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# VIRTUAL CARE SETTINGS: LESSONS LEARNED FROM DELIVERING VIRTUAL CARE IN CLINIC AND COMMUNITY LOCATIONS

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

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 virtual care utilization at health centers in response to the COVID-19 public health emergency.
- Optimize the use of virtual care to increase access and improve clinical quality for populations who are medically underserved and have historically faced barriers to care.
- Can be adapted and scaled across HRSA's Health Center Program.

This program is the first in the Quality Improvement Fund, the [Bureau of Primary Health Care's \(BPHC\)](#) investment to activate and accelerate innovation. During the first twelve months of the OVC program (March 2022 to February 2023), awardees began implementing 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; and 4) promote health equity.

This brief is part of a series of OVC 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 OVC Awardee Insights on Community Engagement Activities

OVC awardees are currently piloting new self-reported measures to capture information about virtual care implementation successes, challenges, and lessons learned to improve access to care. As part of the grant monitoring process, OVC awardees submitted 12 monthly reports and two biannual reports to describe key activities and progress made toward achieving OVC program objectives.

This brief highlights OVC awardees' approaches to tailoring their outreach activities and virtual care delivery based on their diverse community and clinical settings. During the first year of the OVC project, awardees reported:

- Engaging community partners and launching social media campaigns to reach community members.
- Expanding virtual care delivery to new community settings and rethinking clinic spaces.
- Adapting virtual care strategies to meet the needs of diverse clinical and community settings.

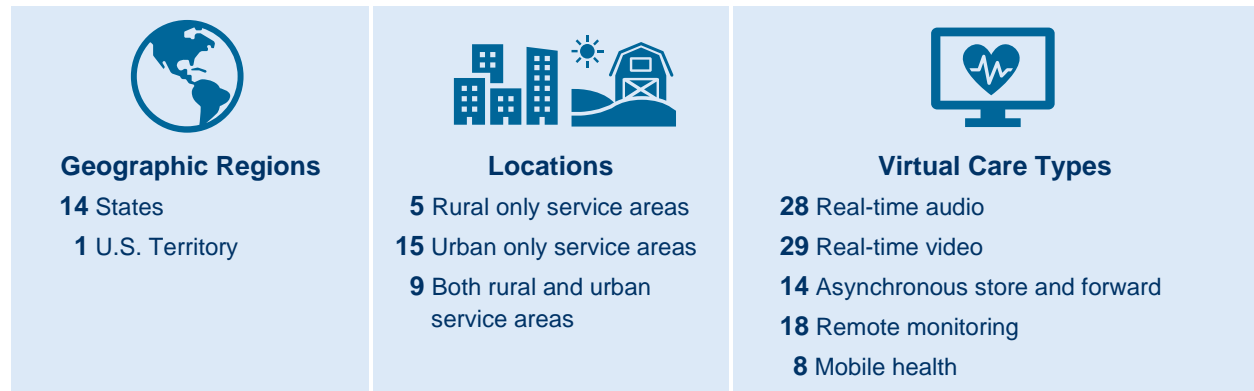




## OVC Awardee Virtual Care Services and Settings

OVC awardees collectively provided care to nearly 1.7 million patients across the United States, with smaller health centers serving about 2,700 patients and the largest health center serving over 245,000 patients a year (Uniform Data System, 2021). During the first year of the OVC grant period, awardees implemented new or enhanced virtual care services in a wide range of rural and urban geographic locations (Figure 1).

**Figure 1: OVC Awardee Characteristics**



**The OVC project observed a higher proportion of patients accessing virtual care visits in urban areas.** Health centers serving only urban areas reported a higher proportion of patients who accessed virtual care visits (audio-only and video-based) for medical, mental health, and enabling services, compared to health centers serving only rural areas. This observation may reflect barriers to digital equity, including limited broadband access, that rural communities face in accessing virtual care. To learn more about the Federal Communications Commission’s announced \$1.2 billion initiative to improve rural broadband in 32 states, visit [FFC.gov](https://www.fcc.gov).



## Increasing Community Awareness of Virtual Care

OVC awardees engaged community partners and launched communication campaigns to increase community awareness and participation in virtual care programs.

### **Partnerships with community-based organizations to reach patients included activities to:**

- Establish processes for community partners to directly request virtual care appointments for patients.
- Partner with community-based organizations to invite patients with scheduled audio-only visits to complete more comprehensive video-based visits using devices provided at local virtual care kiosks.
- Distribute flyers and display posters in frequently visited locations to increase community awareness of virtual care services.

### **Social media and online communication campaigns launched to reach patients included strategies to:**







- Add digital banners to health center websites to share virtual care kiosk information.
- Provide links for patients to register for virtual care programs on community-based organization websites.
- Use multiple social media platforms (e.g., Facebook, Instagram, Snapchat) to reach wider age demographics, while leveraging social media “stories,” videos, and graphics to increase views.
- Implement “chatbot” artificial intelligence technology to answer general questions from parents of school-aged children and connect them to health center providers.



## Reimagining Community and Clinical Settings for Virtual Care Delivery

OVC awardees implemented virtual care strategies in multiple community settings and rethought clinical spaces to increase patient access to care. Expanding virtual care delivery in community settings helped to address barriers to care some patients faced in visiting health centers in person (e.g., lack of transportation) and completing virtual visits at home (e.g., limited internet access). Figure 2 describes six types of community settings where OVC awardees reported providing or assisting patients with virtual care.

**Figure 2: Examples of Community Settings Outside of Homes to Enhance Virtual Care Delivery**

 <b>Local Libraries</b>	 <b>Grocery Stores</b>	 <b>Public Schools</b>	 <b>Social Support Organizations</b>	 <b>Residential Facilities*</b>	 <b>Mobile Van</b>
<p>Free patient education classes to build digital literacy skills and comfort with virtual care technology.</p>	<p>Real-time video-based visits with remote, comprehensive medical exams using health center-provided technology in a private space.</p> <p>Social support services (e.g., Supplemental Nutrition Assistance Program enrollment assistance) provided to address patients' health-related social needs.</p>	<p>Real-time video-based visits at school-based clinics available when provider is not on site.</p>	<p>Free internet and private space provided for patients to access virtual care appointments with their own devices.</p> <p>On-demand technical support provided to patients by community health workers and digital navigators.</p>	<p>Virtual care kiosks with internet, private space, and virtual care devices provided for real-time audio-only and video-based visits.</p> <p><i>*Facilities included mental health facilities, substance use facilities, universities, homeless shelters</i></p>	<p>Vehicles equipped with internet, private space, and virtual care devices provided for real-time audio-only and video-based visits to multiple community locations.</p>

OVC awardees transformed clinical settings to improve virtual care delivery. Eleven OVC awardees described making structural changes to health center spaces to enhance virtual care services, including installing kiosk stations and creating dedicated clinic spaces for virtual care.

### Installing kiosks for patients, includes:

- Setting up virtual care kiosks stations with tablets and seating at each health center location allowing patients to check in to their appointments and complete social determinants of health screening assessments.
- Designing or adapting kiosks' physical layout and placement based on clinic workflows, various possible visit scenarios, and available clinic space.

### Creating dedicated clinical care spaces for providers, includes:

- Transforming administrative offices into private virtual care suites for clinical staff.
- Replacing health center desktop computers with laptops to allow greater workspace flexibility for care providers engaging in virtual visits.

**Note:** State and local licensing, scope of practice, and other regulations can limit the locations where providers can work while offering care to patients.








## Managing Virtual Care Services across Multiple Settings

OVC awardees provided care to patients in over 670 clinic sites and many community settings. Coordinating virtual care across various locations can pose challenges given each setting’s unique patient population, care needs, staffing structure, and infrastructure. The section below highlights differences and lessons learned from OVC awardees implementing virtual care across multiple community and clinical settings.

*“Deploying an intervention across different clinics takes adaptability, adjustments, and time.” ~ OVC awardee*

**Table 1: Summary of Health Center Strategies to Address Challenges with Delivering Virtual Care Across Multiple Clinical and Community Settings**

Differences Across Settings	Strategies to Address Health Center Challenges
 <p><b>Technology Infrastructure and Internet Connectivity</b></p> <p>Example: Varying levels of internet connectivity, with rural and community settings noting poorer internet access</p>	<ul style="list-style-type: none"> <li>Upgrade broadband infrastructure in settings with poor connectivity, including clinics and community kiosks.</li> <li>Adapt virtual care services based on site infrastructure (e.g., using audio-only service when limited patient internet access prevents video visits).</li> </ul>
 <p><b>Staffing Capacity Relative to Patient Volumes</b></p> <p>Example: High staff turnover or difficulty hiring in community-based organizations and health center settings hardest hit by staffing shortages</p>	<ul style="list-style-type: none"> <li>Establish formal partnerships with multiple points of contact between health centers and community-based organizations to ensure these partnerships can be sustained over time (e.g., through staff turnover at either location).</li> <li>Provide video visits connecting patients at one site with providers at another to rebalance visit volume.</li> </ul>
 <p><b>Facility Size and Space Availability</b></p> <p>Example: Differences in the amount of available facility spaces that are set up for patients and care teams to engage virtual care services</p>	<ul style="list-style-type: none"> <li>Adapt smaller clinic locations to create virtual care office space and appointment scheduling areas (e.g., installing room dividers and soundproofing to provide private accommodations for multiple providers, adding temporary office trailers on site as care delivery space).</li> <li>Reorganize furniture and replace light fixtures to ensure proper lighting and glare reduction to optimize virtual visits.</li> <li>Deploy mobile vans and other vehicles as a virtual care space in the community.</li> </ul>
 <p><b>Patient Populations and Health Needs</b></p> <p>Example: Wide range of patient populations served and varying community health needs</p>	<ul style="list-style-type: none"> <li>Tailor staff training for patient populations served (e.g., for school-based sites).</li> <li>Work with care teams to select and adapt appropriate technologies for each site.</li> </ul>
 <p><b>Patient Digital Literacy Needs</b></p> <p>Example: Differences in the availability of in-person technical support or training for using devices</p>	<ul style="list-style-type: none"> <li>Create online resources, such as a virtual library and digital literacy training materials available to patients and providers from all health center sites.</li> <li>Partner with community-based organizations to train community health workers and digital navigators on providing technical support to patients.</li> <li>Provide home visits to patients connecting to a virtual nutrition class on a tablet.</li> </ul>

### Additional Resources

- Information on telehealth privacy for patients - [Telehealth.HHS.gov](https://www.hhs.gov/telehealth/privacy)
- Telehealth best practice guides for health centers providers - [Telehealth.HHS.gov](https://www.hhs.gov/telehealth/best-practices)