March 25, 2021

The Honorable Gavin Newsom  
Governor  
State of California  
Sacramento, CA

RE: Vital role of telehealth for improving public health and advancing health equity in California

Dear Governor Newsom:

On behalf of OCHIN, we appreciate the opportunity to work with you and the California Department of Health Care Services (DHCS) to advance equity in the delivery of health care services for all Californians. While OCHIN supports the DHCS telehealth policy recommendations to expand coverage of telehealth services for some Californians covered under Medi-Cal, we strongly urge you to ensure equitable access to telehealth for all Californians covered under Medi-Cal, including individuals who receive services from federally qualified health centers (FQHCs) and rural health clinics (RHCs). The current DHCS recommendations and budget requests will drive structural inequality and exacerbate health disparities for underserved communities hardest hit by the COVID-19 public health emergency.

OCHIN leads a health information innovation and research network committed to improving the integration and delivery of health care services across a wide variety of practices, with an emphasis on community clinics and small practices in historically underserved and marginalized communities, as well as critical access and rural hospitals. OCHIN’s network of community providers includes 36 California members - 29 are FQHCs - serving nearly 1 million network patients, half of whom are covered under Medi-Cal.

**OCHIN NETWORK FINDINGS FROM 2020 UTILIZATION**

Telehealth parity and comprehensive coverage during the COVID-19 public health emergency has improved access to health care services for historically underserved communities, including Latinx/Hispanic patients, individuals accessing care in a language other than English, and individuals who face housing insecurity and transportation barriers. Rolling back current Medi-Cal coverage and payment parity for audio-only telehealth, particularly for FQHCs and RHCs, will dismantle a lifeline to essential and medically necessary health care services among underserved patients.

The following are key findings from analysis of the 2020 data collected by OCHIN’s California members including information related to social determinants of health that impact telehealth utilization:
• Approximately 47% of OCHIN’s California network members’ patients were Latinx/Hispanic.
• 37% of OCHIN’s members’ patient encounters were conducted using telehealth, the majority in primary care services.
• 46% of encounters were delivered in a language other than English, with 3 out of 4 served in Spanish.
• Patients who stated they needed housing and transportation support were 14% and 17% more likely to use telehealth, respectively.

Even more instructive is the analysis of the data related to audio-only use. In 2020, about 26% of the patients served by OCHIN members used audio-only telehealth. Among the patients served:

• 36% of audio-only encounters were for patients best served in language other than English.
• 51% of audio-only encounters were by Latinx/Hispanic patients.
• Patients who were experiencing housing insecurity were 10% more likely to have an audio-only visit compared to people without housing insecurity.
• Patients who were experiencing transportation needs were almost three times as likely to have an audio-only visit compared to people without transportation needs.

The foregoing underscores that parity for audio-only telehealth encounters is crucial, particularly for FQHCs and RHCs, in order to achieve equitable access.

TELEHEALTH: A TOOL DRIVING VALUE AND ALTERNATIVE PAYMENT MODELS FOR UNDERSERVED COMMUNITIES

The current DHCS proposal to limit payment parity and to rescind FQHC and RHC coverage for audio-only telehealth will negatively impact patient outcomes and overall costs and create a structural disadvantage for community clinics. California FQHCs and RHCs need a pathway to expand telehealth in order to transition to new payment and delivery models. Telehealth provides a proven means to address key social determinants of health that negatively impact access, including lack of transportation and homelessness, and outcomes. Community clinics need time to fully integrate learnings and experience with this modality and rescinding coverage places FQHCs and RHCs at a disadvantage.

In 2020, OCHIN’s California network members’ patient utilization patterns indicate that telehealth did not drive inappropriate utilization. Despite fears that telehealth would result in indiscriminate use of this modality, the trend in utilization indicates that telehealth has been a substitute for in-person care. Further, for all telehealth modalities clinicians must review the patient’s medical history, conduct an exam, assess the patient, and determine testing and treatment needs. Reporting and documentation requirements also remain the same. The clinician remains responsible for care coordination and follow-up for the patient’s appointment and may involve support staff services, particularly when utilizing telehealth. Thus, the cost of care is comparable.

Limiting access to telehealth over time will drive higher costs when patients who are clinically and socially complex are not able to access care early - before conditions become chronic, acute, or emergent. Establishing telehealth payment parity and audio-only coverage for all Medi-Cal beneficiaries is necessary to drive health equity and delivery modernization that paves the way for improved patient health and further practice transformation.
OCHIN welcomes the opportunity to discuss the enclosed presentation analyzing the 2020 data of OCHIN’s California network members’ implementation of telehealth. I can be reached at stollj@ochin.org.

Sincerely,

Jennifer Stoll
EVP Government Relations & Public Affairs

ENCLOSURE

cc:
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