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Statement of Avele eCare

By

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To

U.S. Senate Committee on Commerce, Science and Transportation's Subcommittee on
Communications, Media, and Broadband

On

State of Telehealth: Removing Barriers to Access and Improving Patient Outcomes

October 7, 2021



Chairman Luján, ranking member Thune and members of the committee, thank you for the invitation to speak to you today on behalf on such an important topic – the state of telehealth. My name is Deanna Larson, CEO of Avel eCare based in Sioux Falls, S.D., and Executive Secretary, American Telemedicine Association. By way of background, Avel eCare began in 1993 as a means to take care of patients in very rural areas, providing these communities with 24/7 access to care using telemedicine.¹ Since then, we have expanded and our services now reach patients served by more than 600 facilities in 32 states across the nation.

How has Avel eCare Leveraged FCC COVID-19 Telehealth Program Funds?

During the past year-and-a-half, Avel has developed new services and solutions for the challenges brought on by the pandemic. From ramping up virtual visits, to augmenting long-term care, to virtual physician rounding in the hospital, we have leveraged telemedicine to meet real needs and in doing so, have saved lives, reduced cost of care, and supported our clinical workforce.

As part of this work, we applied for the Federal Communication Commission’s COVID-19 Telehealth Program. The funds received – totaling nearly \$804,000 -- supported eCare emergency services brought much needed care to emergency rooms, hospitals, senior care facilities, and patient homes, impacting 84 communities spanning seven states.

On behalf of our customers and the hundreds of providers and companies around the country who received these funds, I want to thank this committee and the FCC for offering this important program. The dollars went directly to acquiring new equipment, ultimately, delivering exceptional care to patients and their families during a difficult time.

Importance of Broadband Access, Connectivity

A critical component to providing telemedicine care is broadband connectivity and access. Telemedicine can help bring care to underserved communities by eliminating travel, accessibility, and scheduling concerns. This utilization of telemedicine services by underserved groups is significant, and depends largely on their access to reliable, high-speed internet. Without convenient access to broadband connectivity enhances, our ability to reach patients with augmented, high-touch care is greatly restricted.

Take for example our work with COVID-19 patients. One life-threatening symptom that requires immediate care is the shortness or loss of breath that can often accompany a severe case of COVID. This can be an unsettling and traumatic experience for patients and caregivers. By having access to video telemedicine services, clinicians can more fully assess the severity of illness to determine the best course of treatment. They can reassess frequently throughout the day if needed. Patients have direct visual contact with a trusted clinician who can talk through the treatment options, discuss alternatives, and provide a calming presence. The ability to effectively manage significant COVID illness at home has been invaluable to patients, the health care system and to payers. But, access to reliable, fast internet is critical to the availability of these types of programs.

¹ See Addendum (page 5)



In another federally funded initiative, the National Emergency Tele-Critical Care Network, or NETCCN, we are working with HHS and the DOD to provide critical care expertise to hospitals and municipalities struggling with COVID-19 surges. Over the last year, we have been deployed a dozen times to support the care of thousands of patients in community ICUs, COVID hospital units, and at patients' homes. We know we have saved lives, supported the healthcare system, and alleviated burnout of our vulnerable clinical workforce. The ability to deploy this telemedicine support to communities in stress requires speed, regulatory relief, and importantly, reliable broadband even during times of high network demands.

Important strides have been made to improve access to broadband, and I urge this committee to continue to support new and innovative projects and initiatives which can alleviate the physical challenges to delivering broadband. For example, our work with a rural Montana site was delayed for more than a year due to the logistical and physical difficulties of bringing in fiber to this remote community. If our provider partner had an alternative method to access high-speed internet, they could have brought in this life-saving care much sooner.

Telehealth Regulatory Flexibility

In addition to support for connectivity, I urge every member of this committee and the administration to continue to extend telehealth regulatory flexibilities created during the COVID-19 pandemic, or better yet make them permanent. Without this support, patients will lose access and we could run the risk going over the "telehealth cliff." The ability to provide modality-neutral telemedicine, such as phone-only care, asynchronous care, and remote patient monitoring, has proven especially valuable. We have learned we can trust clinicians to choose the right modality to work with their patients effectively.

Conclusion

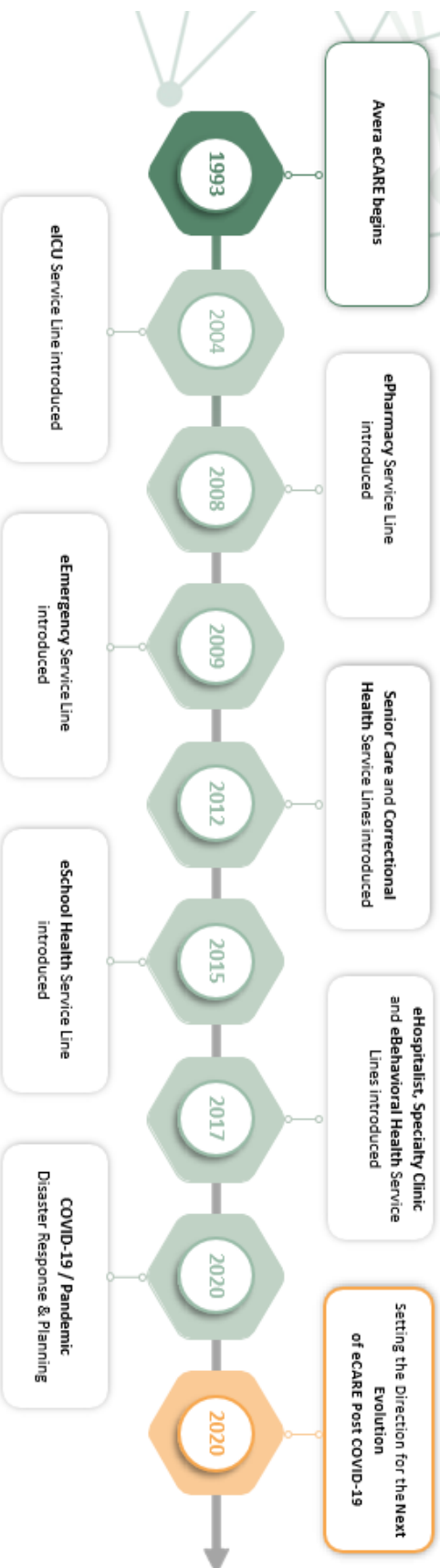
In closing, I would again like to thank the committee for the invitation to speak, and express gratitude on behalf of telemedicine providers to the FCC for providing funding to support the delivery of care to millions of patients. The funding available through USAC and the COVID-19 Telemedicine Program have delivered much needed access, but there is still work left to be done to address the disparity that still exists in the system.

It has been my experience over the course of my career that telemedicine improves overall quality of care while reducing cost. We serve patients in the communities where they live. We provide resources and access to help reduce rural clinician burnout and stabilize local workforces. Most importantly, we save lives. Again, thank you for the invitation to speak and I look forward to your questions.



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