EXECUTIVES FOR HEALTH INNOVATION
ONE THOMAS CIRCLE, NW, SUITE 700
WASHINGTON, DC 20005
WWW.EHIDC.ORG
@EHEALTHDC

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Alondra Nelson, PhD
Acting Director, Office of Science and Technology Policy
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Dr. Nelson:

Thank you for the opportunity to respond to the request for information (RFI) on strengthening community health through technology. Executives for Health Innovation (EHI) strongly supports efforts to advance the use of technology in community health. Our responses to your specific questions are below.

2. Barriers

a. Access to affordable broadband

While the increase in use of digital health tools is promising to help address some traditional barriers to accessing care – such as time and access to transportation – many of these tools rely on patients having access to high-speed broadband, which is not always the case in rural and underserved communities.

Internet usage in general has increased over the past decade for all demographic groups. However, disparities between the different demographic groups still exist. As of 2019, only 63 percent of rural Americans reported having access to broadband internet connection at home. By comparison, Americans who live in urban cities are 75 percent more likely to have access to broadband at home.[1] What access those in rural areas do have tends to be slower than in non-rural areas.[2]

In urban areas, affordability of broadband remains a main barrier to access. According to the National Telecommunications and Information Administration, those who live in higher poverty areas and on tribal lands have lower rates of home internet usage.

b. Reimbursement issues

Prior to the COVID-19 pandemic, federally qualified health centers (FQHCs) were not allowed to be reimbursed for providing telehealth. While they could serve as an "originating site," or where a patient could be located to receive

[1] Perrin, A. (2019, May 31). Digital gap between rural and nonrural America persists. Retrieved August 26, 2020, from https://www.pewresearch.org/fact-tank/2019/05/31/digital-gap-between-rural-and-nonrural-america-persists/
[2] Ibid

telehealth from a distant provider, their own providers could not use telehealth to treat their own Medicare patients. To address this issue as COVID-19 spread, Congress passed legislation in early March to set the wheels in motion for CMS to issue waivers of Medicare telehealth reimbursement restrictions. However, if Congress does not take action to make permanent these changes before the end of the PHE period, these restrictions will go back into place and the investments FQHCs have made in telehealth will be lost and many patients will lose access to care.

c. User education/digital health literacy

While telehealth and other digital health tools have proved transformative for community health centers and their patients, many face challenges with digital health literacy, or the ability for patients interact with and utilize digital health tools, such as mobile health applications or telehealth platforms, to address or solve health care needs. This is highlighted by some recent findings, including:

- **48% of people ages 18+** cited **a lack of knowledge about the use of digital health tools** as a barrier to using telehealth[3]
- Individuals **who identified as Hispanic** were more likely to have **lack of knowledge about the use of digital health tools at 58%**[4]
- **47% of individuals ages 50-80** cited **concerns about using technology** and 39% of the same group of respondents cited concerns about being able to see or hear their doctor[5]

d. Privacy concerns

As safety net providers, community health providers provide care for underserved populations. Many of those who experience inequity in health care access and outcomes belong to communities who have experienced unfair, unequal, and unauthorized use of their personal information. While HIPAA does protect health data held by community health providers and their business associates, there should be increased awareness for both providers and patients on who holds patient health data and how it is being used, especially with regards to digital health tools. If not, many of those who could benefit most from the use of digital tools may be hesitant to utilize such tools.

4. User Experience

a. *Language and accessibility*

Unfortunately, many digital health tools are not built in a way that is accessible to many populations, including non-English speakers and those with disabilities. For example:

- In the Apple and Android app stores, **30% of diabetes apps had descriptions available in Spanish and of those apps**, only **41% Android Apps and 21% iOS apps were available in Spanish**[6]

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[3] Keenan, Teresa A. *Views on Telehealth.* Washington, DC: AARP Research, June 2020. https://doi.org/10.26419/res.00388.001
[4] Ibid
[5] Kurlander J, Kullgren J, Singer D, Solway E, Malani P, Kirch M, Saini S. Virtual Visits: Telehealth and Older Adults. University of Michigan National Poll on Healthy Aging. October 2019. Available at: http://hdl.handle.net/2027.42/151376
[6] Rodriguez, Jorge A, and Karandeep Singh. "The Spanish Availability and Readability of Diabetes Apps." Journal of diabetes science and technology vol. 12,3 (2018): 719-724. doi:10.1177/1932296817749610

- **94% of these apps above the recommended reading level** for patient materials in English and Spanish[7]

It is critical that digital health tools are designed with accessibility front of mind.

5. Tool and Training Needs

a. *Digital Health Navigators*

One key role community health workers can play in advancing the utilization of digital health in community settings is as digital health navigators. Digital health navigators are key to adoption of digital health in community settings, along with digital health literacy training, as they are available at the point of care to aid patients in utilizing digital health tools to connect with their clinical provider for the purposes of receiving health care services. A digital health navigator can assist a patient in selecting an app or tool, troubleshooting any issues, and assuring data quality.[8]

6. Proposed Government Actions

a. *Reimbursement*

The first step toward supporting the transformation of community health settings through the uptake of innovative digital health technologies is establishing permanent federal policies that support reimbursement. Congress must pass legislation to ensure FQHCs and other community health providers can continue to provide telehealth services after the end of the COVID-19 PHE.

Further, the federal government should establish a grant program for community providers to support key activities we have highlighted, including: digital health literacy programs, digital health navigators, and the purchasing of digital health tools that are accessible to non-English speakers and those with disabilities.

7. Health Equity

Responses above speak to health equity issues, including lack of access to affordable, high-speed broadband, digital health literacy and accessibility concerns, and reimbursement barriers.

Conclusion

Thank you for the opportunity to provide input on strengthening community health through technology. We look forward to continuing to work with you on these important issues.

Sincerely,

Jennifer Covich Bordenick
Chief Executive Officer

[7] Ibid
[8] https://www.karger.com/Article/Fulltext/510144