

# July 2024

## PROMOTING HEALTH EQUITY FOR SPECIAL POPULATIONS: PRACTICES USED TO ENHANCE VIRTUAL CARE DELIVERY

### 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 [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.
- 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 [Bureau of Primary Health Care's \(BPHC\)](#) 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 Supporting Health Equity

QIF-OVC awardees piloted 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, QIF-OVC awardees submitted 24 monthly reports and four biannual reports to describe key activities and progress made toward achieving QIF-OVC project objectives.

This brief highlights insights from QIF-OVC awardees on promoting health equity for people from special and other populations including strategies to:

- Assess and address disparities in virtual care use.
- Measure patient and provider satisfaction with virtual services to enhance care.



# Promoting Health Equity for Special Populations

**17%** of visits at HRSA health centers nationwide were provided virtually in 2022.<sup>1</sup>

U.S. health centers continue to provide more virtual care visits now than in 2019. These nearly 1,400 health centers are exploring ways to use the increased availability of virtual services to advance health equity for people from medically underserved communities.<sup>1</sup>

*“Equity means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.”<sup>2</sup>*



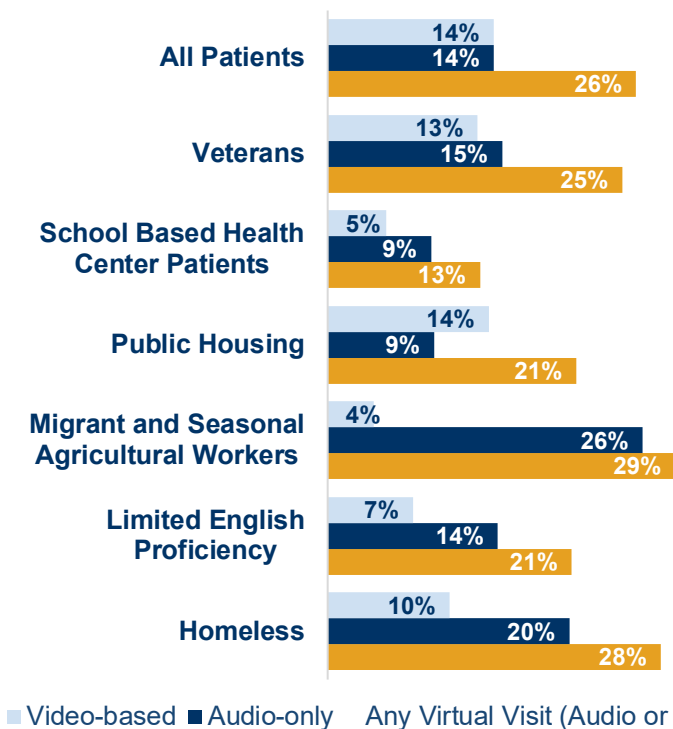
## Insights from 29 QIF-OVC Awardees on Assessing Disparities in Virtual Care Use Across Special Populations and Other Patient Groups

QIF-OVC awardees piloted measures to compare virtual care uptake across patient populations. Identifying differences in how virtual care services are used helps to highlight common preferences and gaps in access to care.

### Key Observations from QIF-OVC Awardees

- Patients who experienced **homelessness** or identified as **migrant and seasonal agricultural workers** used virtual care more than other patient groups. These patients may face more barriers to accessing in-person care than others.
- All special population groups**, except for residents of public housing, used more audio-only visits than video-based visits. Some patients may complete audio-only visits because they do not have access to other virtual care devices or reliable high-speed internet.

Percent\* of Patients from Special and Other Populations with Virtual Care Visits in the final 6 months of the QIF-OVC Project



\* Percentages of audio-only and video-based do not sum to the percentage for any virtual visits because some patients accessed both types of virtual care.

### Tips for Reducing Virtual Care Disparities for Special Populations

- Explore how virtual care use differs based on **patient characteristics**, including:
  - Demographics (e.g., race, ethnicity, age)
  - English language proficiency
  - Social Determinants of Health (SDOH) (e.g., digital literacy, housing, medical insurance status)
- Routinely assess clinical quality data** and compare findings across patient groups. Include information from SDOH screeners and patient satisfaction surveys.
- Engage patients, providers, and community organizations** to better understand and address systemic issues that impact disparities in virtual care use.
- Connect with patients who have less access** to virtual care services by tailoring virtual care communication campaigns. Partner with patients to develop culturally responsive messaging for outreach campaigns to increase virtual care enrollment.
- Visit [telehealth.hhs.gov](https://telehealth.hhs.gov) to find additional resources for assessing differences in virtual care use.

QIF-OVC awardees gathered feedback from patients and providers on their virtual services to tailor care to meet patients' preferences and clinical needs.

## Common Virtual Care Experience Survey Topics:

- **Usefulness** of virtual care compared to in-person care
- **Ease of use** of virtual care system or devices
- **Interaction quality** with provider or information
- **Access** to technical support when needed
- **Satisfaction** with virtual care services
- **Level of comfort** using virtual care equipment

## Tips to Assess Patient and Provider Virtual Care Experiences

- **Administer surveys and facilitate interviews or focus groups** to collect information on patient virtual care experiences. Work with patients to test and adapt instruments to ensure they work well for patients.
- **Include patients and providers** in decision making on how to respond to feedback.
- **Partner with other health centers and community organizations** to share resources and insights to understand patient and provider experiences with virtual care.
- **Review patient compliments and complaints** to understand patient experiences with virtual care and staff.
- **For additional resources to assess patient experience for virtual care, visit:**
  - [How to Measure Patient Experience and Satisfaction – Careinnovations.org](https://www.careinnovations.org)
  - [Telehealth Satisfaction Questionnaire – Digital.ahrq.gov](https://www.digital.ahrq.gov)
  - [Development of the Telehealth Usability Questionnaire \(TUQ\) – NIH.gov](https://www.nih.gov)

## Responding to Patient and Provider Feedback to Promote More Equitable Care

**10 of 29** QIF-OVC awardees reported their organizations strengthened actions to promote health equity during the QIF-OVC project.

### Examples of Health Center Responses to Promote Equitable Virtual Care

- **Revise staffing roles or processes**
  - **Hire community health workers** or identify other staff members to support patient outreach, provide digital literacy resources and education, and prepare patients for virtual visits.
  - **Plan for digital navigators** to work with providers to help them understand their patients' virtual care barriers and needs.
- **Support patient technology needs and update technology selections or infrastructure**
  - **Consider patient digital literacy needs** in device selection.
  - **Select devices that can use cellular data** to avoid Wi-Fi needs for remote patient monitoring tools.
  - **Provide patients with hotspots** for reliable internet connectivity to participate in virtual calls.
- **Integrate language support into all aspects of virtual care technologies**
  - **Offer call-in language services** or sign language interpreters for all audio-only or video-based visits.
  - **Translate patient portal systems** and virtual care instructions into languages spoken by your patient population.
- **Adapt staff training materials**
  - **Integrate digital equity** into training for all staff.
- **Refine clinic structure and workflows**
  - **Increase weekend and evening virtual care hours** for patients who are unable to make appointments during daytime hours.
  - **Establish processes to accommodate patient rescheduling needs** due to lack of transportation, conflicting appointments, etc.

## Additional Resources

- [Health Equity Training Series for Health Professionals](#)
- [The U.S. Playbook to Address Social Determinants of Health](#)
- [Tools to Assess and Measure Social Determinants of Health](#)
- [Health Equity in Telehealth](#)
- [National Strategy for Digital Health](#)

## References:

1. Health Resources and Services Administration (HRSA) Health Center Program. Uniform Data System. 2022.
2. <https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>
3. Meyers, JF. (2021) Virtual Care Strategic and Tactical Deployment Maturity Self-Assessment Model. Oakland, CA: The California Health Care Safety Net Institute.
4. Institute of Medicine. 2014. Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2. Washington, DC: The National Academies Press. <https://doi.org/10.17226/18951>.