

## What is Telehealth/Telemedicine?

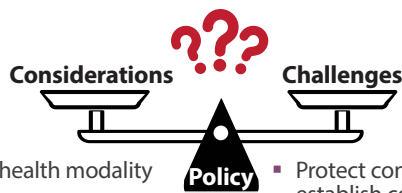
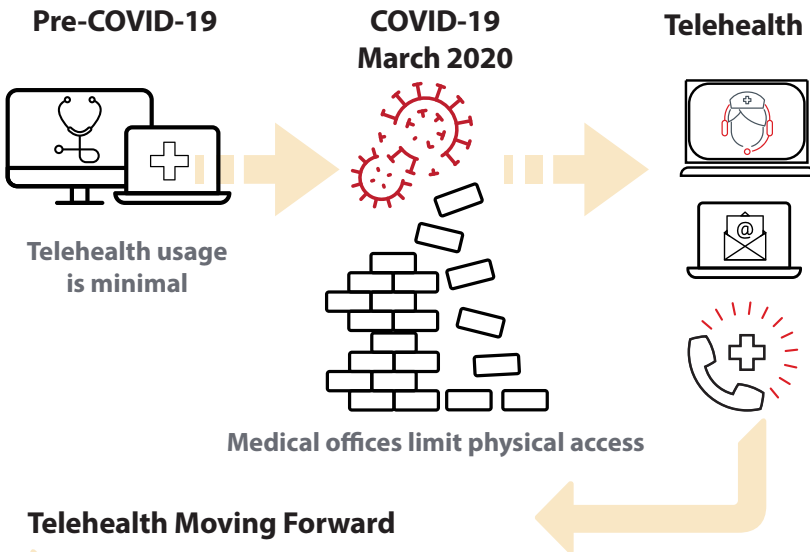
**TELEHEALTH:** A broad term referring to the use of electronic information and telecommunication technologies to support clinical health care, health education, public health, and health administration.<sup>1</sup> Under California law, telehealth is defined as a mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient and the provider are in two different locations.<sup>2</sup>

Telehealth may also be referred by other terms including:



**Telemedicine**  
**Virtual Care**  
**Digital Care**

## Telehealth Before and After COVID-19



- Patient choice of telehealth modality
- Remote patient monitoring
- Transformative technology for at home, patient-centered care
- Payment for telehealth services
- Telehealth visits available to patients post-pandemic
- Protect consumer privacy and establish consent process
- Lack of personal phones or computers and clinical phone and video equipment
- Ensure quality of telehealth services
- Ensure language access availability and cultural appropriateness
- Lack of connectivity and broadband

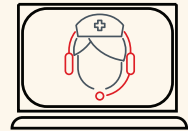
## Telehealth During COVID-19 Fast Facts

2020  
**154%**

Increase telehealth visits nationwide compared to March 2019.<sup>3</sup>

**62%**

Californians



Reported having a telehealth visit during COVID-19.<sup>4</sup>

Of those who have received telehealth care, 65% had incomes <200% FPL and 76% were identified as people of color.

**72%**

Patients, including low-income and people of color, generally report satisfaction with telehealth services.<sup>5</sup>

**71%**

Low-income California patients would always like the option for telehealth visits.<sup>6</sup>

Telehealth, particularly for behavioral health services, dramatically reduced no-show rates for clinics in several regions across California.<sup>7</sup>



**88%**

Safety-net providers currently using telehealth during the pandemic, would continue, provided payment comparable to in-person visits.<sup>8</sup>

## Telehealth Policies During COVID-19 Pandemic

One of the most effective ways to mitigate community spread during the COVID-19 pandemic has been maintaining physical distancing between individuals. Health care providers have balanced distancing and the need to screen, test, and treat people for COVID-19, and provide other necessary health care by using and continuing to use telehealth as a tool to maintain access to health care throughout the pandemic.

## Public Health Emergency (PHE) Telehealth Flexibilities<sup>9</sup>

The federal Centers for Medicare and Medicaid Services (CMS) and the California Department of Health Care Services (DHCS) approved telehealth flexibilities for Medi-Cal providers and members. These flexibilities will go away after the PHE expires.



### APPROVED MODALITIES

Phone services added to list of approved telehealth modalities during PHE



Particularly important for communities without sufficient connectivity, and/or broadband access



### PATIENT AND PROVIDER LOCATION

During PHE, patients may access telehealth services from home or other locations outside the four walls of a clinic



Includes visits for general medical needs, mental health, and substance use disorder treatment

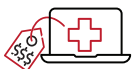


### ESTABLISHING PATIENTS

Providers can serve new patients via telehealth even if they were not established patients of the clinic before PHE



Before PHE, patients had to be established patients before receiving telehealth services



### PAYMENT OF TELEHEALTH SERVICES

Medi-Cal providers can be paid the same rate for in-person visits and telehealth visits, regardless of the modality



Before PHE, payment for telehealth services was more limited

## Related Terms:<sup>10</sup>

**TELEHEALTH MODALITIES:** The type of technology used to provide telehealth. Typical modalities include synchronous two-way interactive, audio-visual communications, telephonic, and store and forward (e.g. email, telephone call, video visit via smartphone, tablet, or computer).

### ASYNCHRONOUS STORE AND FORWARD:

Email or other secure web-platform-based communication between patient and a health care provider where a message is sent at a point in time and is then received and read at a different point in time.

**SYNCHRONOUS, OR E-VISITS:** Real-time, two-way interactions between a patient and provider, typically a video conferencing call or phone call, depending on telehealth policies and insurance coverage.

**E-CONSULTS:** Synchronous or asynchronous health care consultation services used for patient assessment, diagnosis, and management between two providers, typically a primary care physician and a specialist.

**DISTANT SITE:** Place where a health care provider is located while providing health care services via telehealth.

**ORIGINATING SITE:** Place where the patient is located at the time when health care services are being delivered via telecommunications systems.

**ESTABLISHED PATIENT:** Patients who have been seen by a clinic within the last three years, or, for Medi-Cal managed care members, a patient is “established” when their managed care plan assigns them to a particular clinic. Thus, managed care members would be considered established regardless of if they have been served by a clinic prior to their first visit.<sup>11</sup>

**FEDERALLY QUALIFIED HEALTH CENTERS: (FQHCs), RURAL HEALTH CLINICS (RHCs), AND TRIBAL 638 CLINICS (CLINICS):** Community-based health care clinics that receive federal funds to provide primary care and behavioral health care services to the safety-net population.<sup>12</sup> Prior to the PHE, clinics had the most restrictions on them for using telehealth to deliver health care services.

## Spotlight: FQHCs Telehealth Before and During COVID-19

	Pre-COVID-19	During COVID-19 PHE
<b>Approved Modalities</b>	Synchronous, asynchronous	Synchronous, asynchronous, telephone
<b>Established Patient Requirement</b>	Patients must be established, and asynchronous telehealth cannot be used to establish a patient	Requirement waived
<b>Face-to-Face Requirement</b>	A visit must be face-to-face between the patient and provider	Requirement waived
<b>Four-Wall Requirement</b>	Services must be provided within the physical four walls of the clinic	Requirement waived

Table adapted from California Primary Care Association July 2020 presentation

### Resources from the California Telehealth Policy Coalition:

- [Telehealth 101 Fact Sheet](#)
- [Telehealth and COVID-19: Debunking Myths About Telehealth](#)
- [Telehealth and COVID-19: FAQ for California Patients](#)

### State and Federal Resources:

- [DHCS Telehealth FAQs](#)
- [DHCS Medi-Cal Payment Guidance](#)
- [HHS Telehealth and COVID-19](#)

### Endnotes

1. National Consortium of Telehealth Resource Centers, COVID-19 Telehealth Toolkit, March 2020.
2. Department of Health Care Services, [Telehealth Frequently Asked Questions](#), June 2020.
3. Koonin, et al. US Department of Health and Human Services/Center for Disease Control and Prevention, [Trends in the Use of Telehealth During the Emergences of the COVID-19 Pandemic—United States, January-March 2020](#), Morbidity and Mortality Weekly Report, October 2020.
4. California Health Care Foundation, [Listening to Californians with Low Incomes: Health Care Access, Experiences, and Concerns Since the COVID-19 Pandemic](#), October 2020.
5. Ibid.
6. Ibid.
7. ITUP Regional Workgroups, 2020.
8. California Health Care Foundation, [COVID-19 Tracking Poll: Views from California Health Care Providers on the Front Lines](#), November 2020.
9. Department of Health Care Services, [Medi-Cal Payment for Telehealth and Virtual Telephonic Communications Relative to the 2019-Novel Coronavirus \(COVID-19\)](#), June 2020.
10. Department of Health Care Services, [Telehealth Definitions](#), September 2020.
11. Department of Health Care Services, [Medi-Cal Payment for Telehealth and Virtual Telephonic Communications Relative to the 2019-Novel Coronavirus \(COVID-19\)](#), June 2020.
12. Health Resources and Services Administration, [Federally Qualified Health Centers](#), May 2018.

### About ITUP

Insure the Uninsured Project (ITUP) is a Sacramento-based nonprofit health policy institute that for more than two decades has provided expert analysis and facilitated convenings for California policymakers and decisionmakers focused on health reform.

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