

TELEHEALTH IN THE AGE OF COVID-19

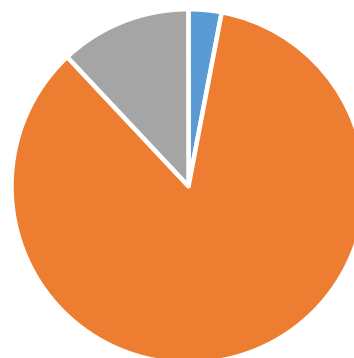
Prior to COVID-19, many Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs) were working on telemedicine initiatives to achieve lower healthcare costs, drive up efficiency, increase revenue, and provide their patients with better access to healthcare services.

While telemedicine promises to grow rapidly over the next decade and has clear benefits, it still poses some technical and practical problems for healthcare providers – especially in rural areas. The following information was gathered by CRHC from CAHs and RHCs to better understand the successes and challenges with telehealth in rural Colorado.

Profitability Concerns

97% of respondents, including hospitals and clinics, are currently offering telehealth services, however only 12% of respondents reported an increase in revenue.

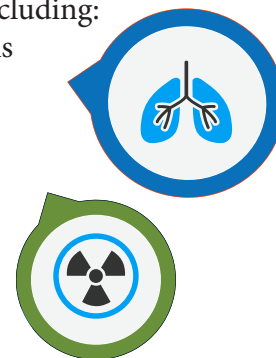
- Not Implementing Telehealth - 2%
- Implementing Telehealth with no increase in revenue - 86%
- Implementing Telehealth with increase in revenue - 12%



A Wide Range of Services

Rural healthcare providers across the state are using telehealth for variety of services, including:

- Primary care visits, especially for those at high-risk for COVID-19 complications
- Oncology
- Therapy and counseling
- Stroke assessment
- Home health
- Infectious disease control
- Chronic pain visits
- Visits with long-term care residents



Broadband Access and Adoption are Serious Barriers

The Rocky Mountains are beautiful, but they make Internet access difficult. Rural areas often experience a lack of broadband access and a population that is sometimes reluctant to try new technologies.

“Our rural areas and elderly population do not have access to reliable internet or cellular connectivity and have to default back to a phone call which pays very little.”

We are finding that most of the people we would like to connect with do not have the connectivity to do so. We suggest they borrow a cell phone from a family member, but that doesn't always work”

Barriers to Telehealth Care

Barriers to providing telehealth in rural Colorado include both financial and practical challenges. Some providers noted that while they are seeing the same number of patients, the reimbursement is significantly less for telehealth, effectively punishing providers who prioritize safety over profit. Rural patients are also more reluctant to use telehealth services, and those that are willing often face challenges with poor broadband connectivity and little access to computers and cellphones.

What Rural Healthcare Providers are Saying

“Reimbursement is about half of what insurance would pay if it was an in-person visit.”

“We are hoping the relaxed rules stay in place after the restrictions are lifted. It is an enormous benefit to our patients that live out of town and travel sometimes an hour to get to the office.”

“The investment in time and capital is significant. There are numerous challenges for rural, low-income individuals to access telehealth successfully.”



Take Action!

- **State: Codify the COVID-19 Era Telehealth Regulations**

Rural healthcare providers, specifically Rural Health Clinics, have benefited from relaxed telehealth rules and regulations, however, they all expire at the end of the declared emergency. Patients across the state will continue to need telehealth options until we have a vaccine widely available and beyond. Despite the low reimbursement and patient challenges, rural healthcare providers want to continue providing telehealth services to keep their staff and communities safe. **CRHC and rural Colorado healthcare providers support codifying Governor Polis’ Executive Order, HCPF rules and DOI rules on telehealth.**

- **Federal: Remove the Physical, Face-to-Face Requirements from the Definition on a RHC Visit**

The face-to-face requirements within the definition of a Rural Health Clinic were put in place to ensure access to care by the Centers for Medicaid and Medicare in 1977. Unfortunately, this definition has not evolved with RHC’s capacity to provide robust, quality care utilizing modern technology. Elimination of the “face-to-face visit” from this definition will ensure improved access to care to rural communities across the country and will also be in alignment with other fee for service safety net providers. **CRHC, the National Association for Rural Health Clinics and rural healthcare providers nationwide support the removal of physical, face-to-face requirements from the definition of a RHC visit.**