



Telehealth During COVID-19 Ensured Patients Were Not Left Behind

Health centers were forced to shutter many of their in-person operations during the COVID-19 Public Health Emergency (PHE), yet still provided crucial health care services to 30 million patients through increased usage of telehealth. Audio-only telehealth allowed health centers to connect with their patients that needed quality health care but did not have access to video capabilities. Both patients and health centers have benefitted immensely from the increased telehealth flexibilities, which have allowed health center providers to care for more vulnerable patients and improve their existing patient relationships. However, without legislation to protect these flexibilities and maintain patient's access to high-quality care, these flexibilities will end with PHE.

NACHC recently surveyed members to understand how health centers have utilized telehealth and the implications for health center patients should the PHE flexibilities not be extended. Below are some of the key findings and additional background on that survey.

Key Findings:

- Health centers reported several important benefits from the use of audio-only telehealth. Nearly all health centers (92%) reported audio-only telehealth improved patient access.
- 85% said that audio-only care increased the ability to reach vulnerable populations, which is vital in making health care more equitable.
- 7 in 10 health centers stated that audio-only telehealth helped treat more patients with behavioral health and substance use needs.
- Health centers have maximized the current telehealth flexibilities to continue to provide care for patients, but that care is in jeopardy if those policies are not extended beyond the PHE.
- For example, over 90% of health centers believe failure to extend the current telehealth flexibilities beyond the PHE will lead to greater difficulty reaching vulnerable populations, and over 80% state that inaction will lead to worse outcomes for patients with behavioral health or substance use needs.

Need for Action:

Congress and the Centers for Medicare and Medicaid (CMS)'s loosening of pre-pandemic Medicare and Medicaid telehealth restrictions greatly expanded patient access. Unfortunately, many of these telehealth flexibilities will expire with the end of the PHE unless federal and state policymakers take action to make them permanent. These include the following:

Medicare (Congressional Action)

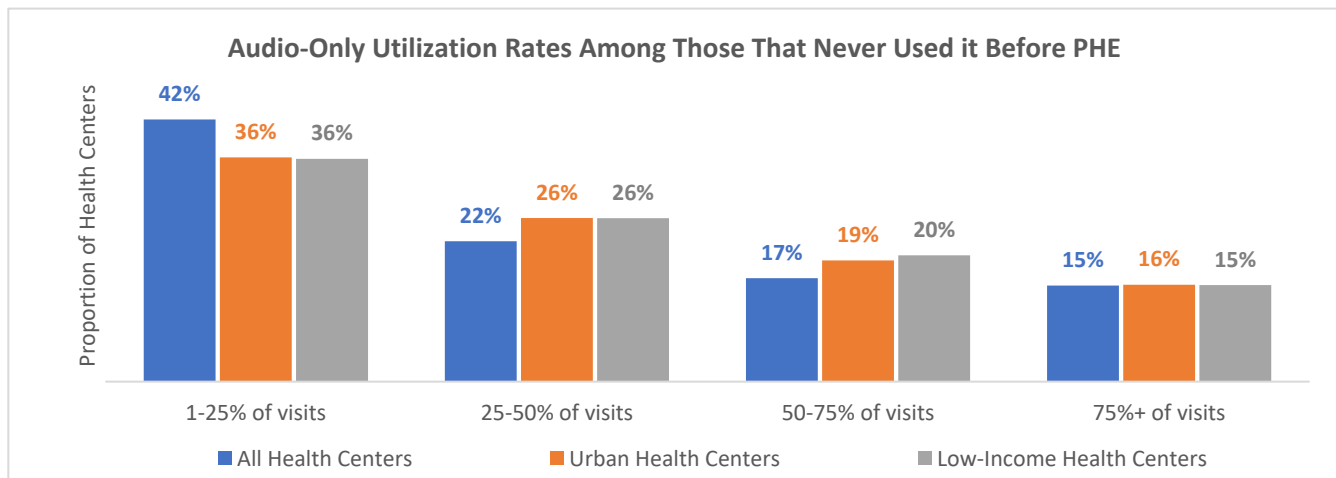
- Recognize health centers as distant site providers and remove originating site restrictions to allow services provided wherever the patient or provider is located,
- Ensure adequate reimbursement for services at rates equal to in-person visits; and
- Permit health centers to continue providing audio-only telehealth visits for patients in rural areas and seniors who do not have access to broadband or smartphones.

Medicaid (HHS and CMS Action)

- Provide a public declaration that states are permitted to make permanent Medicaid audio-only telehealth services and receive federal Medicaid matching funds after the termination of the public health emergency (PHE).

Health Centers' Audio-Only Utilization During the PHE

Only 43% of health centers used telehealth and 40% used audio-only prior to the PHE¹. Their utilization increased dramatically with the onset of the PHE, with 98%² using telehealth overall. Moreover, nearly a third of health centers that did not use audio-only before the pandemic utilized this mode of care for at least half of their patient visits during the PHE. **Almost all health centers used both virtual and audio telehealth for behavioral health and medical services.** Urban health centers and those with high low-income populations had slightly higher rates of providing services via both modes.

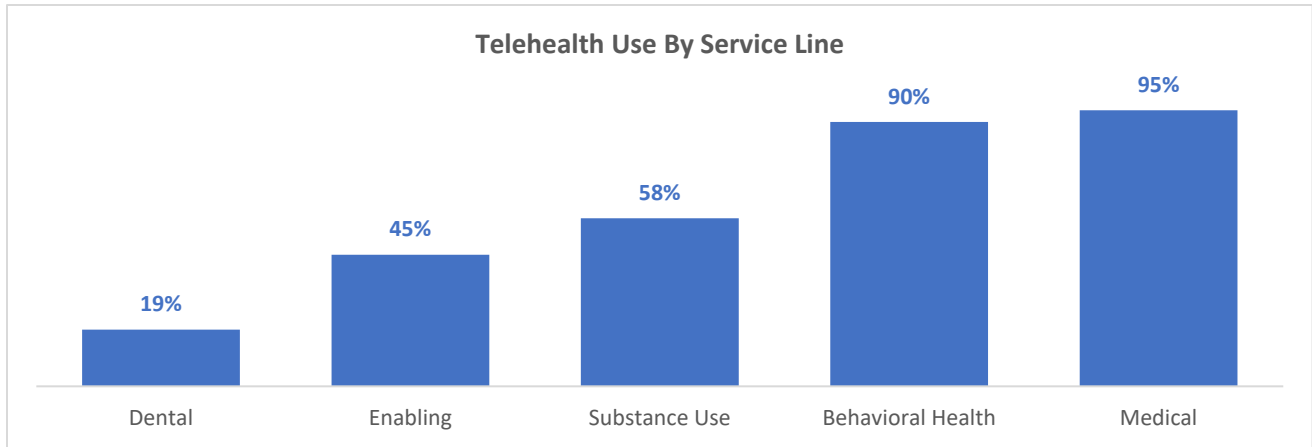


Telehealth Allowed Care for All Types of Health Care Services During the PHE

The onset of COVID-19 brought many changes to the health care system with the adoption of telehealth being the most dramatic. Given the unique role of health centers as the medical home to 30 million patients living in rural and urban areas, it was critical that health centers quickly embraced telehealth. Survey respondents noted using audio and visual telehealth much more during the PHE for all of their service lines, particularly medical, behavioral health, and substance use.

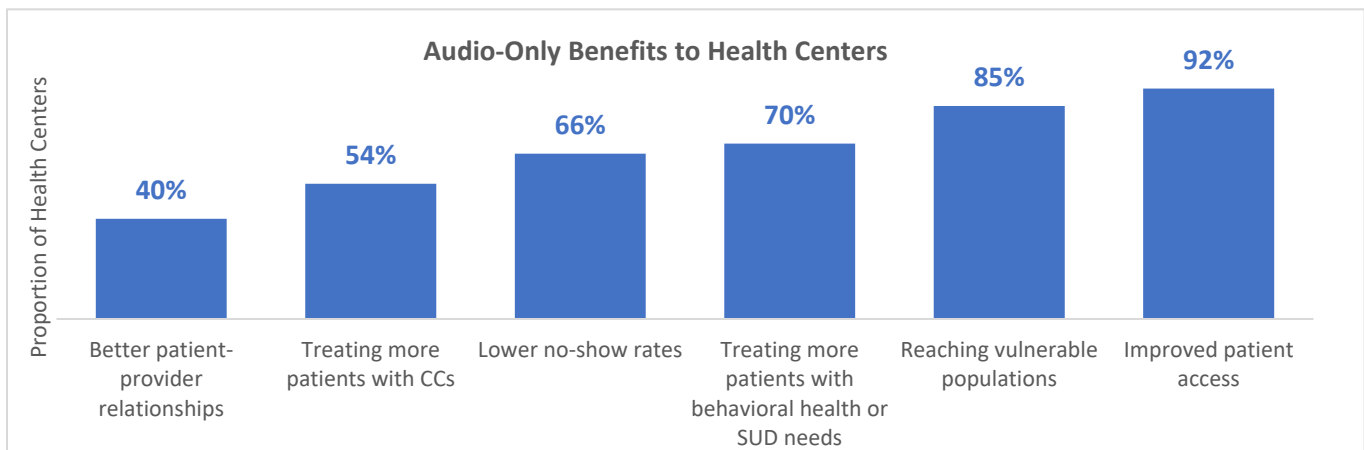
¹ 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Federally funded health centers only; see methodology section for audio-only rates.

² Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey collected April 2, 2020 - June 25, 2021. 58-82% of federally-funded health centers responded. Survey data are preliminary and do not reflect all health centers. For more information, please visit <https://bphc.hrsa.gov/emergency-response/coronavirus-healthcenter-data>.



The Benefits of Audio-Only Telehealth

Health centers greatly benefited from the improved flexibilities surrounding audio-only telehealth. This mode of care reduced patient no-show rates, improved provider relationships with their patients, and allowed health centers to reach more vulnerable populations and treat more patients with chronic conditions, behavioral health, or substance use disorder needs. Urban health centers and those with higher populations of low-income patients had slightly higher rates of treating patients with chronic conditions, behavioral health, or substance use disorder needs compared to the general health center population. Health centers are now well-positioned to further implement integrated telephone-based health care activities for chronic disease management, preventive care services, and expand access to behavioral health and social needs through the work done around the pandemic.



For patients with chronic conditions, audio-only check-ins can be done more frequently to better address challenges like poorly controlled diabetes or hypertension. Audio-only telehealth allows patients to follow up with the care team while caring for parents or children, working at essential jobs, and during illnesses. One of the primary uses of telehealth during the PHE was to manage COVID-19 risk and cases, keeping infectious patients at home but ensuring they were adequately monitored daily. If COVID-19 reemerges or a new infectious disease begins to spread, keeping sick patients out of health centers would limit the disease's contagion rate. For patients

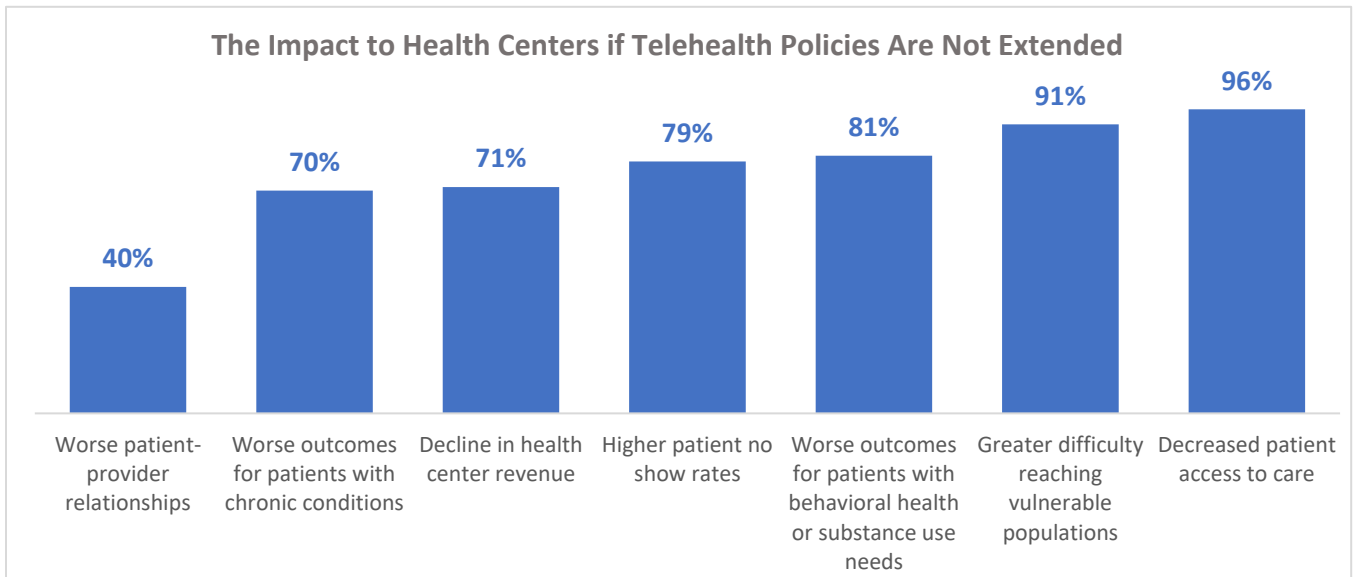
experiencing behavioral health issues, telephone visits can be implemented the same day to allow rapid evaluation and management.

Video-assisted telehealth visits require both video-capable devices and adequate bandwidth to communicate, which many rural and low-income patients do not have or cannot afford. Many more rural and low-income patients who may have a smartphone or other device may have difficulties connecting or have limited technical knowledge. In these cases, a telephone may be their only connection to a provider. Thus, removing the option of phone-only visits is likely to exacerbate existing health disparities.

What is at Stake if Congress Does Not Act to Extend Telehealth Policies?

Health centers and the patients they serve will be drastically impacted if policies enacted to support telehealth utilization during the PHE are not extended. Due to existing federal law, health centers faced significant pre-pandemic geographic and payment restrictions that essentially prohibited them from providing effective telehealth services. These survey results demonstrate that the actions by Congress and CMS to relax these site restrictions, improve reimbursement parity with in-person visits, eliminate requiring a prior relationship between a patient and the provider, and allowing telehealth services across state lines were immensely beneficial for health centers and their patients.

The termination of telephone-based visits will likely lead to higher patient no-show rates, decreased access to care, worse relationships with patients, greater difficulty reaching vulnerable populations, revenue decline, and worse outcomes for patients with chronic conditions, behavioral health, or substance use disorder needs. The termination of these policies will greatly reduce the positive impact health centers have been proven to have on medically under-resourced communities, particularly those with high low-income and rural patients, for decades to come.



Conclusion

The telehealth flexibilities enacted during the PHE have allowed health centers to significantly expand their reach, treat more vulnerable populations, and provide more crucially needed primary care services. However, these benefits may all disappear if the telehealth flexibilities are

not extended beyond the PHE. Almost all health centers agree that their termination would reduce patient access to care and they would have greater difficulty reaching vulnerable populations. For health centers to continue their mission to bring equity and access to underserved communities, Congress and the Biden administration need to remove distant and originating site restrictions, ensure pay parity to in-person care, and extend all flexibilities currently available to Medicare and Medicaid patients. This will allow health centers to continue providing high-quality preventative care to vulnerable populations who would likely otherwise go without needed services.

Methodology

The National Association of Community Health Centers (NACHC) surveyed Federally Qualified Health Centers in June 2021 and garnered responses from 273 health centers from June 7-18, 2021. The respondents accurately represent the general health center population-based on similar size and geographic location.

Survey tool is available [here](#).

About the National Association of Community Health Centers

The National Association of Community Health Centers (NACHC) is the national membership organization for Federally Qualified Health Centers (also known as FQHCs or health centers). Health centers are federally-funded or federally-supported nonprofit, community-directed provider clinics that serve as the health home for over 30 million people, including 1 in 5 Medicaid beneficiaries and 1 in 3 people living in poverty nationwide. It is the collective mission and mandate of over 1,400 health centers around the country to provide access to high-quality, cost-effective primary and preventative medical care as well as dental, behavioral health, and pharmacy services and other “enabling” or support services that facilitate access to care to individuals and families located in medically underserved areas, regardless of insurance status or ability to pay.