

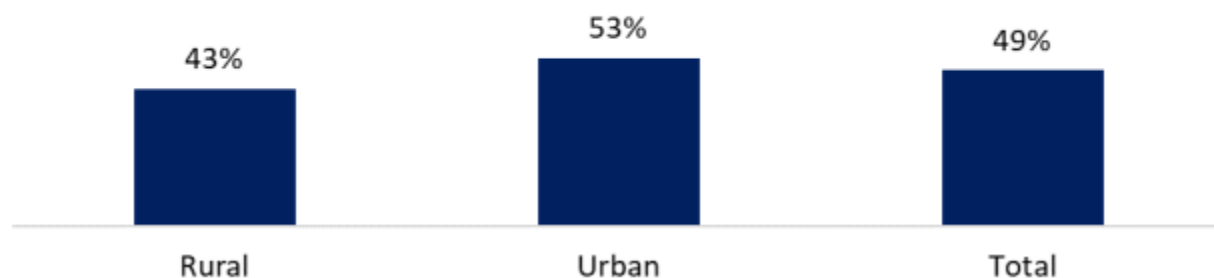
The Health Center Program and Increasing Access to Comprehensive Care Through the Use of Telehealth: An Update During COVID-19

Telehealth can serve as a way to deliver needed health care to patients who are unable to have an in-person visit with a provider.[†] Because [Health Center Program grantees](#)^{*} are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, health centers are pioneering the use of telehealth to expand access to quality health care services. As health centers respond to the COVID-19 pandemic while still delivering needed primary and preventive care to their patients, they have drastically expanded their use of telehealth over a very short time.

Telehealth Use Expands Dramatically During COVID-19

Telehealth has emerged as a vital force connecting health centers to their patients during the COVID-19 pandemic, when shelter in place restrictions nationwide have limited patients' ability to access health care services in person. Federal and state governments temporarily amended their telehealth coverage and payment policies to accommodate the increased need for the technology during the pandemic.¹ The policy changes, along with rapid deployment of needed infrastructure, have facilitated a large increase in telehealth-enabled visits, as **98% of health centers nationwide** used telehealth/telephonic services during the pandemic. Overall, telehealth has offset some of the reduction of in-person visits during this time by providing a way for health centers to continue providing services to their patients.

Percent of Total Visits Conducted Virtually During COVID-19

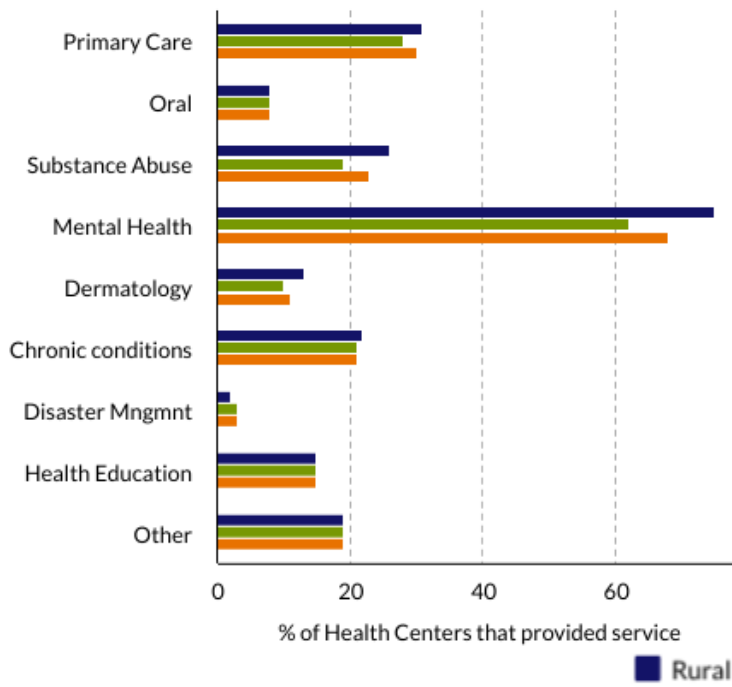


Source and notes: Data from the Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey collected on May 15. Survey data are preliminary and do not reflect all health centers. For more information, please visit <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data>. Analysis conducted by NACHC. Visits refers to all visits regardless of service type (e.g. medical, dental, behavioral health, etc.); virtually refers to those that were either telehealth or telephonic. Data presented are the average of health centers' reported virtual visits over week prior to May 15.

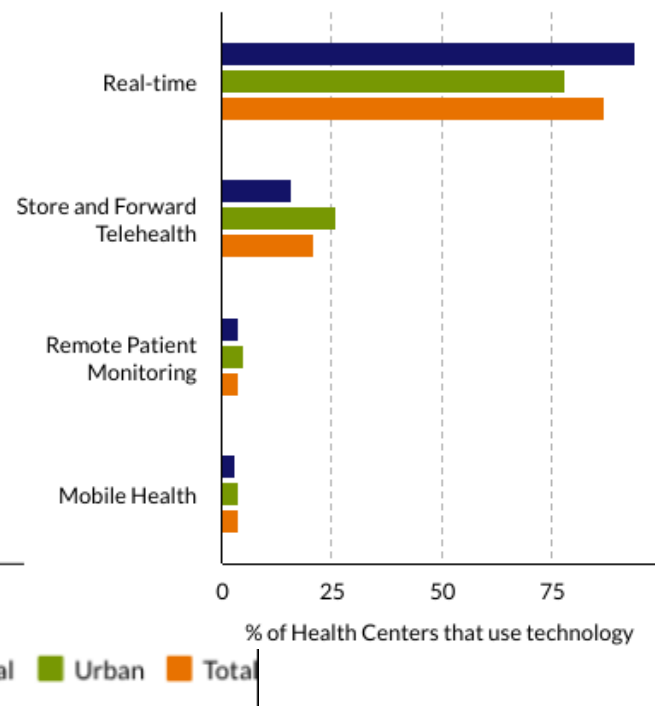
Health Centers' Telehealth Usage Prior to COVID-19

How health centers rapidly deploy virtual technologies may be largely informed by their previous experiences. **In 2018, 43% of federally-funded health centers used telehealth for a wide range of care delivery or care planning**, up from 38% of health centers in 2016. Telehealth programs were especially prominent among rural health centers, as nearly half (48%) of them utilized the technology for health care services, compared to a little over a third (38%) of urban health centers. Both rural and urban health centers used telehealth technology to communicate at similar rates with patients at remote locations from their organization (i.e. home telehealth and satellite locations), as well as specialists outside their organization. Health centers that did not use telehealth cited lack of reimbursement, funding and training as well as inadequate broadband as barriers preventing their usage.

Services Provided at Health Centers via Telehealth



Telehealth Technologies Used by Health Centers



Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Federally funded health centers only. Figures representing the services provided via telehealth and technologies uses are based on NACHC analysis of 2018 UDS data.

Improvements Made, but Challenges Remain

Health centers have made great use of telehealth during this public health emergency to provide vital primary and preventive care to patients and communities disproportionately impacted by COVID-19 who may have otherwise not had access to these services. However, as was true in 2018, health centers with inadequate broadband still cannot fully reach all of their patients. Moreover, patients without reliable internet or the necessary technology still face difficulties accessing services, which has resulted in forgone or delayed care until the pandemic has eased.² Additionally, insufficient funding, training and equipment, as well as challenges with Medicare and Medicaid reimbursement persist as barriers preventing all health centers from successfully implementing telehealth.³ Overall, the COVID-19 pandemic has proven how critical telehealth is in connecting patients to health services, yet it is uncertain if federal and state governments will permanently enact the changes made to telehealth policies during this time, or if the previous restrictions will be re-enacted once COVID-19 has ended. Ensuring that patients have adequate access to primary and preventive care virtually as well as in-person will remain essential for improving population health and achieving health equity.

[†] The Health Resources and Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

^{*} In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC-look alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants.

Sources: ¹LaRosa, Josh. The Benefits of Telehealth During a Pandemic – and Beyond. The Commonwealth Fund. Available at <https://www.commonwealthfund.org/blog/2020/benefits-telehealth-during-pandemic-and-beyond>.

² Data from the Larry Green Center at Virginia Commonwealth University, collected from April 10-May 4, 2020. Data presented is not exclusively from health centers and not all health centers are represented. For more information, please visit <https://www.green-center.org/covid-survey>.

³ Bureau of Primary Health Care, Health Resources and Services Administration, Primary Care Association COVID-19 Survey Qualitative Themes Report summarizing data collected from April 22-May 6, 2020.

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