The Issue

The COVID-19 emergency highlights the importance of a strong digital health and data infrastructure. Foundational to this infrastructure is adequate, affordable broadband connectivity, which is essential to enabling telehealth and ensuring patients can take full advantage of the modern technology that supports 21st century care delivery. Yet, capacity to deliver telehealth and other virtual services, particularly vital to promoting access to care in underserved communities, requires far more than broadband connectivity. Hospitals and health systems incur significant, sustained costs to support telehealth infrastructure and facilitate virtual care, including secure platforms, licenses, IT support, scheduling, patient education and clinician training. These costs can be a barrier for many hospitals, particularly in light of the significant financial losses due to the pandemic.

As we expand health care’s digital footprint, we also must prioritize strong cyber defenses to protect the privacy and safety of patients and their health information. Hospitals and health systems cannot achieve this alone. Increased federal support and coordination is needed to assist health care organizations as they continue to experience relentless attacks from cyber adversaries.

Additionally, while great advances have been made to modernize health care delivery through digital technologies, the key data systems used by hospitals and government agencies to track health care quality, safety and public health are often antiquated and inefficient. The historic underinvestment in health data infrastructure must be addressed in order to ensure our nation is prepared to respond to the next emergency and improve the health of patients and communities.

AHA Take

The AHA urges Congress and the Biden Administration to prioritize investment in broadband, telehealth and cybersecurity to ensure all patients have secure, sustained, equitable access to care using digital and information technologies. Hospitals, health systems and government agencies also require modernized data systems to better identify and respond to issues that affect health equity, racial and ethnic disparities, the quality of health care delivery, and public health responses.

Why?

Address Gaps in Broadband Coverage that Impact Access to Care. According to the Federal Communications Commission (FCC), more than 20 million Americans still lack access to high-speed broadband. Lack of affordable, adequate broadband infrastructure limits the ability of hospitals to effectively use telehealth to ensure access to high-quality care for patients where and when they need it, including in their homes. Access to broadband also is essential to reducing health disparities by connecting patients in underserved areas with the full spectrum of providers, including behavioral health services. Hospitals, particularly in rural areas, face a number of challenges when it comes to accessing affordable broadband. The FCC Rural Health Care Program has been a critical funding stream to provide support to eligible health care providers for telecommunications and broadband services. However, significant additional investment is required to ensure the program can meet growing demand, including the need to increase the level of subsidies provided. Rural hospitals also face the challenge of high upfront costs related to construction for “last mile” broadband connectivity, often affecting their ability to provide telehealth and impeding general health care operations.

Ensure Capacity to Deliver Telehealth Services in Every Community. Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults and wireless communications. This access has been a literal life-line for many individuals during the COVID-19 pandemic, including enabling continued access to critical behavioral health services and substance use disorder treatment. Yet, the substantial upfront and ongoing costs
of establishing and maintaining telehealth infrastructure can be a significant barrier for many hospitals and behavioral and
post-acute care providers. This can be addressed by continuing to provide funding for programs to offset infrastructure
costs related to telecommunications services, information services, and devices necessary to provide telehealth and oth-
er virtual services to patients at their homes or mobile locations, especially those patients who are unable to secure other
points of access to the health care system. The Coronavirus Aid, Relief, and Economic Security (CARES) Act and Consoli-
dated Appropriations Act provided nearly $450 million in total funding to the FCC for the COVID-19 Telehealth Program to
provide this type of telehealth infrastructure support. Unfortunately, eligibility was limited to only certain types of health
care providers. It is crucial that the FCC or any other federal agency providing such funds allow all hospitals, regardless of
ownership status, to be eligible for funding to support telehealth in their communities.

Another means to ensure capacity for telehealth is to appropriately reimburse health care professionals and hospitals for
providing telehealth services by removing Medicare’s limitations on telehealth. This includes eliminating originating and
geographic site requirements; expanding the types of technology that can be used for furnishing telehealth services; and
allowing hospitals to bill for the virtual care they provide and their costs in supporting telehealth services, among others.
Without these policy changes, it will be difficult and, in some cases, impossible for hospitals and health systems to pro-
vide telehealth at the level at which patients expect and deserve.

Support Stronger Cybersecurity Defenses and “Whole of Government” Response. While hospitals and health
systems continue to be heavily targeted by cyber adversaries, including sophisticated nation-states, great strides have
been made to defend provider networks, secure patient data, preserve health care delivery and, most importantly, pro-
tect patient safety. Yet, during the pandemic, there has been an increase in the frequency, severity and sophistication of
cyberattacks on health care. Hacking incidents of all types targeting hospitals and health systems increased significantly
throughout 2020 as they worked tirelessly to respond to the surge of COVID-19 patients. The pandemic has led to a cyber
“triple threat”: an expanded attack surface for cyber criminals to target; increased cyberattacks of all types; and fewer
available resources to bolster cybersecurity defenses. The magnitude of the challenges and the growing sophistication of
the attacks highlight the critical need for additional nationwide resources to strength cybersecurity infrastructure. These
efforts should include development of coordinated national defensive measures, expansion of the cybersecurity work-
force, disruption of bad actors that target U.S. critical infrastructure, and utilization of a “whole of government” approach
to increasing consequences for those who commit attacks.

Modernize the Data Systems that Support Improvements in Quality, Safety and Public Health. Many of the data
systems used in federal health care programs – including those related to health care quality, public health and pandemic
response – are cumbersome to use for hospitals and behavioral health and post-acute care providers, requiring heavy
reliance on manual processes. Without investment, our nation will have a severely abridged ability to identify, track and
respond to issues that affect health equity, the quality of health care delivery and public health responses. Dedicated
funding is needed to modernize the nation’s data infrastructure, including support for upgrades and maintenance of the
systems hospitals and other health care providers use to report vital quality data. In addition, there should be investment
in public health data systems modernization and workforce development to support optimization of those systems to
create and maintain coordinated and expanded surveillance and response capabilities.