

Mobile Broadband Access as a Foundation for Telehealth Engagement

FQHC Feasibility Study

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Telehealth Has Grown, But Access Gaps Persist

Uneven Infrastructure

Broadband availability, devices, and digital readiness remain inconsistent across communities, particularly in populations with limited access to care.

Audio-Only Default

Patients without connectivity fall back on audio-only visits, a more limited care experience.

The Core Problem

Telehealth is available, but not accessible for everyone who needs it most.

❏ **Telehealth is available, but not accessible to everyone**

What Is Missing in Telehealth Research

Well-Studied Areas

Platforms

Technology
infrastructure and
interface design

Workflows

Clinical integration and
provider processes

Digital Literacy

Patient skill-building and training

The Understudied Gap

Research rarely treats internet **access as a prerequisite** — the foundational layer that must exist before any telehealth engagement is possible.

Key Question

What happens if we remove the internet access barrier first?

Purpose of This Study

- Assess feasibility of addressing mobile broadband access as a prerequisite to telehealth
- Focus on patients in a Federally Qualified Health Center (FQHC) setting
- Evaluate a low-burden, referral-based workflow within routine clinical operations
- Generate early insights to inform future telehealth access strategies

Goal: Determine whether removing broadband access barriers supports telehealth engagement in populations with limited access to care.

Why FQHC Settings Matter

FQHCs serve populations where access barriers most directly impact care delivery



Safety Net Population

Serving patients with the fewest resources and highest health disparities.



Socioeconomic Barriers

Low-income households face compounding barriers to care access.



Populations with Limited Access to Care

Patients served in this setting reflect a distinct cultural and community context with longstanding health disparities.



Affordability Limits Connectivity

Patients often cannot maintain unlimited data plans — a real-world constraint on care.



Feasibility Study Overview

Single-arm feasibility study conducted in an FQHC setting

1

Arm

10

Participants

Up to 10 enrolled

6

Months

Study Focus

- Participant-reported data only
- Engagement, readiness, and telehealth use
- Designed to be practical within existing FQHC infrastructure



WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER

Low-Burden Referral-Based Model

Care Team

Identifies eligible patient Adult FQHC patients, Wai'anae residents, mobile broadband access barriers, many managing chronic conditions

Referral

Sent to Principal Investigator

Principal Investigator

Handles consent, device setup, and ongoing support

Patient

Uses device for telehealth visits



Streamlined workflow — all patient support centralized with the PI. Minimal impact on clinical workflows.



WAI'ANAE COAST
COMPREHENSIVE
HEALTH CENTER

What Changed for Patients



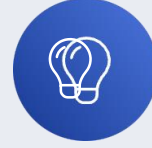
Mobile Device

A smartphone configured for telehealth and everyday use.



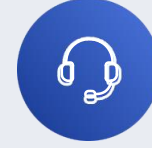
Unlimited Data Plan

Removing the primary connectivity barrier entirely.



Basic Orientation

Foundational guidance to get started with the device.



Ongoing 1-on-1 Support

Personalized, continuous support from the PI throughout the study.

Preliminary Feasibility Findings



Enrollment Feasibility

Eligible patients successfully identified and enrolled through the referral pathway.



Growing Confidence

Participants reported increased confidence using mobile devices for telehealth.



Telehealth Participation

Participants completed video telehealth visits using provided devices, reducing reliance on audio-only visits.



No Workflow Disruption

Centralized support model was implemented with minimal impact on clinical workflows.

Data Collection Status

 Post-participation surveys will be completed **end of April 2026**. Final analysis is in progress.

This Presentation Includes

- Feasibility outcomes and enrollment findings
- Engagement trends across the 6-month period
- Early implementation insights from the field

Coming Soon

- Final post-participation survey results
- Telehealth readiness analysis
- Exploration of longer-term engagement patterns

Key Insights

1

Access Supports Engagement

When connectivity barriers are addressed, participants were able to engage with telehealth, including those with limited prior digital experience.

2

Confidence Increases With Use

Participants reported increased confidence using mobile devices for telehealth, based on repeated use during the study period.

3

Care Teams Stay Focused

The centralized PI-support model was implemented with minimal impact on clinical workflows, allowing care teams to maintain focus on patient care.

Implications for Telehealth Access

What This Study Demonstrates

- Mobile broadband interventions are **feasible** within FQHC settings
- The model was implemented with **minimal impact** on existing clinical workflows
- Findings may **inform approaches** in other safety-net and populations with limited access to care
- Findings are based on a small, single-site feasibility study and should be interpreted as preliminary

The Core Principle

Connectivity should be considered a key requirement for telehealth engagement

Access-focused telehealth strategies must begin with infrastructure before addressing literacy, platforms, or workflows.

The Takeaway

Based on participant-reported data, mobile broadband access may serve as an important enabler of telehealth engagement

When access barriers are addressed, participants were able to engage in telehealth, build confidence using mobile devices for telehealth, and participate in care with minimal impact on clinical workflows.

Findings are based on a small, single-site feasibility study and should be interpreted as preliminary.

For FQHC Leaders

Findings suggest the model can be implemented with minimal workflow disruption

For Funders

Investing in access may support more broader telehealth engagement