



# Telehealth Advancement in Massachusetts 2020–2021

Celebrating successes and insights for sustainability

*HITEQ Center, June 2022*

## Introduction

Health center utilization of telehealth advanced in leaps and bounds since the start of the COVID-19 pandemic in March 2020. In 2019, fewer than 500,000 visits in health centers nationwide were provided via telehealth, and in 2020, over 28 million visits were conducted virtually as reported in the Uniform Data System (UDS).<sup>1</sup>

Massachusetts leadership and learning in telehealth have been a collaborative effort between Community Care Cooperative (C3) and the Massachusetts League of Community Health Centers that together formed the [FQHC Telehealth Consortium](#). In April 2020, the FQHC Telehealth Consortium began leadership calls with participating health centers to make progress on long-term telehealth strategy, with an initial focus on patient access and health center revenue. The FQHC Telehealth Consortium worked with Massachusetts health centers to develop a vision of telehealth maturity advancement and measurement specific to health centers, which, in turn, led to the development of a telehealth maturity model assessment tool to be applied across five domains.<sup>2</sup> This tool was used to conduct interviews in telehealth maturity in summer/fall 2020 and again in summer/fall 2021. The key objectives of measuring telehealth maturity were to:

1. Understand successes in implementation over the 18-month period from March 2020 through September 2021.
2. Identify areas for continued development and refinement of telehealth models in health centers in order to sustain telehealth past the pandemic.

<sup>1</sup> [Health Center Program Uniform Data System \(UDS\) Data Overview](#)

<sup>2</sup> [HITEQ Center - Assessing Telehealth Maturity in Health Centers: A report out on the progress of Massachusetts health centers in advancing telehealth during a pandemic](#)



# Themes from 34 Interviews

In 2021, interviews, using the maturity assessment tool, were conducted with health center leaders from each of 34 Massachusetts health centers. The tool assesses telehealth advancement across the domains of strategy and leadership, clinical integration, people, technology, and reimbursement and policy. During the 34 interviews, themes emerged as to where health centers need to focus their efforts to advance, as well as best practices and recommendations. The following summarizes those themes, organized by experience, what to do now, and next steps, within each of the five domains. The intent is for the experiences of Massachusetts health centers to inform others across the country.



## Strategy and Leadership

**Experience:** Health center leaders implemented telehealth advancement during the first 18 months of the COVID-19 pandemic generally in two ways. The first was a comprehensive approach, rolling out telehealth across the organization while being comfortable with the “messiness” of learning and implementation. The second was an approach that involved starting small: piloting, innovating, and then spread its approach across the organization. During the beginning of the COVID-19 pandemic, most organizations embraced the “all-in” strategy, sustaining their commitment with dedication of resources. However, as the pandemic persisted, some pulled back: “We don’t want to do this until we figure out how to make this more seamless and accessible for our patients and providers and so we are going to limit this service for now.”



### What to do now

Health centers that have made a commitment to continuing telehealth are taking the time now to step back and reflect on the model and telehealth services that best fit their organizations. The period of time when telehealth was the only form of access due to COVID-19 has passed. If they aren’t already, health centers should start asking: *What forms of telehealth work best for our patients? Our providers? What systems and technology processes need to be improved for this to be sustainable?*



### Next steps and considerations for health centers

- ✓ *Engage your health center Board of Directors (BOD) on telehealth.* Spend time with the BOD to help the members understand the value of telehealth to improve access and the resources required to sustain a telehealth program. As part of this engagement, provide data to the board on both the progress and impact of the telehealth program to inform future decisions and strategy.
- ✓ *Embed telehealth in the overall IT strategy for the health center.* Health IT is resource-intensive. Telehealth planning should be integrated with the planning for other health IT needs, strategy, and resources.
- ✓ *Assess the patient populations that face particular access challenges and how telehealth can improve access (e.g., behavioral health, HIV, rural specialty access).* Rather than letting the technology lead your strategy (such as by telehealth only being accessible to those who have the requisite skill and devices), review and refocus your telehealth strategy to address the identified access challenges of the whole patient population and how technology can best support them.
- ✓ *Engage patients in future telehealth design.* Patients, the consumers of telehealth, will have unique insights into the innovation and systems that will work best for them. As health centers plan for hybrid models of care, patient input will be essential to building the capacity and accompanying schedule that match patient preferences. Including patients in design will give health centers an advantage within the competitive health care market. [The Telehealth Playbook](#) created by the FQHC Telehealth Consortium provides several example patients surveys to assess experience in use of telehealth.
- ✓ *Consider how telehealth is aligned with value-based care.* As the health center engages with new or forthcoming payment models that reward value over volume, consider how telehealth can contribute to access for patients, efficiency for providers, and overall value.



## Clinical Integration

**Experience:** Development of protocols to guide telehealth operations within the health center context has progressed significantly during the public health emergency (PHE). While implementation was rapid out of necessity, many organizations took the time to document the process, create standard operating procedures (SOP), and invest in training staff to build confidence in use of new technology. Some health centers are continuing to follow these protocols, while others have found that once the learning and workflows were established, staff does not rely on them as heavily anymore. They have now reached a level of maturity in offering telehealth and are able to provide customized telehealth services based on their knowledge and experience. While the advancement of telehealth protocols was significant in the pandemic, many health centers noted they are at the phase of refinement, and also broader application of best practices across their organization.

As telehealth is implemented, there is a distinction to be made between operational and clinical telehealth protocols. Much of the progress has been in workflows for patient service representatives offering telehealth, and workflows for setting up the technology for patient and provider. Interviewees noted that they have learned much about both these workflows, but they are still working to adapt them. Their most common challenge is establishing seamless technology integration that allows for a team-based care model to operate in a virtual visit. Most centers struggle in their telehealth platforms to replicate in-person clinic workflows where medical assistants check-in and screen patients prior to provider consultation. The establishment of clinical protocols for telehealth was felt as a gap across most interviewees; the majority of the providers are eager for more evidence and guidance specifying when the incorporation of telehealth is clinically appropriate, and how it should be used to deliver the highest quality care.

Similar to all quality improvement and change initiatives, the health centers most advanced in telehealth had dedicated staff at the health center to advance telehealth. Having at least one clinician willing to embrace the technology, innovate, and learn was critical to providers' education across the organization. To support successful organization-wide implementation, some of those interviewed had a person with dedicated FTE serve as a telehealth coordinator. For those centers with the position in place, this person was a clear asset to the development and progress of telehealth. The telehealth coordinators worked across operations, IT, and clinical teams to support workflow and SOP development in the early phase. As telehealth implementation progressed, the telehealth coordinator supported working with vendors to optimize IT-supporting telehealth, use of data to inform progress in telehealth implementation, and worked with the broader management team on sustainable telehealth strategy.



### What to do now

Engage the broader health center leadership team on activities to assess patient digital literacy and staff training needs. While not a prerequisite, having a telehealth coordinator ensures that there is focused leadership to guide the health center to the next stage of implementation strategy. Assess whether your organization's leadership and board are ready to allocate resources for a telehealth coordinator. A dedicated person to coordinate across clinical, operations, health IT, and management will enable the organization to implement a consistent strategy across the organization.



### Next steps and considerations for health centers

- ✓ *Assess clinical and other staff buy-in to the value of offering telehealth services.* Identify areas of support and resistance to ensure that your telehealth strategy addresses staff concerns and that there is a proactive plan to support change management.
- ✓ *Designate leadership of telehealth activities and strategy.* Designate a project manager with dedicated time to coordinate and lead telehealth efforts across the organization including interfacing with the clinical team, patient support specialists, operations, and information technology teams.

- ✓ *Plan for team-based care.* Work with the clinical team to develop a model for providing team-based care in a telehealth environment. Consider the support staff and scheduling that will support team-based provider visits.
- ✓ *Assess patient demand for telehealth and their digital literacy.* Patients' demand for services will—and should—determine the proportion of urgent and scheduled visits that are allocated to telehealth. Demand for services is dependent on patient preference, knowledge and experience of telehealth, and digital literacy. Understanding the digital literacy of patients and how this impacts demand will help develop a telehealth strategy that will support more patients to use technology. As part of this assessment, consider medical and behavioral health services separately, as demand for behavioral health visits is typically higher than the demand for medical visits via telehealth.
- ✓ *Build reassessment into telehealth planning.* In the short term, given the shifts of the pandemic, expect that patient demand for telehealth services will not be static and may shift due to the level of COVID-19 in the community. In the long term, consider how other shifts, such as those in patient demographics, may influence the demand for telehealth.
- ✓ *Build a provider schedule for telehealth based on patient and staff assessments.* Much of the complexity at this moment is building a schedule that meets existing needs from both patient and provider perspectives. Expect this will be an area of active conversation, and “one size” won't fit all.
- ✓ *Engage front office staff on telehealth strategy.* Collaborate with those in the organization that schedule patient visits to ensure they understand the strategy and plan for scheduling telehealth visits. Ensure that they understand the need to both support patient preferences and optimize the schedule. Also ensure that front office staff know how to assess digital access and engage support for patients that need it. Engage health center leadership at the CIO/COO level to advance front-office training and engagement that will support telehealth.



## People

**Experience:** Telehealth advancement relies as much on investment in people as technology. During the interviews, we learned how health centers were engaging their staff, what was working, and the areas where further time and resources were needed. Commitment for telehealth varied across staff within the organizations interviewed. While there was generally a high level of commitment to providing telehealth services by health center leadership and other champions across the organization, support among clinical staff was highly variable. Clinical staff were primarily concerned with how they could provide the same quality service virtually as in-person. With new and ever-changing technology platforms, clinicians need to feel confident with the technology. Many were concerned that the technology does not allow for the medical assistant support they are accustomed to via the in-person, clinical setting. Concern about quality of care was expressed throughout all organizational staff roles, with providers eager for clinical guidance and evidence demonstrating when the quality of a telehealth visit is equivalent to an in-person visit. Finally, clinicians need support from their broader teams to address digital literacy and patient education in how to engage with digital health.

Staff support often starts and ends with training, but the health center staffs' experience has been that training is not sufficient. Protocols may be in place, training established, and yet staff do not feel comfortable with the technology and/or the process of a telehealth visit. In-person care is often provided by a team that includes a medical assistant, clinicians, and other care providers, such as a nurse and social worker. For the telehealth environment, teams are trying to build similar workflows to those that already exist in the in-person clinical setting. Interviewees discussed that there was more of a need to actively campaign and build buy-in for the use of telehealth. No interviewee had a simple answer for how to do this. Some health centers believe they have champions in place. Others do not and are going to advance the hybrid model of care and have only those providers who are “bought in” to telehealth deliver that care.

Engagement with telehealth goes two ways, making patient interest and ability to access the technology equally important to provider buy-in and training. Massachusetts health centers advanced considerably during the pandemic to offer higher level patient support and education services. These included protocols for supporting patients with technology, dedicated staff to provide this support, and provision of devices (e.g., phones, remote patient monitoring devices), in conjunction with patient education resources and patient navigators who can provide more comprehensive support to patients using the technology.

Even with these supports, patients still have challenges that impede access, including lack of broadband access, limits to data plans, limited access to private locations, struggles with technology literacy, and preference for in-person care. All these challenges may contribute to a less-than-seamless telehealth visit, which can be frustrating for both the patient and provider. Keeping these challenges in mind, health centers continue to study patient preferences and capacity to engage with telehealth, along with their role in supporting patients with limited access.



### What to do now

Utilize the data in hand and collect new data, if needed, to understand staff and patient experience with telehealth during the COVID-19 pandemic. What story do these data tell about preferences, educational needs, and support?



### Next steps and considerations for health centers

- ✓ *Accept diversity.* Acknowledge that the shift to a telehealth delivery model is a major shift for clinicians, staff, and patients, and expect a range of opinions about and confidence in use.
- ✓ *Sustainable training.* Given that the health center workforce will not be static—and in fact arrivals and departures of staff can be quite frequent—develop a sustainable telehealth training program that can adjust to a changing workforce to integrate new models of care delivery and accommodate staff turnover. Telehealth training can be integrated into onboarding. Consider what the training needs are for staff in different roles (i.e., front desk, clinicians, management). Identify mechanisms for training that are most effective for sharing information and skills building.
- ✓ *Multidisciplinary engagement.* For continuous quality and operational improvements of telehealth, consider establishing a telehealth working group made up of both providers and staff. As noted in the findings, training alone is not sufficient to engage staff in telehealth. A thoughtful strategy to engage staff across the organization in building their understanding of the value and benefits of telehealth to patients is important to motivate teams to adjust workflows and transition to a new care model which requires patience, energy, new ideas and creativity.
- ✓ *Integrate telehealth into satisfaction surveys.* Ensure satisfaction surveys of patients and staff have questions on telehealth and use that data to improve programs.



## Technology

**Experience:** As health centers implemented telehealth rapidly, they had many of the tools, but found that the tools didn't work well together. Audio-only visits became the default for the majority of visits because the workflow and technology for video was not seamless. Health centers wanted a video visit to be seamless with their electronic health record (EHRs), not requiring staff to log into multiple systems to conduct and document a visit. While some vendors offered this, the technology felt “clunky” and was hard for providers and/or patients to use. Some health centers worked diligently with vendors to address their integration needs for scheduling, team-based care, and documentation of telehealth visits, yet the general sentiment was that “while vendor technology is changing to meet these needs, it is not fast enough.” Health centers that did not have staff to work with vendors to overcome these challenges were more likely to limit their telehealth services; without seamless technology, staff-buy in quickly wanes.



Because of staff inability and/or willingness to navigate the “bumps” navigating technology, its use continues to be uneven across health centers interviewed. Providers are concerned and frustrated when the technology doesn’t work well, impeding quality interactions with their patients. Providers also sometimes made assumptions regarding patient preferences for technology use. They were often made to benefit patients, but other times providers’ biases influenced their own preferences. There is an opportunity to move towards telehealth access being determined by data and patient preference whenever possible, rather than provider preference.

Health centers’ technology support varies widely, with some having robust staff and protocols to address challenges, and others with few devoted staff and protocols. Health centers that have a named chief technology officer and telehealth coordinator benefited from this combination of a senior leadership team member working with someone who knows how to support implementation and provide project management for telehealth. Continued collaboration with vendors was viewed as critical to advancing the technology, and as it stands, only those health centers that advocated for improvements by their vendor to support telehealth have established technology that they are satisfied with. Access to specialty care could be expanded, as health centers<sup>3</sup> use of telehealth to enhance specialty access was largely dependent on the offerings of the hospital systems and specialists in their area. The exploration and use of e-consults<sup>1</sup> for telehealth specialty access was not a priority among those interviewed.



### What to do now

Conduct a telehealth technology inventory and assess what technology is effectively meeting your health center needs. Use this inventory and the identified challenges to engage in a discussion with your vendors directly and/or in a collective discussion with other health centers. Your state primary care association (PCA) and/or your health center controlled network (HCCN) can support broader multi-health center efforts for improved technology.



### Next steps and considerations for health centers

- ✓ *New technology procurement.* When purchasing new technology, probe vendors on how their technology was tested and adapted to meet the needs of your patient population. How does it work with low internet bandwidth? What level of digital literacy is required? How can it be used with a multilingual patient population? In addition to probing vendors on acceptability of the technology for your patient population, determine how it will connect to your existing devices and software. In particular, in the area of remote patient monitoring, many health centers have struggled with purchasing devices that are not compatible with the range of health center and patient devices (e.g., certain cell phones). For a resource to support this see the [Telehealth and Digital Tools Equity Assessment](#).
- ✓ *Health centers’ technology support resources.* Consider who on your team can best support patients to use the technology and provide ongoing education. Define and delegate this role, while also ensuring that there is dedicated time for it. Consider how the team member in this role can meet a number of needs such as setting up patients to use the portal and as well as other tools like remote patient monitoring. The person assigned this role could have a range and training and background depending on the resources in your health center, for example a medical assistant, nurse, community health worker, or patient education specialist could carry out the tasks tied to this role.
- ✓ *Identify community partners that can support technology access and literacy.* Identify community partners, such as local libraries and adult education programs, which can support your patients in digital literacy.

<sup>3</sup> [HITEQ Highlights: Specialty Care Access in Health Centers - What is the Potential of eConsults?](#)



## Reimbursement and Policy

**Experience:** In Massachusetts, the health centers have tuned into and consistently followed reimbursement and policy for telehealth. They appreciate the Massachusetts League of Community Health Centers and the FQHC Telehealth Consortium helping them to follow new developments. There is an understanding of how important transitioning to video visits will be for reimbursement, but there is still a long way to go for most health centers. Moving to video will require not one, but many actions, as described in this report. As health centers advance this telehealth model of care to meet patient preferences and needs, there will be opportunities to use data for guiding priorities and monitoring implementation. In particular, health centers are now ready to look at telehealth data, by access, quality, and patient characteristics, to advance equity. Until now, health centers have focused on getting their telehealth systems in place. As their systems become more established, health center leaders desire to reflect on and refine what's working and align their telehealth work with the advancement of equity.



### What to do now

Develop an understanding of what reimbursable telehealth will be in your state in the near- and long-term. Learn what codes will ensure reimbursement of telehealth and how value-based care arrangements support telehealth. Begin—or continue—tracking video visits and develop plans to increase them for those visits that align with patient preference and clinical guidance.



### Next steps and considerations for health centers

- ✓ *Stay up-to-date.* Ensure you are aware of the latest state and federal level policy changes and any implications for telehealth in health centers.
- ✓ *Increase video visits.* Advance the percentage of telehealth video visits, as they are more likely to be reimbursed than audio-only.
- ✓ *Conduct ongoing data analysis.* Continue to advance analysis of patient access, experience, and outcome data to improve quality and patient experience, as well as advocate for continued reimbursement parity for telehealth.
- ✓ *Assess value-based care implications.* Identify available cost-savings by improving access to specialty care through e-consults, working with your managed care payers, and value-based care contracts. Consider the value of remote patient monitoring to improve patient health outcomes. Also consider how advances on chronic disease metrics are rewarded in value-based payment situations.

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