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Accessing Virtual Care: Insights from Patient Use of Real-Time Telehealth at Health Centers Optimizing Virtual Care

U.S. Department of Health and Human Services
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Bureau of Primary Health Care



HRSA
Health Resources & Services Administration

Through the [Optimizing Virtual Care \(OVC\) program](#), the [Health Resources & Services Administration \(HRSA\)](#) funded 29 health centers to develop, implement, and evaluate innovative evidence-based virtual care strategies that:

- Expand on the national surge in synchronous, real-time telehealth utilization at health centers during the COVID-19 public health emergency;
- Optimize the use of virtual care to increase access and improve clinical quality for communities who have been historically underserved and those facing barriers to care; and
- Can be adapted and scaled across HRSA's Health Center Program.

This program is the first in the Quality Improvement Fund, HRSA's investment to activate and accelerate innovation. During the first six months of the OVC program (March to August 2022), awardees prepared to implement new or enhanced virtual care strategies. Awardee activities addressed four key OVC program objectives:

- 1) Increase access to care
- 2) Improve clinical quality and health outcomes
- 3) Enhance care coordination
- 4) Promote health equity

This brief is part of a series of OVC Implementation Toolkit materials released by HRSA to share innovative strategies and actionable tips from OVC awardees to support other health centers in planning virtual care approaches in their communities. For more information or to access other briefs and OVC resources, visit the [OVC webpage](#).

Capturing New Insights on Real-Time Virtual Care at Health Centers

OVC awardees are currently piloting innovative measures to better understand how patients access real-time virtual care. Information shared by OVC awardees describes differences in patients' use of audio-only (i.e., telephone calls) and video-based virtual visits compared to in-person visits.

During the COVID-19 public health emergency, temporary policies for virtual care at the federal and state levels allowed health centers to offer more patients a virtual visit using audio-only or video-based modalities.¹ Since then, audio-only visits have allowed health centers to reach patient populations who were previously unable to access in-person or video-based care due to barriers such as limited or no access to transportation, internet, or broadband.²

Distinguishing between the uptake of audio-only and video-based visits is critical to identifying trends in virtual care use but is often not feasible with health center data.³ Better understanding differences in how patients across the nation engage in community-based care using these two virtual care modalities will inform decision-making regarding equitable reimbursement policies for audio-only care.

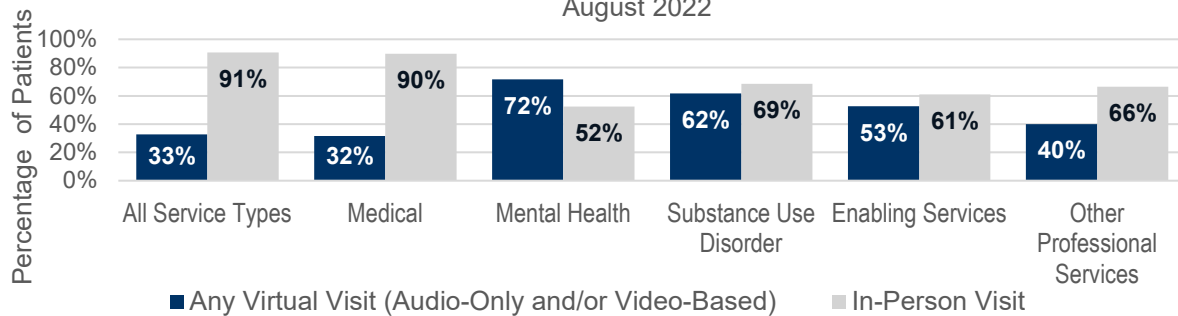
This brief highlights observations from a subset of 16 OVC awardees that reported complete information for pilot measures describing how patients accessed real-time, in-person, video-based, and audio-only visits during the first six months of the OVC project. Some awardees were not included in analyses for this brief because they reported partial data for piloted measures. Although data in this brief only reflects a subset of the 29 OVC awardees delivering virtual care, they provide detail beyond health centers' current virtual care reporting and may help to inform future research and policy. During the early months of the OVC program, awardees observed differences in the proportion of patients who received at least one in-person, real time, audio-only, or real time video-based visit depending on the type of service they received.



Patients Served Through Real-Time Virtual and In-Person Care

Sixteen OVC awardees reported health center patient counts for synchronous in-person and virtual care visits. These health centers served a total of 477,108 patients, of which, 33% participated in at least one audio-only or video-based virtual visit, during the six-month reporting period. Figure 1 shows the percentage of patients across the 16 OVC awardees who accessed in-person visits compared to virtual visits, among patients who received specified service types. Dental and vision services are not included as, very few patients (<1%) accessed dental services through virtual care visits, and no patients used virtual care visits to access vision services at reporting OVC awardee health centers.

Figure 1: Percentage^a of Health Center (n=16) Patients with In-Person Compared to Virtual Visits, Among Patients who Accessed Specified Service Types March to August 2022



^a Percentages do not sum to 100 within each service type because some patients accessed both virtual and in-person care. Note: The percentages for each service category only include patients who received care (virtual and/or in-person) for that service category

Key Initial Observations

Across 16 reporting OVC awardees:

- Approximately one-third of patients had at least one virtual care visit.
- The majority of patients who accessed mental health, substance use disorder, and enabling services had at least one virtual visit.
- For patients with mental health visits, more participated in a virtual visit than had an in-person visit.

Considerations for Access to Virtual Care Visits

Patients may choose virtual care over in-person visits, when it is available, for a variety of reasons. For example, virtual visits make it easier for some patients to access care by reducing travel time, transportation costs, and time away from work and family.⁴ OVC awardees used several strategies to support patients in successfully completing virtual care visits. Examples included:



Providing patient education to ensure patients feel confident about telehealth and its availability.



Ensuring virtual services and support are accessible to patients in their primary language.



Cross-training patient-facing staff (e.g., medical assistants, virtual navigators) to support telehealth strategies and provide technical support to patients.



Engaging community health workers for outreach to enroll and support patients in care.



Assisting patients directly to prepare devices for virtual visits (e.g., pre-installing applications needed for visit, adding healthcare contact information).



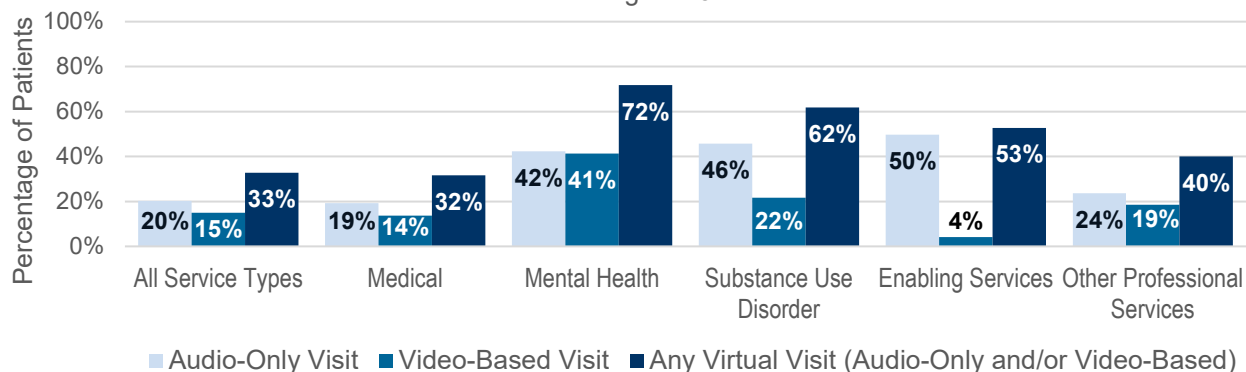
Developing and employing a systematic approach to identify when and which type of virtual care visit is appropriate for patients.



Patient Use of Audio-Only and Video-Based Virtual Care Visits

OVC awardee patients accessed real-time virtual care using audio-only and video-based visits. Figure 2 shows the percentage of patients with audio-only and video-based visits, by service type for the 16 OVC awardees that reported these data.

Figure 2: Percentage^b of Health Center (n=16) Patients with Audio-Only and Video-Based Virtual Visits, Among Patients who Accessed Specified Service Types March to August 2022



^b Percentages of audio-only and video-only do not sum to the percentage for any virtual visits because some patients accessed both types of virtual care. Note: The percentages for each service category only include patients who received care (virtual and/or in-person) for that service category

Key Initial Observations

Across 16 reporting OVC awardees:

- When accessing mental health services, a similar percentage of patients utilized audio-only virtual visits, compared to video-based.
- When accessing medical, substance use disorder, and enabling and professional services, a higher percentage of patients utilized audio-only care than video-based care.
- Few patients accessed enabling services using video-based visits, compared to audio-only.

Considerations for Access to Audio-Only and Video-Based Visits

OVC awardees identified considerations that inform the balance of audio-only and video-based visits offered to patients, including patient demand, community needs, health center infrastructure (e.g., types of clinical services provided, staff buy-in, broadband availability), and local and state policies (e.g., virtual care reimbursement claims policies). Some OVC awardees shared that offering audio-only synchronous telehealth expanded access to care for patients who otherwise would not come in for an in-person or video-based visit.

Key factors that may inform whether patients use audio-only or video-based visits when they are both made available to them, include:

- Perceived security of shared information
- Personal preferences
- Internet availability and speed
- Access to private space for virtual visits
- Access to required devices or software
- Level of comfort with technology used



Emerging Lessons for Patient-Centered Virtual Care

Patient-centered virtual care approaches prioritize patients' specific preferences, health needs, and desired health outcomes in planning and decision-making. OVC awardees described implementing patient-centered strategies to support patient access to virtual care when audio-only or video-based visits are clinically appropriate for care.

Examples of Patient-Centered Strategies to Enhance Virtual Care

- **Increasing patients' awareness of available virtual care options:** One health center posted guides in each exam room describing how to connect to their telehealth platform for virtual visits.
- **Assessing patients' preparedness for using new virtual care tools:** One health center also involved students from a partnering university to reach patients, assess their digital literacy, and assess their readiness to switch scheduled phone visits to video visits on the platform.
- **Adapting virtual care delivery to patient preferences:** One health center catered to patient preferences for alternate visit types, allowing them to have an in-person visit initially and then switch to virtual care for the next encounter.
- **Using patient outcomes to guide health center decision-making about virtual care offerings:** One health center's data team generated a report that flags patients who changed from a virtual visit to an in-person visit on the same day as the appointment. Same-day appointment changes could indicate patient or provider technology issues, virtual care team scheduling challenges, or worsening patient health status. The health center will use findings to guide decision-making on virtual care offerings.

The Future of Virtual Care at Health Centers

OVC awardees highlighted uncertainty about how virtual care reimbursement policy changes will impact virtual care delivery. Federal policies enacted for the Public Health Emergency waivers have provided virtual care protections including removing geographic requirements, expanding originating sites, and supporting reimbursement for audio-only telehealth, but are scheduled to end December 31, 2024. State-level public health emergencies waivers are experiencing similar declines.

OVC awardees underscored the importance of sustaining care for patients who currently access audio-only medical visit, after COVID-19 public health emergency protections for these services end. Some awardees reported that offering audio-only virtual visits helps close gaps in care by allowing patients to get care they may not otherwise receive. They noted that audio-only visits are frequently used by populations who cannot access care in-person or by video due to personal or systemic barriers (e.g., access to transportation, access to broadband and internet).

Current uncertainty about the future virtual care reimbursement policies could have long-term implications for telehealth by dissuading health centers from investing in long-term staffing, workflow or technology strategies for virtual care programs.

As federal and state policymakers are considering how virtual care services will be reimbursed in public and private insurance programs once the COVID-19 public health emergency ends, insights from health centers can help explain the role virtual care services play in addressing community health needs.

References

1. <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>
2. <https://www.nachc.org/wp-content/uploads/2021/07/Audio-Only-Report-Final.pdf>
3. According to the 2022 UDS Manual, countable virtual care visits are “only interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient” <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf>.
4. <https://telehealth.hhs.gov/patients/understanding-telehealth/#benefits-of-telehealth>
5. Consolidated Appropriations Act of 2023, Pub. L. No. 117-328 (2022). <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>

Notes

Enabling services refers to a wide range of services that support and assist primary care and facilitate patient access to care. Examples include case management, eligibility assistance, transportation, and translation/interpretation services.

Other professional health services refers to services important to primary and other care delivery that support or complement the services of other providers. Examples include the services provided by occupational, speech, and physical therapists; nutritionists; chiropractors; behavioral health aides; and acupuncturists.

For further information on the OVC program, please visit <https://bphc.hrsa.gov/funding/funding-opportunities/optimizing-virtual-care>.