Stakeholder + Community Perspectives on Telehealth

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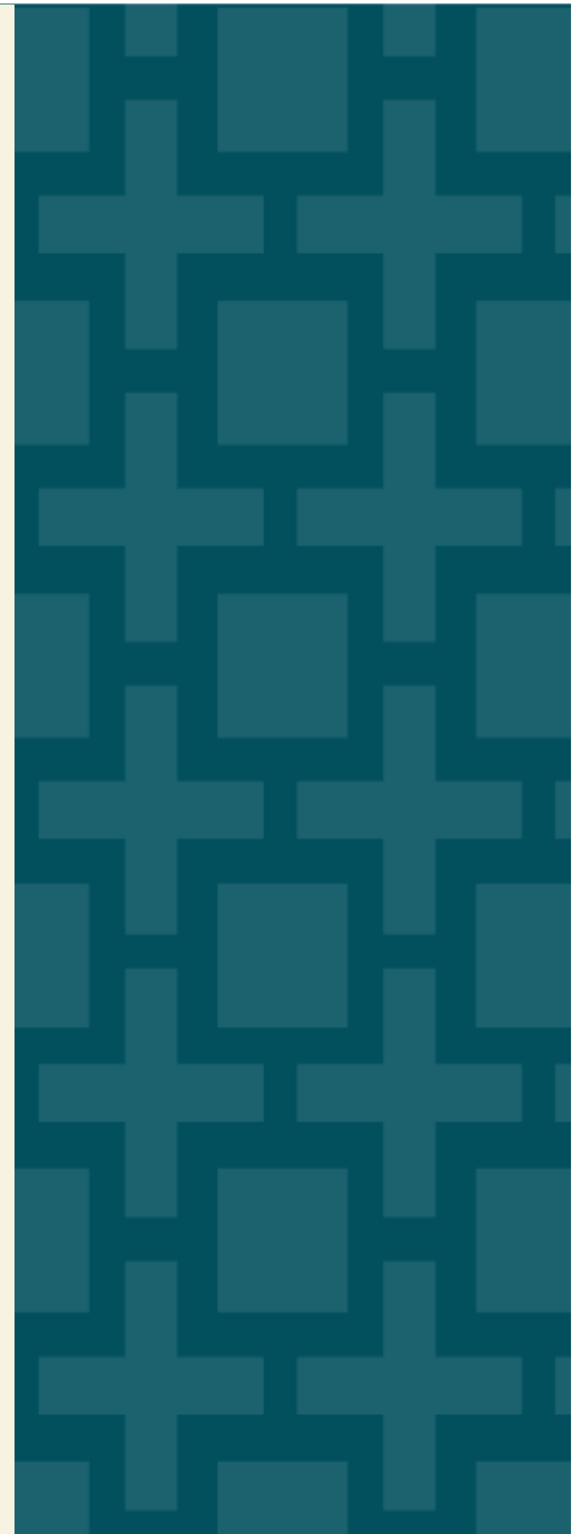

Stephanie Devitt, M.P.P.
Owner + Principal Consultant

Jacob Wascalus, MURP
Consultant

SDK Communications + Consulting
400 South 4th Street, Suite 400-117
Minneapolis, MN 55415

e: stephanie@sdkcommunications.com
ph: 612 437 0899
sdkcommunications.com

Introduction

Telehealth catapulted from a nominal health care delivery method before the onset of the COVID-19 pandemic to a widely used tool for meeting health care needs in 2020. Now, as federal and state declarations of public health emergencies subside, telehealth remains rooted as a viable means for people to seek and deliver care.

In the years since the COVID-19 pandemic, telehealth has been accepted as a permanent fixture of health care delivery in the eyes of many patients and providers. Still, questions about the medium's role in the future of care are only beginning to find answers. For example, what effect has telehealth expansion had on patients' access to health care services? Is the quality of care being delivered comparable to in-person care? What outcomes are patients experiencing?

The Minnesota Legislature, in 2021, tasked the Minnesota Department of Health (MDH) to study these and other questions related to telehealth expansion and payment parity. To answer these questions, MDH worked with several consultants to analyze a variety of relevant health-related datasets, examined recent surveys that asked questions related to telehealth, and contracted with SDK Communications + Consulting to perform a qualitative examination of related telehealth topics.

SDK heard from over 90 providers, patients, patient advocates and public health professionals to better understand:

- How are providers incorporating telehealth into their operations and care?
- How are providers making decisions about when to make telehealth available?
- Are there any different uses emerging to provide more equitable care?
- When do patients prefer telehealth, and when do they prefer in-person care?
- What are the emerging ways that telehealth can influence health care equity?

This report summaries the findings of these interviews and focus groups and offers conclusions and recommendations for MDH's consideration as it finalizes its report to the legislature.

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Methods

This report synthesizes key themes, similarities and differences from interviews about telehealth with five groups of Minnesota-based stakeholders: larger health care provider systems, smaller community-centered clinics, organizations representing specific populations whose health care needs could be impacted by telehealth, individual patients, and public health professionals.

First, SDK conducted interviews with **operations leaders and the telehealth providers at provider systems** that typically have a hospital (or more than one) and multiple clinics spread across a geographical area. Most often, systems interviewed serve patients where a majority of patients are covered by Medicare or commercial insurance, though a substantial Medical Assistance population is also served. These provider systems typically include a mix of health care real estate such as hospitals and emergency rooms, acute care clinics, family practice clinics, specialty care and other care spread across a large geography. Examples include Allina Health, Essentia Health, and others.

Second, SDK interviewed **smaller community-centered clinics**. SDK conducted interviews with providers characterized by a care model built to serve a specific community or patient population who otherwise face significant barriers to equitable care. Example patient populations of focus include the Native American community, Somali immigrants, or people seeking gender transition, to name a few. Federally Qualified Health Centers (FQHCs) are well represented in this group. Community-based mental health providers, reproductive health providers, and other providers that are built to serve the needs of a specific patient population are also included. This provider group has a more Medical Assistance-eligible paymer mix than the large health care provider systems. While not everyone treated by a smaller community-centered clinic belongs to racial, ethnic or gender communities that face significant health inequities, it is fair to say that issues of health equity and barriers to health care equity experienced by these groups, specifically, are a consistent underlying dynamic that these providers witness and navigate for most patients served.

Third, SDK conducted listening sessions and **individual interviews with telehealth patients** to learn about their experiences and opinions about telehealth's future use. Interviews and listening sessions emphasized understanding patients' perceptions and perspectives on telehealth use, including when telehealth is preferred and not preferred. SDK partnered with community-based organizations to recruit interview participants. An interview registration link was circulated by partner organizations so that people could choose to participate in interviews while protecting confidentiality and HIPAA compliance. The registration allowed potential interviewees to book time via Microsoft TEAMS, in some ways

creating a quasi-simulation of the technology opportunities and challenges of telehealth. SDK also offered a gift card incentive to individual interview participants.

Fourth, **community-based advocates** were interviewed**.** These associations and service providers represent populations who have health care needs that could be impacted by telehealth, including organizations representing people who have physical disabilities, mental health needs, racial equity and older adults, among others. The goal of these conversations was to understand how different patient populations experience telehealth and where community-specific needs, priorities or perceptions could be consistent across a patient population. The interviews were designed to supplement individual patient interviews and offer informed insights about whether the experiences of individual patients interviewed reflected an isolated incident or potentially signaled a greater, community-wide trend.

Finally, the findings in this document reflect feedback we heard from listening sessions we conducted with **public health professionals**. The Minnesota Department of Health hosted two listening sessions with staff from across the agency in September 2023. The goal of these listening sessions was to understand the observations, concerns, and perspectives of MDH staff and programs across the agency as part of the telehealth qualitative analysis.

Audience	Number of Participants
Large health care provider systems	9
Small community-centered clinics	8
Community-based advocates	9
Individual patients	37
Public health professionals	29
Total	**92**

Findings: State of Telehealth Today

Telehealth use exploded as a means of delivering care at the onset of the COVID-19 pandemic. The public health emergency and limits on in-person interaction forced providers to scramble to begin offering telehealth visits, often within days or weeks, to patients across Minnesota for health care consultations that ranged from chronic disease management to acute medical diagnoses and many forms of care in between.

The providers and patients interviewed by SDK described their experiences with telehealth over the past four years—how their organizations have incorporated telehealth into their operations, what they like and dislike about telehealth, what works, and what doesn't. This section summarizes the various uses and operational considerations that large and small health care providers take into account when deciding when and how to offer telehealth.

Telehealth has become an essential addition to the care continuum, replacing visits for some services and providing essential touchpoints between appointments for others. Both providers and patients interviewed report using audio-visual and audio-only telehealth for a range of health care services, including chronic disease management, behavioral health consultations, check-in meetings between in-person visits, follow-up communication after medical procedures, and consultations from specialists. Providers also highlighted using telehealth to facilitate efficient and innovative care models to diagnose medical issues and connect with remote experts in real time (e.g., telestroke, teledentistry). Traditionally, nearly all these appointments were held in-person.

Example treatments providers reported delivering via telehealth

- Chronic disease management, such as:
  - Diabetes
  - Hypertension
  - Arthritis
  - Congestive heart failure
  - Weight management
  - Hyperlipidemia (high cholesterol)
- Medication management
- Behavioral health
- Dentistry
- Stroke
- Dermatology

"We've got a reach for our telehealth practice, especially for neurology, [in] Minnesota, western Wisconsin, where we bring neurology services to the inpatient setting—that is, [in] general neurology and emergent stroke services. We are able to treat stroke patients [in rural areas] and then bring them into the city." – Large Health Care Provider System

"We started thinking about how else we can deliver care…That was the idea [with] telehealth for dentistry…. [It] provides that first opportunity for patients to be seen." – Small Community-Centered Clinic

“Well, that pre-surgery appointment was really important because we were able to meet with … a surgical nurse practitioner to talk about all the things we needed to do before [my son’s] appointment, like prescrib[ing] us different medications for him to use prior. We were able to access that appointment virtually rather than driving down to the Twin Cities, which from our house is almost three hours.” – Individual Patient

“It's like pulling teeth to get [patients] to come in, or they have barriers or challenges to getting in…As an individual clinic, we are trying to do a better job with leveraging telehealth by expanding our reasons [to see people via telehealth]. If you have symptoms of a urinary tract infection, we can see you over the phone.” – Small Community-Centered Clinic

Telehealth is being used to help manage chronic diseases. Chronic disease management was one of the most consistent telehealth uses offered in by providers interviewed. For many ongoing medical conditions, patients were able to meet with providers for brief check-ins or to conduct remote patient monitoring on diabetes, hypertension, or weight management, to name a few examples. Some providers interviewed also report seeing improved quality outcomes for chronic conditions like hypertension and diabetes because of telehealth.

“Where we have found a lot of continued value in telehealth is in the space of chronic disease management…high blood pressure, diabetes, hyperlipidemia, things of that nature…We have found a lot of value in being able to do those things through virtual care.” – Large Health Care Provider System

“Our medical team will do audio only check-ins for some chronic conditions like hypertension, diabetes.” – Small Community-Centered Clinic

“Trying to manage chronic conditions, in addition to the rest of our lives, is very, very time consuming. And for any one chronic condition, you might be seeing a variety of providers. Take diabetes. You might be seeing a nutrition counselor, like a dietitian. You might be seeing your family provider. You might also be seeing endocrinology…Having telehealth to help augment [so many visits that] so that you can stay on top of your treatment plan.” –Large Health Care Provider System

“Those chronic care check-ins [are] really just exchanging information, so there's no need for an exam. ‘How are you feeling? What are your blood sugars? Have you been complying with your meds?’ That is just as useful over the phone as it is when a patient comes in-person, as long as they're coming in at other times for their other physical exams.” – Small Community-Centered Clinic

“We're seeing access to the National Diabetes Prevention Program really being enhanced through distance learning delivery of that year-round lifestyle change program. This is something that you're in for a duration of 12 months and you're usually meeting 22 to 24 times throughout that year. The telehealth capabilities for participants have been life

changing for many folks—rural people, seniors, folks with transportation issues— having access to coaches who look like you, talk like you, those kinds of things, have all been really impactful for telehealth delivery for the National Diabetes Prevention Program." –Public Health Professional

"Our bariatric program uses telehealth quite a bit. That's weight management, dietitian assistance, exercise assistance, physical therapists who use telehealth… One of the benefits is you can bring in a family member who may not be there in-person. They can join remotely and they can hear the same education, the same messages, so they can help reinforce." –Large Health Care Provider System

"[Managing chronic diseases with telehealth has] more frequent touch points with patients. With remote patient monitoring, we're putting technology in the patient's hands to do their blood pressure or step on a scale so we can check their weight, check their pulse oximeter. We're making sure that we get at least 16 rates from them a month so that we can meet the qualifications of them being on a remote patient monitoring standpoint… [For example] somebody that has congestive heart failure. They step on the scale one day and they gained five pounds. [Remote patient monitoring] sends a trigger [that] we need to reach out to that patient. [We can ask], 'Did you forget to take your medicine? Is there something going on?' [With telehealth] We can be proactive in identifying any kind of issues before it escalates, and they end up in the hospital." – Large Health Care Provider System

Telehealth is being used to assist in medication management. Some providers interviewed mentioned the value of telehealth for quick medication check-ins that are short but potentially lifesaving. Similarly, patients interviewed said they appreciate being able to keep up with these small appointments without navigating transit or spending the time driving to the appointment.

"One of the services that we have available is called MTM, or medication therapy management. These are licensed clinical pharmacists who do medication management, so reviewing medications, looking at cost, looking at adherence, all these kinds of things, addressing side effects, addressing what we call polypharmacy, where patients are on lots of medications. We have a group of clinical pharmacists who provide this service, and they do it virtually." – Large Health Care Provider System

"We have a pharmacist on site here that does medication management…The pharmacist will have someone come in and they'll bring all their medication, and they'll have eleven bottles. They're all for blood pressure, written by four different providers, and that patient will say, 'When I take all of my medicine, I don't feel well, and I when I take nothing. I don't feel well.' [We will have] the pharmacist say, 'Okay, come to one place for care [and] take [just] one set of that blood pressure medicine.' But the follow up with that patient is easily done by telehealth. – Small Community-Centered Clinic

"[Telehealth] has increased the ability of those patients to be compliant with those check in visits and also therefore compliant with their medication changes." –Small Community-Centered Clinic

"If it's a simple appointment, like a psychiatrist doing a med check…driving 15 miles one way just to do an appointment [is hard to manage]. Being able to schedule by phone frees my day up because then I don't have to ditch out for a 1:00 appointment all the way across town and then decide if I have time to come back [to a preferred community center]." –Individual patient

Mental health care delivered via telehealth is here to stay. Many of the providers interviewed described robust telehealth activity related to patient behavioral health and mental well-being. Mental health services delivered via audio-visual and audio-only tools have remained popular. Even as other health services return to in-person care delivery, patients also talked about the importance of telehealth in allowing them to see a mental health provider quicker or keep a provider despite moving residence. The patients interviewed value the continuity of care available by keeping their preferred mental health providers via telehealth, no matter what other variables of life change.

It's worth noting, however, that some providers also offered hesitation about mental health care being offered only through telehealth. For example, one provider interviewed cited instances he witnessed where a person would position themselves close to the screen to block the view of harming behavior or use telehealth to mask signs of a substance relapse. This provider suggested that having at least annual in-person mental health care visits could be important to ensuring a high level of care for people with serious needs.

"During the pandemic, everything changed …we basically took our list of patients home and started calling on the phone and saying 'Don't come to the clinic next week. How are you doing?' …It evolved very quickly from 'Well make sure you have your medicine' to telemedicine…[W]e were in crisis mode when we started…Now we're serving people. We don't have to serve everyone [with telehealth but] we're serving a population that either has the sophistication to use the equipment or has a caregiver that can help them set up so that you can see them and hear them." – Large Health Care Provider

"*We have a real focus on tele-behavioral health . . . we know that there's a huge need for substance use disorder care and caring for folks with complex mental illness…I'm sure you're going to hear this in every single interview, many of the clinics have found that you can do almost all behavioral and mental health via telehealth." –Large Health Care Provider System*

"Folks tend to prefer telehealth for behavioral health. There are certain folks who have never wanted to switch back from that even when offered." – Small Community-Centered Clinic

"Some of our clinicians have mentioned that it is still better for some individuals to be able to do the in-person conversation, because there are just some things you can't pick up on over a screen or over a phone conversation." – Community-Based Advocate

"I moved during the pandemic, and [my provider] was still in Saint Louis Park. I can still see him though because of telehealth." – Individual patient

Telehealth is increasing access to health care. Providers and patients interviewed underscored the notion that telehealth, at a base level, is broadening the reach of health care -- Patients are getting their health needs addressed more quickly, providers can see more patients, and patients who might otherwise forgo a medical consultation are getting seen.

"Just think of a 95-year-old person still living at home. If there's a snowstorm, they need a medication refill, and the doctor needs to know how they're doing." – Large Health Care Provider System

"We have a lot of homeless clients. And for these folks, it was really hard—with transportation and being able to get from place to place—to expect them to come into an in-person appointment...And so the ability for them to be able to take an appointment wherever they needed, wherever they were, when they needed to without that barrier of having to figure out how to get to the clinic, really has been helpful for some of those client populations." – Community-Based Advocates

"Two areas where we're seeing really consistently that access has expanded is, one, in rural care. Even though rural health care providers are a little less likely than urban health care providers to use telemedicine, they're using it much more than they did before. And many providers will say that they're caring for people that are in more rural areas than where their practice is located. It's really opening up access in that way. And [second is]...in mental health services... There's anxiety around making and keeping mental health and behavioral health appointments, and a lot of that anxiety is really helped by the fact that you don't actually have to go in for an appointment. You can actually just call or talk to someone in the comfort of your own home. That resulted in a lot fewer no shows and missed appointments and canceled appointments and things like that." – Public Health Professional

Smaller community-based providers report deciding whether to leverage telehealth in different ways than large health care systems. In some respects, large health care systems and smaller community-centered providers described similar approaches to deciding whether and when to offer telehealth. Both are focused on medical appropriateness in deciding whether to offer a service via telehealth. Both want positive health outcomes, and both respect patient choice regarding telehealth.

At the same time, these provider groups described their approach to deciding whether and how to offer telehealth in different ways – and the providers interviewed point to the payment models of patients' health care coverage as a factor

considered when evaluating telehealth. Specifically, some people working in large health care systems described a methodical, deliberative, and cost-conscious process for determining, service-by-service, which to offer via telehealth. Some of the factors for evaluating telehealth described include careful measurement of impact on quality measures and an evaluation of the service for reimbursement. On the other hand, smaller, community-centered clinics talked about telehealth as an essential tool to offer nimble, fast, and adaptive care when and where people need it. It's important to note that a majority of small clinics interviewed are Federally Qualified Health Centers (FQHCs). FQHC's patients are often covered by Medical Assistance (Minnesota's Medicaid program) and are enrolled in a managed care program rather than a fee-for-service program. FQHCs are reimbursed differently from other Medical Assistance providers – they are reimbursed based on the eligibility of the service provided, as determined by federal and state law, rather than reimbursed for the number of services provided. Small clinics interviewed emphasized adaptability to patient needs and circumstances, as well as the speed of their ability to reach or respond to a patient need, when making choices about when to offer telehealth.

> *"We are going through a process right now of looking at care conditions that are ideal for telehealth so that we can then look at what the reimbursement model would look like. You know, reimbursement is the biggest challenge that we run into. [The challenge] we face is how we're going to pay for the services that we're offering through telehealth." –Large Health Care Provider System*

> *"It ends up being a conversation about can I do this by telehealth with a high level of quality . . . It's kind of like a matrix of, how far does the patient have to travel, how much physical exam is necessary in order to provide a high level of safety and quality, and, you know, can we still make money doing this?" –Large Health Care Provider System*

> *"I mean, I think for us . . . just being in a rural facility and the issues with reimbursement, for us to fully support [telehealth], we would have to ensure that we're fully going to get reimbursed the same for a telehealth visit than we are for an in-person visit." –Large Health Care Provider System*

> *"A center like ours is paid very, very differently than other primary care clinics. . . . We don't get paid based on the [specific] service that we provide. We get paid based on a visit. If that visit is a telehealth visit or if that visit is [an in-person] medical visit, or if in that medical visit you have a throat culture, a wart removed [or are] managing diabetes and you see a case manager and you see a mental health person, we get the same rate as if you [just] have your ears are checked. . . . For our team, [decision making on whether to use telehealth is] mostly around how do we get the access to the patient? . . . We'll provide transportation to the clinic. We'll get an interpreter for you. We'll do a telehealth visit. We'll do whatever it takes to make sure that that patient gets the care." – Small Community-Centered Clinic*

> *"One of the things that we did was a lot of our providers—either through philanthropy or through other funds or resources, were able to buy tablets, burner phones, one-time-use [devices], and then just give them to clients to keep. They would say 'We'll put X number of days' worth of minutes on it, so that we can get you through the course of*

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services and treatment.' 'You're welcome to keep the phone after that and use it for what you need.'" – Community-Based Advocate

"I saw a patient yesterday. She was in my schedule for the morning. . . She had an appointment at nine o'clock, [but I was] sure that she's sleeping. As soon as she gets up, she's going [to need to] be at her job. And so [I knew] that she wasn't going to come [to the appointment]. She did not come, and we called her and then we switched the appointment [to telehealth]. She did not pick up the phone, but I called her later in the evening [to complete the appointment], and she was so happy." – Small Community-Centered Clinic

Smaller, community-centered providers are at the forefront of health equity—and their nimble use of telehealth offers a window into the strengths and challenges of offering telehealth for diverse and underserved Minnesotans. Smaller, community-centered providers emphasized the complex, compounding inequities and comorbidities that make serving their patient populations challenging—and that make telehealth a uniquely important tool to reach patients. Some talked about telehealth as a tool to take health care to where people are in need, such as homeless encampments. Others talked about telehealth as a tool to reach people who might be hesitant to come to an appointment in-person but could build trust through the telehealth visit.

It's important to note that almost all of the smaller, community-centered providers interviewed serve an overwhelming majority of patients who are covered by Medical Assistance or are uninsured, though people covered by commercial health plans are also in their patient mix. Most also serve a majority people of color and often have a reputation for serving a specific racial or ethnic community — Somali, African American, Native American, or immigrants working in meat packing plants, as examples. Those interviewed described a patient demographic mix of anywhere from 40 to 95% Black, Indigenous, and People of Color (BIPOC) and 80% or more having Medical Assistance or being uninsured. Below are some illustrations of how these smaller, community-centered providers describe their patient population:

"The majority of the folks that we're serving do not come to us with one diagnosis—they come to us with a myriad of life needs as well as different mental health and medical conditions...[W]e're seeing folks who have multiple comorbidities, chronic conditions. They also have a co-occurring mental health condition along with substance use disorder. They have a lot of different life complexities that are compounded by some of the added socioeconomic complexities, some of the societal biases. You add all those together [and] the clients that we're serving are very medically complex, and they're also very socially complex . . . There's a lot going on in life." –Small Community-Centered Clinic

"The majority [of people we serve] are new Americans, whether that be the migrant and seasonal farm worker, or refugees, new immigrants coming. They often find their way to our doorstep via word of mouth, or engagement with

other community agencies that direct them to us …The majority [of our patients are] racial and ethnic minorities, the majority are below 200 percent of the federal poverty guideline." – Small Community-Centered Clinic

"Something that was really interesting that we tried…was using telehealth at homeless encampments…Our outreach workers [would] come across someone who had a health condition, you know, about their diabetes or any health condition, maybe they had a wound or something else going on. We had an iPad and headphones that they could connect to a provider [for] a telehealth visit." –Small Community-Centered Clinic

Providers are using telehealth to accelerate patients' treatments. Small community-centered clinics interviewed described using telehealth as a means of triage—to figure out the severity of a patient's condition and if a patient should seek further care. Others, including large providers, especially in rural areas and those from small, community-centered clinics, described using telehealth to consult with specialists based far away for patient treatment advice. In either instance, providers were relying on telehealth as a tool to quickly get an added level of information that could accelerate an overall care plan.

"By embracing telehealth with our e-consults, we have the potential to be able to help that primary care provider treat the patient locally, without the need to be referred to a higher level of care." – Large Health Care Provider System

"Our patients are getting access to treatment options faster [with telehealth]. They're getting on medication soon or they're getting on behavioral health meds, so that's helping their mental state faster. If it's dermatology patients, we're identifying cancers or potential cancer sooner so that we can start treatments sooner from that standpoint. I think that the health outcomes are greatly improved by having this as an offering." – Large Health Care Provider System

"We just enacted an e-consult system, where we're able to consult with specialists…This is huge for us…We have about 80% uninsured patients, [and] sending those patients for a specialty care visit is usually an insurmountable cost for them. Whatever we're able to do in-clinic really makes a huge difference…We're going to get that level of consult and expert guidance so that we can take all the steps that we can take in our clinic system before referring a patient out." – Small Community-Centered Clinic

"You get more access to more specialties and deeper levels of specialties." – Large Health Care Provider System

Some people don't have access to the technology, infrastructure, and knowledge needed for audio-visual telehealth appointments. For audio-visual telehealth to be an effective mode of health care delivery, patients need access to adequate technology (broadband, strong cell phone reception, up-to-date personal computers, tablets, or smartphones), and the digital literacy to navigate both the technology and the software required for audio-visual visits. Many patients who would

benefit from telehealth's opportunities to expand health care equity --such as older adults, BIPOC communities, and others -- may lack the necessary infrastructure, subscriptions or tools needed to access audio-visual telehealth appointments[1].

Interviews and focus groups with providers and community members highlighted the importance of technology access and digital equity in ensuring full access to telehealth – and the substantial overlap between those facing digital inequities and the communities and populations facing health care inequities that could be bridged with telehealth.

> *"I think the challenges for us are just that we do live in a very rural community. The internet isn't super strong out here. It's a very underserved, very poor community as well. They sometimes don't have resources to even have the internet...And when they don't have those things, then yes, we do [telehealth] on the phone." –Large Health Care Provider System*

> *"[Telehealth] has been very beneficial to folks who live in an isolated spot or who don't have good transportation. As long as they are hooked up to the broadband that works well for them. There are folks who either can't afford or aren't interested in hooking up to broadband. And then because we have such an elderly population, there is a large chunk of that elderly population who just doesn't have high trust with telehealth [and] finds it cumbersome." –Small Community-Centered Clinic*

> *"Definitely connectivity, lack of access to technology, lack of understanding." –Small Community-Centered Clinic*

> *"Sometimes everything's working great, but then bandwidth goes low, so one of us has to turn off our video for a bit. . . and then you turn it back on...So for sure, bandwidth has played a factor." –Individual Patient*

> *"Transportation is a pretty big issue in the arrowhead region, so telehealth is nice for that reason. But the other part of it is there's this challenge with broadband in very rural areas as well. So, as great as telehealth can be for some, they need to have [broadband] access as well." –Community-Based Advocate*

> *"The people who are most isolated and could probably benefit the most from [telehealth] may be the least likely to have both the digital literacy and the devices ready to go. And sometimes they don't even have internet, so it can be a big challenge in that regard. We have a grant for tech and connectivity that we're [using to help] people get devices and get training." – Community-Based Advocate*

Audio-only telehealth is playing an important part in expanding access to health care. Those patients who lack internet technology or the computer hardware to have an audio-visual telehealth appointment often rely on audio-only telehealth as a means of receiving care, and many providers underscored audio-only as an important medium through which they deliver care. Others interviewed talked about the importance of audio-only visits as a tool to make telehealth accessible when health care systems' telehealth apps did not work or when connectivity would falter.

“Video visits do not work for a lot of our patients, just because of the situations they are in, so they prefer audio only.” –Small Community-Centered Clinic

“Our elderly population vastly prefers audio only if they are going to do some kind of remote visit. They are more comfortable for them.” –Small Community-Centered Clinic

“The [broadband or cellular] coverage that the major providers provide is not as reliable as they want you to think…I find it very, very unpredictable. It’s important to have various ways of communicating. I think that points out the importance of not relying on Zoom.” –Individual Patient

“We heard, especially at the beginning of COVID, with those folks that are really living on the margins how important it was for them to access care through just their phones. . .. It's super important.” –Public Health Professional.

“It's why audio only is so important for a lot of rural Minnesota that can't access broadband and can't get the audio visual to work. It gives them that fallback that they can access.” –Community-Based Advocate

“But they can't figure out how to use their video technology and their grandkids are in school—this stuff happens all the time. When the provider does a telephone visit, and without those flexibilities and protections, and the provider might not be able to be paid for that visit.” – Large Health Care Provider System

“I think I used five different [telehealth] platforms, depending on the provider. . . And it was really hard for me… working virtually with these tools [so my psychiatrist and I switched to audio-only visits].” – Individual Patient

Providers and provider systems establish which services to offer via telehealth, but the choice of receiving care via telehealth is usually made by patients — except when telehealth is the only practical option available to patients. In interviews with smaller, community-centered clinics and larger health systems, providers consistently establish the range of services available via telehealth — whether that be a broad array of health care services or a limited selection of medical consultations. But patients are typically given the choice of which mode of health care delivery they prefer (in-person or telehealth). In some cases, however, telehealth is the only practical option available. This can be the case in areas where the supply of providers is limited, such as rural areas. In these instances, telehealth is the only close, timely method of care available.

“We have a list of patient complaints that are eligible to be seen [through] telehealth, and it's usually the patient that's asking for it. It is typically not provider driven. Providers approve the complaints on this list, but that's the extent of their involvement [in deciding if a patient is seen in-person or via telehealth].” –Large Health Care Provider System

“For the [services] that we do offer [via] telehealth, [the patients] can be offered telehealth and choose whether to come in or not. We won't say just because we offer it on telehealth…means you have to do it on telehealth.” –Small Community-Centered Clinic

“We always offer the choice for our patients to have either in-person or virtual visits. Some know from the get-go that they would prefer virtual…We have some people that prefer in-person.” –Large Health Care Provider System

“*I requested it. In most cases, I always ask, ‘Is the visit available on telehealth?’” – Individual Patient*

“If I recall one of the first times this was an option, I didn't know anything about [telehealth]. I just took it. I remember it was kind of like I had no idea what telehealth was but when they explained it to me I opted for that primarily.” – Individual Patient

“My partner and I went to urgent care because he was sick. And there were no doctors available at the urgent care. So he had to do a telehealth visit while at the urgent care office which is kind of interesting, but like the nurses were there to do like vitals and all that other stuff. But then talk to the doctor virtually.” – Individual Patient

Provider interest in offering telehealth varies. All the health care systems and clinics interviewed offer some form of telehealth, but the services available often reflect provider interest and specialty, and vary between health systems and clinics. While some providers and provider systems interviewed have embraced telehealth to deliver care, others described a reluctance to use the medium — preferring, instead, to continue to deliver care in-person.

“We have very traditional providers that have been here for a really long time and they do not enjoy telehealth. . . . Our traditional providers just really can't grasp or get their hands around doing that and still being able to provide excellent patient care. We do have it available, but it is not used very often.” –Large Health Care Provider System

“Our [Chief Medical Officer] is really not behind [telehealth], so then it just trickles down from there. He just feels like you need to see a patient in-person. It's not that we don't have options to [offer telehealth] but it's not like we're pushing it or promoting it.” –Large Health Care Provider System

“We're a small organization. I don't have the bandwidth that these larger organizations have to develop a whole telehealth department. I do think it can be a game changer for this region.” –Small Community-Centered Clinic

“We have some clinicians that are just like, ‘Nope, I don't want to do it. I would prefer to see everybody in-person’.” – Large Health Care Provider System

"The other barrier [to telehealth adoption] is [that some] old school providers don't want anything to do with telehealth. Getting them convinced was the first battle." –Small Community-Centered Clinic

"What does happen is you have a group of providers who are still uncomfortable treating certain things via telehealth or video visit care, but we still do quite a bit of phone visits." –Small Community-Centered Clinic

Some see telehealth as a helpful tool for incorporating special services, like translators or medical specialties, into visits. Several providers and community-based advocates interviewed mentioned telehealth as a tool for helping care for patients who need additional assistance to support a successful appointment. One common example among the FQHCs interviewed was patients who need translation or interpretation services or care in a language other than English. Other providers and in-home care workers in Greater Minnesota also talked about telehealth as a helpful tool for patients to quickly access a specialist in the Twin Cities or Rochester, and then continue with their normal care at their primary clinic.

"As FQHCs, [we] provide services in whatever language a patient needs….A lot of our health centers have interpreters on staff. A lot of their staff are multilingual. We have a health center who has direct integration with an interpreter company so they can just kind of hop into their Zoom visit [on a telehealth visit]. If they find that maybe they didn't know ahead of time that a patient needed an interpreter, they can just like click a button and pull somebody into that visit right there and then they can do interpretation." – Small, Community-Centered Clinic

"In our area, transportation is a big issue, so having telehealth options for folks is really important if they can't get a ride to their medical appointments. A lot of folks from northern Minnesota go to Rochester to go to Mayo. My mom had surgery [in Rochester] a couple weeks ago and she has to do a telehealth visit with her doctor for follow up. Just knowing that we don't have to drive down there again [because of] telehealth is really great." – Individual Patient

"For my members, though, they can have a specialist visit where they wouldn't have to go 60 miles or more. They can go to their primary clinic to do their telehealth visit with their specialist there, and that helps them. A lot of them don't want to be in the car with a stranger for over an hour there, and then another hour back. [Telehealth] gets them that visit that they meet with the specialist." – Community-Based Advocate

"Some of it is around staffing too. If we have infectious disease specialists who work at a [specific] hospital, then we probably don't need to bring them in via telehealth. But if, a different hospital does not have those specialties, then [telehealth] creates an opportunity to provide those specialties at a different facility." – Large Health Care Provider System

Findings: Patients Preferences and Perceptions

Ultimately, telehealth is a tool for health care delivery, and its utility is a function of its ability to deliver quality health care in ways that help people's lives. A core focus of SDK's effort was to better understand how telehealth impacts the lives of patients, where it is a preferred option, and where patients may have different preferences.

From the patient perspective, interviews uncovered or affirmed different ways that telehealth is helping people access health care that go beyond the COVID-19 pandemic. It has increased access to care for patients who have needs that are unique to a specific community, identity, or demographic. Telehealth has reduced barriers to care by making it more convenient to consult with providers; and it has helped eliminate the stigma associated with care that some patients feel when visiting a provider in-person.

At the same time, some patients may view telehealth skeptically. The reasons are varied: some may not have the digital skills or technology to access telehealth; others report some hesitancy in using telehealth unless they have developed trust with the provider they're seeing. More often, people's comfort with telehealth is a reflection of their comfort with other aspects of technology or receiving health care. The variance in people's experience by race or ethnicity, age, physical ability, mental health, or financial means underlie perceptions of telehealth broadly, as well. People of different ethnicities, ages, incomes, health statuses and more also experience an equally broad range of digital inequity drivers – from lack of credit, to lack of technology access, to audio-visual disabilities that make accessing telehealth more difficult. Digital access is not the only variable that influences people's perceptions of telehealth.

This section summarizes the perceptions and experiences heard through conversations with Minnesotans and the community-based advocates and providers who care for them.

Some people report having greater trust in providers who share their racial or cultural experiences, and believe telehealth gives them more opportunities to find a provider who shares their background. Without telehealth, provider options are limited to people who live within a reasonable travel distance. For BIPOC and LGBTQ patients interviewed, telehealth offers more opportunities to find providers who share their personal background and can empathize with how personal experience influences health experience, and vice versa. Without telehealth, they are limited to the providers who live near them.

> *"I wanted a mental health clinician…that looked like me [and shared my racial identity]. I didn't have any in my area where I lived. And so I went on the World Wide Web, and I found one. I was living in Rochester, and she was up in Minneapolis and we did telehealth." –Individual Patient*

sdk CONSULTING GROUP

“[Telehealth] has opened up the doors to a lot of possibilities of my cultural practices. I was looking for a psychologist, and I could not find one in my area that was culturally appropriate or understood my situation. [I] look[ed] around online, and…I found somebody that has 40 years of experience, understands my cultural background, and now we're doing telehealth, and I don't think he's even anywhere near here.” –Individual Patient

“Sometimes we're able to get culturally affirmative services. Maybe there's a therapist or a health care provider who is a member of your community and understands where you're coming from, but they're not where you would normally go to see a provider, you're able to tap into a broader range of services.” –Community-Based Advocate

Telehealth can be a vital link to health care services for those who avoid in-person care for fear of stigma. For some patients, seeking in-person care can carry a social stigma. For example, rural providers commented that they are seeing more people in rural areas seeking mental health treatment now that they don’t have to be seen entering a therapists’ office in their small town. A similar sentiment was shared by FQHC leaders who work with cultural communities that stigmatize people who receive mental health care. Mental health, gender transition therapy, and sexual health care are examples of health care where fear of stigma or social exposure was a notable reason for using telehealth.

“We launched an abortion telehealth program as well back in April 2022. That's been another very popular service just for access for patients…I would say our number one services right now on telehealth are going to be our contraceptive visits.” –Small Community-Centered Clinic

“There's something about—not for everyone, but for some folks—still being able to keep up that little bit of anonymity.” – Community-Based Advocate

“Gender affirming hormone therapy—a lot of our patient feedback has been that they do prefer telehealth. [Patients] feel it's a lot easier to identify as themselves in their own spaces and to be able to show up as who they are, and really have a private space with their provider, which is a lot different than going to a traditional brick and mortar [clinic].” –Small Community-Centered Clinic

“Oftentimes the East African communities think about mental health as ‘That's not me. That's not anything that we have.’ So someone who's coming in for care might see one of our behavioral health specialists, but telehealth really opened up [who was willing to seek care.] The number of telehealth visits for mental health just blossomed.” –Small Community-Centered Clinic

For people who experience physical mobility or mental health challenges, telehealth can be a lifeline. Many individuals and community advocates offered examples of how leaving home can be a daunting task. There are patients who live with limited physical mobility, such as older adults and people with physical disabilities; there are others who experience serious

and persistent mental illnesses that make getting themselves to an in-person consultation challenging. For these patients, telehealth can serve as a link to needed care that otherwise might be out of reach. Some advocates also acknowledged that getting to in-person visits on time can be more difficult for people with physical challenges, and being late to appointments can endanger a relationship with a provider. Telehealth helps ensure appointments are kept and consistent providers and maintained.

> *"Sometimes I haven't had access to a vehicle…and I have some anxiety about driving, particularly in poor weather. Through the winter, I would much rather stay in my home and have [a telehealth appointment]…convenience and access is a big thing." –Individual Patient*

> *"I was diagnosed with bipolar 10 years ago. I started having auditory hallucinations about five years ago, and I have really bad social anxiety. I found telehealth to be very helpful for not being so anxious and being in the comfort of my own space." –Individual Patient*

> *"I used to more frequently…cancel [appointments] or reschedule them if I was having really bad hallucinations or anxiety for mental health services I missed in the last couple of years. I can access [care] more, even if I'm feeling under the weather [and] struggling with mental health issues." –Individual Patient*

> *"I see a psychologist regularly. The added time to go to and from where he's located, the cost involved, and just the added anxiety and stress from a mental health [point of view], it's just why [bother to go in-person] when I can just do it here." – Individual Patient*

> *"I had a problem with my chronic pain, and I just could not even make it to my appointment, Telehealth helped me to stay at home and be able to do my appointment." – Individual Patient*

Telehealth can make balancing caring for others and navigating health care easier. Some people SDK interviewed described how the logistics of caring for others was made easier with telehealth. For example, parents who have a sick child but who can't easily leave home because of other children may wish to consult with a doctor via telehealth. In other instances, the adult children of an older adult may wish to help their parent seek care via telehealth if the parent is physically limited in his or her mobility or if the adult child or doctor lives far away. For anyone who helps others in their health care day-to-day, telehealth can provide a convenient tool for getting patients access to the care they need. That said, some community advocates observed that telehealth visits can make it harder for caregivers to give providers added context or to contradict the misleading or false statements made by the patient without creating an unintentionally awkward visit.

“If [the telehealth appointment is] for their children, they don't have to take off as much time off work. Instead of [an appointment] taking up a half day or full day, they might only miss an hour or two of work.” –Large Health Care Provider System

“It's a whole lot easier to do a telehealth visit than bringing four children to the clinic. [Rather than] getting them into a car and someplace on time. ” –Small Community-Centered Clinic

“For me personally, telehealth’s convenience is the childcare factor. Being able to put the kid in front of a TV show for half an hour is very different than having to arrange transportation and bring them to the office with me or any of that stuff.” – Individual Patient

“If there's someone I want to see but it's going to take too long and I’m not able to find childcare. . . what would I do? I can't just leave them.” – Individual Patient

“My father-in-law lives in New Ulm and has had heart issues. He's been up to Minneapolis [to consult a provider and] to have some procedures done...Because he doesn't really drive long distances, my husband or his sister [has to take] a day off work, go to his home, pick him up, drive him up to [Minneapolis] for an appointment, and then drive him back home [to New Ulm] and then drive home themselves. For a follow-up appointment, he was able to do a telehealth appointment. . . My husband and his sister didn't have to take that time off work., which made everybody very happy” – Individual Patient

“My parents live in Ely, and my dad has had a lot of medical appointments [that require] driving to Virginia [or] Duluth, and [those trips are] fine. But one of his specialist providers is in Kentucky. Getting access to the [highly specialized] practitioners that aren't available in a rural place [without telehealth] is really great.” –Individual patient

“We were able to meet with a surgical nurse practitioner to talk about all the things we needed to do before his appointment We were able to access that appointment virtually rather than driving down to the Twin Cities, which from our house is almost three hours. [This takes] more than a day. We don't like doing it in one day because it's six hours of driving plus the appointment to do it in one day. [Telehealth] saves a ton of time and no PTO from work.” – Individual Patient

Telehealth can help people overcome transportation obstacles. Numerous interviewees discussed the transportation obstacles they faced and how telehealth helped them overcome those issues. Some noted the multiple legs of a trip on public transportation; others simply stated that inclement weather, such as snow and ice, made telehealth an attractive and safer option. Several people also noted the complex process required to access Metro Mobility—including a required 24-hour notice—as a barrier to health care that telehealth helps overcome.

“Sometimes it would be nice to get in on a cancellation or get in to see a doctor sooner than later. [Without telehealth] it doesn't matter if you [rely on Metro Mobility or transit]. [The doctor’s office calls and says they] have an appointment today at 2:45? That's wonderful but I have no way to get there [without telehealth].” – Individual Patient

“I use Metro Mobility, so [telehealth] takes away that travel time to and from, and the expense and the added mental health issues. [Telehealth] makes it so much easier and convenient . . . Why do I need to go to and from something that's always going to do the exact same thing? No reason for them to touch me or see me in-person. It makes so much sense to me. It’s like why doesn't everybody get to have [telehealth] for anything that doesn't have to be in-person?” – Individual Patient

“The main thing is that I have a hard time with transportation because I don't have my own vehicle. [Telehealth] is a plus. Instead of having to take community travel like Metro Mobility.” – Individual Patient

“I'm not super far away, but sometimes I [don’t have] access to a vehicle and . . . I have some anxiety about driving, particularly [in bad] weather.” – Individual Patient

“They asked which option [I want.]. Would you like to telehealth or would you like to come in-person? I wanted [my appointment] to be on telehealth because I'm so far away. . . I'm limited in transportation and winters are tougher. This was less stressful and less of a problem for my mental health as well.” – Individual Patient

“My rheumatologist is great. She says we can alternate between [in-person and telehealth for our appointments]. If the weather is a snowstorm, and I don't want to drive all that way, I will say ‘Can we just do it [via telehealth]?’ and she's like, ‘Yeah, no problem.’” – Individual Patient

“When you talk about transportation, we live 25 minutes from Mayo, but [our volunteer drivers] don't want to drive down to Mayo because of all the construction downtown and I'm not sure we want them driving down there. While we’re so close to great medical care, getting there—if you've been downtown in Rochester—is not so easy. That's the big barrier there for our volunteer drivers.” – Community-Based Advocate

“If I was at Hopkins, [getting to the] Minneapolis VA would be two buses and the light rail. It’s two and a half hours.” – Individual Patient

Telehealth saves patients’ time. It was clear from nearly all the interviews that convenience and expediency played a prominent — if not the most important — role in why patients choose telehealth. Patients can save time by not having to travel to a provider’s office; they can see a provider faster; they don’t have to take off a half-day of work.

"When you are a busy person, essentially to have any kind of [in-person] doctor's appointments, you basically have to take off a half day at work. And that is not functional for most people." – Individual Patient

"The effectiveness via telehealth is patients get quicker access to answers for whatever medical condition they need to be treated for." – Large Health Care Provider System

"I've had patients actually take appointments via Zoom, from a parking lot . . . Our patients love having that option, especially those who have really demanding work schedules." – Small Community-Centered clinic

"I've had some virtual midwife appointments because I live almost two hours away from the hospital where I delivered my baby. We've done as many appointments as we could in-person, but then there were a few . . . that we could just connect virtually. And that saved us a bunch of time and miles." – Individual Patient

"Definitely our patients work — some of them two, three jobs. Occasionally, we get someone requesting [telehealth] during their lunch break, so they didn't have to take off work. Or a busy mom that has three kids at home and no childcare [will request telehealth]. To not need to get dressed, have to leave the house and figure out a childcare plan for my three kids or pack them up and bring them with me…those are huge." –Small Community-Centered Clinic

"One of the appeals to me is that [telehealth] allows access to specialists outside of a physical range, [for example] if there was somebody that you wanted to see an hour drive away, you might not go to them if you needed to go in-person. Having the option of seeing them via telehealth really produces that accessibility." –Individual Patient

Some patients are more trusting of in-person care. Some of the patients SDK interviewed described a hesitancy with telehealth. While acknowledging its convenience, their concern was that aspects of health care, such as a personal connection, were more challenging to establish with virtual or audio-only visits, especially with a new provider. One person expressed concern that virtual visits could limit a provider's empathy for a patient's disability, which could, in turn, impact their overall health.

"M*y preference is always in-person because I feel there's something that's lost in telehealth…The example I can give is that when I'm working with my therapist, when we're in-person, I can feel much more care from her. I can see her lean forward. I can see her reach out like as if she might touch me, and even though she doesn't, there are a lot of cues I can read non-verbally [when we're meeting] in-person, that are completely not there in 2D. It feels more confrontational in telehealth than it does in-person." – Individual Patient*

"For our API [Asian Pacific Islander] elders, it's going to be hard for them to pick up a phone call and know that they can actually get the care in their language. And if you're seeing that care is more for psychological or mental health,

they are not going to be as at-ease to talk to someone over the phone if they can't see them in-person." – Public Health Professional

"One of the things that we're unclear about…[is for]…folks that deal with chronic pain or other kinds of chronic issues, [who identify as having] a disability, [people of color or other identities] other things—[there are concerns] physicians or providers may be less empathetic or sensitive to these people's feelings or levels of pain or discomfort than others. How is empathy or sympathy modified through a telehealth environment?" – Community-Based Advocate

"Cultural preference—what people are used to. Some of our older patients that are just used to having the doctor touch them, having their heart and lungs examined, is an important part of the process, even if sometimes it's a little bit of a show." – Small Community-Centered Clinic

"I just recently started therapy for myself and I chose to do that in-person rather than online. Because I think it's important to be able to read body language and to be in the same room with somebody when you're talking about things in therapy." – Individual Patient

Patients shared a desire to access providers in other states or access their provider via telehealth when out of state, and some providers agree. SDK's interviews ended with an open-ended question: Is there anything else you'd like to share regarding telehealth that we didn't cover? Many of the people we interviewed brought up the topic of interstate care. Specifically, several talked about the importance of using telehealth to keep the patient–provider connection when away on travel, a student is in college, or an elderly parent is wintering in the south. Others talked about the importance and equity of providing specialized care, like gender hormone therapy to people who might not have access to a provider with that specialty in their own state. Across patients and providers who volunteered the topic, all see value in ensuring telehealth provides access to providers and care beyond state lines.

"If you have someone who lives in Hudson, Wisconsin, who would normally drive in and see their doctor in Woodbury, they can't have that same provider give them a virtual visit [from their home in Wisconsin] unless that provider has a Wisconsin license." –Large Health Care System Provider

"I think about the LGBTQ community. I am part of the community and here in Minnesota, we are blessed to be a trans refuge state, so we have a lot of people wanting to come here. People that are literally on our borders, who literally have to drive over the border to [a gas station] and say "Hey, I'm in Minnesota. You can see me, right?" If they're in North Dakota, Iowa, and some other areas around here, they literally have to drive to be within the state to get that care. That's a huge, huge barrier. I think telehealth could be a very equitable way to reach the LGBTQ population without them physically having to move here." – Community-Based Advocate

“One of the hardest things is that our college-aged child is going to college in another state, so they cannot keep their therapists or they have to schedule all their appointments for when they're home. If they have a problem, say, with their new medication that they started through psych, what are they supposed to do for the six months that they're in [another state]? You have to then try and establish [a relationship] with a new provider and you aren't [at college] all the time either… This is a real continuity of care issue that I think is quite harmful.” –Individual Patient

“My daughter is in [another state], and my health insurance covers nothing out in [that state]. For example, an X ray at the ER was $2,000 out of pocket. Yet, if I could have had her do a telehealth visit with her provider here in Minnesota, she could have examined it, had her move it and probably say she doesn't need something done. When she needs follow up on her antidepressant medications, if she could see her provider here it'd be so much easier instead of trying to find a provider out there…I ended up paying out of pocket. I think this is probably an issue for a lot of people with children going places across the United States for college.” –Individual Patient

“If you have a patient whose primary residence is in Minnesota, and they happen to be visiting grandma in Arizona, it would be nice to be able to provide care to them. [Or, for example,] Susie is a college student in Colorado, but she's been my patient for two years and she needs to be seen. It'd be better for Susie to continue to see her regular psychiatrists here in Minnesota, using telehealth, than to try to find a provider in Denver and then have to go back and forth.” –Large Health Care System Provider

Findings: Provider Preferences and Perceptions

SDK interviews revealed different ways that telehealth has emerged as a valuable health care tool from the provider perspective. For provider systems, telehealth is useful for addressing workforce staffing issues, broadening the pool of patients that could be seen, and maximizing provider availability while limiting the number of missed appointments. For individual providers, telehealth can help support work/life balance.

Conversely, providers described circumstances in which they did not prefer telehealth, including when it contributes to burnout, when patients are ill-equipped to navigate technology, or when telehealth could potentially mask a condition that could be better treated in-person.

This section summarizes the perceptions and experiences heard through conversations with large and small Minnesota-based providers and health care system administrators.

Telehealth can be used to address workforce needs and space shortages in health care. Many of the health care administrators and providers we spoke to discussed how telehealth is helping expand the roster of providers they employ. Because providers can conduct telehealth appointments outside of their hospitals and clinics (i.e., they can work from a home office), both large health systems and small community-centered clinics could potentially increase the number of providers if physical in-office space is limited. It also enables some systems to offer a broader range of health services by contracting with provider specialists outside of their typical workers, or to expand the number of appointments available by offering additional appointments with providers remotely.

> *"We partner with a [nationwide mental health] organization…to supplement our own mental health staff who can provide emergency consults to mental health patients in our emergency rooms." –Large Health Care Provider System*

> *"[Telehealth] also allows us to cover gaps in our system. If a provider is out in one location, we're able to [provide a service] even if we're not able to have a provider physically there, we have a provider from another location provide telehealth visits for those people that are coming in-person to get labs and then they telehealth with our other provider at a different location." –Small Community-Centered Clinic*

> *"One of the successes that we've had is in … partnerships with finding independent practitioners around the area who are providing behavioral health services and can supplement, because we just don't have enough employee behavioral health providers [at our] facilities, and they're supporting primary care providers. There are care teams that are really dealing with very, very complex cases where it might be months and months before they get some help and support, and now they can get help almost right away, " –Large Health Care Provider System*

“No matter where their patient is, [providers] can spread around and get that telehealth service to the patient wherever they are. Psychiatrists down in Twin Cities are great, they can offer that service for people up on the Iron Range, who wouldn't otherwise been able to travel.” –Large Health Care Provider System

“Spots will open up and that patient may not be able to drive [to the clinic] in time, but they could do a virtual visit in time to make that that open slot.” –Large Health Care Provider System

Community-based providers are integrating telehealth into their services and relying on it to manage their staffing shortages. For community-based advocates who are serving older adults, people with disabilities, or working as community health workers, telehealth has expanded the reach of their work in many ways. For those providing services in residential settings, such as group homes, telehealth has been a helpful tool in buttressing staffing shortfalls while also helping the people they serve attend medical appointments. For in-home care providers and others supporting people with serious medical needs in the community, telehealth has become an implied part of the service they provide, as they’re asked to help set up technology for telehealth or otherwise help clients connect to online services. In other instances, organizations offering wellness classes or other non-medical care are leveraging telehealth to expand their own reach. For example, one group who provides wellness classes to older adults at nonprofits in the Twin Cities Metro Area has begun offering Zoom Zumba classes attended by older adults all over Minnesota and are eligible for reimbursement from Medicare.

“I've heard that because of staffing being at such a premium, that the ability to do telehealth, as opposed to taking staff [time] to take somebody to an appointment, it's a lot easier to do it from the residential setting [such as a group home], rather than taking staff out of the home to transport somebody. The opportunity to do those remotely really is helpful.” – Community-Based Advocate

“I called [long-term care providers] and discussed that telehealth is an available option. If you can't get hold of the patient's primary caregiver in a timely manner, you can use telehealth for your patients, on behalf of your patients. So it is possible to use it for somebody who can't use it themselves.” – Public Health Professional

“We are in a staffing crisis, [and] I feel that staffing crisis is going nowhere. . . I would say that there's probably less appointments that would be missed, that you're going to get more consistent appointments because you can change out the staff very quickly and easily. You're not relying on transportation.” – Community-Based Advocate

“Classes went online and we had providers who were teaching…virtually and all of a sudden we had a bunch of people in Brainerd signing up who we never had sign up before. They had access to this [Medicare-reimbursable exercise] program now. The class leader was in the Metro and the participants were in the Metro, Brainerd and all over Minnesota.” – Community-Based Advocate

“A lot of the providers are using telehealth and it's the people who are doing the in-home care services and the social workers [who] are training people and actually getting it set up. [The in-home care provider will] actually have the links right to the provider and that person's provider so that it's easier to use.” – Community Advocate

Many providers value telehealth as a tool to help patients attend their appointments. Many of the providers we interviewed talked about how telehealth reduced the number of missed appointments—whether by scheduling a visit via telehealth out of convenience to the patient or by contacting patients immediately after a no-show to conduct a visit virtually or through audio-only. In this respect, the providers viewed telehealth as a useful tool to help ensure continuity of care for their patients.

“We had lower no show rates [with telehealth] than we did with traditional in office settings, which made us aware of the fact that more people were actually able to access care and get care that needed care.” –Large Health Care Provider System

“If the provider thought, a patient could benefit from telehealth visits [because] they're missing appointments, then they would approach them and say, ‘Would you like your next appointment to be telehealth?’” –Large Health Care Provider System

“We've heard all sorts of great stories about no show rates dropping significantly. We just talked to our providers not that long ago. They talked about how when a patient doesn't show up, the provider themselves will call them and say ‘Hey, do you want to just do a virtual visit today? We can convert this right now’ and they'll do a virtual visit. And so that patient will get the care that they needed, even though they weren't going to attend their visit that day for one reason or another.” – Community Based Advocate

“When [patients] don't show up and we know their number, we can get them on the phone as opposed to in clinic. Once we get you on the phone, we're just we're doing [the telehealth visit]. We're asking the questions and launching right into the follow up visit.” –Small Community-Centered Clinic

Telehealth provides some work/life balance benefit. Some providers interviewed underscored the value they felt telehealth brought to their personal lives and professions. These providers appreciate the flexibility of telehealth, including working from the comfort of a home office or avoiding inclement weather.

“I would say for primary care and mental health providers [virtual visits] are helping prevent burnout. A lot of those providers have been given the opportunity to work at home, for instance … or for a half day. Work/life balance is better when [providers are] able to do that.” – Large Health Care Provider System

“My dog thinks it's the best thing ever because she gets to take a walk. [Working from home] means that we have fewer troubles with being a one-car family and so there's a pay-off. I think the three days [home], two days [in clinic] is proof. But I wouldn't want to do telehealth five days a week. It would not be good for my mental health, and it's not collegial. I think a hybrid model works.” – Large Health Care Provider System

“I think telehealth is a wonderful way [to increase] employee satisfaction. It may give them more work/life balance.” – Small Community-Centered Clinic

Some providers worry about telehealth leading to burnout and the ever-present feeling of always being on. Some providers expressed concern that telehealth and other electronic means of providing care could contribute to professional exhaustion, whether because of the volume of patient consultations they field or because of the persistent need to respond to patient inquiries through internal messaging systems, such as MyChart.

“For neurology, yes, I would say [telehealth] is leading to some physician burnout because we cover so many hospitals, and there are days when they're really busy. And then there are days where they're not so busy.” – Large Health Care Provider System

“If we're really, really broad about how we talk about telehealth, technically use of the patient portal is considered telehealth depending on which definition you're looking at. Patients have started to use the patient portal for all kinds of things that may really need to be office visits. That can actually contribute to the feeling of burnout and providers are constantly getting messages from patients.” – Large Health Care Provider System

“I know personally from some of my doctors that use it and have talked to me about [telehealth and burnout]. They're up at 6:00 a.m. starting telehealth, which is great to give expanded access to consumers. But what does it mean on a provider's perspective and how do we support their health?” –Public Health Professional

Some providers worry that patients will drop their telehealth appointments if they have to wait. Some providers interviewed noted that telehealth patients may drop their appointments if the providers themselves are late. While the causes of the disruptions could be typical for a provider—an appointment running long, a scheduling change earlier in the day, a consultation that requires more time than originally scheduled—the delays nevertheless can test the patience of a patient waiting in a virtual waiting room.

“We really struggle with having visits with telehealth. You really have to be punctual because otherwise you have someone sitting at home waiting. Waiting in the clinic you don't worry as much because if they're [at the clinic] and you know that they’re there, they can wait a half an hour. But someone on telehealth, if they have to wait a half an hour, chances are they're going to think they were forgotten.” – Small Community-Centered Clinic

“It's very, very anxiety producing to have one patient online and they are not ready to disconnect and somebody else is in a waiting room. And, you know, people will sit in a physical waiting room and they sort of know that you know that they're there. And they might not be happy waiting, but they'll do it, but people get really anxious sitting in a video meeting room.” – Large Health Care Provider System

Providers expressed frustration with patients being unprepared or distracted for telehealth. Some providers interviewed described instances when the patient’s use of telehealth isn’t being optimized for one reason or another, including by patients not understanding how to use the telehealth technology or by being distracted.

“I think the other thing that's been interesting is that sometimes patients on telehealth may not pay as much attention to what the provider is saying, or they may be in a place that isn't as quiet or private as the exam room. During the pandemic, when we were trying to do well-child checks [via telehealth], a kiddo might get more distracted and be less able to focus. And particularly for our behavioral health folks, they have had to do some work with patients who are trying to do their visit and smoke a cigarette and walk their dog.” – Small Community-Centered Clinic

“If the front desk staff doesn't connect with the family first and make sure that the audio is working or the video is working, and for some reason the family didn't do their device check [or] didn't read the instructions, then the provider is having to troubleshoot with the family. That's the point of I feel like I'm wasting my time and I'm a physician, not a device service guide.” – Large Health Care Provider System

Summary Themes

SDK's interviews and listening sessions with more than 90 health care operations leaders, both large and small, patients, public health professionals, and community-based advocates are best synthesized in nine summary themes:

1. **Telehealth is making undeniable contributions in expanding access to health care.** Some of the most frequent ways patients and providers are using telehealth include managing chronic diseases, providing access to health care specialists, managing medications, and providing greater access to providers for those experiencing mental or behavioral health conditions. Most of the health care providers and patients SDK interviewed value having telehealth as an option for care and are generally satisfied with using it. They appreciate and value the convenience, and patients especially value the way telehealth fits health care more smoothly into the rest of their lives or accelerates access to providers and specialists.

2. **Leaders' approach to deciding what telehealth services to offer differs between small, community-centered and large health care system providers, and different health care payment models seem to influence the approaches.** SDK interviewed operations leaders from both large health care providers and smaller community-centered clinics who specialize in treating specific communities – for example, Somali patients, migrant farm workers, or other distinct groups. While our interviews focused on how providers made choices about when to offer telehealth and what services to offer via telehealth, the providers often emphasized the importance of understanding payment terms as core to making decisions about telehealth offerings.

   These two provider groups also acknowledged different reimbursement models: large health care systems' patients most often have private insurance or Medicare, and care is reimbursed on a fee-for-service basis. These providers carefully evaluate the reimbursement of a potential service before conducting further analysis of when and how to offer the service via telehealth, and all evaluations are service-by-service or activity-by-activity. Most small, community-centered clinics interviewed were Federally Qualified Health Centers (FQHCs), where a majority of patients are covered by Medical Assistance that is reimbursed on a per-visit, rather than a per-service, basis. These providers describe using telehealth as a tool to reach more of their patients or to help triage multiple health needs of a complex patient to accelerate their overall treatment plan. Their telehealth choices are rooted in how patients prefer to communicate and what care method (in-person or telehealth) will allow providers to diagnose and address patients' needs faster and more effectively. Per-service, per-activity evaluation of telehealth was not reported by providers interviewed from this group.

3. **Health care-adjacent professionals are playing an important and easily overlooked role in connecting patients to telehealth**. Community-based health workers, in-home health care workers for older adults, and residential care and adult day centers for people with disabilities report being deeply involved in helping the people they serve access health care via telehealth. For these professionals, telehealth is making work easier by reducing the staff time needed to transport patients to an in-person doctor's appointment, which can help allay staffing shortages. Still others are adding telehealth support to their offerings, helping the people they serve set up the technology, subscriptions, and log-ins needed to access telehealth. Among those interviewed, this was a common theme among community-based health workers serving older adults, in particular. Others leverage telehealth to offer Medicare-reimbursed chronic disease management classes to wider audiences online. All have a role to play in the future of telehealth.

4. **At its heart, health care equity is ensuring that everyone has access to affordable, culturally competent care regardless of race, ethnicity, age, gender, sexual orientation, or ability, to name a few[2] -- and telehealth has proven itself as an essential tool for addressing some aspects of health care equity.** For example, people who might avoid a type of care due to stigma may be more likely to seek care if it's available without being seen walking into a provider's office. Or, if someone is distrustful of providers who don't share their racial or cultural background, they may be more inclined to seek care via telehealth with someone who understands their identity and experiences. In both examples, telehealth can help patients overcome social barriers that are preventing them from seeking care that they are comfortable with.

5. **Telehealth's contributions to health care equity look different across communities with different needs.** Health care inequities are different for different communities, and people's preferences for when and how telehealth helps bridge those inequities are equally varied. For example, BIPOC community members face a number of social determinants of health that make achieving optimal health unfairly difficult, and members of these communities are more likely to be impacted by digital inequities that make telehealth access more difficult, as well. Some people with disabilities may benefit more from telehealth because accessing health care is easier to navigate online than physically getting to providers, while others shared that telehealth can be more challenging because of audio or visual disabilities or a general feeling that a provider will respond to them better during an in-person visit. Some people in rural settings prefer telehealth when weather makes driving treacherous or when getting to a specialist requires hours of travel and the necessity of a hotel; at other times, they may prefer in-person. In each example and more, the distinct inequities of different groups led to equally different preferences for telehealth.

6. **Digital equity is an essential gateway to telehealth's benefits.** Leveraging telehealth to achieve more equitable access to health care is dependent upon digital equity – that is, having the technology, subscriptions and skills needed for successful telehealth visits (i.e., sufficient broadband, reliable cell phone reception, updated personal computers, tablets, or smartphones, and adequate digital literacy). Unfortunately, many of the people subject to challenges that create health care inequities also face challenges in achieving full digital access. It is important to note that digital access goes beyond infrastructure – a separate SDK study[3] on the topic of digital equity found that digital access

necessary to support video calls often requires signing contracts and passing credit checks, regularly updating devices to support new apps and video technology, and other costs, in addition to the skills and infrastructure. Each of these income-driven variables contributes to a person's ability to fully access audio-visual telehealth.

7. **Telehealth access requires digital equity as a first step, but navigating health care systems' technology tools adds an even greater level of complexity for some.** It's worth noting that many of the patients interviewed have full technology access (i.e., devices, data plans or broadband access, and skills to navigate their technology), but several still reported challenges accessing telehealth or use audio-only for some types of visits. Some patients talked about how each large health care provider may have a different application to access their services, while others talked about a variety of apps that each provide a distinct service. Public health professionals and health care operations leaders also pointed out the back-end challenges of developing comprehensive patient records when apps and other niche telehealth services are not connected to a patients' overall electronic health record. In each of these instances, data and technology challenges are in addition to the basic of digital equity needed for basic telehealth access.

8. **Audio-only remains an essential safety net in the telehealth ecosystem.** Almost no one interviewed favored audio-only as a first-choice method of telehealth, yet many people talked about its importance to maintain telehealth access when technology fails or is unavailable. One clinic that serves almost entirely African American patients even talked about "telehealth" and "audio-visual" as separate modalities– that is, audio-only is such a default service delivery method to reach their patients that audio-visual appointments are talked about as the unique exception. (All other providers who talked about distinctions would talk about "telehealth" and "audio-only.") Digital inequities are another variable that make audio-only important to maintain as a telehealth offering, and the expansion of broadband wires alone will not address the economic and social barriers that would make audio-visual telehealth equally accessible to all. For these reasons, audio-only is an important mode for ensuring telehealth is accessible to all Minnesotans.

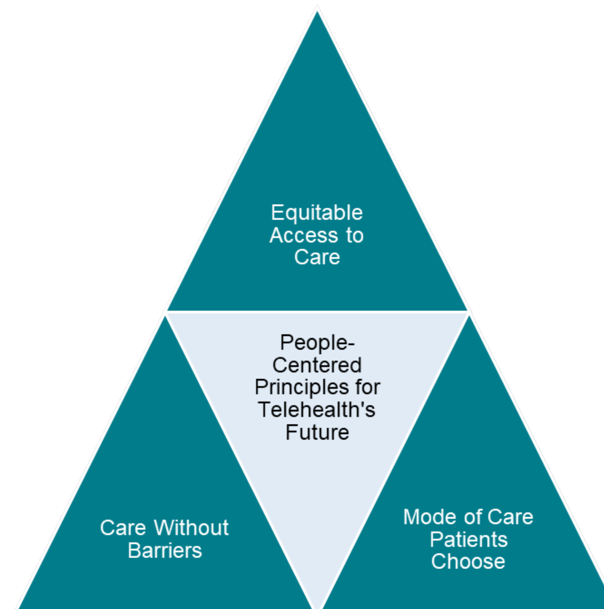
9. **Transportation inequities create incentives to telehealth that are different than preferences for telehealth but important, nonetheless**. Among people interviewed in the Metro Area and Greater Minnesota alike, transportation challenges were cited as a key issue that made telehealth particularly appealing. Greater Minnesota service providers (e.g., home health aides, non-profits) pointed to the shortage of transportation options for older adults who might struggle to drive and the staffing shortages among their fields as reasons why telehealth helps connect people to health care faster than would otherwise be an option. In the Metro Area, focus group participants talked about the challenge of relying on transit or services like Metro Mobility to get to medical appointments. Without telehealth, their choices are a 2+ hours each way series of bus and train transfers or relying on Metro Mobility with 24-hour advanced notice and long travel times. Many focus group participants have serious and persistent mental illnesses and other chronic conditions that require regular appointments. For them, telehealth has cut the time spent arranging transportation for multiple appointments and allowed people to dedicate that time to friends and family,

work, or other activities that enhance quality of life. For example, one person with a serious and persistent mental illness (SPMI) was able to move to an affordable exurban community that lacked local mental health care because she could keep her mental health provider through telehealth.

Recommendations

Telehealth is a unique mode of health care delivery. Its flexible nature is making health care more accessible and more convenient for patients, including those otherwise restrained by challenges like limited transportation access, long distances from specialists, work constraints or other barriers to in-person care. SDK's efforts specifically focused on understanding three distinct but essential perspectives on telehealth: Decision-making of operations leaders in large health care systems; leaders of small providers that focus service-delivery on the needs of specific communities with unique health needs; and patients.

Based on the lessons distilled from these distinct but essential perspectives, SDK would offer three mutually reinforcing, people-centered principles for telehealth, as well as recommendations for achieving these priorities and supporting the continued access to telehealth. It's worth noting that all interviews and focus groups were conducted with attention to telehealth patients, yet principles are offered as "people-centered" rather than "patient-centered." Ultimately, patients are people first and they're looking for a health care system that cares for them fully, as people. The small nuance of language is intended to acknowledge this larger reality.



Principle 1: People Want Equitable Access to Care. Supporting health care equity – that is, accessible, affordable, culturally competent care – is an essential component of telehealth's contributions to health care delivery. Telehealth is also an important tool to allow more equitable access to care for people who have transportation barriers or rely on transit, for example. Among those interviewed with these experiences, they see telehealth as providing more equitable care by allowing them options to see more providers or to receive care faster than would otherwise be available through the traditional health care system and in-person visits.

Principle 2: People Want to Choose Their Mode of Care. People are satisfied with the health care received via telehealth, but they also appreciate having in-person options available. The freedom to choose telehealth or in-person care is seen as equally important to having telehealth available as an option. For example, one person with a disability shared that they only trusted in-person care because they could be more confident that the doctor respected them as a whole person. Another African American provider talked about the distrust of telehealth they see among the African American community because people fear their symptoms won't be believed over a phone or video screen. Still others in Greater Minnesota shared a fear that they would have no options to get to know a doctor face-to-face – and they valued that human connection as part of care. These interviews illustrate where equity in telehealth requires both equitable access and equitable choice.

Principle 3: People Want Care Without Barriers. Ultimately, patients are seeking quality, timely health care that interferes with daily life as little as possible. Simply put, people want care without barriers. Whether it's technology barriers like complex apps or lack of online connections, or regulatory barriers that limit access to a preferred doctor when placing a telehealth call out of state, or transportation barriers that make telehealth the only option for someone to receive timely care, people want to be able to receive timely health care that fits with the other aspects of their life. Telehealth is viewed favorably by many because it eliminates or reduces barriers to health care that come from juggling care needs with work, transportation, school, caring for others and more.

Supporting Recommendations:

1. **Support telehealth policies that broaden patient access to health care services from providers of diverse racial, ethnic, gender, ability and other experiences.** At its core, telehealth expands access to health care services – and doubly so for people with identities or care needs that are not dominant in the traditional health care system. For example, a Somali patient may wish to be seen by a provider who shares their language and cultural background, or a patient in Greater Minnesota seeking support in gender transition may only have access to this essential care via telehealth or a several-hour drive to each appointment. In these instances, and more, telehealth gives patients expanded access to the providers who understand them as whole person – physically and culturally.

2. **Ensure patient choice is respected, including when the choice is in-person visits.** There are times when patients may prefer to see their providers in-person, including older patients who are not comfortable with technology and patients with physical disabilities who may prefer to see their providers in-person. Reasons for their preferences may vary, but the choice of whether to have a visit virtually or in clinic should be honored.

3. **Remove obstacles to interstate care**. Both providers and patients observed that limits on interstate care can needlessly hamper efforts to provide the continuity of care many patients need for ongoing health issues. Examples include patients who are temporarily located in a geography outside of Minnesota (e.g., "snowbirds," vacationers, etc.) and college students who live most of the year in Minnesota but relocate during the summer. Interstate care would also lower the barriers that patients face in seeing the providers they prefer, including for BIPOC patients who wish to consult with providers who share their racial or cultural background. As the state considers regulations around medical licensure, insurance coverage, or other topics, know that patients and providers interviewed see value in making care across state lines more accessible.

4. **Strengthen support for digital equity.** Telehealth simply can't happen if patients don't have access to adequate technology and infrastructure needed for stable audio/visual or audio-only consultations, or the skills and support needed to use these tools in a health care context. SDK's findings provide validation of the value of this work for other programs and providers who are engaged in telehealth. Some specific actions to support this work could include crafting or supporting regulations that make digital access a covered service similar to the way various payers and providers have covered transportation services or endorsing state digital equity efforts and collaborations between health care and online skills educators (e.g., libraries, technology literacy, adult basic education) to expand and accelerate digital literacy, as examples.

5. **Examine and strengthen health data policies to protect patient data.** Minnesota has a long history of health data sharing and health data policy that predates the COVID-19 pandemic, and exploring data policies is outside the scope of this report. However, SDK's interviews and focus groups do point to a growing reliance on telehealth services from a variety of providers – from large health care systems to small community clinics, to one-service apps – that each bring their own technology. This telehealth study of payment parity is an important step in shaping the post-pandemic future of telehealth payment and regulation in Minnesota. Additionally, SDK would recommend that MDH or other appropriate agencies consider a future study to look specifically at the regulatory frameworks for, and consumer protection consequences of, proliferating health care technologies, data protections, artificial intelligence, and broad technology expansion.

6. **Support and account for the role of health care–adjacent providers in telehealth.** Home health aides, congregate care workers, and other health care adjacent workers contribute to telehealth's utility and success by helping patients navigate the technology associated with telehealth visits. These workers are an important part of connecting patients to telehealth, especially patients who are older or have a disability that requires extensive care. As MDH and the

Legislature consider payment parity for telehealth services, SDK would recommend considering where these other service providers should also be encompassed in payment parity, grants, reimbursement, or other funding decisions related to telehealth.

7. **Balance telehealth's opportunity to help hard-to-reach communities access care with appropriate guardrails to prevent challenges such as over-prescribing.** The fluid nature of telehealth technology is allowing innovative providers to meet hard-to-reach people in the places and times that get them care – whether it's bringing tablets to homeless encampments or leveraging tele-dentistry to get a prescription for an infected tooth and build the patient's trust in the provider. At the same time, the fluid nature of telehealth has the potential to create fractured data and records that could result in incomplete care, over-prescribing of medications, or other challenges. The challenge of data fragmentation is not new to telehealth, but its potential proliferation is greater because of the sheer volume of distinct telehealth platforms and tools.

Appendix: Interviews

SDK gathered the information in this report from dozens of interviews conducted from summer to fall 2023. The participants were granted anonymity to speak freely but were informed that the names of the organizations they work for would be included in this report.

Large Health Care Provider Systems

- Allina Health
- Boynton Health-University of Minnesota
- Children's Minnesota
- Essentia Health
- HealthPartners
- Hennepin Healthcare (Mental Health)
- Hennepin Healthcare (Speech Pathology)
- Mille Lacs Health System
- Wilderness Health

Small Community-Centered Clinics

- Community Health Services
- Community-University Health Care Center (SoLaHmo)
- Native American Community Clinic
- NorthPoint Health & Wellness
- Open Door Health Center
- People's Center
- Planned Parenthood North Central States
- Sawtooth Mountain Clinic

Organizations Representing Specific Populations

- AARP
- ARRM
- Lighthouse Center for Vital Living
- Minnesota Association of Community Health Centers
- Minnesota Association of Community Mental Health Programs (MACMHP)
- Minnesota Council on Disability
- NAMI
- Trellis
- Vail Place