term growth and sustainability.

Among the topics showing up on a lot of to-do lists these days, she says, are direct-to-consumer and asynchronous (store-and-forward) telehealth platforms, remote patient monitoring and designing telehealth services for federally qualified health centers (FQHCs), rural health clinics (RHCs), skilled nursing facilities (SNFs) and community health centers.

At TTAC, Barta wants to create a panel of experts that will look at new technologies, such as augmented and virtual reality. She says the center needs to get ahead of the technology coming into the market so that people will look to them as a resource before trying out new things.

"We have built this reputation of being this relied-upon neutral voice," says Kwong. "We need to keep going with that."

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The National Consortium of Telehealth Resource Centers (NCTRC) is a collaborative of 12 regional and 2 national Telehealth Resource Centers (TRCs), committed to implementing telehealth programs for rural and underserved communities. Funded by the Health Resources and Services Administration, TRCs across the nation provide timely and accurate information on telehealth.