



Advancing Access to Telehealth in California

Recommendations for Researchers

Telehealth 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.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, researchers 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

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. There is an opportunity for telehealth research to examine ways to meet the unique needs of underserved patient populations.

Recommendations for Researchers

1. Investigate the needs, experiences, and outcomes of patients who are underserved.

Research should elevate the voices and perspectives of populations that stand to benefit the most from telehealth access. When making comparisons, research should take into account that patients accessing telehealth may not have had regular and timely access to in-person care. To achieve these aims, researchers can:

- ▶ Focus on patient experiences
- ▶ Incorporate patients' voices
- ▶ Explore inequities and disparities in access to care and in outcomes of specific telehealth interventions

- ▶ Offer evidence for successful ways to overcome disparities in access and outcomes

Goal: Identify and Spread Promising Telehealth Practices and Effective Mechanisms for Telehealth Delivery

The Opportunity

Limited research focuses on telehealth outcomes in the current hybrid care environment, as most research on the subject was conducted prior to or during the acute period of the pandemic.³ It is therefore difficult to apply those findings to current care delivery settings. Before the pandemic, telehealth was delivered in limited settings to a more select population; during the pandemic, it was used in a broad range of clinical scenarios, including those for which clinicians agree that in-person care would have been preferred under normal circumstances. Additional research is needed to understand telehealth's role in the safety net's current hybrid care environment, including its impact on outcomes for patients who have traditionally not had regular access to in-person care.

Recommendations for Researchers

1. Generate evidence that helps health systems decide when to use telehealth and how to improve quality of and access to care for patients using telehealth.

- ▶ **Develop guidelines for appropriate uses.** Providers need to understand the value of different modalities — such as synchronous video telehealth, synchronous audio-only telehealth, and asynchronous telehealth — for diagnosing and treating specific conditions or populations. Current research on telehealth's overall value

lacks the specificity needed to inform operational and clinical decisions about how and when it is an appropriate tool. Research should aim to identify the most promising uses of telehealth from the perspective of cost-effectiveness and health outcomes to help inform decisions about which applications are worth adopting and scaling.

- ▶ **Continue to evaluate new technology and uses.** Novel and innovative uses of telehealth should continue to be evaluated to determine their impact on processes of care and outcomes as well as to develop trust and buy-in from patients, providers, and health plans. As new technologies and platforms are introduced, they should be rigorously evaluated so providers can understand how to effectively deploy these tools and their potential impacts.
- ▶ **Assess long-term impact.** Given the rapid changes to telehealth delivery, longer-term studies on equity, utilization, outcomes, efficiency, and costs are needed.

- #### 2. Investigate how telehealth is working on the ground.
- Much of the current published telehealth research was conducted before or during the COVID-19 pandemic. Going forward, research should consider pragmatic uses of telehealth and the context in which it's currently being utilized. This involves exploring telehealth implementation, including the conditions required to ensure success, ways to improve its use, and ways to address disparities in access to care and outcomes. Research should consider the context in which telehealth is delivered — whether as part of a hybrid model of care (rather than a replacement for in-person visits) or as a new avenue to obtain care for patients who have had limited access to timely care.

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 Adara Citron et al., [Telehealth Outcomes and Impact on Care Delivery: A Review of Evidence](#), CHCF, November 2023; and Shaver, “The State of Telehealth.”

About the Author

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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.