

## California Telehealth Network: Care Barriers Fall to Technology

**By Nora Haile**

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Eric Brown, President and CEO of California Telehealth Network, sees 2013 as a year of transition, of moving forward. CTN uses broadband technology and services to improve access to quality healthcare for medically underserved and rural Californians. Brown looks forward to the next stage of the CTN vision, “We’re going from a primary focus on broadband deployment to one of adding broadband enabled healthcare applications that make the service we provide to our sites even more valuable.”

Hearing Brown expound on the work CTN has been doing, it’s nearly impossible to imagine how patients – and providers – in rural and medically underserved areas managed before the broadband expansion and telehealth. He emphasizes that they are still in the process of providing low cost broadband for safety net providers around the state. “We’re heading toward over 300 locations being served. With the addition of the healthcare applications, such as telemedicine con-

sults via HD video, more patients can be seen by specialists more quickly and without travel time.” The health benefits combined with data and financial benefits can’t be overstated; CTN, originally funded by the FCC, can offer T1 circuits for as little as \$65 per month, a service that typically runs in the thousands of dollars per month.



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With many of the CTN-served provider sites implementing EHRs and moving toward Stage 2 Meaningful Use, CTN has found itself in the go-to role for IT information and resources. “Many sites want to use mobile broadband and assure its security. We’ve become the resource to call on how they can do that,” he said. Much of the education and advocacy for telehealth among safety net providers comes from the Telehealth Resource Center (CTRC), one of the nation’s federally funded telehealth resource centers. One of the primary endeavors is to implement a more automated process for a clinic to connect with the appropriate telemedicine provider.

A fully populated online directory would allow, for instance, a rural provider to find the options for a pediatric dermatologist that speaks Spanish, or a PTSD behavioral health specialist to work with returning veterans. And more providers are getting involved, as Brown shared, “Through the CTRC, we constantly get inquiries from providers about how to get into telemedicine, from what the geographical constraints are to how to solve

reimbursement issues.” The CTRC team provides training and support that shows the provider how to deliver telemedicine correctly. When a particular provider has a unique offering that CTN knows would be of interest to its site population, the CTRC matches the care resources with the need.

The network has grown quickly and is rapidly expanding. “Yes, our goal is to have over 800 sites by the end of 2013, but we already serve far more than 300 locations,” Brown explained. “Multiple sites, such as the California Rural Indian Health Board, may simply take the CTN connection at an existing core hub or data center.” CRIHB put a broadband hub into a location that routes CTN to over 30 CRIHB sites in California, plus over 300 Indian Health Service

(IHS) sites around the country.

Using existing healthcare assets and expertise more efficiently becomes even more crucial as the Affordable Care Act moves forward. Providers serving an increased patient population will need the support that CTN provides. “Right now I’m spending about half of my time educating people on what ACA will mean for them and how telemedicine can help them get the care they need more quickly, in addition to helping them be comfortable with telemedicine,” Brown said. In rural areas, for instance, patients may be leery of trusting “outsiders” that they can’t meet in person. Or it could be they need to understand why it’s okay to see a Nurse Practitioner rather than a Medical Doctor. Reaching those levels of comfort could make a sig-

nificant difference between patients waiting only a week or so to see a provider, rather than months.

For Brown and the team at California Telehealth Network, the goal is simple. “CTN is here to help doctors and clinics reach more patients,” Brown stated. “We’ll help providers obtain appropriate broadband activities at the healthcare site, train them on how to set up a telemedicine program, and educate them on available subsidies to reduce costs.” Far beyond the underlying routers, circuits and cables that “broadband” calls to mind, CTN has become a catalyst in the effort to break down socioeconomic and geographical barriers to care for Californians.

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