

WEBCAST: EXECUTIVE SUMMARY

PUT THE CARES ACT TO WORK FOR YOUR HEALTHCARE SYSTEM

Recorded April 2020

BRIGHT·MD

Webcast: Put the CARES Act to work for your healthcare system

Executive Summary

As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the FCC has earmarked \$200 million to support hospitals' efforts to offer telehealth services to their patient populations. In a webcast hosted by Bright.md, Michael Sloan of Davis Wright

Tremaine LLP, and Jeremy Robbins discussed details of the program and how hospitals and health systems can make use of these funds to expand patient access in the midst of the COVID-19 crisis.

COVID-19 Impact on Healthcare

The number of COVID-19 cases continues to rise rapidly in the U.S., and healthcare systems are facing increased capacity challenges as well as concerns about keeping patients and the healthcare workers on the front lines safe. As patients and providers alike work to flatten the curve by social distancing, telehealth presents an opportunity to treat patients quickly and remotely during this crisis, into the future

during a new normal, and in the case of another infectious disease outbreak.

In addition to safety and capacity challenges, many health care systems are facing economic hardships as the demand for non-emergent services has dried up and hospitals scramble to implement tools that allow for remote care.

Details of the Program

A stimulus package specifically intended to aid healthcare providers as they deploy telehealth services was passed at the end of March. The FCC has a long history of providing funding support for telemedicine services. Before the CARES Act, the commission earmarked almost \$600 million each year to rural healthcare providers. This new program has set aside \$200 million to an expanded group of providers for Connected Care Services.

The FCC defines connected care services as “Telehealth services that use broadband Internet access service-enable technologies to deliver remote medical, diagnostic, patient-centered, and treatment-related services directly to patients outside of traditional brick-and-mortar medical facilities—including to patients in their homes, rather than at a health care provider’s physical location.” **These services include:**

- Remote patient monitoring, (e.g. use of patient-reporting outcome platforms, glucometers, pulse oximeters, sphygmomanometers, chest straps, wearables, passive sensors, or other devices to consistently monitor patient vitals)
- Patient health education
- Store-and-forward services (e.g. asynchronous transfer of patient images and data for interpretation by a physician)
- Synchronous video consultations and visits

Webcast: Put the CARES Act to work for your healthcare system

The program allows rural *and* non-rural healthcare providers to apply for grants of up to \$1 million to fund eligible telehealth services, including existing programs. Awards will be made on a rolling basis until the \$200 million has been exhausted. Michael Sloan believes this likely means they will award grants on a first-come, first-served basis. It appears they will try to distribute all funds by the end of the summer.

“It’s unlikely the FCC is only going to issue 200 grants of a million dollars each,” said Sloan. “They’re going to want to engage more recipients with the money. That said, the \$1 million cap is per health care facility or center. A multi-centered healthcare system would be eligible to submit multiple applications, as long as the money went to different facilities within the system.”

Once the order is published in the federal register, which Sloan believes will be sometime the week of April 13, the FCC will issue an application form. The order will make clear a list of criteria they will use to determine funding.

Eligible healthcare providers include post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; community health centers, local health departments or agencies, community mental health centers, not-for-profit hospitals, rural health clinics, skilled nursing facilities, and consortia of health care providers.

The application process is multi-tiered and can be started before the final applications are made available. The first step is registering with the FCC and determining eligibility from the Universal Service Administrative Company using FCC Form 460. The form is not overly burdensome, and though historically it’s been used for rural entities, large non-rural systems will also use this form to start the process. Healthcare providers can work through the application process while their eligibility determination is pending.

Webcast: Put the CARES Act to work for your healthcare system

The application itself asks for relatively simple information, including contact information, description of services, and amount of funding requested. However, it also requires narrative statements about how the funding will be used to mitigate the impacts of COVID-19 and descriptions of how the new service would free up non-COVID-19-occupied resources.

Applicants must submit supporting documentation, but, thankfully, don't have to go through a competitive bidding process.

The funds are intended for cost of services, not administrative costs or miscellaneous expenses. Like most government-funded programs, grant recipients will be subject to audits for waste, fraud, and abuse, and must keep program records for up to three years after funding was received.

More guidance on the application process and criteria are coming, though it is clear greater consideration will be given to areas that have been hardest hit by COVID-19 and where the support will have the most impact.

How Bright.md and DWT can Help

Healthcare delivery systems that are interested in applying can receive assistance from Bright.md and Davis Wright Tremaine at each step of the process. Professionals from both businesses can help organizations: determine if they are qualified; identify the right telehealth solution for their system—whether it's Bright.md or another platform; write and submit their applications; deploy Bright.md's telehealth platform within two weeks, including technical integration into EHR systems such as EPIC and Cerner; and ongoing support after deployment, including change-management.

Webcast: Put the CARES Act to work for your healthcare system

For healthcare delivery organizations throughout North America, Bright.md's virtual care platform is an integral part of their digital strategy, facilitating digital triage, care delivery, and care automation to increase clinical efficiency. Patients can access care from home, while clinicians can deliver care from anywhere in two minutes or less.

Bright.md has already helped healthcare providers manage impacts due to COVID-19, helping them screen more than 77,000 COVID-concerned patients and saving more than 12,000 hours of provider time—a valuable resource during this pandemic crisis.

Because Bright.md can help hospitals and systems ramp up quickly to deal with COVID-19 impacts, it is especially equipped to help with a program like this. And though the legal lift for this application process is modest, resources at Davis Wright Tremaine are happy to support health systems as well.