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Optimizing Telehealth during COVID:
Listening to the Primary Care Voice

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Key Messages

• Telehealth has the potential to increase access to health care, especially during a pandemic, but providers are concerned it could exacerbate existing inequities in health access. Providers specifically mentioned: inequitable patient access to broadband internet, appropriate technology, home monitoring equipment; language barriers; and culturally appropriate outreach.

• Telehealth can be an effective replacement for certain in-office visit types and may reduce no-show rates. There is, however, lack of consensus on which visit types are best suited for telehealth. Providers also expressed concern that inappropriate use could result in poor patient outcomes and increased liability. Finally, practices faced challenges with billing and reimbursement and how best to implement new telehealth workflows.

• Enacting responsive policies for payment parity between in-office and telehealth visits and between audio-visual and phone telehealth visits has been critical to support primary care practices.

• Payers, policy makers and administrators should consider the experiences of primary care providers, whose uptake and use of telehealth services, during the pandemic, can provide critical guidance as policies, reimbursement and system changes are being considered.

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Introduction

In March 2020, the COVID-19 pandemic dramatically changed primary care. One major change was the conversion to and expansion of clinical to telehealth visits.

To better understand this process, ECHO Colorado and the Farley Health Policy Center facilitated and qualitatively analyzed two in-depth, virtual discussions among Colorado primary care providers and health professionals. This brief presents these providers' experiences with the rapid shift to telehealth and their recommendations to optimize these services in the near future and post-pandemic.

In this brief, telehealth means an encounter between a health care provider and patient(s) using audio-visual technology (video visit), audio-only technology (phone visit), or some combination.

Methods

Twenty-eight primary care providers and health professionals participated in two 60-minute virtual discussions [May 26, 2020 and June 2, 2020] designed to collect their stories and experiences with telehealth during the COVID-19 pandemic. Virtual sessions were audio recorded, transcribed, and coded by two independent coders utilizing a standardized coding scheme. Codes were conceptually grouped into emergent themes through frequency of coding.

"Overall I think they [telehealth visits] have worked well for our clinic. Specifically, it has enabled us to have closer follow up with some patients, more touches, because it doesn't require them to take the time to get to and from us. It also decreases our no-shows…"

"I'm a full-time family physician …...Every day I have telehealth visits…...And every day I feel uncomfortable with at least one or two of my visits with how I'm managing my patients."

Provider Recommendations to Optimize Telehealth

- **Clarify billing and payment:** Reimburse providers for the work they do, regardless of the location of that work or the technical modality (audio-visual vs. audio-only). Patients need to be able to access telehealth services without additional cost-sharing barriers. Uniform policies on telehealth services, including the role of quality metrics, are necessary to decrease administrative burden for providers working in multiple payer systems.

- **Allow for flexibility in the workplace environment:** Enable policies within health systems so providers can deliver telehealth services from home to reduce overhead costs, conserve PPE, and reduce exposure for providers during future pandemics. Promote policies and workflows which allow providers to switch to telephone visits when video fails.

- **Clarify home monitoring equipment usage:** Consider policies that support the use of home health monitoring equipment to enhance telehealth visits and develop uniform policies for how this information can be used in clinical documentation, medical decision-making, and quality metrics.

- **Promote equitable access to telehealth:** Ensure individuals without telehealth capabilities receive equitable health care and work to address the underlying inequities such as language barriers, technology, and internet bandwidth. Promote outreach within communities that typically face barriers to accessing health care using locally acceptable methods such as disseminating educational materials in native languages and by trusted community leaders.

- **Assess which types of visits are most appropriate for telehealth:** Additional research is needed to clarify which visit types are best suited for telehealth to ensure the best possible care for patients, minimize liability for providers, and avoid scheduling appointments requiring care that cannot be provided via telehealth. Further study is also needed to understand the impact of telehealth on patient-provider therapeutic relationships and opportunities to gain insight into patients' home life and living situations which would otherwise be missed during in-office visits.

- **Provide practices with telehealth training:** Formalize telehealth training through continuing education opportunities and medical education curriculum to increase provider comfort with providing care via telehealth. Additionally, some offices need support to develop new telehealth workflows and ensuring they are equivalent to in-office workflows and meet the standards of the patient centered medical home.

"I have a lot of very anxious patients who frequently no-show in person appointments because of the anxiety of coming into the doctors' offices. I find virtual visits very helpful for these patients and would love to continue with them."

"Medicaid changed their policy and said that they would pay for audio only telehealth… The pandemic opened up these emergency regulations that just opened the floodgates on telehealth."

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