

Using Lessons from the COVID-19 Response to Inform Telehealth Activities

[Health providers have widely used telehealth](#) to mitigate the spread of COVID-19 infection and to improve access to healthcare services. Throughout the pandemic, health agencies adapted and greatly increased using telehealth to address the public health emergency thanks in large part to policy changes and regulations. This brief explores how state and territorial health agencies (S/THAs) are responding to COVID-19 through telehealth policy and operational changes, as well as how telehealth has quickly emerged as a tool to improve health equity.

States are Using Data to Inform Telehealth Policies

Many more people were able to access healthcare because [telehealth policies were temporarily expanded during the COVID-19 pandemic and certain restrictions were waived](#). In a March 2021 survey of S/THAs, more than 70% of respondents indicated that the pandemic response necessitated greater coverage of services and eligible provider types within their agencies as well as expanded telehealth flexibilities. The telehealth policy landscape continues to change and states are navigating which temporary telehealth flexibilities to make permanent.

S/THAs and their partners are basing policy decisions on data illustrating how telehealth policy expansion impacted access to care. For example, [Kentucky enacted a bill to study the impact of telehealth](#) on its healthcare system and assess the quality of care derived from telehealth services. [Connecticut](#) and [Nevada also introduced legislation or enacted bills](#) to study how telehealth policies are influencing access to and quality of care. The New York State Department of Health developed several interagency workgroups responsible for informing telehealth policy post-pandemic. One of its workgroups is developing a [survey to assess provider and member experiences with telehealth](#).

Making Operational Changes from Lessons Learned in Hawaii

The COVID-19 response prompted many S/THAs to pivot [chronic disease programming](#) and other services to virtual environments using telehealth innovation. Public health and healthcare professionals are also using telehealth technologies to reimagine ways to triage and deliver care to patients. One example of this innovation is a [COVID-19 chatbot](#) that triages care and services for patients who are struggling with COVID-19 infections and chronic disease.

The COVID-19 response among S/THA staff leading or supporting telehealth programs also gave way to an increase in state-led workgroups. These workgroups serve a variety of different purposes that address telehealth and broadband access.

The Hawaii State Department of Health launched Broadband Hui, a collaborative formed among the State Departments of Business, Economic Development, and Tourism. The collaborative oversees broadband activities such as the Federal Communications Commission Emergency Broadband Benefit program that supports [Hawaii residents who need help paying for and accessing broadband](#). The workgroup also formed connections with Hawaii internet service providers; they correspond regularly to address issues and geographical challenges that impact broadband implementation and access.

Recent feedback from ASTHO's telehealth peer network program also indicates a shift in staffing and organizational responsibilities for state and territorial public health workers due to COVID-19 response activities. Public health staff have taken on additional roles within their agencies to support other priorities such as vaccine rollouts.

Using Telehealth to Reduce Inequities

The [COVID-19 pandemic has disproportionately impacted under-resourced and marginalized communities](#), members of which historically face poorer health and economic outcomes. In addition to informing policy, data can help S/THAs understand how to improve health equity in these communities, for example, by highlighting communities with heightened digital access needs. As health equity continues to be a critical public health priority, S/THAs can support state initiatives to increase telehealth adoption, digital literacy, and access to broadband and digital devices.

The Colorado Department of Public Health and Environment is leading data collection activities to understand the digital literacy and telehealth experiences of patients and providers through a digital inclusion and telehealth equity assessment. The Georgia Department of Public Health is working towards a telehealth goal in their [state health improvement plan](#), which includes creating a heat map that identifies barriers and access points for unavailable specialty services.

The Hawaii State Department of Health continues to be a champion in the digital equity space. Hawaii rolled out several digital equity initiatives during the COVID-19 pandemic, which include a digital literacy project that provides trainings and refurbished computers to community members. Hawaii has also launched an [innovative model](#) that trains and employs community members as digital navigators in libraries to support telehealth services offered to library patrons.

Conclusion

The future of telehealth is promising but will require more evidence and data to determine its impact on health equity and access to care. The COVID-19 response has triggered innovation and operational change in S/THAs to inform telehealth activities and address inequities. ASTHO will continue to monitor how public health staff are responding to COVID-19 to advance telehealth policy, programs, and equity.

This is the first brief in our *Public Health Transformation* series, which explores how state and territorial health departments have adapted during the COVID-19 pandemic.