CHCF CHIP Summary

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CHIP Title: A Telehealth Journey: From Emergency Response to Sustainable Operations

Project Description: Telehealth has always interested me as a model of care to decrease barriers and increase access to care, but prior to the pandemic state of emergency there wasn't a reimbursement model for FQHCs in primary care. We were doing some telehealth with remote specialists, bringing patients to the clinic for visits, but nothing in primary care or with remote patients. Then everything changed. Over 2 weeks in March 2020, we went from 100% in-person visits, to only 15%, the remaining 85% remote telehealth. Over the next two years, my team and I wrestled with infrastructure, workforce, and staffing for this new model and how we might implement it in ways that were equitable and meaningful to patients and their families. The objectives were constantly shifting due to a combination of internal and external forces. Ultimately, we achieved a somewhat steady state with 20% telehealth visits which are primarily integrated into our in-person clinics. The bigger issues of equity and patient experience will require continued advocacy and effort to ensure that the disparities that already exist in access do not persist in the expanded telehealth model.

Key Findings and Lessons Learned: I started this project in March 2020. In search of an effortless experience for patients, providers, and staff, we piloted several different video telehealth platforms over the two years, including eClinicalWorks, Webex, and Doximity. All of our clinic locations and providers are now providing telehealth services in the context of in-person clinics and a few providers have dedicated telehealth shifts to expand access when our physical space for in-person care is at capacity. My team was awarded $147,000 in grant funding to support our telehealth work from the Center for Care Innovations. Successful telehealth requires that providers and staff demonstrate its efficacy to patients. It also requires systems that support appropriate use. If patients don't have confidence in the model, they will default to in-person care because it is what they know, even if their needs could be best met in an alternative video or audio-only model. Those patients with higher levels of digital literacy will disproportionately benefit from this expanded access without dedicated outreach and support.

Next Steps: Telehealth is now an integral part of primary care. We will be successful when our patients, regardless of their age, race/ethnicity, or primary language, are able to access their care team in the way that best meets their needs, whether by video, audio-only, or in-person care. We have created a telehealth disparities dashboard that measures access by the various channels. I have applied for additional grant funding that will support this telehealth equity work and will continue to advocate for the inclusion of audio-only reimbursement as long as broadband and video capable devices are not equitably available in our community.