

The goal of this project was to discover best practices and success stories from clinic personnel who successfully transitioned to telehealth in response to COVID-19. Telehealth Resource Center (TRC) representatives interviewed 131 Subject Matter Experts (SMEs) from over 50 Federally Qualified Health Center and Rural Health Center (FQHC/RHC) clinics. The clinics were based in 22 states and the District of Columbia. Four key points were found to be best practices for telehealth in response to COVID-19:

1. **Continue to use telehealth so clinics never have to begin anew.**

The SMEs overwhelmingly reported it worked well to have some form of telehealth already established prior to the pandemic. Moving forward, FQHCs and RHCs should maintain the telehealth measures that have been put into place in case they are needed for a future pandemic. Almost all SMEs planned to incorporate a blended approach if reimbursement policies allow. This would result in current telehealth services continuing to reduce barriers to care with high patient satisfaction, as well as have the technology in place should there be another emergency situation. To this end, clinics should seek out funding and grants from multiple sources to offset ongoing telehealth costs.

2. **Provide training/instruction to ensure a positive experience.**

Training for clinicians and patients, plus continued IT support, were seen as key aspects in pivoting to telehealth during COVID-19. Examples included the following: Telehealth champions who were already in support of the technology working with and teaching less experienced clinicians; providing employees with mock appointments so they could experience what patients would encounter during a visit; clinic staff communicating with patients to make sure they could log in to the platforms; and the creation of step-by-step instructions, video tutorials, and hotlines. Continuing to provide such training will ensure clinicians and patients both benefit from ongoing telehealth appointments.

3. **Explore emerging technology to provide remote health visits.**

Some SMEs had success using Tytocare. Many clinics talked about the need for medical devices in the field to obtain diagnostic readings such as blood pressure, pulse, respiration rate, pulse oximeter, etc. Clinics should continue to investigate these types of technologies as they are further developed and become more widely available.

4. **Provide technology and private, socially distanced space.**

The biggest barrier to telehealth was patients – and sometimes clinicians – not having the proper technology or internet availability. This was overcome for clinicians by purchasing new laptops, microphones, etc. In some instances, clinicians continued to work from the clinic, but saw patients remotely. To serve patients who were homeless, or lacked the necessary technology or privacy, vans went into communities, phones were distributed in offsite locations, and space was made available at clinics, under tents, or other areas where patients could be seen remotely. Moving forward, clinics should consider how to set up private, socially distanced space where patients could use the clinics' technology and be seen remotely if necessary.