



2020



CHC's Adoption of Telehealth During Pandemic and Recommended Changes

MTELEHEALTH

MTELEHEALTH, LLC | 455 NE 5th Avenue, Suite D144, Delray Beach, FL 33483 |
ph 561.366.2333 | fx 561-366-2332 | www.mTelehealth.com



CHC's Adoption of Telehealth During Pandemic and Recommended Changes

An article in the [Health Affairs blog](#) assessing how the COVID-19 pandemic has affected Community Health Centers (CHCs) shines the light on CHC's struggle to adapt to delivering a significant amount of their services via telehealth. Using data from 2016, the article points out that only 38% of CHCs used telehealth at that time, and those that were utilizing telehealth were mostly providing specialty services (most commonly mental health), while few used it for CHCs' most commonly delivered primary care services. Part of the reason for CHCs' slow adoption of telehealth were barriers to reimbursement, lack of equipment funding, lack of training for providing telehealth services, and some rural CHCs reported inadequate broadband access. As a result, CHCs were largely unprepared to rapidly convert to a telehealth model of care during the COVID-19 pandemic. According to the [Health Resources & Services Administration](#) (HRSA), CHCs are now only seeing 57% of the number of visits they typically get during a week and 51% of those are being conducted virtually. The article identifies three steps that can be taken in order to help CHCs adapt to the new reality and deploy telehealth systems more effectively and sustainably moving forward.

1. **Make permanent all-payer parity for telehealth reimbursement:** This is critical in order to give providers at CHCs the flexibility to determine the best mode of treatment for a patient without making financial trade-offs. It is noted that several states have already implemented parity policies for their insurers, and that temporary telehealth parity measures tied to the COVID-19 emergency should be made permanent so that CHCs can make sustainable investments.
2. **Funding and Guidance for Equipment, Personnel, Training, and Protocols:** A successful telehealth program depends on access to the proper equipment and software, as well as high-speed broadband. Although the Federal Communications Commission (FCC) has offered some support in this area, it's not enough and more focused funding is needed by the state and federal government. Additionally, training and support from information technology specialists is also necessary.
3. **Telehealth Support for Vulnerable Patients:** CHCs face many unique challenges associated with treating low income, medically underserved patients, and a higher percentage of immigrant non-English speaking patients. CHCs must have the support to accommodate interpreters and translators through telehealth, as well as applications that are easy to use for patients that may lack health and digital literacy. Because many of their patients do not have access to high speed broadband, the authors also argue that audio-only visits should be made permanently reimbursable to accommodate patients without video conferencing access. The allowance for

the patient to be at the home regardless of geography, and the expansion of services should also remain in effect beyond the emergency according to the article.