

# COVID-19's Impact on Telehealth Usage in Rural Health Clinics across the United States

Christopher Marshall, BS, Whitney Zahnd PhD, Jan Eberth, PhD, Allie Silverman, MPH, MSW University of South Carolina School of Medicine Columbia • Rural and Minority Health Research Center



#### Introduction

- Inadequate healthcare access in rural health communities has been a persistent and worsening problem.
- Telehealth has the potential to limit these disparities.
- Telehealth utilization significantly increased nationwide in response to the COVID-19 pandemic across different health care settings, such as Federally Qualified Health Centers, but disparities in rural areas persist.
- There is limited data that explores telehealth usage in Rural Health
  Clinics (RHCs) during the pandemic.
- Our objective was to describe the use of telehealth in RHCs during the COVID-19 pandemic.

#### Methods

- A survey of RHCs was developed to assess the impact of the COVID-19 pandemic on cancer prevention, control activities, and telehealth usage.
- A systematic, stratified random sample of 1,900 RHCs were surveyed. Data come from a preliminary assessment of survey responses of 110 RHCs collected from April 1st to July 9th, 2021.
- Frequencies and percentages were calculated from these responses.

#### Results

- Of the RHCs surveyed, 66.97% were hospital-owned, 25.69% provider-owned, and 7.34% had unknown or other ownership structures (Chart 1).
- Before March 2020, 21.65% of RHCs reported having telehealth capabilities. There was a sizable increase in current capabilities, with 92.66% of RHCs now having telehealth capabilities (Chart 2).
- Of these clinics, 68.81% offered telehealth with video and phone capabilities, 11.93% solely offered via phone, and 9.17% offered telehealth by video only. For services offered via telehealth, 81.25% of the surveyed RHCs offered office or outpatient evaluation and management services, 17.86% offered mental health counseling, 35.77% offered preventative health screening, and <1% offered substance use treatment.</li>

Chart 1: Ownership structure of participating RHCs

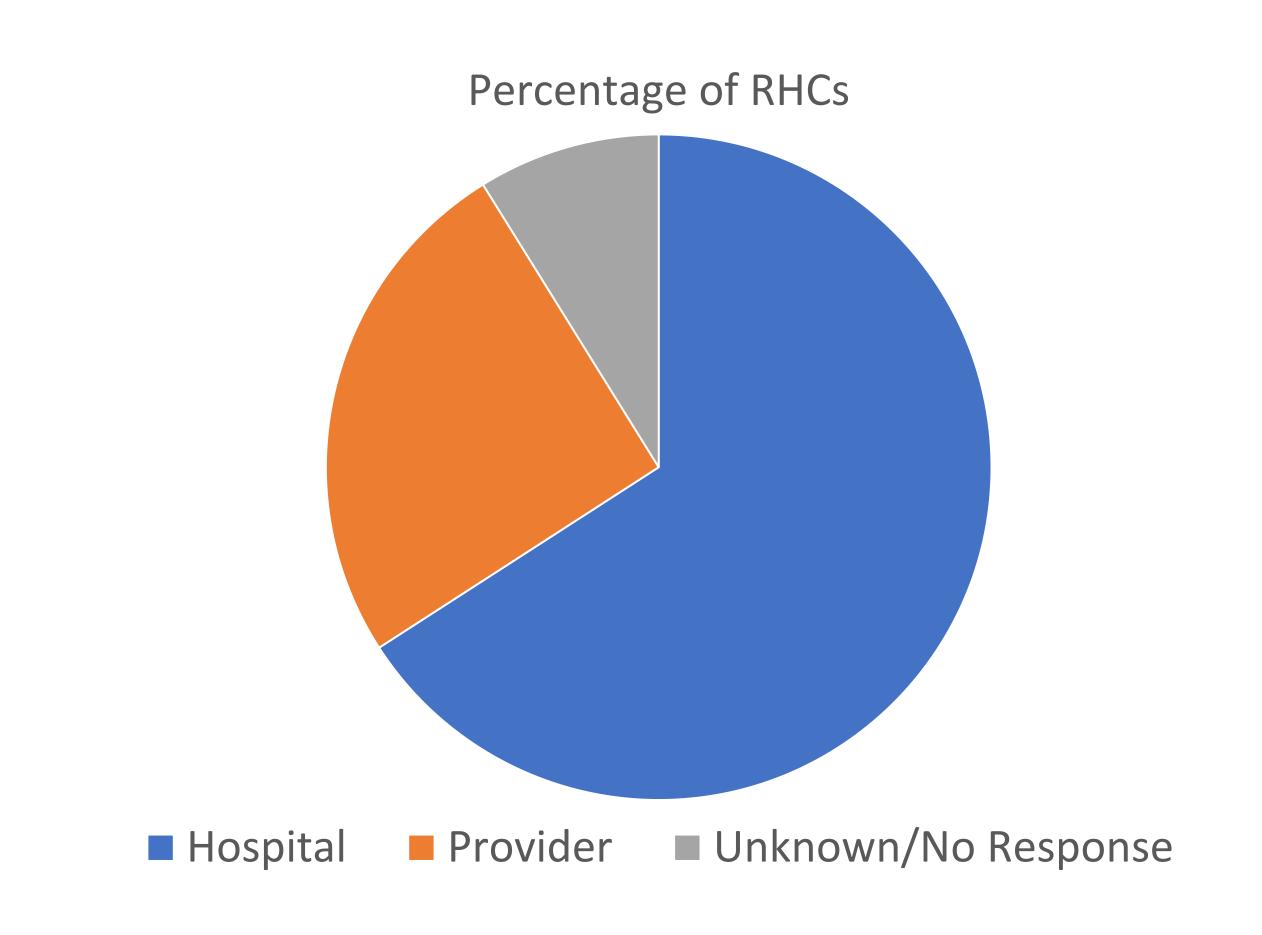


Chart 2: RHC Telehealth Capabilities prior to March 2020 compared to July 2021

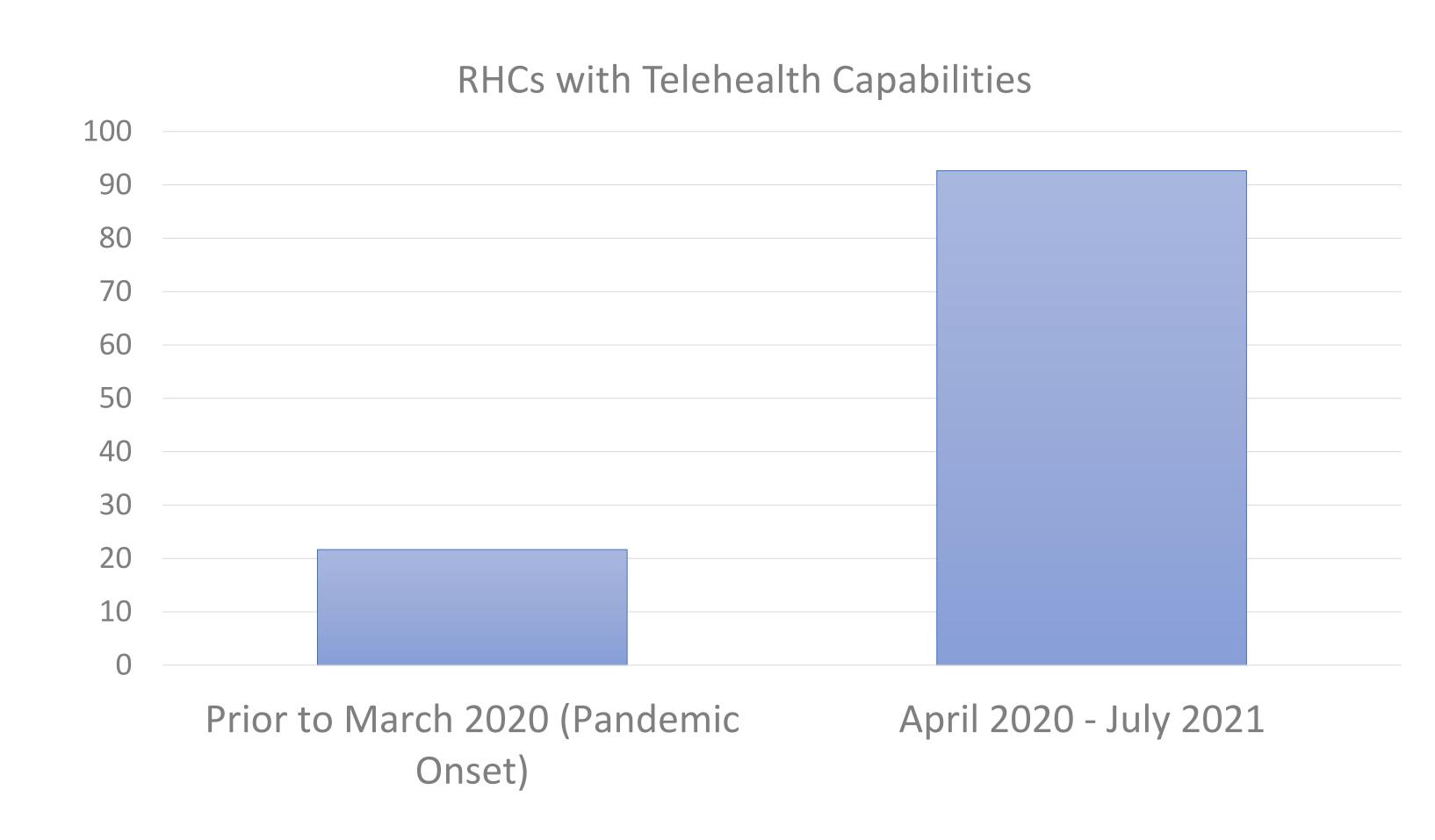
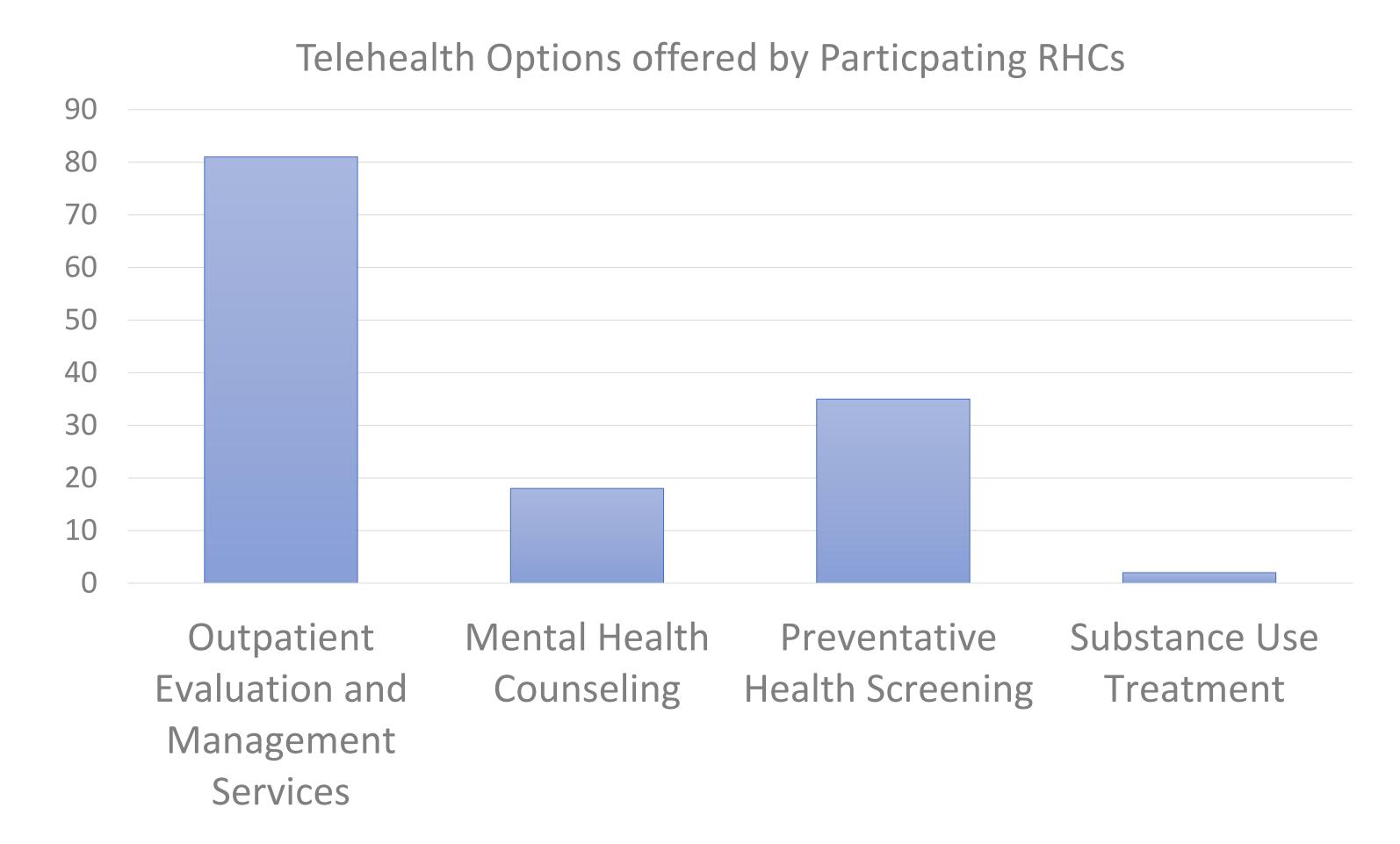


Chart 3: Telehealth services offered by participating RHCs



#### Conclusion

- Telehealth adoption among RHCs has more than quadrupled since the start of the COVID-19 pandemic.
- Mental health and substance use counseling/treatment offerings via Telehealth were limited.
- Significant increases in telehealth usage is encouraging, and it underscores the importance of continued regulations, reimbursement policies, technical assistance, and funding that facilitate telehealth services in RHCs.

### Acknowledgements

Research reported in this publication was supported and cosponsored by the National Cancer Institute and Federal Office of Rural Health Policy, the University of South Carolina Arnold School of Public Health, the University of South Carolina Rural and Minority Health Research Center, and the University of South Carolina School of Medicine Columbia. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NCI or FORHP.

## REFERENCES

- Hirko KA, Kerver JM, Ford S, Szafranski C, Beckett J, Kitchen C, Wendling AL. Telehealth in response to the COVID-19 pandemic: Implications for rural health disparities. J Am Med Inform Assoc. 2020 Nov 1;27(11):1816-1818. doi: 10.1093/jamia/ocaa156. PMID: 32589735; PMCID: PMC7337797.
- 2. Mann DM, Chen J, Chunara R, Testa PA, Nov O. COVID-19 transforms health care through telemedicine: Evidence from the field. J Am Med Inform Assoc. 2020 Jul 1;27(7):1132-1135. doi: 10.1093/jamia/ocaa072. PMID: 32324855; PMCID: PMC7188161.
- 3. Vidal-Alaball J, Acosta-Roja R, Pastor Hernández N, Sanchez Luque U, Morrison D, Narejos Pérez S, Perez-Llano J, Salvador Vèrges A, López Seguí F. Telemedicine in the face of the COVID-19 pandemic. Aten Primaria. 2020 Jun-Jul;52(6):418-422. doi: 10.1016/j.aprim.2020.04.003. Epub 2020 Apr 17. PMID: 32402477; PMCID: PMC7164871.



School of Medicine Columbia