Accelerating Telehealth Implementation for Low-Income Californians during the COVID-19 Era



Hector P. Rodriguez, UC Berkeley

CHP Telehealth Town Hall Wednesday, Sept 23, 2020

Thank you to our partners!











EXHIBIT 1

Rates of consumers' use of telehealth, by type of use, 2013-16 60% -50% -Communicating by phone Asking medical questions through email 40% -Making online appointments Viewing test results through a website 30% -Communicating by a mobile app 20% Communicating by live video Communicating by text message on a mobile phone 10% -Communicating by live text chat on a website 0% December December December June December June June June 2013 2014 2015 2016

source Authors' analysis of data from the Consumer Survey of Health Care Access of the Association of American Medical Colleges. NOTES "Communicating" means communicating with a provider. Examples of live video are Skype and FaceTime.

> DOI: 10.1377/hlthaff.2018.05101 HEALTH AFFAIRS 37, NO. 12 (2018): 2060-2068 ©2018 Project HOPE-The People-to-People Health Foundation, Inc.

Are State Telehealth Policies Associated With The Use Of **Telehealth Services Among Underserved Populations?**

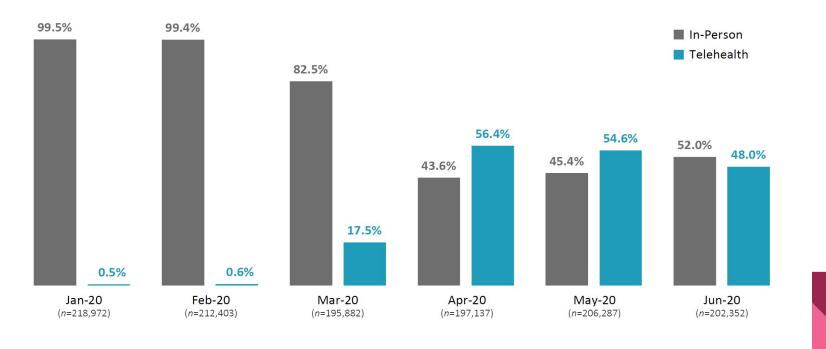
By Jeongyoung Park, Clese Erikson, Xinxin Han, and Preeti Iyer

EXHIBIT 2

Selected characteristics of consumers, by use of live video communication with their provider, 2013-16

			Used live video communication (%)	
	Characteristic	All (%)	Yes	No
	Female	50.6	31.8	53.8
	Age (years) 18–24 25–44 45–64 65 or older	10.7 36.0 32.9 20.4	12.9 71.7 14.3 1.1	10.0 29.9 36.2 23.9
	Race Native American Asian Black Pacific Islander White Other Multiple	1.3 4.7 13.3 0.3 67.0 0.6 13.0	2.2 7.4 17.5 0.5 52.9 0.4 19.0	1.1 4.2 12.6 0.2 69.9 0.6 11.5
	Hispanic ethnicity	15.5	23.5	13.8
-	Has physical problems	43.6	54.9	41.8
	Has mental or emotional problems	21.2	48.2	17.0
	Type of insurance Private Medicare (younger than age 65) Medicare (age 65 or older) Medicaid Medicare and Medicaid TRICARE, VA, IHS, through parent None	41.6 8.7 16.0 15.6 5.0 8.0 5.2	51.5 19.3 0.5 9.8 5.9 9.2 3.7	40.2 6.9 18.7 16.5 4.8 7.6 5.4
	Income ↓ Less than \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more	22.3 23.9 19.0 13.1 21.8	8.7 15.3 15.1 19.3 41.6	24.1 25.5 19.6 12.1 18.7
	Rural	19.6	8.3	21.6

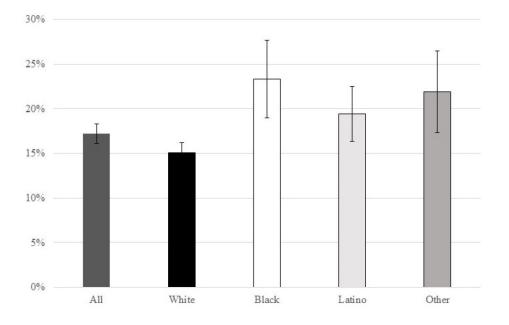
In California, telehealth encounters increased as in-person encounters declined in response to the COVID-19 pandemic.



Care in the COVID-19 Era: An Analysis of California Community Clinics

www.chcf.org

Nationally, Blacks and Latinos were more likely to have had a telehealth visit early during the COVID-19 pandemic.



Source: Pew Research Center's American Trends Panel 2020, which is a national, probability-based online panel of adults (18 or older) living in U.S. households.

Figure 1. Survey-weighted percentage with 95% confidence intervals of U.S. adults reporting telehealth use due to the COVID-19 pandemic by race and ethnicity

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Will the Telemedicine Boom Outlast the Pandemic?

July 30, 2020, at 9:00 a.m.

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By Dennis Thompson

HealthDay Reporter

THURSDAY, July 30, 2020 (HealthDay News) – Telemedicine has exploded during the COVID-19 pandemic, with the United States on track to log more than 1 billion virtual doctor visits by the end of 2020, experts say.



(HEALTHDAY)

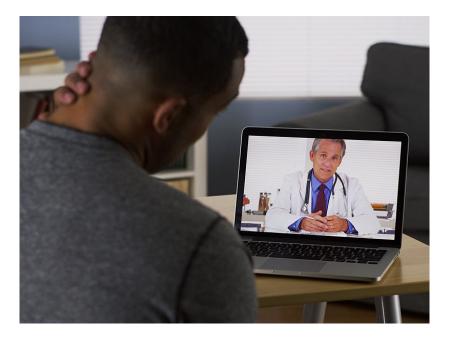




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What about vulnerable patients with chronic conditions?

Optimal



Reality??



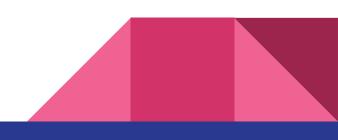


Preliminary Findings- Telehealth Video Visits

- Most California FQHCs have yet to implement telehealth <u>video</u> visits on a broad scale
 - Most rely on telephonic (audio only) visits
 - Video is limited to individual clinician adopters and patient subpopulations
- Barriers to video visit uptake include:
 - Perceptions of low patient technology readiness, internet access, and digital literacy
 - Reimbursement/payment incentives for video and audio telehealth visits are equivalent
 - Audio only visits have lower operational complexity, lower training requirements, and broader patient access
 - Uncertainty if flexibilities will continue, which is <u>a risk for audio only</u>.

Preliminary Findings- In-person encounters, reduced volume

- In-person encounters still account for ~50% of FQHC encounters
 - Telehealth visits peaked the week of April 19th, 2020 (55% of encounters)
 - Telehealth remains ~40-50% of encounters
 - Lower "no show" rate (5-10%) for telehealth compared to in-person encounters (15-20%+).
 - <u>Documentation</u> of audio vs. video telehealth is often not distinguished in EHR data.
 Claims data include distinctions, but not always reliable.
 - Remote monitoring technologies have low uptake in FQHCs
- Dramatic reduction in FQHC encounters overall (Alameda County example)
 - Week of March 8th, 2020 (right before COVID-19): <u>17.3K</u> encounters
 - Week later: <u>11.4K</u> encounters (<u>34% drop</u>)
 - Every week since: 10-12K encounters
 - Has led to furloughs of FQHC staff



Preliminary Findings- Organizational Learning

- California FQHCs are struggling with managing the needs of special populations. Innovation/ experimentation and more evidence to guide implementation is needed.
 - Disabled
 - Limited English Proficiency, esp., Spanish language dominant Latinos
 - Older adults
 - Individuals without reliable internet and technology access

