HEALTH CENTER PARTNERS of Southern California

Policy Brief: Telehealth Transformation During the Coronavirus Disease Pandemic of 2019-2020

A look at how Health Center Partners and its member Community Health Centers transformed health care delivery.

Key Points:

- Telehealth and telephonic care are effective in safely delivering care for many health center patients and have helped to increase access to care by addressing barriers including lack of transportation and challenges in taking time off from work to receive care.
- Strong clinical leadership is important for leading large-scale transformations of care delivery, such as was seen in Health Center Partners member health centers.
- Supporting health center providers and staff will be critical in the long-term to mitigate the impacts of burnout and stress.
- The pandemic served to accelerate the transition to telehealth and telephonic care and other care delivery innovations. Maintaining them in the long-term will require legislative action and payment modernization.

Community Health Centers (CHCs) underwent a rapid and robust transformation in how they coordinated and delivered health care during the COVID-19 pandemic. In response to site closures and in efforts to keep patients and staff safe, CHCs mobilized and adopted innovations in health care delivery that centered on the expansion of telehealth and virtual care to meet patient health care needs. CHCs learned quickly that telehealth and telephonic care were effective for many health care services and patients. In doing so, CHCs also learned that the pandemic required continuous change in service delivery producing opportunities to address long standing barriers to care access and innovation utilizing remote patient monitoring and other health technology tools. These shifts have become the foundation for value-based care and maintaining them in the future will be a priority.

Health Center Partners of Southern California (HCP), a family of companies, includes a 16-member organization of Federally Qualified Health Centers (FQHCs), Indian Health Services organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, which collectively serve 858,757 patients each year for 3.6 million patient visits annually, at 160 practice sites.

This report offers a brief review of how the COVID-19 pandemic impacted this network of CHCs in San Diego, Riverside and Imperial Counties and it explores the transformation of primary care delivery in the face of this crisis.

Through this crisis, HCP has been responding to the rapidly emerging needs of its member CHCs, including providing technical assistance and resources to ensure continuity of health center operations in the face of site closures and rapidly changing reopening orders. HCP has played an important role in connecting health center clinical leaders to share ideas and strategies for ensuring access to safe and high-quality health care during the pandemic.

Clinical Leadership's Call to Action in Response to COVID-19

The COVID-19 pandemic has presented significant challenges as well as opportunities for innovation for HCP's member health centers. Nearly every

aspect of care delivery has been impacted by this crisis. The clinical leadership within HCP's member health centers, including Chief Medical Officers (CMOs) and clinical leaders for oral health and behavioral health, have been at the center of their CHCs' efforts to support community response and ensure access to care for patients.

HCP has convened its CMO Leadership Network for many years. This group has met historically on a monthly basis to share best practices and provide peer support in managing clinical teams. The ability to connect with other clinical leaders through this peer network has been a valuable resource.

In early March, HCP called an emergency CMO Leadership Network meeting to discuss the emerging COVID-19 crisis. Leaders shared what they knew and what actions their CHCs were taking to ensure patient and staff safety. Through weekly calls, these clinical leaders continued to offer peer support and best practice sharing to address rapid changes. Topics often discussed by the CMO Leadership Network included:

- Processes for closing practice sites and service lines;
- Telehealth and telephonic workflows, resources and experiences;
- Staffing challenges and support strategies; and,
- Re-opening strategies for practice sites and service lines.

These weekly meetings have been valuable to clinical leaders who were charged with making large-scale transformations in care delivery strategies based upon very little, or often conflicting, information from public authorities.

> "It was hard to know what sources of information to trust. The CMO Leadership Network formed a brain trust, bringing together everyone's best information and thinking." *Kelly Motadel, MD, former CMO, Vista Community Clinic and former Consulting Medical Director, HCP.*

The CMO Leadership Network also engaged CHC clinical leaders in a provider-driven process for making evidence-based changes in practice during this unprecedented time.

HCP's clinician leaders worked together to:

- **Research clinical guidelines** that care teams should institute for management of COVID-19 positive patients or management of conditions via telehealth;
- **Develop workflows** for outreach to patients, connecting patients to video visits or telephonic appointments, and documentation in electronic health records; and,
- **Create health education** content for patient and staff education on COVID-19 prevention strategies and management of symptoms.

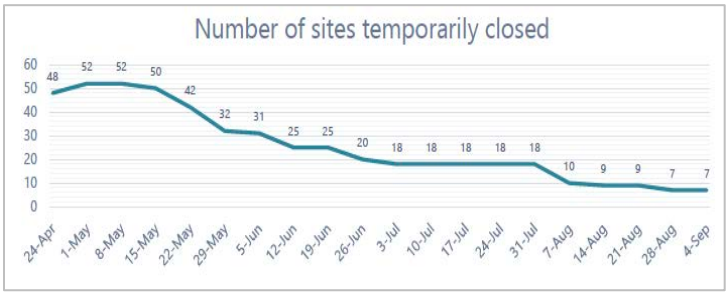
HCP's CHCs and patients benefited from the collaborative efforts of these clinician leaders to rapidly identify issues and maximize the expertise and resources across organizations to innovate and ensure access to care.

How HCP's Member Health Centers Transformed Care Delivery During the Pandemic

The COVID-19 pandemic had an immediate impact on service delivery for HCP members. Due to county and state orders and shortages of personal protective equipment, many practice sites closed, and patients were triaged.

Practice Site Closures

Practice site closures were highest in March when nearly 40% or 60 sites were closed. Some of these sites were closed to patients but were utilized instead by clinic providers and staff for telehealth services and telephonic care. The number of sites closed has gradually declined over the past six months. The most current data collected by HCP shows that only 7 of 160 sites remain closed.



Workforce Impacts

Coupled with the site closures was the impact on health center staff. At the start of the pandemic, nearly 3,200 HCP CHC members' staff were furloughed, representing, on average, 20% of their workforce. Over time, members' staff have been returning to work. However, health centers continue to face workforce challenges because staff are expressing fear of exposure to COVID-19, staff members are on leave for isolation after testing positive for COVID-19, or they are staying home to care for school-aged children.

As of September 18, the cumulative count of HCP CHC members' staff who have tested positive for COVID-19 is 293. The rate of community spread has slowed in the three counties, so has the rate of new infections among health center staff. The number of new infections among staff per week has declined from as many as 27 staff members in the week ending July 31 to 3 staff members in the week ending September 18. HCP began routinely collecting data on health center staff infections in late March.

Reduced Service Utilization

As early as March, the combination of practice site closures, staff furloughs, and patients staying home because of county and state orders had an immediate impact: a significant drop in patient visits. HCP's health centers responded rapidly and transitioned to telehealth and telephonic care almost overnight. Today, utilization for both in-person and telehealth and telephonic visits, for all services combined, is still below what it was prior to COVID-19, currently 84%.

CHCs are navigating changes within their facilities to ensure staff and patient safety as practice sites reopen. Many sites are operating at reduced capacity to allow for social distancing. Many sites are conducting patient intake outside their facilities, in tents in parking lots and with patients waiting in their cars.

Transition to Telehealth and Virtual Care Rapidly Increased Access

Historically, there has been resistance to broad use of telehealth in health care, as evidenced by many rules limiting the types of connections and locations where it can be utilized. HCP's members have long understood the potential for telehealth and telephonic care to meet the medical and behavioral health care needs of their patients.

Prior to the COVID-19 pandemic, more than half (56%) of HCP's members utilized telehealth and telephonic care in patient services. Typically, these services were used to connect a patient at a CHC practice site with a distant behavioral health or other specialty care provider. As the pandemic emerged, HCP's members leveraged this expertise to rapidly deploy telehealth to connect patients to care. COVID-19 has proven that telehealth and telephonic care are feasible and effective for managing many clinical conditions among safety net patients.

Before the pandemic, telehealth services typically were organized to connect a CHC patient to a distant behavioral health or other specialty care provider via live video connection. What has been transformational during this period is that telehealth, telephonic and virtual care are bringing health care services to patients in their homes, connecting them with their CHC primary care teams (one or more of whom may be at work or at home), as well as to other distant specialists.

Telehealth Pre-COVID

Telehealth During COVID

"Our health center has used telehealth for more than 10 years, mostly related to behavioral health services. The impact of COVID-19 forced the cancellation of many routine in person medical visits in those early days and months. Our ability to utilize telehealth was a saving grace for our organization and a way for our providers to maintain continuity of care with their patients. Telehealth has been particularly important for our high-risk patients, including those that are immunocompromised (such as those who are HIV+), while allowing them to isolate at home. In March, we trained 132 providers and over 250 staff on our telehealth platform. Borrego has over 50 sites of care and more than 40 sites remained open throughout the shutdown providing services both at our clinic locations and via telehealth to meet the needs of our patients. Between March and June, we served more than 38,000 patients through 66,000 visits via telehealth." *Mark Connelly, COO, Borrego Health.*

Opportunities and Challenges of Telehealth and Virtual Care

The rapid transition to telehealth and virtual care has highlighted some important benefits as a health care delivery strategy for health centers.

HCP member CHCs have experienced many benefits from rapidly deploying telehealth, telephonic and virtual care:

- Telehealth has quickly become a preferred method for accessing care for many patients as it addresses key barriers to care including lack of transportation and needing to taking time off from work to receive care.
- Initially, no-show rates for services dropped substantially. This has rebounded somewhat, but for many CHCs remains below pre-pandemic levels. This is particularly true for behavioral health services.
- Health centers are reporting improved patient and provider satisfaction with virtual care.
- Anecdotally, there is a decreased risk of transmission of COVID-19 between staff and patients due to the transition to telehealth and virtual care.

Challenges experienced in the transition to telehealth and virtual care:
Such a rapid transformation of care is not without its challenges. Some of the key issues that HCP's member CHCs experienced include the following.

Video visits, while preferred, were not feasible for most:

- Providers and patients experienced challenges with internet access;
- Some patients were unable to download the virtual care application to their devices; and,
- Many patients were unfamiliar or uncomfortable with technology and did not want to connect by video.

Remote monitoring for diabetes and hypertension required specialized equipment:

- As most patient services were conducted on site prior to the pandemic, remote monitoring equipment was not widely available for home use (like wireless blood pressure monitors or home blood glucose monitors);
- Some CHCs did make remote patient monitoring devices available, but they did not always connect directly to the CHCs' Electronic Health Record (EHR) systems; and,
- Patient self-reported data (like blood sugar levels or blood pressure) was not as reliable for managing chronic conditions.

Conducting screenings and assessments in virtual care environments required new skills:

- CHCs administered numerous routine screenings to assess patient needs and health status, including PHQ-9 surveys for depression, ACEs for trauma, and PRAPARE to assess social determinants.
- These screenings had even greater importance during the pandemic but conducting them over the phone or on video was a challenge at the start.

"The quick pivot to virtual care was challenging, but we as a health center would not be here without it. It was hard to understand what our role was, not wanting to bring patients into the center for fear of spread but needing to ensure that Emergency Departments were reserved only for those who were the sickest. We have found that virtual care works for about 80% of patients. We have had less than a 10% no-show rate for behavioral health - it really works for our patients." *Rakesh Patel, MD, CEO, Neighborhood Healthcare*

Transition to telehealth and virtual care required new health IT infrastructure for CHCs:

- Shifting telehealth services from a clinic-based model to a fully remote model required different infrastructure and security;
- CHCs were challenged to invest the capital for new virtual care management platforms and infrastructure while at the same time they experienced significant productivity and therefore revenue losses;
- CHC leaders had been planning for long-term sustainability of virtual care systems but had to address the immediate need; and,
- Having to maintain a robust, secure network to support the delivery of more than half of health care services through a virtual care environment was both an imperative and a significant challenge.

How HCP is Supporting its Members

Training and Resources for Transition to Telehealth, Telephonic and Virtual Care

HCP provided a series of training and technical assistance virtual services for its members' staff and care teams to support the transition to virtual care. For example, early in the pandemic, HCP worked with Elizabeth Morrison, LCSW, and Principal, EM Consulting, to develop a curriculum and to pilot a training program across its network of CHCs on how to use an empathy-based approach to depression screening via telehealth.

Going even further, to address challenges in remote monitoring of patients with chronic diseases, HCP is testing, through a pilot project, remote monitoring kits with a blood pressure cuff, pulse oximeter, and thermometer. No Internet access is required for these devices as they have a cellular chip built in to transmit data directly to care teams.

Procurement Strategies for Telehealth and Infection Control

CHCs needed to quickly build new capacity for telehealth and remote care teams. CNECT, HCP's national group purchasing organization, helped to develop contracts and build relationships with new suppliers for remote patient monitoring equipment and virtual care solutions. A centralized resource page on the CNECT website was created to offer one-stop shopping with a variety of vendor solutions for virtual care.

CNECT found that one area with which CHCs were struggling was oral health care, due to the large number of closures of dental practice sites following the onset of the pandemic, and the resulting revenue losses. In response, CNECT developed and hosted a webinar on how to deliver oral health care via telehealth. CNECT also researched and identified products that would support infection control and allow CHCs to begin reopening dental practices. These included air filtration systems and other equipment to sterilize aerosolized droplets.

Advocacy to Address Barriers to Telehealth and Virtual Care

The pandemic highlighted gaps and weaknesses when it came to delivering health care through telehealth, telephonic and virtual care modalities. HCP is working to overcome these, as new care delivery strategies are necessary to remove long-standing barriers to care for low-income, underserved communities. HCP has helped to shine a light on state and federal barriers to telehealth and telephonic care, as evidenced by over 50 letters to the federal administration, congress and state political leadership. HCP is continuing to raise awareness of the effectiveness of telehealth and telephonic care in serving CHC patients. This has the potential to bring new solutions to address health inequities and remove structural barriers to health care access. HCP continues to advocate with its partners at the state and federal levels to ensure permanency of telehealth, telephonic care, and other virtual care solutions including their adequate reimbursement.

What stands out most? HCP's ability to bring together its member CEOs and clinical leaders to share their information and experiences, collectively navigate their challenges in practice site closures and staffing furloughs, while transitioning overnight to telehealth, telephonic and virtual care modalities. That, taken together with HCP's shared learning network offered multi-disciplinary support to sustain energy throughout the pandemic and proved to be its most valuable resource in assisting its members navigate the COVID-19 pandemic.