

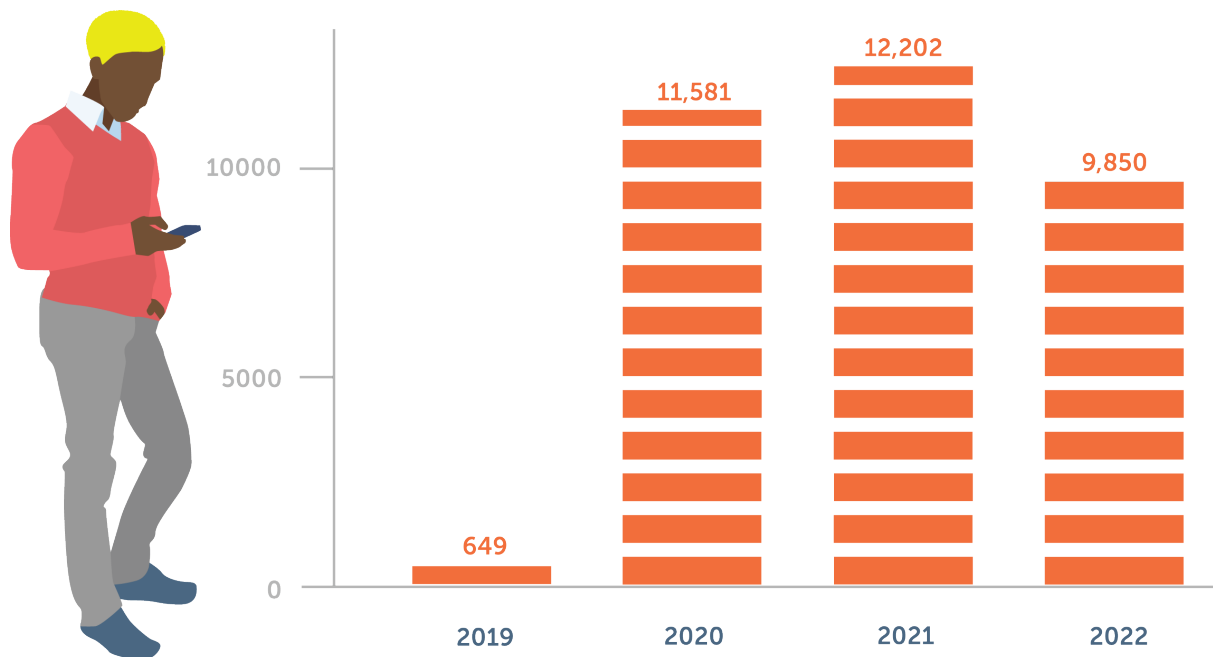
Executive Summary

Telehealth Evolution in California

Since the onset of the COVID-19 pandemic in 2020, telehealth has become a vital health care access tool for Californians. Telehealth has the potential to make health care more equitable by increasing access, convenience, and timeliness while addressing the capacity challenges of the health care system.

The next phase of California’s telehealth evolution is upon us. While advances have been made in policy, patient awareness, research, and telehealth implementation, work remains to be done. This report describes the evolution of telehealth over the past two decades, outlines learnings from years of telehealth-related efforts, and identifies opportunities for the future. Data sources for this report included a

Figure 1. Average Monthly Telehealth Visits per Year, 2020–2022



Source: [Biennial Telehealth Utilization Report \(PDF\)](#), California Department of Health Care Services, April 2024.

document and literature review as well as interviews with 27 individuals working in the areas of telehealth policy, implementation, and research.

Policy and Financing

Policy changes have lifted restrictions on telehealth in California, enhancing availability and access. By removing location restrictions and establishing payment parity for audio-only and video visits, these changes have driven consumer demand and telehealth adoption across the health care system. While post-pandemic policy shifts have garnered much attention, prepandemic advancements like payment parity were crucial for the swift transition to telehealth. Additional facilitators of telehealth progress included increased public understanding of and demand for telehealth, an inclusive policy development process undertaken by the California Department of Health Care Services, and engagement from the California Telehealth Policy Coalition.

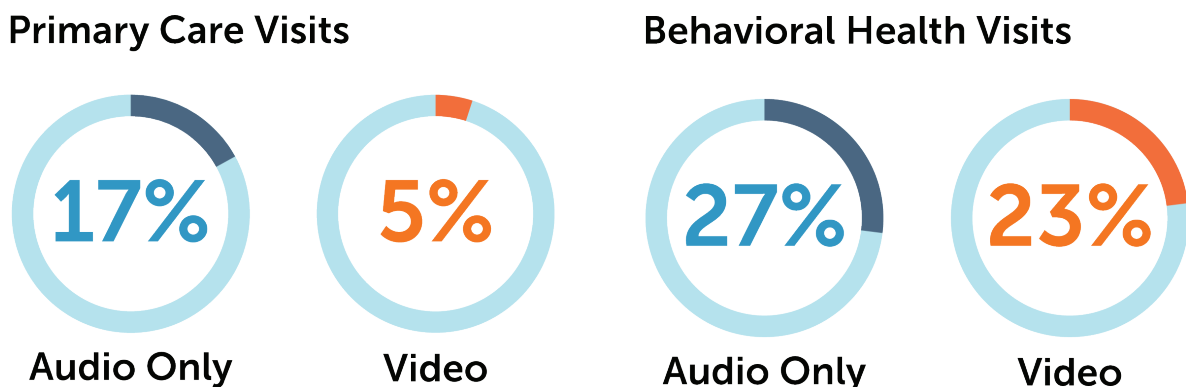
Despite advancement in telehealth policy, barriers remain. Medi-Cal providers face restrictions — such

as limitations on asynchronous care, consent requirements, and requirements for referrals to in-person care — that commercial health plans do not enforce when it comes to the delivery of care through telehealth. The telehealth regulatory environment and billing rules confuse safety-net providers and discourage practices from offering telehealth. Furthermore, health centers lack incentives to use evidence-backed telehealth modalities like video visits (due to the technology investments and operational changes they may require) and eConsult (due to restrictions on which providers can receive reimbursement, although recent policy changes may encourage broader use).

Use and Perceptions of Telehealth

Telehealth utilization in California increased rapidly during the COVID-19 pandemic and has remained at a high level relative to before the pandemic (see Figure 1). Audio-only visits are more common than video visits and may be particularly beneficial to patients who experience digital barriers (see Figure 2).

Figure 2. Use of Telehealth at FQHCs, 2024 (N=23)



Source: Lori Uscher-Pines et al., *Telehealth Visits in Health Centers Serving Low-Income Patients in California: Final Results from the Connected Care Accelerator Initiative (2022-2024)*, RAND Health Care (In Press).

Note: FQHC is Federally Qualified Health Center.

Californians with low incomes who were surveyed about their experiences with telehealth reported that telehealth removes barriers to receiving health care, including transportation and time away from work. Patients overall are satisfied with telehealth and want the option to continue using it, reporting that telehealth supports strong relationships with providers, facilitates patient engagement in care, and expands the choice of providers available to them.

Despite gains in access to care, disparities in telehealth's utilization remain. Medi-Cal enrollees use telehealth less than people with Medicare or private insurance, adults over the age of 65 are less likely to use telehealth than younger patients, and speakers of languages other than English are less likely to use telehealth than English speakers. Variations in utilization are also observed by race/ethnicity, but they are not consistent across sources.

Evidence

A growing body of evidence supports the use of telehealth across a variety of clinical applications and with a range of patient populations. Synchronous video telehealth has convincing evidence for its use in behavioral health and chronic condition management and promising evidence for other applications. Audio-only telehealth has promising evidence for its use in behavioral health. eConsults show clear evidence of increasing access to and timeliness of specialty care, as well as reducing cost of care. Additionally, initial evidence suggests that telehealth has the potential to address some of the health care workforce challenges in California by improving provider retention and reducing burnout.

Some areas have more limited evidence. The overall impact of telehealth on health system costs is unclear. Limited research focuses on the outcomes of telehealth in the current hybrid care environment or addresses differences in outcomes for distinct patient populations.

Telehealth Implementation

Significant progress has been made in implementing telehealth in the safety net by using a hybrid model of care that includes both telehealth and in-person services within the same practice. However, continued operational changes are needed to make video visits widely available.

Facilitators of telehealth's implementation in the safety net — and the implementation of video visits, in particular — include support from leadership; investment in operational changes and change management; support for the adoption and implementation of new technologies; and the development of digital solutions that are culturally and linguistically appropriate.

Support for digital navigation is crucial for implementing telehealth in the safety net. Services include screening for digital barriers, onboarding patients to video visit platforms, assisting with device setup, offering real-time support during visits, and helping those with limited access to technology find connection points. Patients also benefit from telehealth models found in community settings, like schools, mobile health units, and supportive housing facilities.

Roadmap for Advancing Access to Telehealth in California

While many patients have benefited from telehealth, disparities in its utilization reveal the persistence of California's digital divide. Telehealth holds the potential to either enhance equitable access to care for all Californians or exacerbate existing inequities.

To ensure telehealth supports equitable access, stakeholders — including health system leaders, safety-net providers, policymakers, health plans, and researchers — should focus on addressing the needs of patients facing significant access barriers. Additionally, identifying and sharing promising telehealth practices and delivery mechanisms will be crucial for advancing equitable care.

This paper offers the following suggestions for each stakeholder group.

For health system leaders & safety-net providers:

- ▶ Inform patients about their options for receiving care and provide choices.
- ▶ Screen patients for digital barriers.
- ▶ Use digital navigation to help patients access telehealth.
- ▶ Engage patients and families, particularly those who are underserved, in identifying telehealth solutions that work for them.
- ▶ Ensure that telehealth is part of a hybrid care model throughout California's health care safety net.

For policymakers:

- ▶ Continue to cover telehealth services under Medi-Cal.
- ▶ Ensure that patients covered by Medi-Cal have the same access to telehealth as patients with commercial insurance.
- ▶ Support payment models that incentivize safety-net providers to make evidence-based telehealth services accessible to their patients.
- ▶ Streamline telehealth billing and regulatory requirements.
- ▶ Support telehealth monitoring and evaluation efforts.
- ▶ Expand the pool of clinicians who can practice in California through interstate licensure compacts or licensure exceptions.
- ▶ Support access to high-speed, affordable broadband for patients with low incomes and in rural areas.

For health plans:

- ▶ Develop digital strategies that provide a range of telehealth and in-person care options to all members.
- ▶ Communicate with members about the options available to them.
- ▶ Make billing for telehealth services easy and consistent.
- ▶ Incentivize promising uses of telehealth that result in increased access to care and/or efficiencies in health care delivery.

For researchers:

- ▶ Investigate how telehealth is working within hybrid environments that combine telehealth and in-person care.
- ▶ Investigate the needs, experiences, and outcomes of patients who are underserved.
- ▶ Generate evidence that helps health systems decide when to use telehealth and how to improve quality of care, cost of care, and access to care for patients using telehealth.

Sources can be found in [the main report](#).

About the Author

This report was developed by Natasha Arora, MS, evaluation and learning associate, and Maggie Jones, MPH, director, at the [Center for Community Health and Evaluation](#) (CCHE), with support from Trang Le, MPH, Lauren Baba, MPH, and Lina Piñero Walkinshaw, MPH at CCHE.

CCHE designs and evaluates health-related programs and initiatives across the United States. CCHE is based in Seattle and is part of Kaiser Permanente Washington Health Research Institute.

About the Foundation

The [California Health Care Foundation](#) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.