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BALANCING IN-PERSON AND VIRTUAL CARE DELIVERY: INSIGHTS FOR ENHANCING PATIENT CARE AT HEALTH CENTERS

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

Through the Optimizing Virtual Care (OVC) project under its Quality Improvement Fund (QIF) Program, the <u>Health Resources & Services Administration (HRSA)</u> funded 29 health centers to develop, implement, and evaluate innovative evidence-based virtual care strategies that:

- Expand on the national surge in virtual care use at health centers.
- 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 project was the <u>Bureau of Primary Health Care's (BPHC)</u> first investment in the QIF Program to activate and accelerate innovation. During the two-year QIF-OVC project (March 2022 to February 2024), QIF-OVC awardees implemented new or enhanced virtual care strategies. Awardee activities addressed four key QIF-OVC project 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 QIF-OVC materials released by HRSA to share innovative strategies and actionable tips from QIF-OVC awardees to support other health centers in planning virtual care approaches in their communities. For more information or to access other briefs and QIF-OVC resources, visit the QIF-OVC webpage.

Capturing QIF-OVC Awardee Insights on Balancing Virtual Care

QIF-OVC awardees piloted new self-reported measures to capture information about virtual care implementation successes, challenges, and lessons learned. As part of the grant monitoring process, QIF-OVC awardees submitted 24 monthly reports and four biannual reports to describe key activities and progress made toward achieving four QIF-OVC program objectives.

This brief highlights insights from QIF-OVC awardees on balancing in-person and virtual care delivery including strategies to:

- Determine which health care services to provide virtually.
- Enhance patient and provider experiences using virtual care.
- Identify additional resources available to support health centers with virtual care delivery.





Balancing In-Person and Virtual Care Delivery

97% of all HRSA health centers nationwide offer virtual care services.¹

Virtual care plays a key role in health care delivery and ongoing efforts to improve access to care. Health centers aim for the right balance of in-person and virtual services in efforts to provide high-quality patient-centered care while navigating limited organizational resources.

In 2022, nearly 1,400 U.S. health centers provided

21 Million virtual visits¹

Insights from the 29 QIF-OVC Awardees on Virtual Care Uses

QIF-OVC awardees considered patient and provider perspectives and available resources when making decisions on how to use virtual care services. By February 2024, when the QIF-OVC project ended, the 29 awardees provided a variety of virtual services to patients, especially to support patients with chronic illnesses and mental health needs.

Considerations for Health Centers Deciding How To Use Virtual Care

Patients' Preferences and Needs

Suitability for Patients' Health Conditions

Provider Adoption

Feasibility for Clinic Workflows

Health Center Capacity and Infrastructure

Patient Access to Technology

Local, State, Federal Funding and Resources

"[We] developed decision trees to guide care for diabetes and hypertension, which have helped improve outcomes substantially (e.g., increase from 54% to 73% with controlled blood pressure)." -QIF-OVC awardee

Percent of patients who had audio-only or video-based virtual visits by service type from Sept 2023 – Feb 2024







22% Medical 51% Mental Health 43% Substance Use Disorder







<1%
Dental

46%

<1%

*Enabling services include non-clinical services that enable patients to access care (e.g., case management, transportation, health education, etc.)

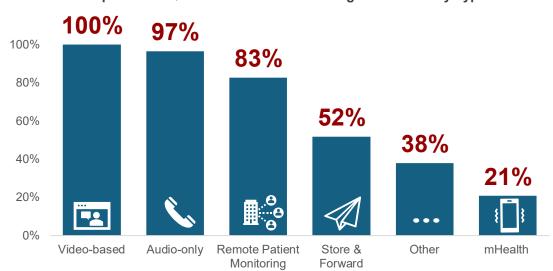
Top 3 Conditions
Managed with
Virtual Care

- 1) High Blood Pressure
- 2) Diabetes
- 3) Depression



All 29 QIF-OVC awardees offered Virtual Care Services

Proportion of QIF-OVC Awardees Providing Virtual Care by Type



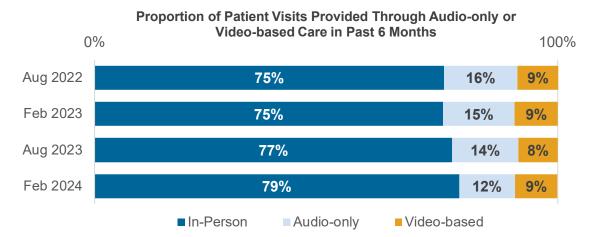
The proportion of QIF-OVC awardees providing remote patient monitoring (RPM) increased 14% from March 2022 to February 2024. RPM may have become more feasible due to increased claims

reimbursement rates.

"We continue to monitor visit type reimbursement changes and remote patient monitoring (RPM) reimbursement opportunities that may influence our strategy."

-QIF-OVC Awardee

1 in 5 patient visits with QIF-OVC awardees were virtual from September 2023 – February 2024



Total patient visits increased slightly from August 2022 to February 2024 due to small increases for in-person visits.

- Decreases in audio-only care led to small declines in overall virtual care visits.
- Awardees reported transitioning some patients to in-person care, which may be due to concerns about future decreases in virtual care claims reimbursement.

Strategies for Balancing Virtual and In-Person Care to Enhance Patient Experiences

Consider patients' virtual care preferences when scheduling appointments

Screen for digital literacy/comfort with technology and provide support as needed

Leverage RPM to support specific health conditions

Establish and assess virtual care quality standards to align with in-person care

Measure and respond to patient and provider feedback on virtual care services

Tailor virtual care services to address patients' social needs

Encourage providers to offer both virtual and in-person services to support continuity of care for their patients



Additional Resources Health Centers Need to Optimize Virtual Care

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Patient Outreach and Engagement

- Connect with patients through community health worker outreach.
- Market to and communicate with patients using familiar methods.

See the Working with Patients and Families as Advisors Implementation Handbook, Agency for Healthcare Research and Quality

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Leadership and Staff Buy-in

- Develop clear communication on how virtual care services help achieve broader health center goals.
- Leverage strategies to prevent staff burnout when implementing new virtual care workflows.

See the Resource Compendium for Health Care Worker Well-Being, National Academy of Medicine

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Digital Equity Advancement

- Assist patients with obtaining reliable internet connectivity and/or broadband access.
- Develop patient and provider digital literacy training materials.
- Implement virtual care technologies that patients find easy to use.

See the <u>Telehealth and Digital Tools Equity Assessment</u> resources, Health Information Technology, Evaluation and Quality Center (HITEQ)

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Sustainable Funding Sources

- Obtain affordable virtual care devices and software.
- Stay up to date on policies impacting insurance coverage for virtual care services and supplies.

See the <u>State Medicaid and CHIP Telehealth Toolkit</u>, Center for Medicare and Medicaid Services

Quotes from QIF-OVC Awardees

"We have made many improvements to the telehealth support we provide to patients, but we have learned that this assistance takes high touch interaction with patients. Once we make that initial investment, we've seen that patients are much more comfortable and confident with using telehealth."

"Leadership has provided guidance for scheduling telehealth appointments to improve patient health outcomes and is working towards staff adoption."

"[The health center] has invested heavily in addressing inequities to accessing virtual care by providing digital literacy education, access to free or reduced cost broadband, and smart devices."

"[We] are exploring how to incorporate virtual care into alternative payor models."

Additional Resources

- Build a Sustainable Telehealth Practice Department of Health and Human Services (HHS)
- Telehealth Marketing Plan National Consortium of Telehealth Resource Centers

References:

 Health Resources and Services Administration (HRSA) Health Center Program. Uniform Data System. 2022.

