

Telehealth Critical for Low-Income Patients

Sue Compton, CEO, Axis Community Health, Board Chair of the Alameda Health Consortium and David B. Vliet, CEO, LifeLong Medical Care, Board Chair of the Community Health Center Network. The Alameda Health Consortium is the regional association of community health centers in Alameda County and the Community Health Center Network is the nonprofit Medical managed care organization, providing business administrative support for community health centers.

The COVID-19 pandemic has changed nearly everything, including how to access health care. The ability to talk to your doctor by phone or video, 'virtual care', has become the vital link to essential care for everyone. This holds true for the 300,000 low-income residents of Alameda County who rely on our eight community health centers for primary, preventive, behavioral and dental care services. Virtual care has been a lifeline to continuing to treat our patients, making sure they have the medications they need, and managing health conditions like diabetes, safely from their homes. Once a tool of private health insurance, thanks to recent government flexibilities, virtual care is now available to all, and it needs to stay that way. However, those government flexibilities are temporary.

With the declaration of the COVID-19 health emergency, the state and federal governments lifted restrictions temporarily for telehealth visits, without which our low-income patients would be without our care and health centers could not stay financially viable. Within days, health centers were able to convert the majority of in-person medical and mental health visits to telehealth, by phone and video. This change literally saved thousands of lives by keeping patients and health care workers safe while enabling access to care.

Telehealth had other great outcomes too. Barriers like transportation, time-off from work/school, and the need for childcare no longer interfere with patients keeping an appointment. Health centers still provide in-person visits in "clean clinics" for non-COVID essential needs, such as prenatal care and immunizations for babies. Given limited personal protective equipment (PPE), telehealth helps ensure there is an ample supply for these essential visits.

Thanks to telehealth, we are able to reduce the need for hospital care at a time that our hospitals are strained with the pandemic. This also lowers the risk to patients who are more vulnerable to COVID because they are elderly or have conditions such as diabetes or hypertension, which are known to increase risk, by keeping them at home and safe.

Our federal and state governments are considering extending telephone and telehealth visits to community health centers beyond the fall. Without this continuation, our health centers will fail. And their failure would lead to another type of health crisis—a lack of access to care for low-income residents and people of color.

Telehealth is especially critical in helping reduce the risk of COVID-19 amongst communities in our county experiencing the highest rates of coronavirus. Due to lifelong effects of social determinants of health—access to healthy food, housing, exercise—and lack of access to healthcare due to historic health inequity, data shows that communities of color are disproportionately affected by COVID-19.

As compared to White residents in our County, Latinx residents have 6.7 times the rate of COVID-19 and 1.6 times the death rate; Black/African American residents have almost twice the case rate and 2.4 times the death rate; Native American Alameda County residents have 2.2 times and Pacific Islander residents have twice the rate of cases. Case rates are seven times higher in high-poverty neighborhoods.

Telehealth enables caring relationships with our patients – a mother susceptible to COVID got the care needed for her five-year-old son safely from her home; a new mother struggling to get enough nutrients during breastfeeding opened her refrigerator door and showed us the inside of its contents so we could provide nutrition advice; an elderly man safe at home opened his medicine cabinet so we could see which medications he was taking and what he needed re-filled. A survey of our Lifelong Medical Care patients showed more than 80% of respondents were satisfied with televisits – and 40% of our respondents were over the age of 65. Respondents said they mostly used telephone visits.

Health centers are already struggling to maintain services due to huge costs and losses during the pandemic. We can only remain financially viable and continue serving the 80% of our patients who are people of color and the more than 85% who are enrolled in Medi-Cal or uninsured if telehealth reimbursements remain in place.

It would be a smart move by the federal and state governments to make virtual care a permanent fixture in our health system. As legislative sessions come to an end, it is imperative that during this unprecedented public health emergency, telehealth flexibilities and telephonic allowances are extended indefinitely. This is an opportunity to ensure ongoing care for our most vulnerable residents and lower risk of contracting coronavirus for our patients, health workers, and community.