



# Advancing Access to Telehealth in California

## Recommendations for Policymakers

**T**elehealth helps the health care system expand capacity 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.<sup>1</sup>

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.<sup>2</sup>

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, policymakers 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 Care

#### The Opportunity

Patients with the greatest unmet health care needs often have the least access to telehealth. Many of these patients are insured by Medi-Cal and are not aware of their options for receiving care via telehealth. They often lack the technology, connectivity, or practical support needed to access telehealth services, especially video telehealth.<sup>3</sup> To advance health equity, policymakers may consider the recommendations below.

#### Recommendations for Policymakers

- 1. Continue Medi-Cal payment for telehealth services.** Continued payment for telehealth services, including audio-only services, is vital to ensure that telehealth can continue to remove barriers to accessing care.
- 2. Ensure that patients covered by Medi-Cal have the same access to telehealth as patients with commercial insurance.** There are differences in Medi-Cal coverage and more stringent restrictions to telehealth access for those covered by Medi-Cal compared with those covered by commercial insurance. It's possible to reduce disparities in access and increase care options for patients with Medi-Cal coverage by eliminating additional consent requirements, reducing requirements for referrals and warm hand-offs, and lifting restrictions on establishing care using asynchronous telehealth.

**3. Address licensure.** Expanding the pool of clinicians who can practice in California may increase access to care. Interstate licensure compacts would increase the number of clinicians licensed to provide telehealth in California. Interstate licensure exceptions could allow for patients to receive telehealth services from a provider under specific circumstances, such as when they have an established relationship.<sup>4</sup>

**4. Support access to high-speed, affordable broadband for patients with low incomes and in rural areas.** While telehealth is often promoted as a solution to limited access to care in rural areas, its utilization has grown less in rural areas than it has in urban settings.<sup>5</sup> Policymakers can continue to expand the state's broadband infrastructure to help rural populations benefit fully from telehealth services.

## 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 has the potential to 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. They describe payment, billing, and regulatory challenges as barriers to investing further in their telehealth offerings.

## Recommendations for policymakers

**1. Support payment models that incentivize safety-net providers to make evidence-supported telehealth services accessible to their patients.**

This can be done through:

- ▶ Supporting policies that promote the availability of eConsults in Federally Qualified Health Centers (FQHCs) and other safety-net health centers
- ▶ Supporting reimbursement policies for remote patient monitoring (RPM) that incentivize FQHCs and other safety net practices to expand the digital tools available to them to manage patients remotely
- ▶ Enhancing funding for tools that improve equitable access, including digital navigation and language access (e.g., seamless interpretation services, multilingual providers)
- ▶ Considering how future changes to payment strategies will incentivize telehealth

**2. Streamline telehealth billing.** One of the most significant barriers to providers offering comprehensive telehealth services is confusion and inconsistency around billing. Policymakers should release clear guidance on how to bill Medi-Cal for telehealth to ensure the administrative burden of billing does not disincentivize telehealth's use. Clear billing guidance is also likely to result in improved data collection and monitoring of telehealth.

**3. Address the regulatory challenges associated with telehealth.** Clarify how telehealth fits into existing regulations, such as time and distance requirements, so that confusion does not prevent Medi-Cal providers from offering telehealth to their patients.

**4. Support telehealth monitoring and evaluation efforts.** Policymakers should invest in ongoing monitoring and evaluation of telehealth utilization, costs, and related outcomes, including identification of disparities in utilization or outcomes.

## 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 Carmen Ma et al., [Landscape Assessment of Digital Navigation in the California Safety Net](#) (PDF), UCSF SOLVE, 2024; and CCHE, [Final Evaluation Report](#).
- 4 Carmel Shachar, Kaylee Wilson, and Ateev Mehrotra, [Increasing Telehealth Access Through Licensure Exceptions](#), *JAMA* 331, no. 1 (January 2, 2024): 19–20.
- 5 [Biennial Telehealth Utilization Report](#), DHCS; Hsiao et al., “Disparities in Telemedicine Access”; Kyle et al., “Telehealth Use and Satisfaction”; and Patel et al., “Variation In Telemedicine Use And Outpatient Care.”

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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.