



Advancing Access to Telehealth in California

Recommendations for Health System Leaders and Safety-Net Providers

Telehealth expands the capacity of the health care system and gives Californians greater access to care. Overwhelmingly, Californians praise telehealth for its convenience and its ability to build connection and trust between patients and their providers.¹

California has made significant progress in expanding telehealth's availability. Policy changes have allowed patients to receive telehealth services at home or in other locations of their choice and have made payment for telehealth equivalent to payment for in-person services. Health systems have invested in technologies and operational changes that enable telehealth to be delivered effectively. However, work remains to be done. Disparities in telehealth utilization show that California's digital divide persists; for example, older adults and people with limited English proficiency are less likely to engage in telehealth.²

Telehealth has the potential to support equitable access to care for all Californians by increasing the availability, convenience, and timeliness of care. To maximize telehealth's impact, health system leaders and safety-net providers are encouraged to take the steps below, which were developed based on a review of literature on California's telehealth evolution as well as interviews with 27 experts.

Goal: Focus Telehealth Efforts on Meeting the Needs of Patients Who Face Significant Barriers to Accessing Health Care

The Opportunity

People who have been underserved by the health system — including those with low incomes, those living in rural areas, those with inflexible work schedules, and those with mobility limitations or barriers to transportation — may have the most to gain from the widespread availability of telehealth. However, these people often have the least access to such services. Many patients are not aware of their options for accessing care via telehealth.³ Thus, opportunity exists for health systems to advance health equity by promoting greater access to the technology, connectivity, and practical support needed to access telehealth services, especially video telehealth.

Recommendations for Health System Leaders and Safety-Net Providers

- 1. Inform patients about their options for receiving care, and provide choices.** Ensure that patients understand their options for receiving care, including telehealth, in a comprehensible and culturally and linguistically appropriate format, and offer choices for visit modalities (i.e., in-person, video, audio-only) whenever appropriate.

2. **Screen patients for digital barriers** to ensure they can access telehealth services via the modality that works best for them, and provide necessary technological support.
3. **Use digital navigation to support patients in accessing telehealth.** Help patients who experience digital and/or language barriers get connected so that they may benefit from telehealth access.
4. **Engage patients and families in identifying the telehealth solutions that work for them.** Obtain patient input on needs related to technology access, digital skill-building, and language; monitor patient experience and satisfaction with telehealth services.
5. **Evaluate patient experiences with new technologies and platforms** through methods like user testing to ensure telehealth does not create new barriers to accessing care.

Goal: Identify and Spread Promising Telehealth Practices

The Opportunity

To realize its promise to increase access to care, telehealth must be effectively integrated into the clinical safety net. Using telehealth where patients with low incomes already obtain health care can increase the ease and timeliness of access while protecting against the fragmentation of services.

Safety-net providers see many of the patients who would benefit most from the convenient access to care afforded by telehealth. However, these providers also experience challenges securing the resources needed to make operational changes and build their telehealth infrastructure. In particular, many safety-net

providers have not made operational changes to offer video visits to patients experiencing digital barriers, despite patient interest and the unique benefits video visits afford, such as enabling clinicians to visualize patients and allowing for patients to feel connected to providers.⁴

Implementation Resources

The following resources contain lessons related to accessible technology, video visits, and operational changes.

- ▶ Center for Care Innovations' [Accessible Video Visits Guidebook](#)
- ▶ [Bridging the Digital Divide Series](#)
- ▶ Evaluations of the Connected Care Accelerator [Innovation Learning Collaborative](#) and [Equity Collaborative](#)

Recommendations for Health System Leaders and Safety-Net Providers

1. **Continue to use and expand telehealth as part of the safety net's hybrid care model.** Invest in developing a digital health strategy that integrates telehealth as a tool. Pay special attention to:
 - ▶ Supporting video visits, which require greater operational changes and infrastructure compared to audio-only visits
 - ▶ Integrating telehealth into primary care so that patients can benefit from easier access while maintaining the continuity of care offered by the medical home model
 - ▶ Implementing promising practices that have been shown to improve care access, continuity, and quality (e.g., eConsult)
 - ▶ Investing in change management, including through the development of workflows and trainings to support implementation

2. Identify what works for patients, particularly those who are underserved. Post-pandemic telehealth utilization remains relatively untested. Continue to document and share what’s working and be open to testing new opportunities presented by telehealth. This includes:

- ▶ Exploring innovative telehealth models by participating in pilot programs and demonstration projects that test new technologies, platforms, and delivery methods
- ▶ Collecting and using data on access, utilization, and patient and provider experiences to inform and improve telehealth efforts

Endnotes

1. Jen Joynt, [Telehealth Experiences and Preferences Among Californians with Low Incomes](#), California Health Care Foundation (CHCF), May 2023; and Jen Joynt, Lucy Rabinowitz, and Rebecca Catterson, [Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future](#), CHCF, May 2021.
2. Shira H. Fischer et al., “Use Of And Willingness To Use Video Telehealth Through The COVID-19 Pandemic,” *Health Affairs* 41, no. 11 (November 2022): 1645–51; Center for Community Health and Evaluation (CCHE), [Connected Care Accelerator Equity Collaborative Final Evaluation Report](#), CHCF, December 2023; Lacey Hartman, [Telehealth Use and Experience Among California Adults](#), CHCF, September 12, 2023; [Biennial Telehealth Utilization Report](#) (PDF), California Department of Health Care Services (DHCS), April 2024; Vivian Hsiao et al., “Disparities in Telemedicine Access: A Cross-Sectional Study of a Newly Established Infrastructure during the COVID-19 Pandemic,” *Applied Clinical Informatics* 12, no. 3 (2021); Madjid Karimi et al., [National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#), Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, 2022; Julia Shaver, “The State of Telehealth Before and After the COVID-19 Pandemic,” *Primary Care* 49, no. 4 (Dec. 2022): 517–30; Lori Uscher-Pines et al., “Changes in In-Person, Audio-Only, and Video Visits in California’s Federally Qualified Health Centers, 2019-2022,” *JAMA* 329, no. 14 (April 11, 2023): 1219–21; Jorge A. Rodriguez et al., “Disparities in Telehealth Use Among California Patients with Limited English Proficiency,” *Health Affairs* 40, no. 3 (Mar. 2021): 487–95; Michael A. Kyle et al., “Telehealth Use and Satisfaction among U.S. Households: Results of a National Survey,” *Journal of Patient Experience* 8 (Oct. 2021): 23743735211052736; and Sadiq Y. Patel et al., “Variation in Telemedicine Use and Outpatient Care During the COVID-19 Pandemic in the United States,” *Health Affairs* 40, no. 2 (Feb. 2021): 349–58.
3. Lori Uscher-Pines et al., “Access Challenges for Patients with Limited English Proficiency: A Secret-Shopper Study of in-Person and Telehealth Behavioral Health Services in California Safety-Net Clinics,” *Health Affairs Scholar* 1, no. 3 (September 2023): qxad033; and CCHE, *Final Evaluation Report*.
4. Ryan Krus et al., “Patient Perceptions of Audio-Only Versus Video Telehealth Visits: A Qualitative Study Among Patients in an Academic Medical Center Setting,” *Telemedicine Reports* 5, no. 1 (April 1, 2024): 89–98; and Adara Citron et al., [Telehealth Outcomes and Impact on Care Delivery: A Review of Evidence](#), CHCF, November 2023.

About the Authors

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](#) (CHCF) 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.