

NC Department of Health and Human Services

Telehealth Implementation Best Practices

Sharing practical ideas during the COVID-19 pandemic



RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4437930&CustomerID=324>



Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins
Greensboro AHEC

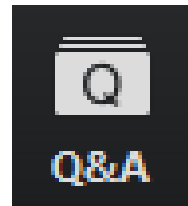
Jay Ostrowski, CEO
Adaptive Telehealth

Jeffrey Sural, Director
NC Broadband
Infrastructure Office

April 27, 2020

Logistics for Telehealth Best Practices

Questions during the live webinar

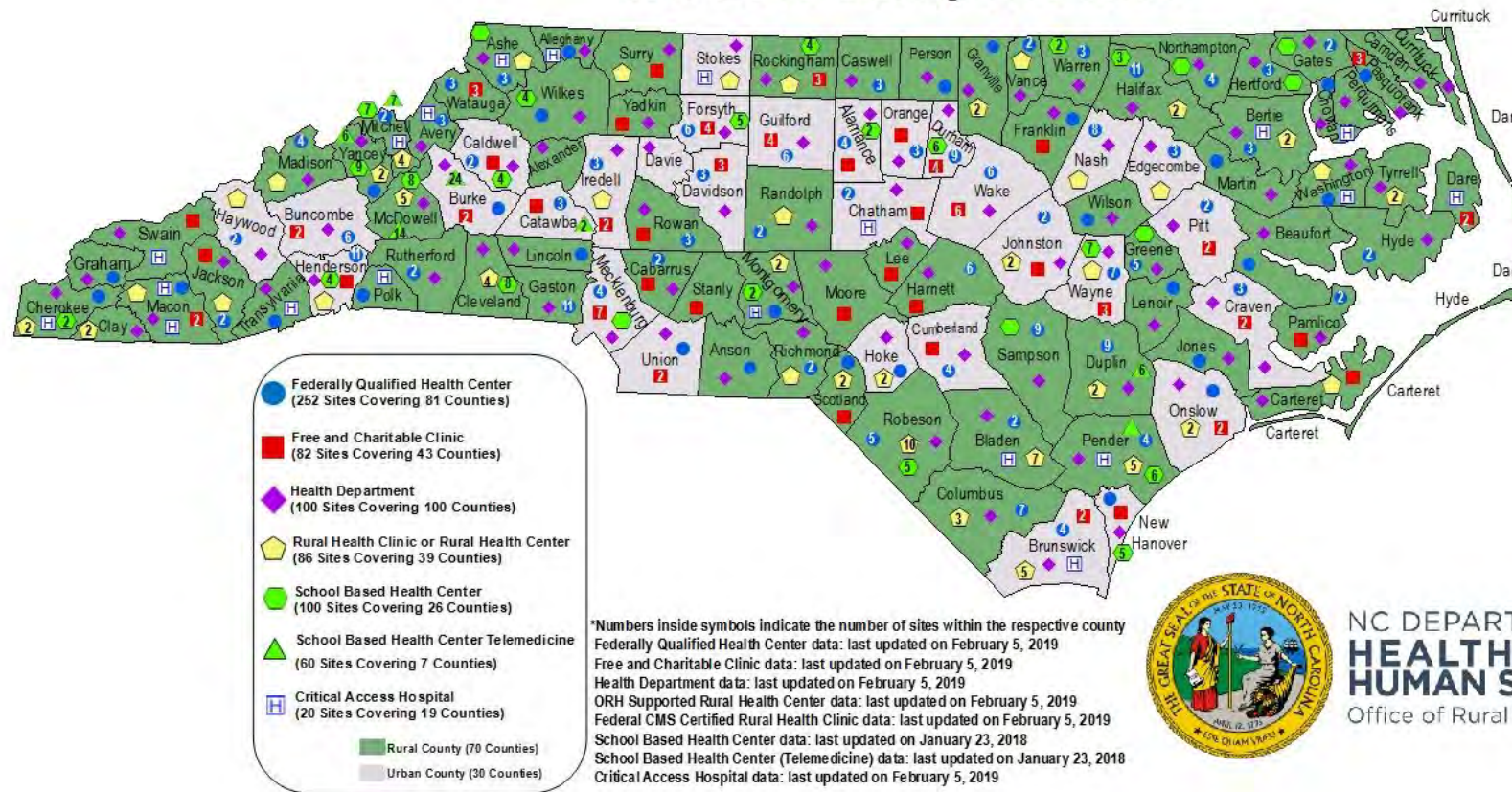


Technical assistance

technicalassistanceCOVID19@gmail.com

Welcome safety net sites

North Carolina Office of Rural Health SFY 2019 Safety Net Sites



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

Agenda and Housekeeping

Agenda

- CME is available ([Lisa Renfrow](#))
- Presentation of Telehealth Best Practices in responding to COVID-19 ([Dr. Jenkins with guests Kim Schwartz, Chris Weathington, Paula Locklear, and Felicia Coats](#))
- Telehealth Best Practices across the region ([Jay Ostrowski, Adaptive Telehealth](#))
- Broadband Infrastructure Office (BIO) Resources across North Carolina ([Jeff Sural, BIO Director](#))
- Question and Answer ([Robyn McArdle](#))
 - Please submit your questions through Q&A



Housekeeping

- This Webinar is being recorded and will be available on the ORH and AHEC websites with slides
- If we are unable to ask the presenters your question during the session, we will consider the question for future webinar topics. You can also e-mail questions after the session to questionsCOVID19telehealth@gmail.com
- The goal of today's webinar is to highlight telehealth best practices for billing and other telehealth resources specific to COVID-19.
- There are additional webinars and resources on COVID-19 clinical care, NC Medicaid updates, and more listed on the NC AHEC COVID-19 Resource [webpage](#) and the CCNC [webpage](#).



Attention **All** Participants
To Receive CME Credit

Text Code: **DF5C1**

To: **336-793-9317**

***MyAHEC account is required for
credit**

For more instructions visit:

www.nwahec.org/textreg



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CREDIT

The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of **0.8 AMA PRA Category 1 Credits(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. **All non-physicians will receive 0.1 hour of Continuing Education Units (CEUs) and 0.8 contact hours.**

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Continuing education credit is available for participants who attend the live April 27, 2020 session only. Continuing education credit is not available for those who view the archived webinar.

Telehealth Implementation

Best Practices Episode 5

“Quality in a service or product is not what you put into it. It is what the client or customer gets out of it.”

Peter Drucker.

Part One:

Conversations with thought leaders

Kim Schwartz, CEO RCCHC

Chris Weathington, NCAHEC

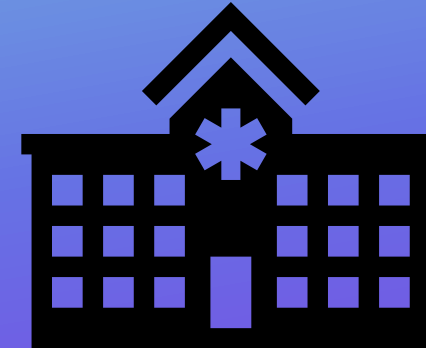
Part Two:

Conversations with our coders

Paula Locklear,

Felicia Coats

THE WHY:
ACCESS *and*
SERVICE
EXCELLENCE.



Access as measured by RVU production today has dropped.

What do we need to know to take us to a better tomorrow?

Most practices saw a significant drop in production due in part to:

- Cancelled and rescheduled visits
- Early implementation of telehealth

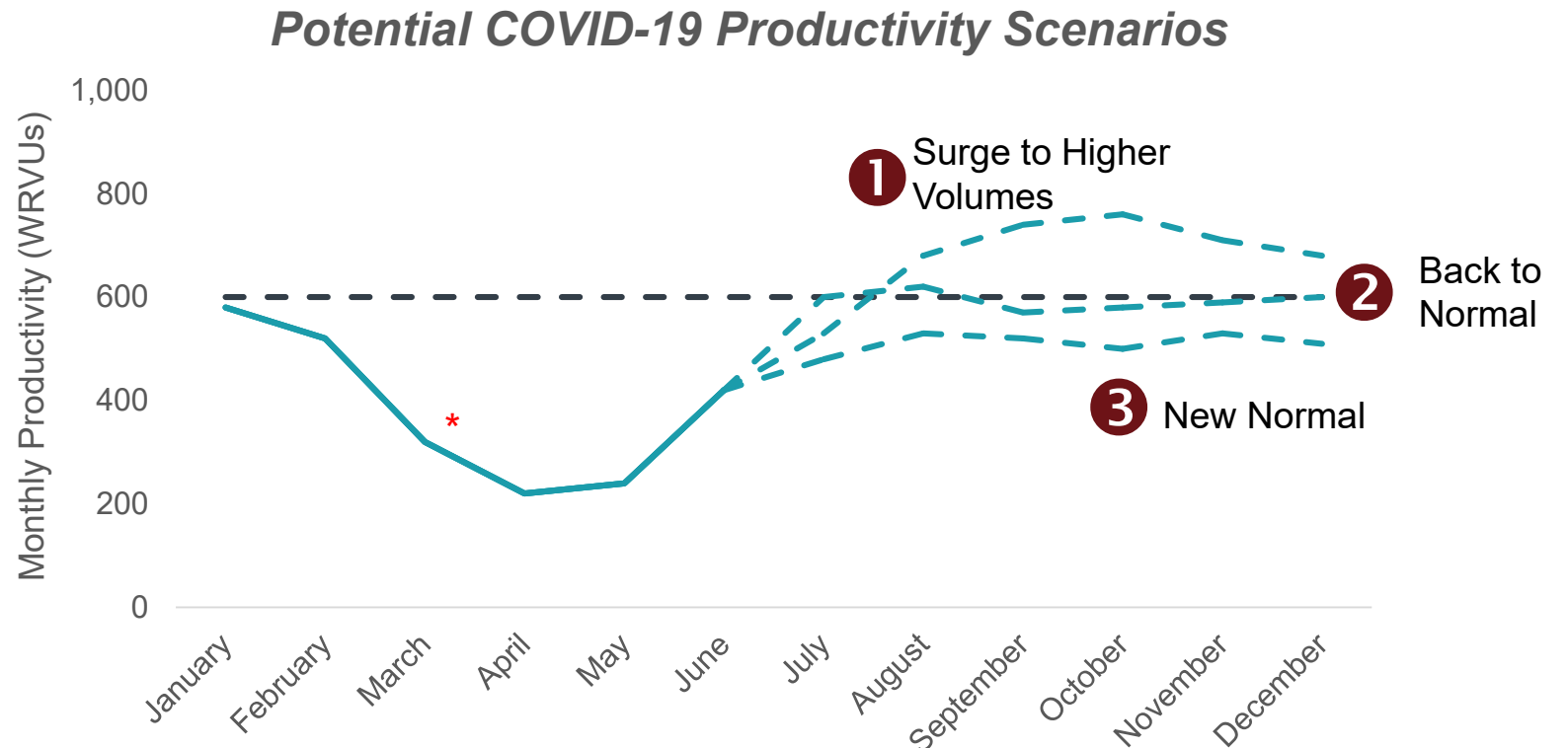
Telehealth implementation began to flatten the curve but was limited by:

- Visit types
- Visit times
- Provider adoption
- RVU/reimbursement per visit

The future we reach depends on the next steps we take:

- Chart a new strategy for care delivery
- Service and operational excellence
 - Support the front line*
 - Inform the customer
 - Make visits work for all parties
- Appropriate technology partnerships
- “Reinventing care”

**The new practice front door may be digital!*



Three Imperatives to Leveraging Telehealth



Support the front line

- » Create standard work *with* and for each member of the team.
- » Start slow to power up.
- » Develop support training for providers.
- » Measure to improve.
- » Remember that the front door is now *digital* as you train staff and providers.



Inform the Customer

- » Patients have service expectations.
- » The best way to succeed is to set clear expectations and exceed them if possible!
- » Market the WHY, HOW, and WHAT.
- » Have customer friendly FAQ's.
- » Solve for on-time scheduling.
- » *Know* and engage your customer.
- » Have a customer support line.



Make the visit work for all

- » The technology should seem invisible. "It's the visit ..."
- » Chose technology that makes it as simple as possible for the patient.
- » Practice, practice, practice to make sure the team is comfortable with the process.
- » Be intentional with scheduling goals.
- » Plan for different visit types.

Remember you are prototyping:



- ✓ Prototypes are messy. You are "learning" by "doing".
- ✓ Prototypes test ideas and can fail. Fail quickly and move on!
- ✓ Prototypes spark new ideas. Listen to your team!

Learning with Chris Weathington

Practice Support

Practice Support Resources & Lessons Learned from the Field



- » **Practice Support & Telehealth Resources for Providers**
 - Education on virtual health platform options, billing & coding, clinical workflow redesign
- » **Telehealth Success Examples**
 - Strong practice manager and medical director collaboration & leadership
 - Implement new standardized workflows with checklists, staff assignments, scripts, visit types
 - While practice may have a preferred virtual health solution, be flexible with patient
 - Well implemented pre-visit planning and coordination with patient
 - Parking lot wi-fi hot spots, use of tablets for patients
 - Focus on high risk patients with data from EHR (diabetes, hypertension, asthma, TCM)
 - Practice on staff members to work out implementation bugs

Learning with Chris Weathington

Practice Support

Practice Support Resources & Lessons Learned from the Field

» **Telehealth Challenges**

- Provider or staff resistance to telehealth
- Waiting until its too late or giving up while the fiscal & productivity losses mount
- Not willing to be creative and try things out, listen to ideas from the team
- Unwillingness to invest time in standardizing workflow, maximizing use of admin & clinical staff
- Letting perfection being the enemy of good, it's a work in progress (Keep It Simple Stupid)
- Letting professional colleagues or competitors get ahead of them

» **What Makes Us Smile**

- Seeing how far practices have come with telehealth in such a short period of time
- When COVID-19 pandemic is gone, successful practices will have enhanced the patient experience
- Payors and government are learning how this can work and address public health needs



Kim Schwartz

**CEO, ROANOKE CHOWAN
COMMUNITY HEALTH CENTER**

What are some of the ways that you support your teams during this crisis?

» Outward signs of acknowledgement



What are some of the ways that you support your teams during this crisis?

- » Hazardous Duty Vacation Leave – as a non-profit we don't have cash to pay a differential so we established 2x vacation leave accrual for staff that are required to participate direct patient care and 1.5 accrual for those staff that have to work on site – no accrual for remote work.

All,

We are pleased to announce a temporary "**Hazardous Duty Vacation Accrual Policy**". See attached for the policy details and FAQ's. The intent of this policy is to recognize those employee's whose essential onsite duties, and the willingness to continue these duties onsite, are necessary.

- Those "**Approved Onsite Patient Facing Staff**" will receive a differential of 2 times their normal vacation accrual.
- Those "**Approved Onsite Non Patient Facing Staff**" will receive a differential of 1 ½ times their normal vacation accrual.
- Those "**Approved Offsite (Telecommuters)**" will not receive any additional vacation accrual.

This policy will be retroactive to the pay period 3/30/2020 – 4/10/2020. Thanks to each of you, onsite and telecommuting, for continuing our Mission and Vision for our patients, coworkers, family, and friends!

Feel free to contact HR with any questions.

Human Resources Department

Roanoke Chowan Community Health Center
120 Health Center Drive, Ahoskie, NC 27910
+ 1 252 209 0237 | Fax: + 1 252 332 2893
human_resources@rcchc.org | www.rcchc.org



What are some of the ways that you support your teams during this crisis?

- » **Intentional Communication from a central source – weekly videos from CEO, Board, HR – Every Friday we have a Celebrations Email.**
- » **Updating positions and benefits status every two week – example, we notified everyone this week that all positions are fully covered through May 8.**



CELEBRATIONS FOR THE WEEK



Celebrations for the week of April 20th

ALL RCCHC "positions" and "benefits" remain secure through May 8th

The RCCHC Express is on the move. KUDOS to all who were givers and/or recipients of Random Acts of Kindness this week.

Administrative Professionals Day – April 22nd

Provider virtual visit %'s = 35%

Behavioral Health virtual visit %'s = 55%

Pharmacy drive-thru and curbside statistics = 1791 patients served, totaling 5897 prescriptions since inception

As reported by Kim Schwartz, we are six weeks in and RCCHC is conquering any and all challenges that arise!

Suspension of vacation requests has been released, effective May 1st

Discounts to Health Care workers:

<https://www.retailmenot.com/blog/deals-for-front-line-health-care-workers.html>

Words of encouragement (see next page) from a recent patient survey

Quote of the day: "If I have seen further, it is by standing on the shoulders of giants."— Isaac Newton

What have you seen that's working well?

» **Nurse Case Management of all COVID-19 Tested and Suspect not tested during quarantine period**



What have you seen that's working well?

» Curbside Hotspot



What have you seen that's working well?



» We are all in this together
with the patients – NEW for everyone!

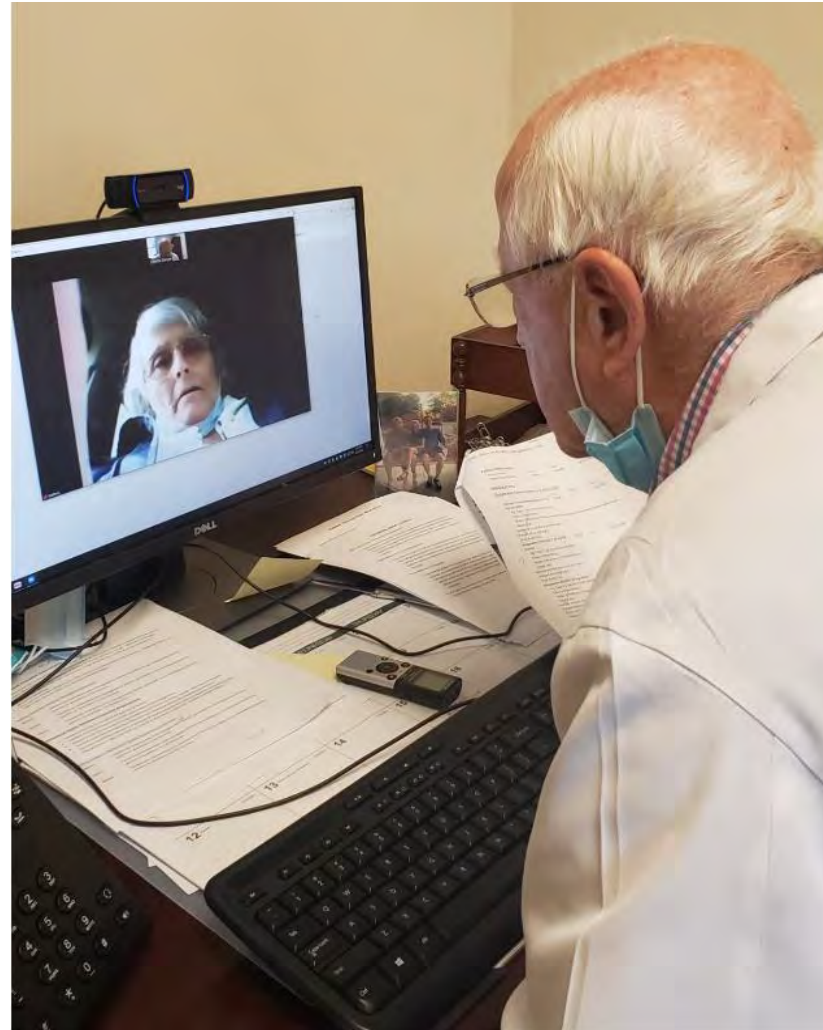
What have you seen that's working well?



» Drive Up Pharmacy adaptation

What have you seen that's working well?

» 87 year old seasoned provider adapting to virtual visits – leading the way! Telehealth will provide a means for those who were considering aging out – now excited about the possibilities of Telehealth as a real option



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Ahoskie Comprehensive Care Pharmacy Director Angie Kent-Mitchell (center) is joined on Friday morning by Pharmacy Tech Johnna Godwin (left) and Ag Outreach Tech Jorge Gomez as they prepare for the next patient to use a newly opened drive-up area. Pharmacies locally and nationwide are taking extra precautions in an effort to slow the spread of COVID-19. Staff Photo by Cal Bryant

LATEST STORIES

Del Rania Pike
Hattie M. Freeman
Gates County reports first COVID-19 case
Bertie County resident succumbs to COVID-19
'Bear' sightings increase

Virtual Medicine

By Cal Bryant
Email the author
Published 6:48 pm Friday, March 27, 2020

AHOSKIE – Extreme times call for extreme measures.

That's the rallying cry of medical providers as they attempt to balance their personal considerations in the face of the

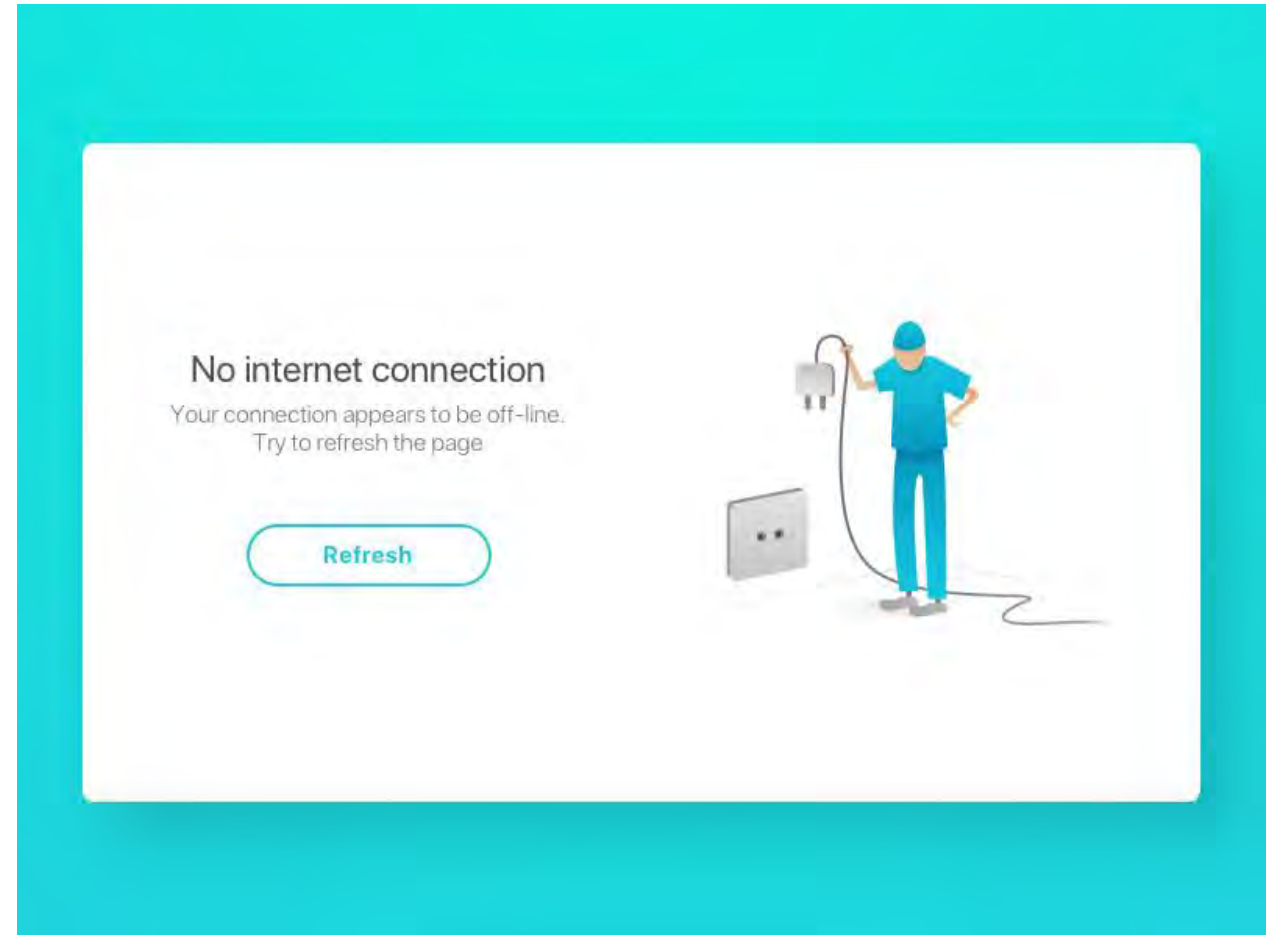
What you have seen that could be improved?

- » How much time it takes to get a patient ready for a virtual visit



What you have seen that could be improved?

- » **Recognition that our service area has less than 50% Broadband access**



What you have seen that could be improved?

» Drive Up Pharmacy - concern for safety



Are there “ah ha” learnings....

- » **Emergency Preparedness is a part of our life due to Hurricane Season – accustomed to quick response which led us to activating so quickly in the first two weeks – Internal joke about “They are so Tuesday.” We were having daily EP meetings – switched the name of the EP to the UP – Update and Planning – meet 3x per week for 30 min. -as we recognized we might have to do both with Hurricane season right around the corner.**




WE'RE ALL IN THIS TOGETHER!



Are there “ah ha” learnings....

- » In this time, there is not much explanation on the “Why”, although from Day 1 we defined our 5 prime directives – Flatten the Curve, Keep folks out of higher levels of care, Conserve PPE, Access to care and Safety for everyone involved.

RCCHC “KEY TOPICS FOR TODAY” – COVID19



RCCHC
Roanoke Chowan Community Health Center

Key Topics for April 24, 2020

- TOP Five PRIORITIES:
 - Flatten the curve!
 - Keep people out of higher levels of care!
 - Preserve PPE!
 - Access to care!
 - Safety!
- As a reminder, when providing curbside patient-facing services, PPE consisting of a mask, gown, and gloves is REQUIRED to be worn when dealing with any patients (or persons with patients) displaying respiratory symptoms. For those patients (or persons with patients) who are NOT displaying respiratory symptoms, PPE consisting of a mask and gloves is REQUIRED to be worn
- Per Dr. Richardson, Quest now has antibody test and is in the process of mapping. More details to follow
- RCCHC will begin recording metrics on reasons for telephone visits in lieu of virtual visits. Our goal remains to increase our virtual visit percentages.
- Take the time to review https://www.youtube.com/watch?v=F8_ME4VwTiw for details on how to remain ergonomically correct
- Remember to remind all of our On Call Provider services that are available 24/7/365
- New virtual visit goal has been increased to 60%. Currently, RCCHC as a whole is at 35%
- Our new CNO, Stephanie Wroten, will be starting on 5/4. She will be self-quarantining for the first 14 days as she is relocating from an active COVID-19 area
- REMINDER for ALL: HIPAA COMPLIANCE is still REQUIRED. Although many policies and procedures have been “relaxed” during these times, we still need to BE DILIGENT in protecting PHI.
- All healthcare workers are at some risk for exposure to COVID-19, whether in the workplace or in the community. Therefore, RCCHC is asking all staff members to:
 - Self-monitor by taking their temperature twice daily and assessing for COVID-19 like illness.
 - If you develop fever (measured temperature > 100.0F) OR respiratory symptoms (e.g., cough, shortness of breath, sore throat, runny nose, loss of smell or taste)

1 | Page

Learning from Coding Experts

There is confusion over the terms *telephonic* and *telehealth*. Can you clear up how Medicare uses these terms?

- » **Telehealth** generally refers to a “virtual visit” using an **audio/visual platform** where medical information is communicated face-to-face between providers and patients.
- » **Telephonic** refers to **audio** communication where medical information is shared between a provider and a patient in a non-face-to-face visit. Telephonic visits are generally patient initiated.
- » In limited cases, a telehealth visit can be completed via telephonic means when the connection fails.

BlueCross Blue Shield has issues some new guidelines for covered visits. Can you give us a brief look at the changes?

- » Telehealth visits use audio/visual platforms. During the pandemic many patients may not have access to devices or internet service; therefore **BCBSNC is allowing an audio only visit to be considered a “virtual visit” and treated as a face-to-face visit.** *Comment: most MA plans also follow this policy as well.*
- » This audio only visit would be billed with Office outpatient Evaluation & Management codes for established/new patient visits and require the POS 02 and –CR modifier.

Last Session there was confusion over the service codes for *RHC's* and *FQHC's*.

- » The correct place of service for a **Rural Health Center is 72**
- » The correct place of service for a **Federally Qualified Health Center is 50**

My nurse had a triage call prior to an office visit (or virtual visit). Can I bill for both?

- » No, you may not bill a separate nurse triage call that promoted an office visit within 24 hours of the patient call. If the provider documents a review of the triage notes in the office visit they may use the time/complexity factors to influence the level of the CPT charge.
- » *Comment: This scenario does not support the timed E-visit codes. Virtual check-ins are with providers and are intended to prevent the need for an office visit. Example: “The blood pressures you provided are near where we expected. You don’t need to be seen sooner. Let’s keep next weeks visit as planned”*



Telehealth Technical Assistance

JAY OSTROWSKI
MA, LPC-S, NCC, ACS, BC-TMH

- CEO / Behavioral Health Innovation
- CEO/ Adaptive Telehealth
- Technical Advisor /Mid-Atlantic Telehealth Resource Center
- Licensed Professional Counselor
- Licensed Professional Counselor Supervisor

**Success is not
Simple.**

Success



what people think
it looks like

Success



what it really
looks like

A man and a woman, both wearing white lab coats, are sitting at a desk and looking at a laptop screen. They are both smiling and appear to be engaged in a collaborative work environment. The man is on the left, wearing glasses, and the woman is on the right, gesturing with her hands. The background is a blurred office setting.

***You Can Do This.
We're Here To Help.***

Examples

Counseling

Telepsychiatry

TeleMAT

Primary Care

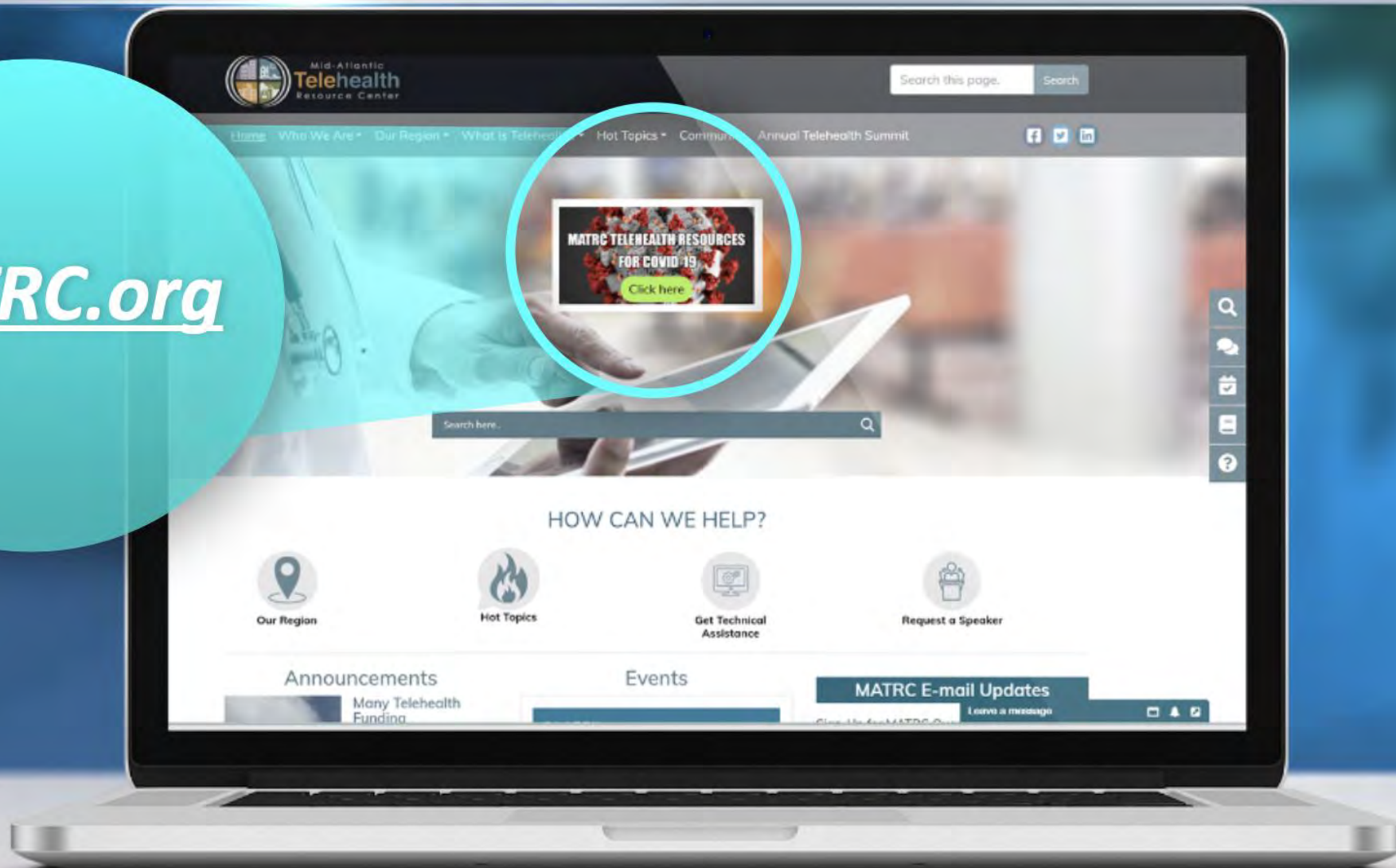
Specialty Consults

Case Management

TECHNICAL ASSISTANCE

MID-ATLANTIC TELEHEALTH RESOURCE CENTER (MATRC)

MATRC.org



Technical Assistance

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Technical Assistance

STARTED WITH TELEMENTAL/BEHAVIORAL HEALTH



- We have a great website called the **Telebehavioral Health Center of Excellence** with a large number of online resources just for you.
- If you are one of the many behavioral health providers and practices getting ready to ramp up with telehealth offerings in response to COVID-19, this 40 minute **Telebehavioral Health: A Quickstart Guide to Direct-To-Consumer Care** video tutorial will walk you through what you absolutely need to know to get going:



- If you are serious about telemental/behavioral health, you can get yourself Board Certified as a Telemental Health Provider (9 modules, \$50 per module): [Click Here](#) or [Click Here](#) for more information and to sign up.
- The American Psychiatric Association has developed a **Telepsychiatry Toolkit** as well as the **Child & Adolescent Telepsychiatry Toolkit** that you might find useful.
- For those of you who specialize in **Substance Use Disorder Treatment and Recovery Services**:
 - The Addiction Technology Transfer Center (ATTC) Network, funded by SAMHSA, recently offered this webinar on [Tips for Using Videoconferencing to Deliver SUD Treatment and Recovery Services](#)
 - The ATTC Network is also currently offering this [Telehealth Learning Series for SUD Tx and Recovery Support Providers](#) (live one-hour sessions each week with access to experienced providers, training tools, checklists and more)
 - The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued [COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance](#)
 - The DEA has provided this [Policy Guidance on Use of Telephone Evaluations to Initiate Buprenorphine Prescribing](#)
 - The DEA has provided this [Policy Guidance on Use of Telemedicine While Providing Medication Assisted Treatment \(MAT\)](#)
- If you still have more questions after looking through the above resources, make sure you take advantage of our [Virtual Office Hours](#).



Technical Assistance



matrc.org/matrc-telehealth-resources-for-covid-19/

TELEHEALTH AND THE FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

There have been many policy level changes specifically impacting telehealth and FQHCs during this pandemic. We have gleaned some of the [Frequently Asked Questions about Telehealth](#) from the HRSA Health Center Program website and included additional useful resources specific to FQHCs. Please make sure you also review our other sections pertaining to general policy changes as a result of COVID-19 that are relevant to all health care providers.

[Scope of Service](#)


[Federal Tort Claims Act \(FTCA\)](#)

[Medicare Reimbursement](#)

[Telehealth Program Development](#)

TELEHEALTH REIMBURSEMENT AND COVID-19

WHAT HAPPENS WHEN THE PANDEMIC IS OVER?

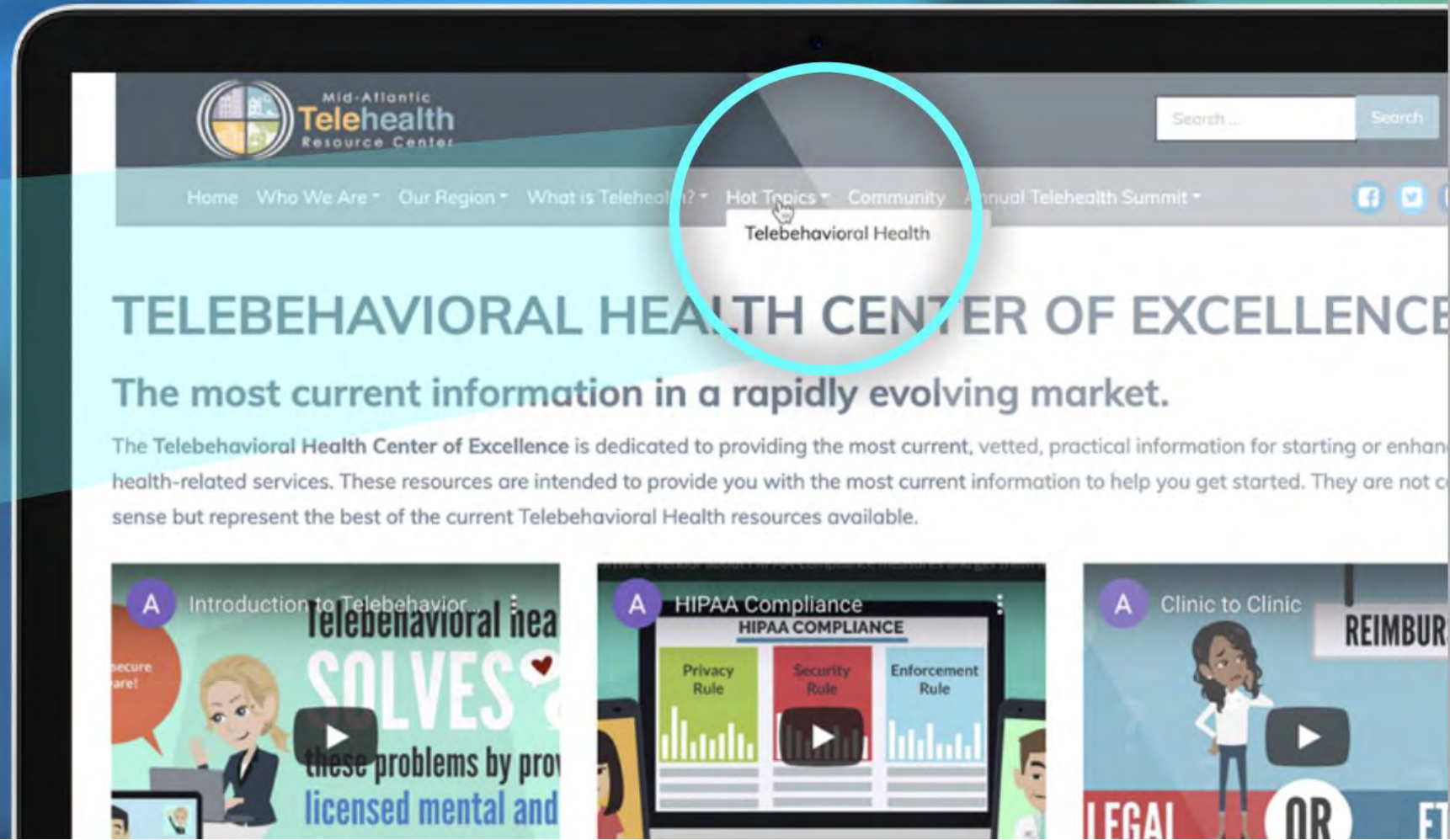


TBHC OE.MATRC.org

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HOT TOPICS

TBHC OE.MATRC.org



Technical Assistance

TBHCOE.MATRC.org

Behavioral Health has proven to be safe, effective for Mental and Behavioral Health Providers. Improvements in and decreased costs now make it an attractive way to provide and unique ways. Browse the TBHCOE site for more.

Providing video clinical services from clinic-to-clinic seems straightforward on the surface. But small differences in clinic operations and clinic setting can make implementation cumbersome, eliminating the efficiencies promised by telehealth. Get grant-funded advice about overcoming these issues from vendor-neutral experts and learn more about applying the best practices in clinic-to-clinic. Browse the TBHCOE site for more.



OVERVIEW

SEARCH BY TOPIC

CHOOSE YOUR ROLE

GET STARTED

Select

Clinical Guidelines

Crossing State Lines

HIPAA-Security

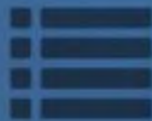
Laws-Regulations

Financial

Technology - Software

Training

TeleMAT



Clinical Guidelines

Clinical Guidelines for Telebehavioral Health



Financial

Financial Information for Telebehavioral Health

Technical Assistance

TBHCoe.MATRC.org

Health has proven to be safe, effective with Providers. Improvements in reduced costs now make it an attractive way to provide unique ways. Browse the TBHCoe site for more.

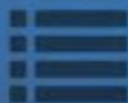
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OVERVIEW

SEARCH BY TOPIC

CHOOSE YOUR ROLE

GET STARTED



Clinical Guidelines

Clinical Guidelines for Telebehavioral Health



Crossing State Lines

State Policies for Telebehavioral Health



Financial

Financial Information for Telebehavioral Health



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Technical Assistance

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OF THE PAGE

OPEN OFFICE
HOURS
Every Other
Friday
12-2 EST

HOW CAN WE HELP?



Our Region



Hot Topics



Get Technical Assistance



Request a Speaker

Announcements

Many Telehealth Funding Opportunities Available

#FUNDING. Here are a list of grant funding opportunities with potential for telehealth that have been recently

Events

24 APRIL

Questions about Telehealth Basics or Telemental Health?



Join us for virtual office hours with Jay Ostrowski.
Second and Fourth Friday of each month from 12 PM - 2 PM

Video Chat: <https://edaptivetelehealth.zoom.us/j/401473325>
Or join by phone: +1 646 558 8656 (US Toll) or +1 408 638 0968 (US Toll)
Enter Meeting ID: 401 473 325

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Não sou um robô



TELEMENTALHEALTHCOMPARISONS.COM



**TELEMENTAL HEALTH
SOFTWARE COMPARISONS**

This independent telemental health technology comparison site was created to help mental health providers quickly identify the best technology for their online therapy practice or network. From HIPAA compliant video platforms to encrypted email.

CHOOSE YOUR FOCUS, THEN SEARCH BY CRITERIA BELOW

 PRIVATE PRACTICE	 PROVIDER NETWORKS	 ENTERPRISE	 CONSUMER
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Help is just a click away.



JAY OSTROWSKI
MA, LPC-S, NCC, ACS, BC-TMH

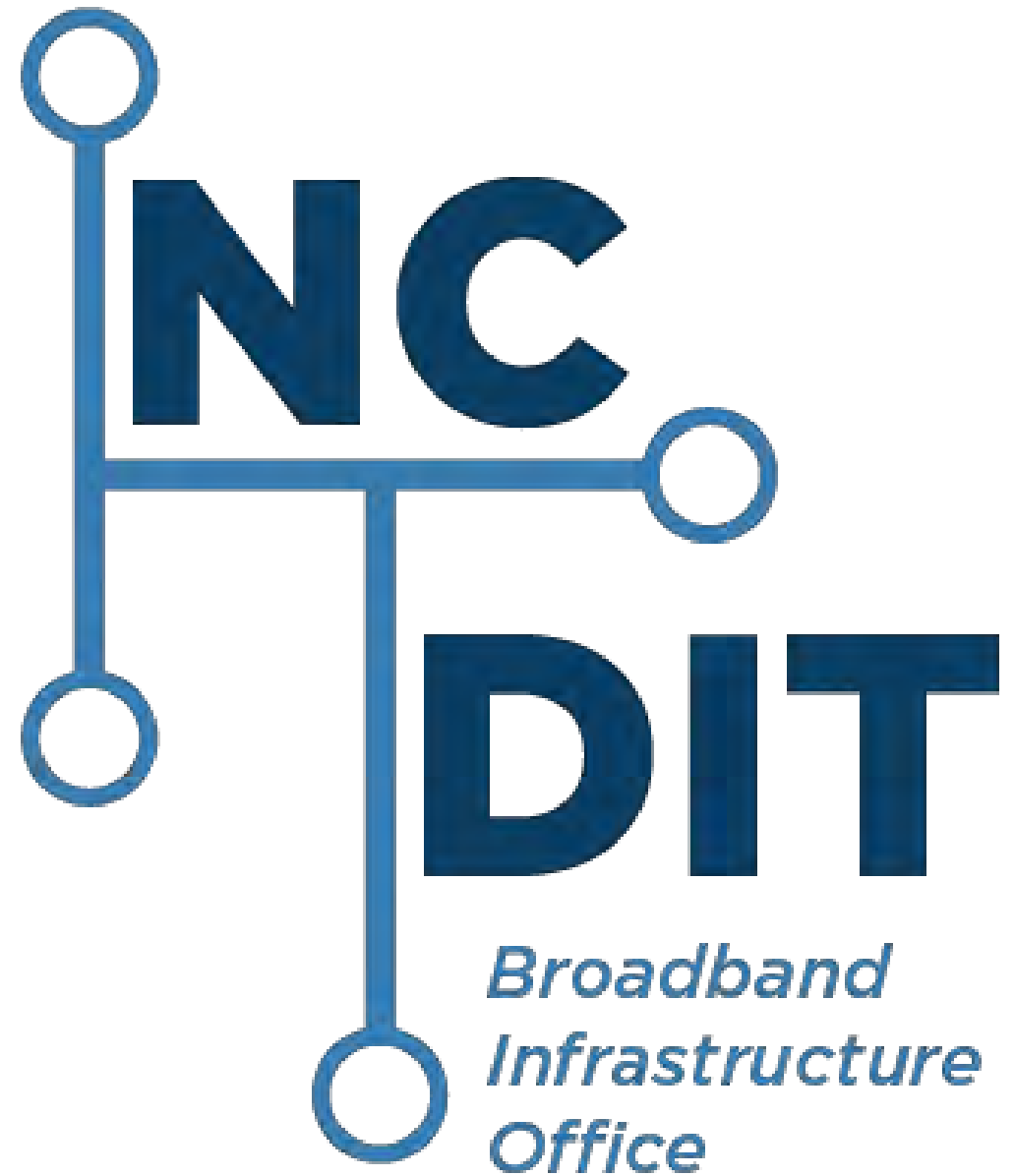
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**TELEBEHAVIORAL HEALTH
CENTER OF EXCELLENCE**
TBHCOE.MATRC.org

**North Carolina Area
Health Education Centers
and Office of Rural
Health
Telehealth Virtual Office
Hours Webinar**

Jeff Sural, Director

April 27, 2020



Current Status

- ISPs reporting networks handling traffic
 - Moving from urban centers to suburban
- EM situation reports positive
- No major issues with 911 calls
- ISPs have stepped up to help
- Many local governments and school districts providing WiFi access, hotspots, buses with WiFi
- Coordination and cooperation between state agencies and between state and local governments
- Situation highlights the unserved areas and challenges and accentuates the need for accelerating permanent solutions

Broadband Availability

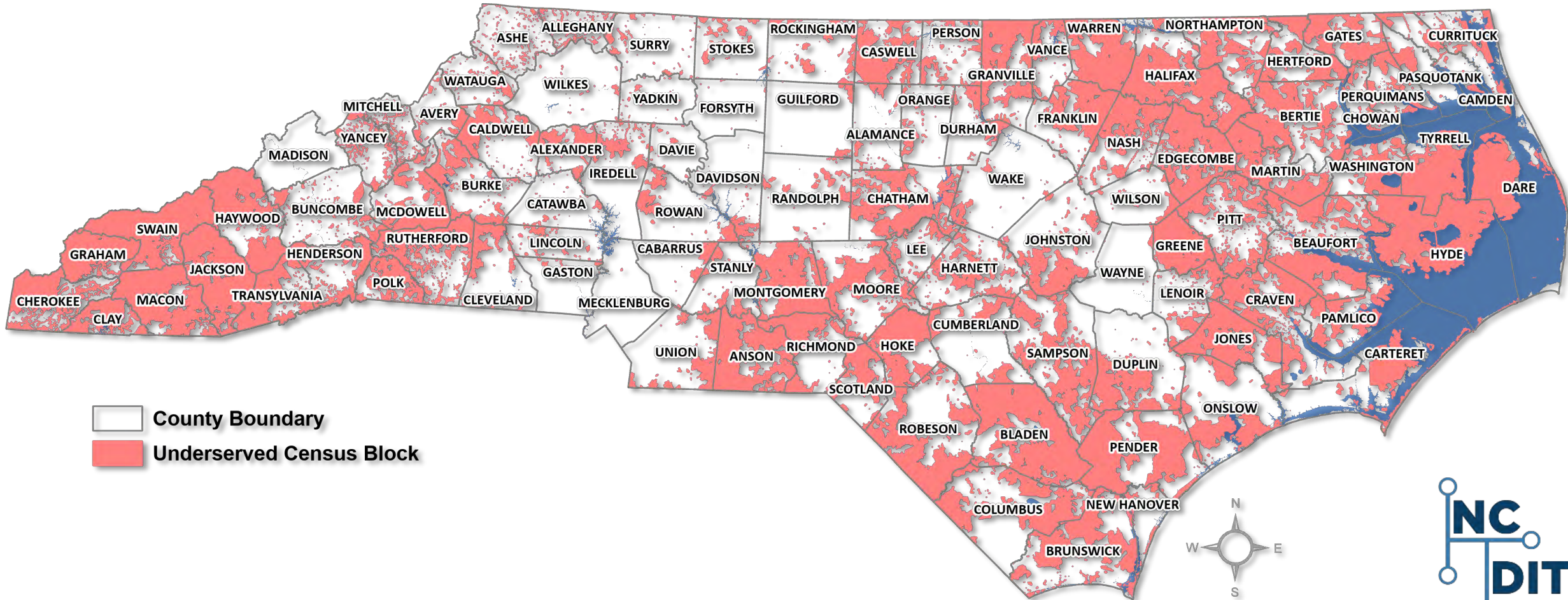


NC Broadband Service Inventory

Underserved Census Blocks

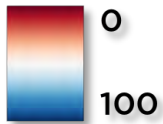
Data derived from U.S. Federal Communications Commission Form 477

Data Release Dec. 2018.



By Census Tract

The Broadband Adoption Potential Index' is a compilation of eight indicators (see below for list) combined to create a holistic measure of broadband access in NC's counties. For more information about the methodology, purpose, and how to understand your county's score visit: www.ncbroadband.gov



Broadband Availability and Quality Index Indicators:

- Percent of the population with access to 25/3 Mbps broadband service
- Percent population with access to 100/20 Mbps broadband service
- Percent population with access to fiber
- Ratio of upload to download median advertised speeds
- Households per square mile
- Percent housing units built in 2010 or later
- Percent population with access to no providers
- Percent population with access to DSL only



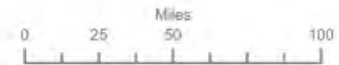
North Carolina Wireless Service Inventory

LTE Service

AT&T



Data Source: GeoTel Communications, LLC



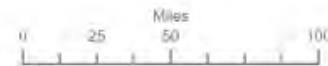
North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

Carolina West Wireless



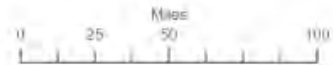
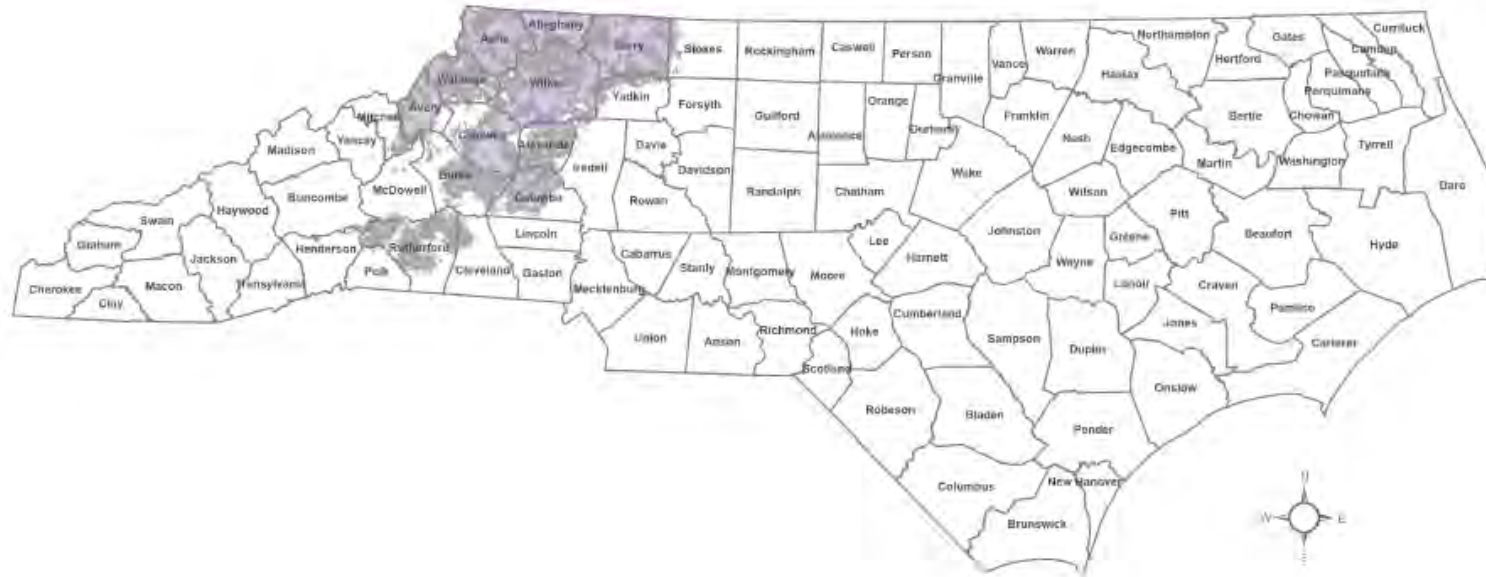
Data Source: GeoTel Communications, LLC



North Carolina Wireless Service Inventory

LTE Service

Carolina West Wireless



Data Source: GeoTel Communications, LLC



North Carolina Wireless Service Inventory

LTE Service

Carolina West Wireless



Data Source: GeoTel Communications, LLC



North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

Sprint



Data Source: GeoTel Communications, LLC



North Carolina Wireless Service Inventory

LTE Service

Sprint



Data Source: GeoTel Communications, LLC



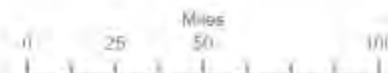
North Carolina Wireless Service Inventory

LTE Service

T-Mobile



Data Source: GeoTel Communications, LLC



North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

US Cellular



Data Source: GeoTel Communications, LLC



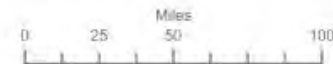
North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

Verizon Wireless



Data Source: GeoTel Communications, LLC



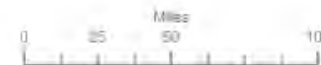
North Carolina Wireless Service Inventory

LTE Service

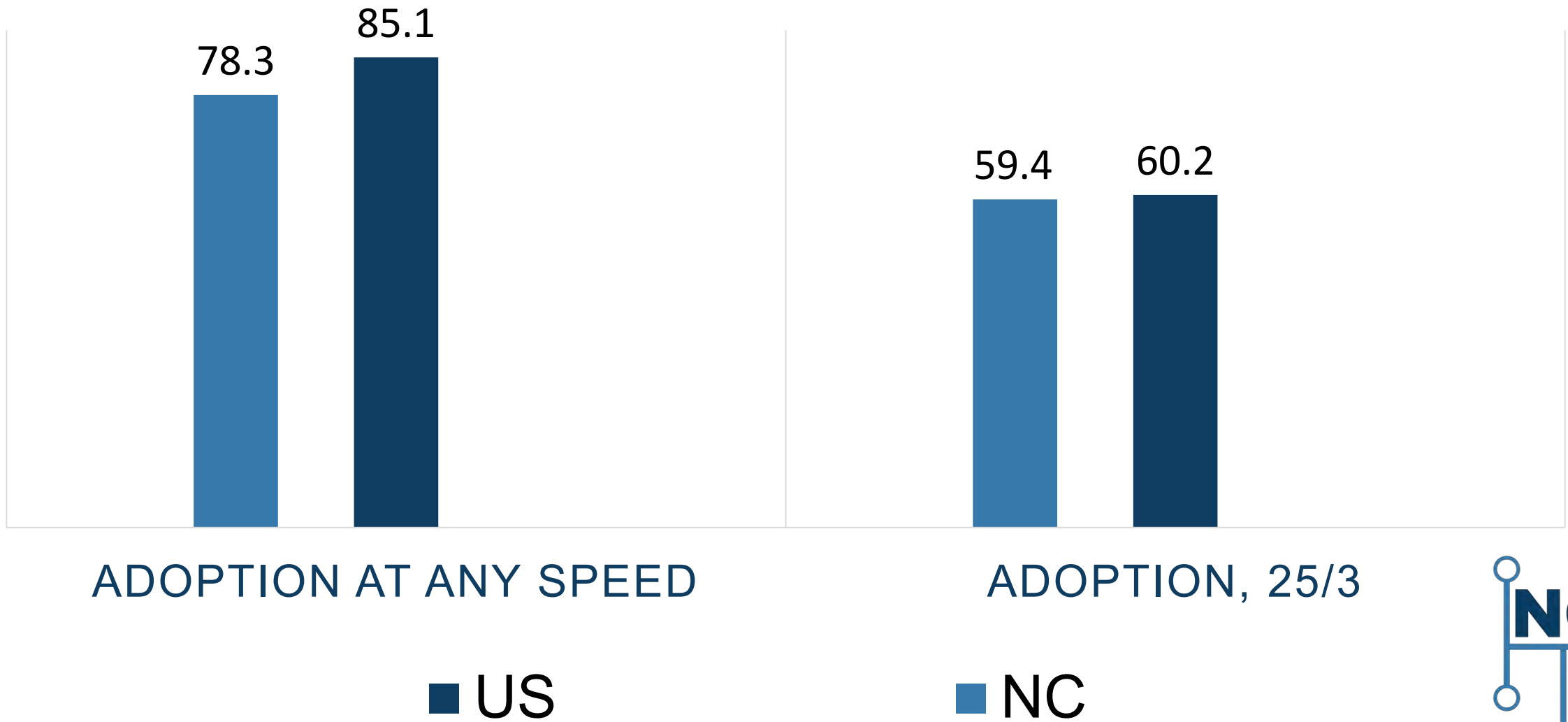
T-Mobile



Data Source: GeoTel Communications, LLC

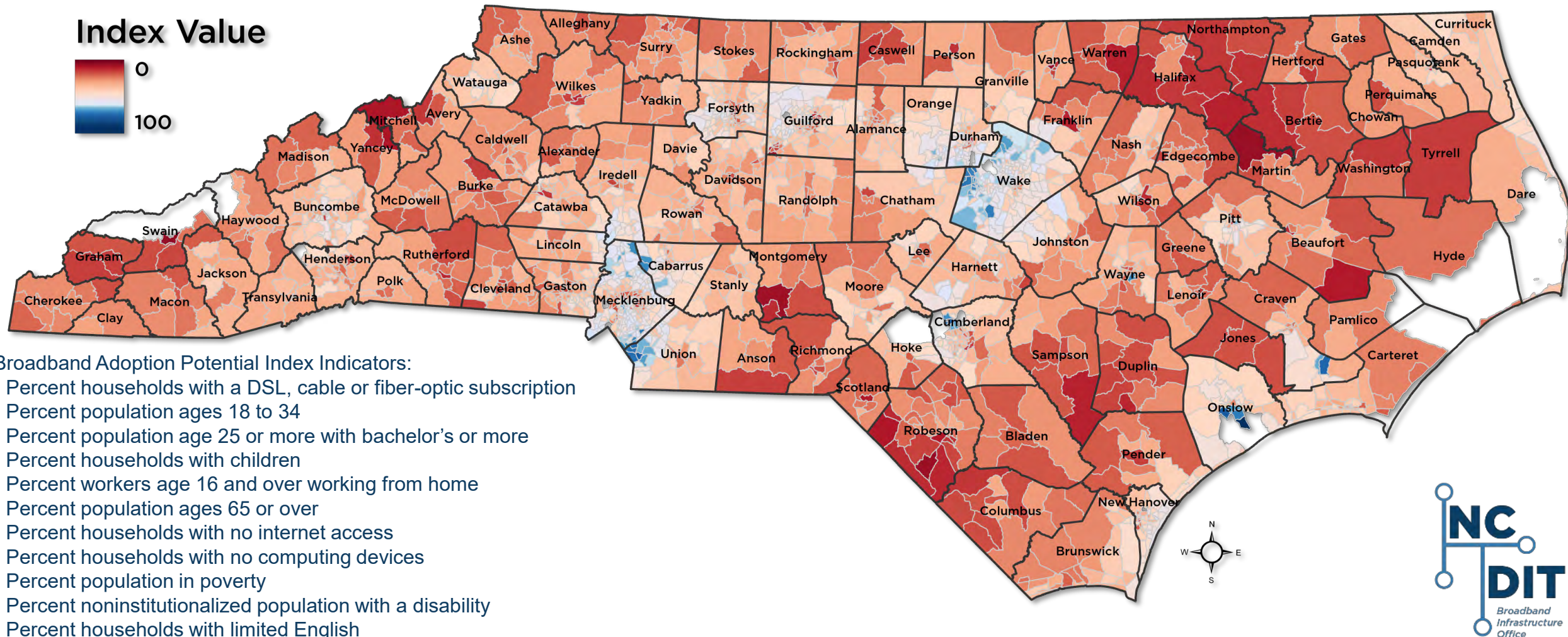


2017/2018 Broadband Adoption Rates



NC Broadband Adoption Potential Index By Census Tract

'The Broadband Adoption Potential Index' is a compilation of eleven indicators (see below for list) combined to create a holistic measure of county's broadband adoption potential. For more information about the methodology, purpose, and how to understand your county's score visit: www.ncbroadband.gov



COVID-19:

NCDIT Immediate Response

Immediate Response

- FCC Pledge: don't terminate service; waive late fees; open WiFi hotspots
- Governor Cooper call with NC internet service providers
 - Most above and beyond FCC pledge
- Interactive map, website listing free and reduced-price internet offerings and public WiFi access locations: ncbroadband.gov/covid19broadband/
- Identify resources to procure school bus equipment to support WiFi access
- Providing LEAs and DPI with guidance and support on convenience contracts for cellular service, tablets, hot spots, and laptops and negotiate better prices for duration of emergency; NCDIT Cybersecurity support
- Interagency Coordination/Communication: DPI, DHHS, EM, Counties, COGs

Immediate Response

- Expedite rolling payments for existing GREAT grant recipients to encourage faster deployment.
- Exploring FCC waiver to allow school networks to serve as backhaul (\$6M/mo.)
- Support the Attorney General's convening responsibility pursuant to EO 124 with telecommunications providers regarding consumer protection rules
- Expedite issuance of next generation Dig Once policy
 - Expedite issuance of guidance to local governments for municipal road projects.
- Use DIT iCenter authority to identify pilot sites for small-scale wireless projects
- DIT/DHHS to identify opportunities for investment on telehealth, including possible appropriation requests

COVID-19:

Near-term Solutions

Near-term Solutions

- Request that private sector internet service providers:
 - Extend the FCC pledge terms for an additional 90 days.
 - Offer free or cost-based equipment and service for 6 months or until first of the next school year leveraging the FCC's lifting of the E-rate 'no gift' rule, provide free equipment, computers to schools
 - State-negotiated agreement with fiber-optic manufacturers and tower companies to provide low-cost or low-lease rates for providers awarded federal or GREAT grants.
 - Request ISPs submit accurate coverage data to enable better identification of unserved households.

Near-term Solutions

- Request federal emergency appropriation to include block grants to the states to support the purchase of hotspots, cellular enabled laptops and equipment for Wi-Fi on buses.
- In conjunction with next-generation Dig Once policy issuance, urge local governments, sanitary districts, tribes, and others political subdivisions to relax or allow joint trenching, pole attachments, etc., with streamlined permitting and temporary waiver of fees (or retrospective fair and equitable fee structure as determined by PUC).

Near-term Solutions

- Identify resources to support procurement of up to 100,000 devices and services for unserved students for 6 months.
 - Homework gap currently estimated at 197,139 households.
 - Governor's last budget included \$5M for devices for LEAs to close homework gap.
 - Device estimate may be lower due to number of students who live in areas with no cellular service, as well as households with multiple students.

COVID-19:

Long-term Solutions

Long-term Solutions

- Ensure adequate federal grant funding is coming to the state
- Increase GREAT Grant to \$135M and amend grant proposal evaluation criteria to specifically fund areas not funded through federal programs and allow DIT flexibility to amend criteria and protest process for projects during state of emergency.
 - GREAT amendment or new program to support low-orbit satellite service; subsidy to rural homeowners for the equipment.
- Pass FIBER NC act allowing county and local governments to finance or install infrastructure for use by internet service providers.
- Establish tax credit for broadband providers that accept federal Lifeline subsidy for home access.
- Require health insurance coverage for telemedicine services and connectivity costs.
- Consumer Protections:
 - Raise the broadband definition to 25/25 to create a minimum service threshold that can be used for grant funding
 - Hold ISPs to a contractual commitment: if you say 10/1, then serve at 10/1
 - Home equipment standards

Additional Resources

NCBroadband.gov

<https://www.ncbroadband.gov/covid19broadband/>

NCOneMap.gov

<https://www.nconemap.gov/>

NCBroadband.gov/covid19

<https://www.ncbroadband.gov/covid19broadband/>



Attention **All** Participants
To Receive CME Credit

Text Code: **DF5C1**

To: **336-793-9317**

***MyAHEC account is required for
credit**

For more instructions visit:

www.nwahec.org/textreg

Telehealth Technical Assistance is Available

Contact Us

Safety Net Health Care Providers

NC ORH Website - <https://www.ncdhhs.gov/divisions/orh>

Email – ORH_Telehealth@dhhs.nc.gov

Health Care Providers

NC AHEC - <https://www.ncahec.net/practice-support/what-we-do/>

Email - practicesupport@ncahec.net

facebook.com/ncahec twitter.com/ncahec

CCNC Website - <https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

E-mail - ccncsupport@communitycarenc.org

State COVID-19 website: www.ncdhhs.gov/COVID19