

Health Net Telehealth Capacity Grants

Grant Findings

January 2022



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Introduction

Telehealth enables healthcare professionals to interface with patients at a distance and to provide remote diagnosis and treatment with the aid of telecommunications solutions. With the rapid advancement of technology platforms, telehealth has rapidly advanced over the last decade, becoming an increasingly essential part of American healthcare delivery.¹ The COVID-19 pandemic further expedited the mass adoption of telehealth and highlighted the importance of shared access to treatment and “digital health equity,” which is the resourcing and quality of digital healthcare needed for all social groups to reduce digital health disparities.²

In 2020, Health Net awarded 138 Telehealth Capacity grants, totaling \$13.4 million, to support the establishment and expansion of telehealth and telephonic services for California providers serving Medi-Cal members. This was the largest grant of its kind by a health plan in California. In a Request for Support (RFS) released on April 2, 2020, the company had originally allocated \$5.9 million in available grant funds. However, based on the overwhelming response to the funding request and to ensure the funding was distributed equitably across the State with particular attention to rural and other high-need areas, Health Net ultimately awarded \$13.4 million in telehealth grant funding. The grant period was from May 2020 to April 2021.

Health Net developed the grant program in coordination with the California Department of Managed Health Care (DMHC). Health Net requested to use funding set aside for improving enrollee health outcomes under DMHC’s approval of Centene’s acquisition of Health Net in 2016. This investment was critical to the COVID-19 pandemic response as telehealth minimizes disruption to the healthcare system and protects providers and patients at a time when social distancing is critical. The funding process was therefore expedited to ensure providers could incorporate telehealth into their emergency COVID-19 response.

Health Net’s telehealth investment was focused on key tools for providing safe access and continuity of care for patients at home and for patients who remained physically distant from health centers. This involved building or expanding telehealth practices, including live video visits, e-consultations³, and tele-psychiatry. Funded healthcare providers used their grant funds for infrastructure (e.g., laptops, cell phones, and software), internet connectivity, and training/technical assistance.

The 138 funded organizations serve premodinantly Medi-Cal members and are located across California from the rural north to the urban south, and include independent provider practices, rural health centers, community clinics, Indian health centers, and more—many of whom faced increased financial strain and challenges amid the ongoing pandemic. Nearly 20 percent of grantees reported having no existing telehealth services at the time of their application.

At the culmination of their grant period, each funded provider submitted information about how they used their funds, as well as insights regarding the successes and challenges associated with expanding and implementing telehealth services. This report is a summary of reports from 98 grantees and highlights the successes and challenges grantees faced in offering telehealth services, as well as implications for future telehealth service provision.

\$13,400,000

Amount of Funding

138

Grantees*

57%

Southern California

23%

Central Valley

10%

Greater Sacramento Area

10%

Inland Empire

8%

San Francisco Bay Area

2%

Northern CA

*Regional percentages are not mutually exclusive.

Note: This icon is used throughout the report to share provider and patient stories.

¹ <https://chironhealth.com/telemedicine/what-is-telemedicine/>

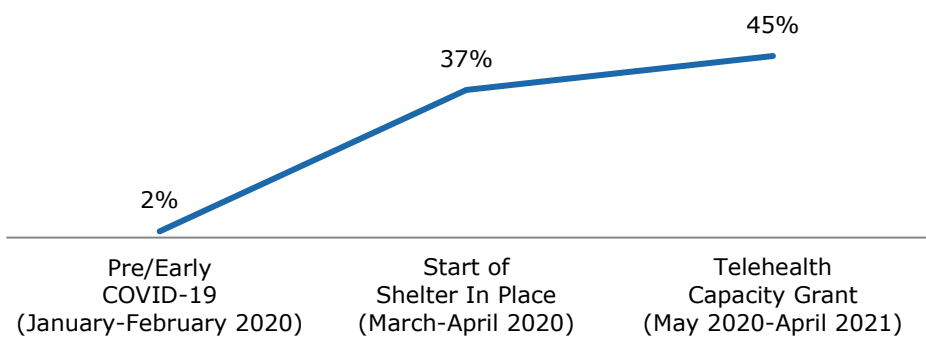
² <https://www.jmir.org/2020/6/e19361>

³ E-consults, also known as electronic consultations or interprofessional consults, are communications between health care providers.

Use of Telehealth Capacity Funding

Telehealth grantees used grant funds to support the establishment and expansion of their capacity to offer a variety of telehealth services. Notably, 70 percent of grantees used the grant to purchase equipment and software needed to offer telehealth and telephonic services. In addition to purchasing hardware equipment such as computers, monitors, phones, etc., providers also purchased software or licenses needed to use programs that helped facilitate the delivery of telehealth services. Providers also purchased equipment such as blood pressure monitors, blood glucose monitors, and ophthalmology devices that can transmit health data directly to the healthcare provider. Overall, this funding was essential for supporting providers as they shifted from providing on average 2 percent of visits via telehealth pre/early COVID-19 to 45 percent of visits via telehealth during the grant period (Exhibit 1).

Exhibit 1. Average Percentage of Telehealth Visits across Funded Providers



“Our main concern was how to continue providing care to the low-income underserved populations we serve in the safest manner possible. Moving to telehealth was truly a lifesaver for many patients struggling with chronic conditions and need of care outside of COVID-19.”

-Health Care Center in Southern California

A 14-month-old with chronic allergies had at least 3 telehealth visits for this condition alone over 3 months. After trying several iterations of dosages and visits to a specialist, we were able to successfully settle on the correct treatment plan.

-Provider in Southern California

Funding was used to:

68% Enhance technology

31% Support training staff

While 68 percent of providers used the grant to enhance their technological infrastructure to support services, 31 percent of grantees used the grant to support training for providers to implement and deliver telehealth services. Training was delivered to healthcare providers to familiarize them with the telehealth software, as well as to staff to support workflow logistics such as how to schedule telehealth visits.

Impact of Telehealth Funding on Workflow

As telehealth services were established and expanded for the grantees, 82 percent of grantees noted changes in their workflow. Grantees described processes that were changed or updated to provide a smooth experience for both providers and patients. One grantee shared, “Our patient workflow has changed significantly due to telehealth from check in to check out.” One example of these workflow changes included the creation of standardized guidelines for telehealth services that were not previously in place. Such guidelines clarified procedures to schedule telehealth visits, determined whether a visit could be in-person or delivered via telehealth, and oriented the patient and provider to expectations for the telehealth visit. Another provider shared that communication increased between office staff (including IT, front office representatives, and providers) to troubleshoot issues that emerged related to telehealth services. For example, one provider had care team members working remotely in different locations and needed to adapt their workflow accordingly. They added additional software applications to obtain elements such as pre-visit registration and patient consent forms.

When a farm worker experienced a dental issue, he was able to participate in our teledentistry program at his workplace which was miles from our physical dental practice. This farm worker might otherwise have needed to lose wages and travel long distances to get the diagnostic treatment he needed.

– Provider in San Joaquin Valley

“Our patient workflow has changed by allotting time in the patient schedule at the end of the morning and end of the afternoon to accommodate telehealth appointments. The availability of telehealth appointments, made possible by the telehealth funds, helped to improve patient safety by reducing the number of patients coming to the office.”

***–Provider in Inland Empire/
Southern California***

Successes and Challenges

Telehealth Capacity grant funding enabled providers to either establish or expand their telehealth services. Although the biggest challenge was ensuring that patients had access to technology to be able to connect with providers for telehealth appointments, many providers were able to identify strategies to implement telehealth in order to keep their patients safe during the pandemic and maintain continuity of care.

Successes

Telehealth Capacity grant funding supported grantees' ability to safely treat patients during the COVID-19 pandemic. For some, the funding was integral to ensuring that they could keep their doors open and provide continuous care to patients. As grantees shifted to providing more telehealth services, many grantees identified benefits of providing these services. Grantees shared that telehealth services supported the care of patients through routine check-ups and screenings; health education and smoking cessation; diet and exercise; diabetes management; medication management and refills; and providing counseling and behavioral health services (Exhibit 2).

Exhibit 2. Provision of Telehealth Services

Preventive Care

31% of grantees noted that the telehealth funding allowed providers to conduct routine check-ups or well checks for their patients.

Screenings

42% of grantees indicated that telehealth is an important tool for patient screenings, including screenings for chronic diseases such as diabetes.

Health Education

17% of grantees provided health education through telehealth, including nutrition and physical activity counseling, diabetes education and smoking cessation.

Mental Health

16% of grantees reported that they had success providing counseling and other mental health services via telehealth.

Medication Refills

10% of grantees indicated that telehealth visits can be used to monitor and refill patients' prescriptions.

Many of the preventive care and screening services that were successfully implemented through telehealth also align with Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures, including diabetes care, controlling high blood pressure, behavioral healthcare, medication management, and care coordination.⁴ This is especially important for patients who may have complex care needs but have challenges coming in-person to regular appointments because of transportation, work, or childcare issues. As one grantee shared,

"Through this grant, the overarching goal of [our organization's] telehealth program was to make healthcare accessible to all of our patients, in particular those who live and suffer with chronic diseases that limit their access to care, even more so now during COVID-19."

-Family Care Provider in Southern California

⁴ <https://www.ncqa.org/hedis/measures/>

“One of the biggest successes of providing telehealth services, and telehealth services becoming a more acceptable communication channel between patients and medical providers, was [our] ability to reach more patients who typically did not access care regularly if at all. This allowed [our organization] to assess patients for preventative measures, HEDIS® measures or patient’s current medical needs, as well as educate patients on these same topics.”

This funding also allowed grantees to implement innovative strategies to monitor the health of patients using home monitoring equipment. One grantee shared:

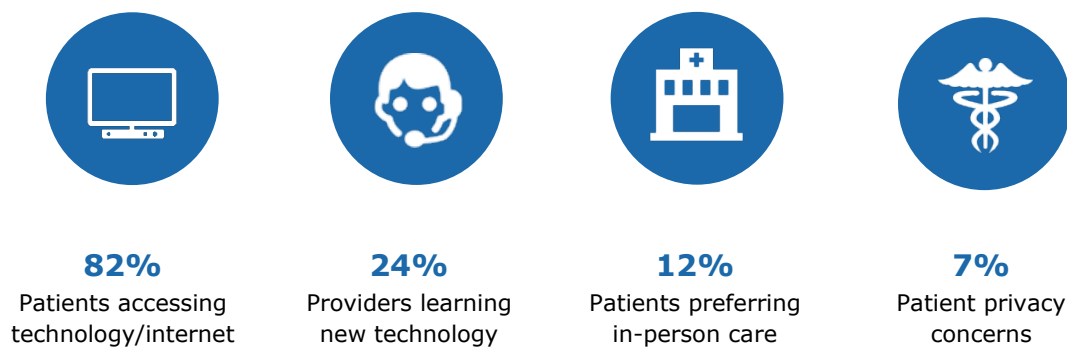
“The grant also allowed us to purchase basic home monitoring equipment for some of our most vulnerable patients. This enabled our clinicians to keep patients safe by treating basic conditions that required monitoring of vital signs. This worked so well that we expanded and purchased significantly more advanced equipment that allows our clinicians to treat more acute and complex conditions remotely.”

Several other grantees noted that they were able to purchase at home equipment for their patients as well, including blood pressure monitors, blood glucose monitors, and ophthalmology devices. In addition, providers were able to use telehealth to provide COVID-19 test results and to monitor patients with COVID-19.

Challenges

Although the majority of grantees experienced success expanding or implementing telehealth within their organization, there were some challenges in understanding how to successfully conduct virtual visits, particularly early on in the grant period as grantees ramped up their telehealth services (Exhibit 3). While grantees were able to use telehealth for a variety of preventive care services, many grantees noted that some services (such as cancer screenings or childhood immunizations) were required to be conducted in-person.

Exhibit 3. Common Challenges Cited by Telehealth Grantees



The biggest challenge that grantees faced was that not all patients had access to a computer, smart phone, or stable internet connection to successfully utilize telehealth services. In addition, many patients (particularly older adults) struggled with learning how to use the telehealth platforms. Providers noted that because of these barriers, some patients utilized telephonic visits as an alternative. One provider shared:

“We continue to struggle with telehealth video appointments. Patients are

A patient has suffered from ADD and anxiety for many years. When her symptoms worsened due to losing her job at the beginning of pandemic, she was relieved to learn our behavioral health sessions were still up and running, remotely. When we reached out to find out how she was doing, our patient expressed her thanks and stated, “If I didn’t have the telehealth therapy visits, I don’t know what I would do. It would be bad for me, really bad.”

– Provider in Los Angeles

not open to having staff see them on their computer/phone screen. The majority of the patients opt for telephone visits unless there is something they want the provider to see on their body and it is the reason for the visit.”

Additional challenges included providers learning and implementing new telehealth technologies, patients preferring in-person care, and patients’ concerns with privacy. As one provider shared:

“Most of our patients live in multi-generational homes and do not have access to private space for the duration of their medical or behavioral health visit.”

Providers also faced their own challenges with changing their workflow to accommodate the new telehealth procedures and teaching staff how to use these new technologies. Additionally, rural clinics had limited broadband access which limited their ability to meet with patients via telehealth.

We had a young patient in behavioral health who was apprehensive about coming in for his therapy visits to help with his anxiety. When the pandemic arrived, our Behavioral Health Clinician worried if he would continue to access behavioral healthcare. Much to her surprise, she was pleased to see him on her telehealth schedule one day. The transition from in-person care to telehealth had created an opportunity for him to comfortably access behavioral health services. The therapeutic relationship strengthened over time and our Behavioral Health Clinician was able to make significant gains in helping him to manage his anxiety symptoms.

-Provider in Southern California

“Challenges with reimbursement in the billing department mostly stemmed from a lack of knowledge of appropriate codes and modifiers to be applied. Once we were trained about the new coding opportunities, we were successful in receiving reimbursements.”

-Medical Group in Southern California

Financial Stability and Sustainability

The majority of providers (61 percent) noted at least one way that integrated telehealth services supported the financial stability of their organization. This was particularly true in the initial months of the pandemic when providers were otherwise closed due to shelter-in-place policies. Providers shared how funding not only allowed for the integration of telehealth practices, it also allowed them to stay open and continue to provide essential care to underserved patients in their communities. As one provider shared,

“Without question, if we were unable to bill for telehealth services throughout the pandemic, we would have seen an even greater shortfall of revenue by at least 30 percent, which would have been an insurmountable challenge to overcome.”

Another said,

“Without this funding, we would have been stuck in a vicious cycle, losing income due to declining visits, but unable to invest in alternative visit methods due to declining income. Health Net funds helped break the cycle and reverse the downward trend in patient visits.”

Most Challenges with Reimbursement for Telehealth Services were Resolved Quickly

A few providers shared specific successes or challenges they faced with getting reimbursed for telehealth services (20 percent and 28 percent, respectively). The most common challenge cited was, “a lack of standardized billing practices with agencies and insurance companies, creating a great deal of confusion.” Providers were initially unsure of exactly which codes and modifiers to use, and they sometimes received conflicting information from insurance partners. One provider explained the difficulty of “having to navigate through different payor sources having different codes and modifiers to bill for telehealth.”

Most providers who reported these challenges said that it was resolved quickly and that they were able to resubmit initially-declined claims and integrate the proper coding on an ongoing basis.

A handful of providers provided very specific feedback about reimbursement challenges. One remarked that Medicare and Medicaid did not fully reimburse for telehealth services. One provider shared three specific challenges:

- 1) Medicare did not compensate the total Prospective Payment System (PPS) rate for telehealth service; instead, they reimbursed at a lower rate. As a result, telehealth for dental services was not reimbursable;
- 2) Medi-Cal has a rule limiting follow up within 3-5 days of a visit; therefore, providers had to do follow up seven days post-visit to ensure reimbursement; and
- 3) Family PACT telehealth services, an innovative approach to provide comprehensive family planning services to eligible low-income residents, were denied for reimbursement.

“Without telehealth, we would have been in a very difficult situation from a patient care capacity, infection control, and financial perspective.”

-Community Health Center in the Greater Sacramento Region



61%

of providers shared that telehealth provided financial stability for their organization

Additionally, one provider in Los Angeles noted ongoing challenges regarding reimbursement for telephonic/telehealth services for undocumented/My Health L.A. patients. These providers did not indicate whether these challenges had been addressed.

Sustainability of Telehealth Services

Most providers (87 percent) indicated that they plan on integrating telehealth as a sustainable practice for patient care. As one provider said, "Telehealth is here to stay." Another shared, "Telehealth has been an essential way for patients to access care during the pandemic, and it will be critical to providing post-pandemic care." Providers emphasized the ways that telehealth supports ongoing patient monitoring and routine elements such as medication refills, allowing providers to reserve in-person visits for those who really need it, particularly for patients who have lack of transportation or experience other barriers to accessing a healthcare delivery site. For example, one provider discussed how essential telehealth has been to their patient navigation system: "Much of this work is about humanizing the healthcare experience, particularly for marginalized groups, and telehealth enabled us to continue this essential face-to-face contact from afar." They shared that they are also piloting a Virtual Health Center later this year.

One of the key ways providers are planning to continue to utilize telehealth services is to address barriers to accessing care. This includes expanding care for patients who live in rural areas or have limited transportation options, as well as patients who work in jobs with little or no sick leave and would, "lose all or part of a day's pay to see a healthcare provider." As one provider shared,

"Telehealth capacity and functionality has enabled us to deliver unrestricted care to those patients who are traditionally hampered by childcare issues, rigid work schedule conflicts, and other factors that constrain access to healthcare. With the new electronic health record (EHR) upgrade, we can customize the telemedicine templates to our patients needs depending on gender, age category, and kind of telehealth visits for whatever complaint (from straightforward medication refill to complex chronic disease management, post-hospitalization telehealth visits, etc.)."

In order to best serve the diverse needs of their patients, providers need ongoing support to integrate telehealth into their practice. As one provider shared,

"As we evolve in this new approach to healthcare, there is certainly a learning curve that is allowing us to strengthen and develop best practices, especially in the area of accessibility to 'hardly reached' low-income communities; and provision of virtual care in a culturally competent manner that is universally available to all patients, including those who are best served in a non-English, primary Spanish language."

The main concern providers expressed was the extent to which telehealth services will continue to be reimbursable at the same rate in the future. One provider shared that "some insurance contracts have been receptive, while others have required more documentation." Another noted that,

"Most insurances pay telehealth services with less reimbursement. Furthermore, we are uncertain at this time whether or not both Medi-Cal or Medicare will continue to allow telehealth visits. Thus, we do



87%

of providers indicated they plan on integrating telehealth as a sustainable practice for patient

"We take a long-term perspective, because we believe telehealth will be useful for our practice far beyond the pandemic. According to internal surveys we conducted, patients strongly identified telehealth as a tool that should have a role in their healthcare going forward, post-pandemic."

-Community Health Center in San Francisco Bay Area/Silicon Valley

understand that with less reimbursement, in order to maintain the same revenue, we would need to be able to have additional visits. Thus, based on what the insurances' policy is in the near future, we would have to re-configure how we should move forward."

Providers recommended ongoing advocacy for reimbursement of telehealth services. One provider in particular is advocating for the support of [California Assembly Bill 32](#), which extends telehealth payment parity to Medi-Cal managed care and would allow for remote eligibility determinations, enrollment, and recertification for Medi-Cal and specified Medi-Cal programs. This provider shared that payment parity for telehealth visits "would also eliminate additional barriers for many of our patients, young and elderly."

"A 48-year-old patient with pre-existing conditions, including diabetes and hypertension. Because of her medical condition, she feared going anywhere because of the poor outcomes and high death rate among individuals with pre-existing conditions who contracted COVID-19. She is grateful that both she and her husband have been able to keep their medical appointments this past year and were offered the option of telephone medical visits."

-Provider in Central Valley

"We are actively working through Community Health Partnership and California Primary Care Association to advocated for increased access to telehealth services even after state and federal emergency declarations are lifted."

- Health Center in the San Francisco Bay Area

Recommendations

The Telehealth Capacity grant was critical for many providers across California to ensure access and continuity of care to their patients while also keeping the patients and staff safe during the pandemic. Many grantees noted that telehealth services will be sustainable into the future and that these services are especially beneficial for patients with non-urgent medical needs, monitoring patient care plans, providing access to care for patients who may have transportation challenges, and for monitoring medication adherence and prescription refills. While most grantees see the benefit of offering telehealth services long term, some providers were unsure about whether they will be able to provide the same telehealth options in the future as this decision relies heavily on whether telehealth will continue to be reimbursed at the same rate as in-person visits. Grantees provided the following recommendations for sustaining telehealth services.

1. **Advocate for continued cost reimbursement for telehealth services:** Many providers indicated that they will continue to advocate for the option for telehealth services to be reimbursed at the same rate as in-person visits. However, this will require the Department of Health Care Services (DHCS) to commit to this long-term change. This may also be an area where organizations such as Health Net can advocate for the benefit of telehealth services.
2. **Ensure future funding to continue to support expansion of telehealth services:** Many grantees were able to establish or expand telehealth services through this grant funding. Some grantees noted that while Health Net's funding supported the initial costs of establishing or expanding their telehealth services, they need to ensure that telehealth services will continue to be reimbursed in order to continue to offer them.
3. **Support patient access to tele-health services:** The biggest challenge grantees faced in providing telehealth services was ensuring that patients had access to stable internet and appropriate technology such as smart phones, computers, and health monitoring equipment to connect and participate in telehealth services. In order for telehealth services to be most effective and equitable, patients need to have access to technology and appropriate education and support to access those services. This is especially important for those using tele-health services for the first time. Additionally, expanded interpretation support for tele-health services is essential for patients who speak languages other than English.

A single father explained that it is difficult for his autistic son who primarily speaks Korean to leave the house since he is easily overwhelmed by outside stimulus and has poor awareness of Covid. Since we were able to connect to him via telehealth, he was able to see a Korean speaking provider via telehealth. He started showing all the adjustments to his house he made for his son. Our clinic staff has learned from the patients the barriers they must face not only to access quality healthcare but also in their daily lives that affects their health. Therefore, it has allowed our staff to have better understanding on how to assist our underserved patient population.

-Provider in Los Angeles

Appendix: Patient Stories

The following are additional patient stories provided in telehealth grantee reports. All patient names have been changed to protect confidentiality.

COVID-19 Related Stories

Using Telehealth Services to Treat and Diagnose

"One of our Family Physicians recently told the story of a 62-year-old man who had a growth in his neck for several months. Finally, his son helped him schedule a televideo visit with our physician. He did not have insurance and was covered under a grant for uninsured low-income adults in Los Angeles County. Through a careful telehealth visit our physician was able to determine the history and even see the mass on his neck. He sent him to the emergency room and thyroid cancer was diagnosed. Within a few weeks he had surgery and started radiation therapy. Stories like this make a compelling case for increased access to quality telehealth services."

-Community Health Center in Southern California

"George is a 42-year-old male with a past medical history of type 2 diabetes on oral medications only. In 2020, George did not attend any of his appointments until September. At that time George was scheduled for a telehealth visit. His provider asked him his glucose levels and George admitted that they have been higher than normal. His provider then ordered labs for George and scheduled a nursing visit for George to come in and get the tests. Once the results were in George had another follow-up appointment through Telehealth to discuss the lab results. This is when the provider informed George that his A1C was high and his diabetes was very uncontrolled. George stated he has been trying to eat healthy and exercise but he is also experiencing stress and anxiety. When the provider asked more questions about this, George informed the provider that his mother passed away recently due to COVID-19 and he's been very anxious and stressed. The provider then informed George that he should talk to a therapist regarding the way he feels and George was scheduled with a behavioral health specialist through Telehealth. In 2021, George had a follow-up visit for his diabetes, and George was excited to share that his sugars have improved, his weight has come down and he feels happier. George was scheduled to come into the office for an A1C test which showed great improvement. It was only because of Telehealth services that George was able to be cared for."

-Provider Group in the Central Valley

"Marlena rarely goes to the doctor unless for significant health issues. After experiencing increased dizziness, she decided to see a doctor. However, she recently used up all of her Paid Time Off to care for her sick mother who had recently been diagnosed with cancer. When she found out that we provided telehealth services, she was able to schedule an appointment during her lunch break. Marlena's provider ordered a blood test for her at Marlena's earliest convenience. As a result, Marlena was soon diagnosed with diabetes and quickly began a treatment and management plan with her physician. Thanks to the flexibility and accessibility of telehealth, Marlena was able to ensure that she did not expose her immunocompromised mother to the coronavirus and she was able to take the appointment without having to take time off of work."

-Community Clinic in Southern California

Remote Coordination of Services

"Liza has been accessing care at [provider] for more than 5 years. She struggles on and off with housing, and she has a sustained substance use disorder. In November of 2020, she received a positive test result for HIV from a different provider and was essentially told to figure out treatment on her own as options for HIV care in our area are extremely limited. In the midst of a global pandemic, and with a life-altering diagnosis, she scheduled a telephonic appointment with her women's health provider. Upon ascertaining the reason for her appointment, the women's health nurse practitioner connected her immediately with another provider who specializes in HIV care in the next county. She waited approximately 20 minutes between her call with her women's health provider and her video chat with the HIV provider, and she had begun a regimen of anti-retroviral therapy by the end of the week. From the availability of appointments to her ability to initiate HIV care with a provider in a different county, nearly every step of Laura's journey to establish HIV care was facilitated via telehealth."

- Federally Qualified Health Center in the Central Valley

Monitoring COVID-19 Patients remotely

"One of our elderly patients with uncontrolled diabetes on insulin, difficult to control hypertension, and hyperlipidemia was exposed to COVID-19 by his housemates. Unfortunately, his wife was also exposed, and she passed away due to complications with COVID-19. This patient does not have a car and does not speak any English. He was not able to get help or the care he needed. We were able to utilize telehealth services to monitor his COVID-19 symptoms as an outpatient after delivering a pulse oximeter and medications to his home. When his condition deteriorated, we were able to advise him on when to seek acute care. He was hospitalized for over a week until he was able to recover adequately to go home. We continued with telehealth services post discharge for his insulin and blood pressure medication titration. Steroids given while he was inpatient worsened his chronic diseases. The patient was extremely grateful for the close follow up, medical treatment plan, and guidance we provided that allowed him to recover from COVID-19 and regain control of his diabetes and blood pressure. He continues to utilize both telehealth services and in person visits when needed to maintain control of his chronic health conditions."

-Medical Center in Southern California

"Thelma was an 88-year-old woman who contracted COVID 19. She was discharged to her home after a visit to the ER. At home, she was on oxygen supplementation therapy and was bed-bound. During the first week of her convalescence, she developed an acute red left eye with mild discomfort but no loss of vision. Unable to leave her house to come for an eye exam, she was offered a telehealth visit. With the help of her son and his smart phone, doxy.me was used to conduct a telehealth exam, during which it was determined that she had a benign subconjunctival hemorrhage that did not require in-person treatment. A recommendation of supportive therapy with artificial tears was given to the patient, and she was reassured that her hemorrhage would spontaneously resolve in one to two weeks. In this patient's case, telehealth allowed a bed-bound patient to access eye care from home and prevented a potentially contagious patient from coming to the office."

-Medical Provider in the Inland Empire/ Southern California

"We had a patient who had been recently discharged from the hospital after to a COVID diagnosis. The patient was bedbound on the second floor of his home. He was unable to be seen in person due to the challenges of getting out of his house and the need for transportation to the clinic. The patient was on oxygen, incontinent so leaving the house was extremely challenging. We were able to offer a telehealth video visit which made the patient very happy and kept the patient safer than he would have been if compelled to attempt to leave his home. We also used an interpreter as the patient's primary language was Spanish and the provider only spoke English. The translator was able to be part of the telehealth visit as a third party. At a subsequent telehealth visit, the patient was able to literally show the provider that he had all his required equipment (oxygen, durable medical equipment, etc.) at his disposal and within reach. The patient was extremely grateful that telehealth was available to him to facilitate his health care visits."

-Health Center in the Central Valley

"A patient that was in the ICU for COVID at 28 weeks gestation with respiratory ARDS from COVID. I saw her through her hospital course, and with the help of telemedicine visits and home doppler, I was able to safely follow her pregnancy until she was healthy enough and COVID cleared by the state to come into the office to be seen in person. We delivered her without complication at 39wks, a healthy newborn baby girl 7.8lbs. Both mother and baby recovered fantastically despite there rough pre-natal course. Without telemedicine, I would not have been able to order her the proper antenatal testing as well as labs necessary to meet standard of care."

-Provider in Southern California

Eliminating Transportation Barriers

"One particular patient experience stands out. It was an agricultural worker who did not speak English and had a family member present at each appointment to take notes. Their family member worked during the day, and would not be able to make appointments often. However, with telehealth, we were able to provide all information relating to the patient's care by connecting the patient, family member, and ourselves at the time of the telehealth visit. We were able to close this communication gap that could have led to adverse health outcomes if it was not closed."

-Medical Group in the Central Valley

"We had a patient who required surgical intervention. They live two hours away from our office. Instead of having the patient come in to discuss surgical options we were able to do the telehealth visit with both parents; avoiding a trip and the stress surrounding the trip. We think these conversations during telehealth are actually LESS stressful because the patient/parents are in their own environment and feel more comfortable asking questions. That is important from an informed consent perspective."

-Medical Provider in San Francisco Bay Area/ Central Valley

Continuing Care for High-Risk Patients Remotely

"We serve a large Cambodian refugee population who are monolingual Khmer speaking. One elderly Cambodian woman needed to be seen as part of her chronic disease management. She is diagnosed with both diabetes and hypertension. We have providers who speak Khmer and offer services in Khmer. This patient is in her early seventies and it was unsafe for her to come into the clinic due to her being high risk for COVID due to her age and pre-existing conditions. We were able to continue to offer her ongoing services via telemedicine using equipment purchased with these grant funds and her smart phone. She was able to see her regular provider to help her manage both her diabetes and her hypertension while keeping her safe from contracting COVID."

- Federally Qualified Health Center in Southern California

"I am over 70 years old, I have health issues for many years, like high blood pressure, stomach problems, arthritis, etc. I started my journey of health management with [provider] since March 2020. I am very impressed and grateful for his care and attentiveness especially during the pandemic. I was unable to go out but the doctor's staff still called me to follow up on my conditions. Imagine all the prescriptions I have for different health conditions and how they make me feel frustrated sometimes. But over the phone, the doctor is always patient with checking on my conditions, telling me what medicine is for what condition, how I should take them and what I should pay attention to. His nurses also check with me on how I am doing at home alone. During the pandemic, I stayed at home for most of the time as mandated by the government. And I am grateful that the doctor and the nurses are still taking care of my health remotely. I have my health journey with this health center for more than a year now and my health is getting better. I believe the care and love from the care team especially when I couldn't leave my home has given me a merry heart, which is the best medicine for a patient. Thank you."

-Community Clinic in Southern California

Virtual Behavioral Health Services

"A 52-year-old patient was referred to behavioral health services at our clinic for treatment of anxiety and depression. She lost her home in the Paradise Camp Fire, separated from her husband, and lived all alone in a camp trailer in the outskirts of town. She had been avoiding coming to the clinic for help due to her fear of contracting COVID-19. This avoidance led to a dangerous escalation of symptoms. She finally disclosed to her medical provider that she was experiencing suicidal she was advised to seek counseling and informed that she could meet with a therapist via Zoom. This patient was relieved to learn that a telehealth option was available and immediately began attending weekly therapy sessions with the therapist. We were able to work via Zoom to conduct a mental health assessment, assign appropriate diagnoses, devise a treatment plan, and develop a safety plan. The therapist mailed therapy worksheets and positive affirmation handouts to patients to work on together from separate locations. Patient even began setting up her own "therapy space" at a local nature park so that she could enjoy the serene setting while meeting with the therapist. As a result of having this telehealth option, the patient is now free from suicidal thoughts and has been making tremendous progress toward her treatment and life goals. Telehealth was truly life changing and life saving for this patient. We are grateful for the opportunity for them to access each other in this safe and effective manner."

-Health Center in the Central Valley

"Michael reached out to us in April of 2020, when the Coronavirus began to spread across the world and a state-wide lockdown began in California. Michael is a 38-year-old male with an autoimmune disease, health related anxiety, and general anxiety. Due to his condition, he is unable to drive, and has financial difficulties. Michael sought out Telehealth services from us in order to address his anxiety in a way that would ensure his safety and wellbeing. He not only began participating in individual counseling, but also joined our COVID-19 support group, in order to build connections and process the confusion, anxiety, and grief related to the world-wide pandemic with others. Our ability to offer Telehealth services allowed Michael to receive much needed individual and group support during a time when in-person services would have potentially put his health at risk and created more anxiety. Because we were able to offer our services virtually, Michael was able to access services without worrying about travel or expenses or putting his health at risk. Through Telehealth, Michael has been able to decrease his symptoms of general anxiety and health related anxiety, combat the added isolation that came from the lock-down, but build connections and relationships with others in a time where building relationships and connections became necessary to maintain mental wellness."

-Health Center in Southern California

"Our Director of Behavioral Health received an email in July from an adult concerned about the mental health of the young women. The Director was especially worried that one of the teens might try to hurt herself. He connected each to a case manager who spoke to the two separately (again by phone) and assessed their needs. 'On first assessment, one of the young ladies told me that she normally does not speak to anyone about how she feels inside and was hesitant to speak to me, let alone Behavioral Health. By the end of our lengthy conversation, she told me she was happy she decided to continue our call and was willing and open to speaking to Behavioral Health,' said the case manager. 'I was filled with gratitude that I was able to still have a human connection that meaningful over a telehealth visit."

- Provider in the Central Valley/San Francisco Bay Area

Successful Telehealth Visits with Appropriate Support

"A Spanish-speaking patient with limited knowledge of technology asked a neighbor to help her access telehealth services via her smart phone. The patient had recently lost her father and has a family history of obesity and chronic medical conditions, which are risk factors to complications from COVID. With support from SYHealth clinical staff, the patient is confident in navigating telehealth services on her phone and completes all scheduled follow-up telehealth visits with her medical provider."

- Health Center in Southern California

"There was a family in which the grandmother (81 female) was my patient. Her grandchildren were very tech saavy and by teaching her the basics of using an iPhone, they bonded more closely and the grandchildren had an excuse to get involved her healthcare. It was a rather special relationship I've had with them ever since."

- Family Medicine Provider in Greater Sacramento Area



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