MARCH 2021

NATIONAL ASSOCIATION OF Community Health Centers®

COVID-19 and Health Center Boards

FOCUS AREA: FRAMING THE FUTURE OF THE HEALTH CENTER IN A COVID-19 AND POST-COVID ENVIRONMENT

Health Center Governance & Telehealth: Current and Future Considerations for Strategy and Oversight

BACKGROUND

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.[1] While discussion about telehealth has increased given the COVID-19 pandemic, believe it or not, telehealth has been a topic of discussion for the last 150 years (see "The Roots of Modern-Day Telehealth" later in this article).

In 2018, 43% of federally-funded health centers used telehealth for a wide range of care delivery or care planning, up from 38% of health centers in 2016.[2] The main reasons that telehealth was not more widely used included a lack of training for the workforce implementing telehealth services, a lack of funding for telehealth equipment, and policy barriers.[3]

With the onset of the pandemic in March 2020, however, health centers—along with the rest of the healthcare industry—were catapulted into the virtual world regardless of whether the tools, infrastructure, and subject matter expertise were firmly in place. Since many health centers had not implemented telehealth prior to COVID-19, this inexperience created additional barriers for implementation. Longer term, telehealth is believed to have great opportunity for continuing to serve and expand access for health center patients, including in treating chronic diseases in which patients often need more monitoring.[4]

Ensuring a successful telehealth program for health centers requires a short-, mid- and long-term perspective, including anticipation of a post-pandemic environment. Board and health center executive must be thinking ahead about many different aspects including health center strategy, finances, clinical quality, and patient needs, among others. **This article outlines various strategic and oversight considerations related to telehealth for health center boards.[5] A list of discussion questions is included at the end of the article.**

Items to Consider

Karen S. Rheuban MD, director and co-founder of the University of Virginia Center for Telehealth, has described the shift to telehealth as "moving from the Blockbuster to

1 See **https://www.hrsa.gov/rural-health/telehealth**.

2 See **The Health Center Program and Increasing Access to Comprehensive Care Through the Use of Telehealth: An Update During COVID-19** by NACHC.

3 HRSA UDS, Other Data Elements Table, Item 2b **https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=ODE&year=2019**.

4 30% of Americans suffer from at least one chronic disease and this group accounts for 75% of all health care provided as cited in Nesbitt, T., MD. (2012). The Evolution of Telehealth: Where Have We Been and Where Are We Going? **https://www.ncbi.nlm.nih.gov/books/NBK207141/.**

5 At times, background operational information is given but it is linked to the governance implication.

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Netflix model of care delivery."[6] Just as consumers who view television through streaming services are reluctant to give up their on-demand viewing options, many patients who have used telehealth services will not want to give up that convenience after the COVID-19 pandemic.

It is important for boards to think about various oversight and strategic implications as they continue to consider the role of telehealth during the pandemic and post-pandemic, in partnership with the center's CEO.

- **Consider the Financial Implications of Telehealth—** During the pandemic, financial reimbursement for telehealth has expanded through the federal Medicare program, many states have expanded coverage in Medicaid programs, and many commercial insurers have expanded coverage. It is also important to note that as long as commercial payors continue to reimburse for telehealth visits, CMS (Centers for Medicare & Medicaid Services) has indicated that they will continue to reimburse as well. As of December 1, 2020, CMS announced that reimbursement for many telehealth services will remain permanent throughout calendar year 2021.[7] However, there are certain exceptions that may only be reimbursed throughout the declared Public Health Emergency. If telehealth reimbursement can adequately cover costs and produce similar revenues for health centers, it is predicted that it will continue to be a staple in healthcare, just as Netflix now is to television.

Under the CEO's direction, health center staff are likely already:

- staying up-to-date with the state's specific telehealth reimbursement, including such items as:[8]
  - the reimbursement for telephonic visits versus virtual/video visits
  - the difference between an in-person prospective payment system (PPS)9 rate and a telehealth reimbursement rate (this is specific to health centers and each health center should investigate their contracts)
  - whether reimbursement is dependent on originating and distant site classifications and care delivered across state lines
- addressing the implications for collecting co-pays and sliding fee payments for telehealth visits

As boards and health center executive leadership consider what percentage of telehealth visits the center will offer both as the pandemic continues and post-pandemic, it is important to take into account financial factors such as:

- telehealth vs in-person reimbursement
- payor mix (meaning the percentage of revenue from private insurance, Medicaid, Medicare, sliding fee, etc.)
- forecasts about the number of total telehealth and/or telephonic visits to ensure telehealth services are financially viable for the center
- initial and ongoing financial investments needed to support telehealth and consideration of such investments when approving the center's budget now and going forward—for example:
  - secure messaging,
  - electronic registration processes, and
  - remote patient monitoring.

6 Strazewski, L. (2020). Telehealth's Post-Pandemic Future: Where Do We Go From here? **(https://www.ama-assn.org/practice-management/digital/telehealth-s-post-pandemic-future-where-do-we-go-here).**

7 Centers for Medicare & Medicaid Services. (2020). Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients. **https://www.cms.gov/newsroom/press-releases/trump-administration-finalizes-permanent-expansion-medicare-telehealth-services-and-improved-payment** Centers should monitor changes and updates related to reimbursement.

8 To access current information on state telehealth service coverage mandates, reference the **telehealth guidance by state.**

9 **A Prospective Payment System or (PPS)** as defined by **Centers for Medicare & Medicaid Services** (CMS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount.

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- **Consider the Implications of Telehealth on Quality Metrics—** Quality oversight is an important board role.[10] Many health centers are anticipating a decline in some of their quality measures and a corresponding loss in quality incentive payments tied to such measures during and immediately following the pandemic. This is because some services, vital signs, and labs could not be easily completed during certain phases of the pandemic when many existing patients were discouraged from or unable to access in-person visits. This can lead to worsening chronic disease indicators and negatively affect quality dollars received from HRSA and other quality incentive programs. While in-person visits can help to ensure that those tests and measures are implemented, health centers must be diligent in properly recording the data that they have collected and must also begin to think progressively about getting testing supplies and tools into the hands of patients so that they can ensure that they are getting the metrics that they need directly from the patient. While UDS does not currently accept patient reported values for quality management, self-monitoring has been shown to reduce chronic disease risk factors and could lead to fewer in-person visits.[11] As an interim step, staff can put systems in place to ensure that telehealth visits do not diminish quality of care. These systems include electronic or application-based connection to patients to check on daily monitoring, as well as the staff workflows to ensure that any concerning self-reported data (e.g., blood sugars or blood pressures) are followed up on immediately at the health center level by a licensed individual. **At the governance level, boards can be aware of possible investments (e.g., buying equipment) needed to ensure quality measures and associated quality incentives can still be reached.**

  These investments can have longer-term benefits as well for patient outcomes. For example, telehealth also has implications for patients with chronic conditions; more specifically, health care providers may look forward to increased outreach or engagement with patients through telehealth or other equipment. A provider may be able to check in and remotely monitor patients with chronic conditions or those recently discharged from acute care facilities.[12] These check-ins have the potential to decrease hospital readmissions by providing additional support to vulnerable patients.

- **Consider the Risk Management Implications—**Health centers must have a risk management program, and boards must provide oversight of risk management activities and progress.[13] **Staff will work with the board to identify high priority risks that merit board monitoring related to telehealth in the center's risk management plan.**

  For some centers, an area of high risk may be connected to system failures such as lack of coordinated processes or timely follow up on patients being monitored remotely or when patients report alarming values or fail to follow up with referrals given by their PCP (Primary Care Physician). For example, now a newly diagnosed diabetic patient with a concerning HgbA1C who fails to digitally connect to a provider via the telehealth platform due to unreliable internet is a risk management issue. Health centers have—and will continue to—update systems in place to mitigate new risks associated with telehealth.

  Another risk that relates to telehealth are increased health center cyber security threats. Health centers should ensure they

10 For more information on quality oversight during the pandemic, see **Board Oversight of Quality During the Pandemic**. For general information on board oversight of quality, see NACHC's Governance Guide for Health Center Boards, Chapter 5: Quality Oversight (available at **https://www.healthcenterinfo.org/details/?id=2302).** The Health Resources and Services Administration (HRSA) has a number of requirements that health center boards must meet related to quality oversight. For details, see the HRSA Health Center Program Compliance Manual available at **https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html** (specifically Chapter 19: Board Authority and Chapter 11: Quality Improvement/Assurance).

11 CDC, Centers for Disease Control and Prevention. Telehealth Interventions to Improve Chronic Disease. **https://www.cdc.gov/dhdsp/pubs/telehealth.htm**

12 Centers for Disease Control and Prevention. (2020). Telehealth Interventions to Improve Chronic Disease **https://www.cdc.gov/dhdsp/pubs/telehealth.htm**

13 For more information, see **Board Oversight of Risk Management During the COVID-19 Pandemic**. For general information on board oversight of risk management, see NACHC's Governance Guide for Health Center Boards, Chapter 6: Oversight of Health Center Risks (available at **https://www.healthcenterinfo.org/details/?id=2302).**

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have adequate cyber security in place to prevent data breaches, especially now that more visits are taking place on a virtual platform. Board approval may be needed for additional financial investments. An additional area of risk management deals with managing risks associated with employees working from home. Boards will want to ask questions about ensuring work-from-home set-ups include meeting OSHA standards, and HIPAA-compliant workstations, or any associated health center liabilities including workers compensation, liability, etc.

- **Consider the Implications of Telehealth for Hard-to-Reach Patients—**Just as some patients struggle to reach health centers and services due to transportation, other social determinants of health, language, and other factors, there are systemic challenges to serving all patients through telehealth. For example, there may be language barriers or disparities in access to electronic devices and broadband internet.[14]

  During the COVID-19 pandemic, some health centers have served patients who do not have cars by setting up tents in the parking lot with wireless internet or by designating a particular entrance to the clinic so patients can link to the provider who is working remotely. Other health centers are reaching out to their community partners such as schools and libraries to give patients access to WiFi internet.

  Longer-term, center staff leadership can address language barriers by reviewing demographic data and subsequently exploring interpretation services available to patients and clinicians on digital platforms. Legislative initiatives are in place to work towards expanding wireless access in states and at the federal level. However, if patients still struggle to overcome the 'internet and digital divide,' centers should be prepared to offer alternatives (e.g., parking lot visits with tablets provided by the health center). Whether your center has clinics in rural, suburban or urban areas will influence alternative internet connections to patients, but alternatives should be explored so that patients without internet are not left without access to virtual services when needed.

  From a strategic perspective, boards can work with the CEO to consider the longer-term demand, impact of services, and investment that may be needed to support equitable access to telehealth-delivered care and services.

- **Consider compliance with HRSA Requirements for Sliding Fee Scales—**The HRSA Health Center Program Compliance Manual sets forth expectations for the Sliding Fee Discount Program.[15] **While implementation processes will be managed by staff, boards will want to have assurances that the center will ensure continuous compliance in this area.**

  It has always been considered 'best practice' to complete a pre-registration for all patients prior to their visit to the health center. For patients without insurance who fall on the sliding scale, pre-registration provides an opportunity to complete family size and income verification questions over the phone or through a digital check-in system on a patient portal or telehealth platform. There are two advantages of doing this in advance of the visit:

  1. There is a greater chance that patients will be in a private setting to answer these questions and provide verbal attestation.
  2. Patients have time to enroll in supporting services such as managed care programs, Medicaid, or other financial assistance and coverage programs prior to the visit.

  It is important for organizations to ensure that they are meeting requirements for enrollment into sliding scale fee and other programs such as Family Pact, WIC or Medicaid programs to name a few. New systems and processes can provide an opportunity to simplify and reduce barriers to providing sliding fee to eligible

14 Bauerly BC, McCord RF, Hulkower R, Pepin D. (2019). Broadband access as a public health issue: the role of law in expanding broadband access and connecting underserved communities for better health outcomes. J Law Med Ethics. 47(2 suppl):39-42. doi:10.1177/1073110519857314.

15 See HRSA Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program available at **https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html#titletop.** Also see **https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions?field_faq_category_tid=All&combine=sliding+fee.**

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patients. When income verification is required, some telehealth platforms offer the ability to scan documentation. It is important for staff to check technology capabilities for scanning insurance cards and pay stubs, as well as digital signature collection for income attestations, so that century old procedures finally get an upgrade. Again, staff will manage the processes, but budgeted technology investments may require board approval.

- **Consider the Telehealth Patient Experience—**Healthcare administrators are describing the shift to telehealth in Spring 2020 as similar to learning to fly an airplane at the same time that the airplane was being built. Many organizations experimented with one or two different telehealth platforms that provide secure, virtual connections between patients and providers (e.g., Zoom for Healthcare or Doxy.me) when they implemented telehealth in spring 2020. Most orchestrated a quick implementation, practically overnight, with minimal workflow planning and design. Preliminary results and anecdotal feedback from surveyed organizations reveal some staff confusion about telehealth job roles with less support given to providers than they would receive in an in-person setting. There has also been some feedback that patients are suffering the consequences of quickly implemented workflows. If providers are running late and join a telehealth visit past the appointment time, reports are showing that patients leave the virtual waiting room without being seen. While initial research demonstrates that patients appreciate the convenience and similar quality of a telehealth visit, studies also show that if the provider is late or if there is a technological glitch, patient satisfaction declines.[16] Centers are also observing that some providers excel at telehealth visits while others may require additional training.

  Many health centers continue to adapt to implement solutions to these challenges. Some centers report anecdotally that behavioral health patients reported high overall satisfaction as telehealth services removed many barriers to care.

  Given these factors, it is strongly encouraged that organizations survey the telehealth patient experience to ensure that high satisfaction is maintained, and patients can continue to gain the benefits of this convenient care modality. **Boards can be looking at patient survey results in the form of feedback formally collected by the organization as well as public sites such as Yelp or Google Reviews. This might be done by the Quality Committee if the board has such a committee. If surveys reveal negative feedback, boards can hold the CEO accountable for enhancing the experience.**

- **Consider the Implications for Staff Satisfaction and Longer Term Implications of Remote Work—**Initial anecdotal reports and staff experience surveys from healthcare providers show that working from home is convenient, easy, safe and even, in some cases, preferred to providing in-person care. There are obvious benefits such as eliminating commute time and offering flexibility when it comes to childcare. Colorado's Denver Health surveyed for provider experience during the pandemic and results revealed that 61% of physicians reported decreased symptoms of burnout, with 81% reporting an improved work-life balance.[17] While this is a small sample size, results point to a better work-life balance among providers working remotely, which ultimately leads to an enhanced patient experience, improvement in population health, cost efficiencies, and care team well-being.

  Other support departments in some health centers have also moved to remote work, such as call center staff, referral departments, human resources, and care coordination. Some organizations are deciding to permanently move part or all these departments offsite into a work-from-home environment to eliminate overhead

16 Donelan, K., ScD, EdM, et al. (2019). Patient and Clinician Experiences With Telehealth for Patient Follow-up Care. **https://www.ajmc.com/view/patient-and-clinician-experiences-with-telehealth-for-patient-followup-care**

17 National Association of Community Health Centers. (2020). NACHC COVID-19 Learning Series: Securing Your Path Forward. YouTube. **https://www.youtube.com/watch?v=JLO7CVhlncc**

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costs and transform administrative workspace into revenue-producing patient care space. Centers will need to consider the best ways to use vacant space and the impact on future capital needs.

In addition to the financial savings, boards will want to ask questions about associated risks (for example, ensuring work-from-home set-ups include meeting OSHA standards and HIPAA-compliant workstations).

Discussion Questions

The following is a list of questions that board members may want to discuss with the CEO and the clinical leadership hired by the chief executive to facilitate discussion related to telehealth during and post-pandemic.

Strategic Planning:

- What is the center's telehealth strategy during the pandemic?
- What is the center's telehealth strategy post-pandemic?
- Is the strategy financially viable and will it meet patient needs?
- What initial and ongoing investments (e.g., technology, workforce) are needed to support these strategies?

Reimbursement:

- What percentage of our visits are telehealth and how has that fluctuated during the pandemic?
- How has our reimbursement rate changed during the public health emergency? How does this change impact our bottom line?
- What is expected to happen to our reimbursement rate after the public health emergency? How does this change impact our bottom line and future strategy?

Quality, Outcomes, and Patient Experience:

- Do our patients have the tools that they need for remote monitoring by their care providers?
- What are our patient satisfaction scores for telehealth visits?
- How are our providers performing with respect to patient satisfaction in their telehealth visits? For in person visits?
- What do public review sites such as Yelp or Google Reviews reveal about our telehealth care?
- What is the demographic breakdown of our patients utilizing telehealth services? Are we reaching patients in a way that is equitable, meaning taking into consideration limiting factors for some patients?
- What are our quality measures showing? Are we doing as good a job with patient outcomes in a virtual world?
- What additional high priority risks does the board need to be aware of and/or monitor?
- If we anticipate a robust telehealth strategy post-pandemic, what current or future investment is anticipated to assure quality and positive patient experience?

Access Barriers to Care:

- What patients are accessing telehealth services?
- Are our non-English speaking patients accessing telehealth services at the same rate as English speaking patients?
- How often are we looking at these numbers and what are we doing to ensure that we are not contributing to racial and linguistic barriers?
- Are strategies in place to inform patients of our telehealth services, especially those patients who have internet and smartphone limitations?
- Post-pandemic, if we anticipate a robust telehealth strategy, what investments are needed to address access-related barriers to care?

Staff Experience and Remote Working:

- How can we use underutilized or vacant physical space for revenue generating opportunities (e.g., pharmacy site, additional exam rooms, leasing out, etc.) if we move to a more robust approach of staff remote work even extending beyond the pandemic?
- What are the key risks associated with remote work (e.g., HIPAA compliance)?
- Do we have departments that are now remote that may never need to come back to being within the health center building? What does that imply for longer term management of those departments and what should we be thinking about in terms of repurposing that real estate?

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THE ROOTS OF MODERN-DAY TELEHEALTH

Believe it or not, telehealth has been a topic of discussion for the last 150 years.[18] The telephone was invented in 1876, and at that time it was suggested that patients could talk with a doctor over the phone to get some of their medical needs met. The first recorded telehealth visit was described in The Lancet in November 1879.[19] A family praised the technology, reporting that a phone call to their doctor had led to the doctor instructing the family to hold the coughing child up to the phone to allow the physician to listen to the cough, rule out croup, and provide guidance around home remedies, preventing an inconvenient evening medical visit.

At that time, there were numerous concerns, including the cost of the telephone and the lack of availability for many patients, potential disruptions in service, and privacy issues due to an inability to secure a phone line. Anyone working in or governing health centers knows that these fears still exist today. Minimal progress was made in the 20th century with a few notable tests in the 1950s and 1960s, when telephones were used in Florida and Nebraska to connect patients to a specialist in a different location.

Despite the need, a 2016 study cited by American Academy of Family Physicians (AAFP) in *Backgrounder: Telehealth* found that "only 15% of family physicians had used telehealth in the previous 12 months" although 78% agreed telehealth improves access to care. The main reasons that telehealth was not more widely used included *training and a lack of payment reimbursement*.[20]

Pre-pandemic, there were small advancements: physicians consulted other physicians over the phone, patients consulted physicians remotely, and some patients used wearable devices such as fitness trackers, glucose monitors, and remote blood pressure units for self-monitoring. In a few instances, those technologies ported directly to the provider through the EMR (Electronic Medical Record), although most patients need to provide updates regarding what their devices report to the provider or care team (blood sugar levels, blood pressures taken at home, etc.).

With the onset of the pandemic, health centers—along with the rest of the healthcare industry—were catapulted into the virtual world.

A Note About Terminology

Board members may also find it important to know that according to a summary published by the AAFP in December 2019, telehealth and telemedicine are in fact separate terms, although they are sometimes used interchangeably.[21] Care Innovations COO, Marcus Grindstaff states, "there's a little bit of evolution happening in the naming of different kind of technologies." Terms include:

- **Telehealth** refers to "a broad collection of electronic and telecommunication technologies and services that support at-a-distance healthcare delivery and services."
- **"Telemedicine** is the practice of medicine using technology to deliver care at a distance, over a telecommunications infrastructure, between a patient at an originating (spoke) site and a physician or other practitioner licensed to practice medicine at a distance (hub) site."
- **"Virtual Care** is a component of telehealth services that refers to 'virtual visits' that take place between patents and clinicians via communications technology."[22]

18 Nesbitt, T., MD. (2012). The Evolution of Telehealth: Where Have We Been and Where Are We Going? **https://www.ncbi.nlm.nih.gov/books/NBK207141/.**

19 Aronson, S.H., M.A., Ph.D. (1977).The Lancet on the Telephone 1876-1975. **https://www.cambridge.org/core/services/aop-cambridge-core/content/view/99F321AB5C89060E4D5B2C868986F118/S0025727300037182a.pdf/the-lancet-on-the-telephone-1876-1975.pdf**

20 American Academy of Family Physicians. (2019). Telemedicine **https://www.aafp.org/dam/AAFP/documents/advocacy/health_it/telehealth/BKG-Telemedicine.pdf**

21 American Academy of Family Physicians. (2019). Telemedicine **https://www.aafp.org/dam/AAFP/documents/advocacy/health_it/telehealth/BKG-Telemedicine.pdf**

22 Care Innovations, What is Virtual Healthcare and How Does it Fit into Telehealth? **https://news.careinnovations.com/blog/what-is-virtual-healthcare-how-does-it-fit-into-telehealth**. Accessed February 10, 2021.

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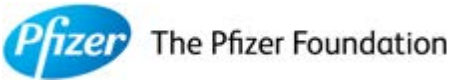
Acknowledgements and Additional Information

This article was made possible through a generous grant from The Pfizer Foundation.



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For additional resources from NACHC related to COVID-19, please visit **https://www.healthcenterinfo.org/priority-topics/covid-19/** and **http://www.nachc.org/coronavirus/.**

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