Statement of Greg Carlson
Isanti County Broadband Task Force
for
Congressman Pete Stauber
and
Congressman Jared Golden

Small Business and Their Limitations without Reliable Access to Rural Broadband
May 30, 2019

On behalf of the Isanti County Broadband Task Force, Cambridge Medical Center including 55 admitting physicians, Presbyterian Homes & Services, Isanti County Public Health, other allied health care organizations, the hundreds of nurses, technicians, nurses aids, home health aids, other caregivers and support staff. We appreciate the opportunity to provide comments on the benefits of broadband, especially increasing access in rural areas.

BACKGROUND

The lack of adequate broadband has become a crisis in rural areas. Routine activities of both residents and business now often require Internet access. Work from home and business from home activities are increasing as are technology-based health care making business class broadband availability in rural neighborhoods an economic development and safety issue.

The Minnesota Broadband Task Force (charged with developing, implementing and promoting state policy, planning and initiatives to achieve state broadband needs and goals) established minimum speed standards. By 2022, the minimum download speed in the state should be 25Mbps (down)/3Mbps (up) and by 2026, all Minnesota homes and businesses should have access to at least one provider of 100Mpbs (down)/20Mbps (up) service. **The upload speed is typically the measure of greatest interest to health care, because they are frequently involved in uploading large files. An upload speed of 5 Mbps is considered the minimum for effective health care communication.**

In response to these and other concerns, the Isanti County Economic Development Authority (EDA) established a Broadband Task Force to learn more about broadband access in Isanti County and identify possible solutions. The first meeting was held in November of 2016.

Membership varied during the period 2016-2019. Members consistent throughout were: Commissioners Greg Anderson and Terry Turnquist, County Administrator Kevin VanHooser, EDA consultant Janna King, and Marc Johnson, executive director of the East Central Minnesota Educational Cable Cooperative. Others who participated on a regular basis, but not for the entire period 2016-2019

include: Bill Coleman, with Community Technology Advisors (Blandin Foundation Resource); Greg Carlson, Presbyterian Homes & Services; Gary Shaw, Cambridge Medical Center (Allina); Jay Manke, Mary Lodin and Ryan Hagfors with Genesis Wireless; Dave Williams, owner of Rev Net Data; and Travis Martilla, who is responsible for information technology at Isanti County.

In the spring of 2017 the County issued a Request for Proposals and in April 2017, the County Board approved a contract with Design Nine, a broadband planning firm. Their research focused on the quality of service throughout the county, including business and industrial parks. In addition, resident and business survey's, mapping, and analysis provided a better understand what type of technology would best serve the county:

- A wireless system with a series of towers, or
- A "fiber-to-the-premises" system, or
- A system with a combination of fiber-to-the-premises and wireless.

Though wireless may provide improvement in speed in the short term, it's unlikely to enable the county to achieve the broadband speed goal of 100/20 by 2026. In addition, interviews with healthcare providers revealed a concern for infrastructure sufficient to support emerging technology, particularly in underserved rural areas of the county. Healthcare professionals expect more services to become available on-line to reduce costs and improve patient outcomes, including monitoring the health and safety of elderly and others recently released from the hospital; providing services to people in their homes as long as possible can save money for families and other payers.

Approximately 40,000 people live in Isanti County, nearly 60% reside outside the city limits of the three communities of Braham (1,789), Cambridge (8,803) and Isanti (5,721), and most have less than adequate access to broadband services. Lack of access makes it difficult for rural residents to get preventive health care services, leaving them susceptible to fragmented, episodic care and poorer health outcomes.

BROADBAND-ENABLED TELEHEALTH SERVICES IMPROVE HEALTH OUTCOMES FOR UNDERSERVED RURAL AREAS

Access to reliable and affordable broadband is essential to the delivery of modern heath care. Electronic health records, technology-based patient engagement strategies, health information sharing for coordinated care, and remote-monitoring technologies all require high-bandwidth broadband connections. Such telehealth technologies can help overcome many of the obstacles to health care delivery that particularly confront rural communities. **Telehealth offers enormous potential to improve access to certain services and improve patient outcomes through use of new technologies, such as remote patient monitoring and access to specialty services, including mental health and addiction services.**

Telehealth is much more than virtual health visits; the term also encompasses technology connecting patients to vital health care services though videoconferencing, activity and daily living monitoring, medication management, electronic consults, wireless communications and safety

interventions. Electronic health records enable efficient exchange of patient and treatment information by allowing providers to access digital copies of patients' information, improving the continuity of care and reducing redundancies in treatment. Remote patient monitoring uses electronic communication to collect and transmit personal and medical data to health care providers, allowing providers to monitor a patient's health in real time after the patient has left the medical center.

HELPING AT-RISK POPULATIONS MAINTAIN INDEPENDENCE

Many older adults report feeling lonely or isolated, to counter this concern healthcare providers work collaboratively to incorporate social connectedness into programs for these patients. If patients are not socially connected, they will not age optimally. New and innovative mobile health applications enable better patient-provider communications, encourage better patient self-management and health literacy, and promote positive changes in health and lifestyle. Telemedicine and mHealth (mobile health) are rapidly emerging as cost-effective solutions to overcoming many of the obstacles to health care delivery faced in rural communities.

The proper infrastructure must be in place to allow for these and other technologies to be implemented in the home. However, residents in rural areas often do not have the financial means to have broadband service, which these technologies rely on.

CAMBRIDGE MEDICAL CENTER and the PROVIDER COMMUNITY

Models of care that help the transition from the hospital to the home are important, and the key team member might be a healthcare professional other than a doctor. Technologies are key enablers of strategic partnerships between long term care settings and the medical center and help to carry out integrated and person-centered care and services that support the health and wellness of patients across the continuum. With such connectivity, a broad array of services are available to support health and wellness, reduce loneliness and isolation, increase quality of life and, ultimately, enhance independence among older adults living independently.

For the Cambridge Medical Center, this involves leveraging technology for the patient facing experience and interaction with the provider community. The objective of current planning is to enhance the patients online experience by expanding the reach of telehealth and mHealth (mobile health) technology with improved access to

- online scheduling,
- video visits,
- medical messaging with patients,
- Urgent Care and Emergency Department wait times,
- online video education,
- MyAccount/MyChart (Patients online Health Account),
- applications on phones or pc's **which all essentially require high speed internet.**

PRODUCTIVITY AND THE WORK EXPERIENCE

An increasing number of physicians, nurses, social workers and other practitioners work remotely, which frequently involves uploading large files such as imaging, progress notes, insurance forms, scheduling, etc. Social workers and public health nurses have reported inefficiencies as a result of delays in uploading documentation following a home visit in remote parts of the county where broadband is unavailable. Specialists are often required to access files or view an image initially from home to expedite a medical intervention, such as urgent care and emergency care services. For this reason the lack of broadband outside the city limits has had a negative impact on physician recruitment, a growing challenge in rural communities.

CONCLUSION

The health care field is quickly moving from fee-for-service to a value-based delivery system. Success in new payment models, such as bundling, accountable care organizations and new physician payment models will require flexibility to deploy telehealth, particularly as part of care management programs.

Ensuring communities in rural areas can take full advantage of the benefits of telehealth solutions requires access to reliable and affordable broadband connections. Telehealth is changing health care delivery. Through videoconferencing, remote monitoring, electronic consultations and wireless communications, telehealth expands patient access to care while improving patient outcomes and satisfaction. Telehealth offers a wide-range of benefits, such as immediate access to care, less expensive and more convenient care options and improved care outcomes. The Isanti County Broadband Task Force and area health care providers appreciate the focus on the importance of expanding broadband connectivity and grateful for the opportunity to share our rural perspective.

END OF STATEMENT