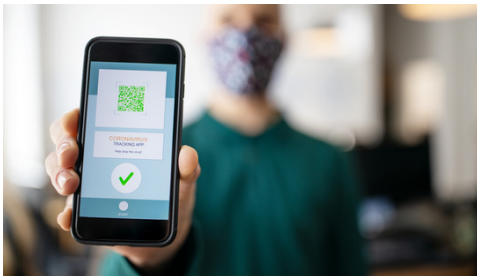
Telehealth Improvement Community Fund (TICF): Evaluation findings from a flexible grant program for increasing video telehealth

Center for Community Health and Evaluation
December 2023

Executive summary





Background:
The Telehealth Improvement Community Fund (TICF) was a 7-month initiative funded by the California Health Care Foundation (CHCF) and managed by the Center for Care Innovations (CCI). It was designed to help community health centers and other safety net health centers in California increase video telehealth usage. A diverse cohort of 27 organizations across California was selected to participate, spanning a range of organization types, sizes, geographic locations, and experience in CCI-led programs, including some organizations for whom TICF was their first CCI program.

Each organization developed a telehealth improvement project focused on increasing uptake of video visits by adopting one high-leverage change from CCI's Framework for Accessible Video Visits. Grantees had access to CCI's Virtual Learning Hub, an e-learning series with content delivered via email, and a series of five open webinars and five peer expert office hour sessions.

TICF was less intensive than other more traditional learning collaboratives supported by CHFC and led by CCI. Participation in activities was optional, there were no coaching or check-in calls, and reporting requirements were minimal to limit grantee burden. As such, the initiative could test the extent to which engaging health centers in a less intensive format could result in the spread of promising practices.

Results:
TICF demonstrated that community health centers can be highly engaged and have high satisfaction with a less intensive, more flexible initiative while also adopting promising practices and achieving meaningful progress on an improvement project.

Grantees reported progress in installing new hardware and software or implementing new workflows and staff training as part of their telehealth improvement projects. TICF funding and educational resources enabled organizations' success. Telehealth utilization rates held steady throughout the initiative.

"The CCI Framework for Accessible Video Visits has been one of the most helpful tools in developing a plan for keeping telehealth progress moving forward."

There was high engagement with TICF resources, including webinars, peer expert office hours, and the e-learning series. Webinars were particularly well attended, with nearly all grantees attending at least one session. Satisfaction with TICF resources was high, with most grantees agreeing that TICF helped advance video telehealth and provided valuable resources. Nearly all grantees emphasized appreciating the less intensive and highly flexible format of the initiative through comments and written feedback. Grantees also indicated a high likelihood of recommending the TICF initiative to their peers.

Conclusion:
Overall, TICF served as a compelling test case for using a less intensive, more flexible grant initiative to spread promising practices among community health providers. Similar program models warrant exploration for spreading promising practices on topics other than telehealth or perhaps as a follow-up program to traditional, more intensive learning collaboratives.

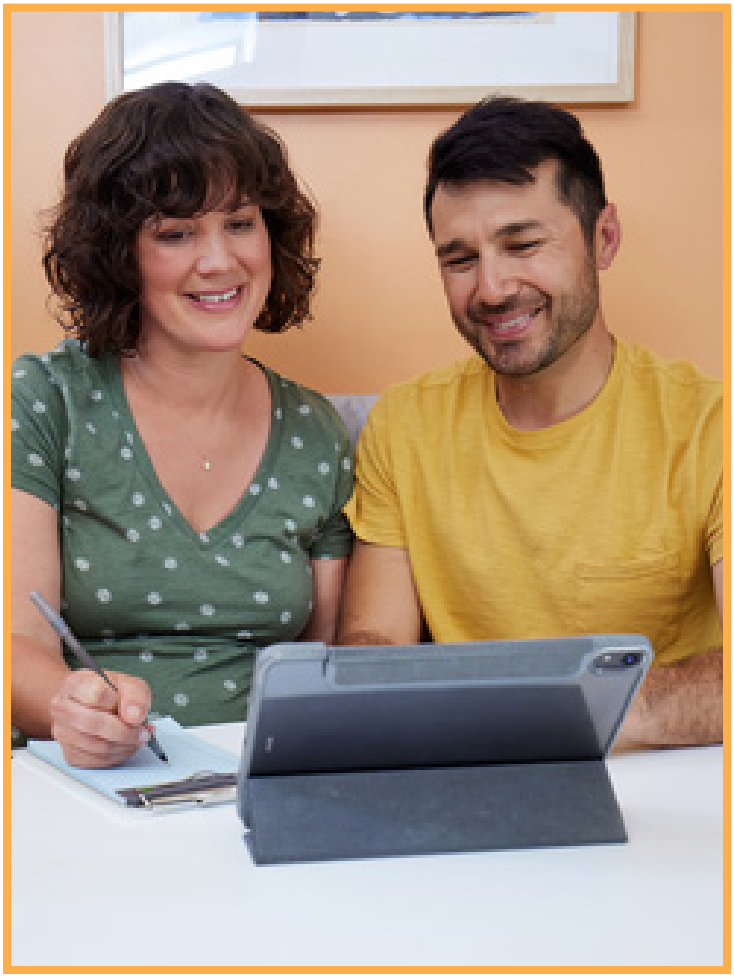
About the Telehealth Improvement Community Fund

Initiative background

The Telehealth Improvement Community Fund (TICF) was a 7-month initiative that ran from December 2022 through June 2023. The initiative was led by the Center for Care Innovations (CCI) and funded by the California Health Care Foundation (CHCF). TICF was one of two initiatives, along with the Connected Care Accelerator Equity Collaborative (CCA EC), funded by CHCF in 2023 to help community health centers and other safety net health clinics in California increase their use of video telehealth.

TICF built on the successes of the first Connected Care Accelerator (CCA 1.0), a 12-month learning collaborative that ran from August 2020 to July 2021. CCA 1.0 was launched to respond to the needs of safety net health centers during the COVID-19 pandemic when safety net health centers rapidly pivoted from in-person visits to audio-only and video-based telehealth for most primary care and behavioral health encounters. Findings from the evaluation of CCA 1.0 showed that most telehealth visits at participating health centers were conducted using audio only; video visits made up less than 10% of primary care telehealth visits and less than 20% of behavioral health telehealth visits. Furthermore, utilization of video visits was lower among patients with limited English proficiency.[1] During the same timeframe, external research found that telehealth expansion during the pandemic benefitted many people but also replicated existing inequities in healthcare access.[2,3]

The evaluation of CCA 1.0 found several practices supported higher utilization of video visits – including providing one-on-one support to patients on technology and dedicating operational resources to develop workflows, staffing models, and technology for video visit implementation – and the support of the learning collaborative helped to facilitate these changes.



Drawing on the learning from CCA 1.0, TICF was developed for community health providers who want to increase video visits by learning from other organizations tackling similar issues and drawing on resources developed by other community health centers. The objective of TICF was to spread promising practices for improving telehealth services, as outlined in CCI's Framework for Accessible Video Visits, to benefit more organizations and their patients. Additionally, the initiative was designed to test the extent to which engaging health centers in a format that was less intensive than a traditional learning collaborative could result in the spread of promising practices.

[1] The evaluation of CCA 1.0 also looked at telehealth utilization differences by race and ethnicity but could not draw conclusions about differences or disparities in use.
[2] Adepoju OE, Chae M, Ojinnaka CO, Shetty S, Angelocci T. Utilization Gaps During the COVID-19 Pandemic: Racial and Ethnic Disparities in Telemedicine Uptake in Federally Qualified Health Center Clinics. J Gen Intern Med. 2022 Apr;37(5):1191-1197. doi: 10.1007/s11606-021-07304-4. Epub 2022 Feb 2. PMID: 35112280; PMCID: PMC8809627.
[3] Broffman L, Harrison S, Zhao M, Goldman A, Patnaik I, Zhou M. The Relationship Between Broadband Speeds, Device Type, Demographic Characteristics, and Care-Seeking Via Telehealth. Telemed J E Health. 2023 Mar;29(3):425-431. doi: 10.1089/tmj.2022.0058. Epub 2022 Jul 22. PMID: 35867048.

Initiative design

TICF supported health centers to address patient barriers and implement practices that promote equitable access to care. Each participating organization developed a telehealth improvement project focused on increasing the uptake of video visits by adopting one high-leverage change from CCI's Framework for Accessible Video Visits.

Grantees received the following types of support:

1. Grantees had access to online learning content on CCI's Virtual Learning Hub.

2. They could participate in a series of five optional open webinars and five peer expert office hour sessions hosted by CCI during TICF to help support their telehealth improvement projects.

3. CCI also developed the Accessible Video Visits e-Learning Series to expand on content featured in the open webinars and peer expert office hours. It is a digital learning tool designed to introduce users to practical changes and checklists to increase video visits. The e-Learning Series was disseminated via email throughout the program. Each edition of the e-learning series offered grantees insights from the safety net related to leadership and organizational commitment to telehealth and video visits, designing processes and workflows, techniques to support patients and providers with video visits, and sustaining change ideas. All telehealth experts featured in the e-Learning Series were from the healthcare safety net, many of whom piloted solutions powered by previous CCI programs, including CCA 1.0.

4. Grantees received $15,000 in funding to support their project work during the initiative. Funding was flexible and could be used for a variety of expenses such as staff time and equipment purchases for both staff and patients.

TICF was less intensive than other initiatives led by CCI because engagement in program activities was optional, there were no mandatory coaching or check-in calls, and reporting requirements were minimal to limit grantee burden. Grantees also had the flexibility to revise their project focus during the initiative to meet changing organizational needs.

The flexible format of TICF without significant requirements for the grantees, made TICF distinct from other learning collaboratives CCI and CHCF have conducted. As such, TICF served as a test case from which CCI and CHCF hoped to learn and gain insights into whether this initiative design is an engaging and positive experience for participants that results in the spread of promising practices in a program structure outside of more traditional learning collaboratives.

Grantee cohort

Twenty-seven grantees across California were selected to participate in TICF. Grantees needed to have demonstrated prior work on providing telehealth services to their patients, but special attention was paid to recruiting a diverse cohort of grantees. Selected organizations included a mix of Federally Qualified Health Centers (FQHCs), community health centers, free clinics, behavioral

health clinics, and private practices, with an eye toward organizations with a high potential to impact under-resourced communities positively. Grantees varied not only by organization type but also by size, geographic location, and previous participation in other CCI programs. Collectively, they reported serving over 1 million patients annually (see Appendix A for a detailed list of organizations).

Policy & reimbursement context

Shortly before the launch of TICF in September 2022, the state of California enacted policy changes regarding the implementation and reimbursement of telehealth services across the state. The new policies preserved broad expansions in Medicaid coverage and payment for telehealth services, including reimbursement parity for all visit modalities (including telephone/audio-only and video visits). Preservation of payment parity for audio-only visits reduced the urgency for health centers to rapidly increase video visits, which was the area of focus of this initiative.

Evaluation design

An evaluation of TICF was conducted by the Center for Community Health and Evaluation (CCHE) to assess the engagement and experience of organizations participating in the initiative, understand the impact of TICF on organizations' efforts to increase video visits and gather data on the effectiveness of a low-intensity, highly flexible initiative in spreading promising practices. Key evaluation questions included:

- How did participating organizations engage in TICF?
- To what extent did participating organizations adopt promising practices to improve access to video telehealth?
- How did participating in TICF contribute to the organizations' progress in advancing video visits?
- Which resources from TICF did organizations find most helpful?
- Could anything be changed in TICF to make organizations find it more helpful?

The evaluation used a mixed methods approach (see Appendix B for details) to understand the grantee's progress, experience, and contributions to TICF by surveying all participating organizations and interviewing a sample of grantee teams. Interviews were conducted with a sample of grantees in June 2023 (n=7) and October 2023 (n=8). Feedback surveys were conducted in June 2023 (survey 1, n=22) and October 2023 (survey 2, n=24). CCHE also reviewed secondary data provided by CCI regarding TICF participant engagement with content from the e-learning series emails.

Given the flexibility of the initiative and varying characteristics of participating organizations, project scopes varied widely, as did grantees' level of engagement with TICF activities and resources. However, most findings from evaluation data are consistent across grantees unless otherwise noted for specific grantee characteristics (e.g., organization size, funding model, prior participation in CCI-led programs).

Grantee progress and project accomplishments

Grantees reported progress using new technology or implementing new workflows and staff training to support telehealth visits.

When asked about the focus of their TICF projects, grantees identified internal process improvements or purchasing and installing new telehealth equipment and software as their primary efforts. Grantees focused on these activities because their organizations needed to review and refine internal processes or infrastructure for telehealth visits after a rushed initial implementation during the COVID-19 pandemic. They also had a desire to increase access to care for their patients. As one grantee noted, *"Enabling patients to receive care remotely reduces barriers related to transportation, time constraints, and mobility issues. Additionally, video-based telehealth services have led to cost savings for both patients and healthcare providers."*

All grantees responding to the evaluation surveys (n=25) reported making progress on their telehealth improvement projects during TICF. Grantees indicated that their projects were developed based on known organizational needs that were identified before TICF. Participation in the initiative helped organizations prioritize working on advancing video visits, helped them make progress more quickly, and/or provided guidance on how to approach the work and adopt promising practices. One grantee even shared, *"It helped us to speed up the process and get faster to the goals that we set out for telehealth."*

Technology

Many grantees (n=12) reported improvements to the technology their clinics are using to provide telehealth visits. Some grantees purchased new hardware for staff/providers or patients to use during video visits. Other grantees changed which software they were using to improve user experience for patients and staff/providers. TICF funding enabled grantees to make these technology purchases, and TICF resources provided ideas or examples of how to leverage software or hardware effectively to support video visits.

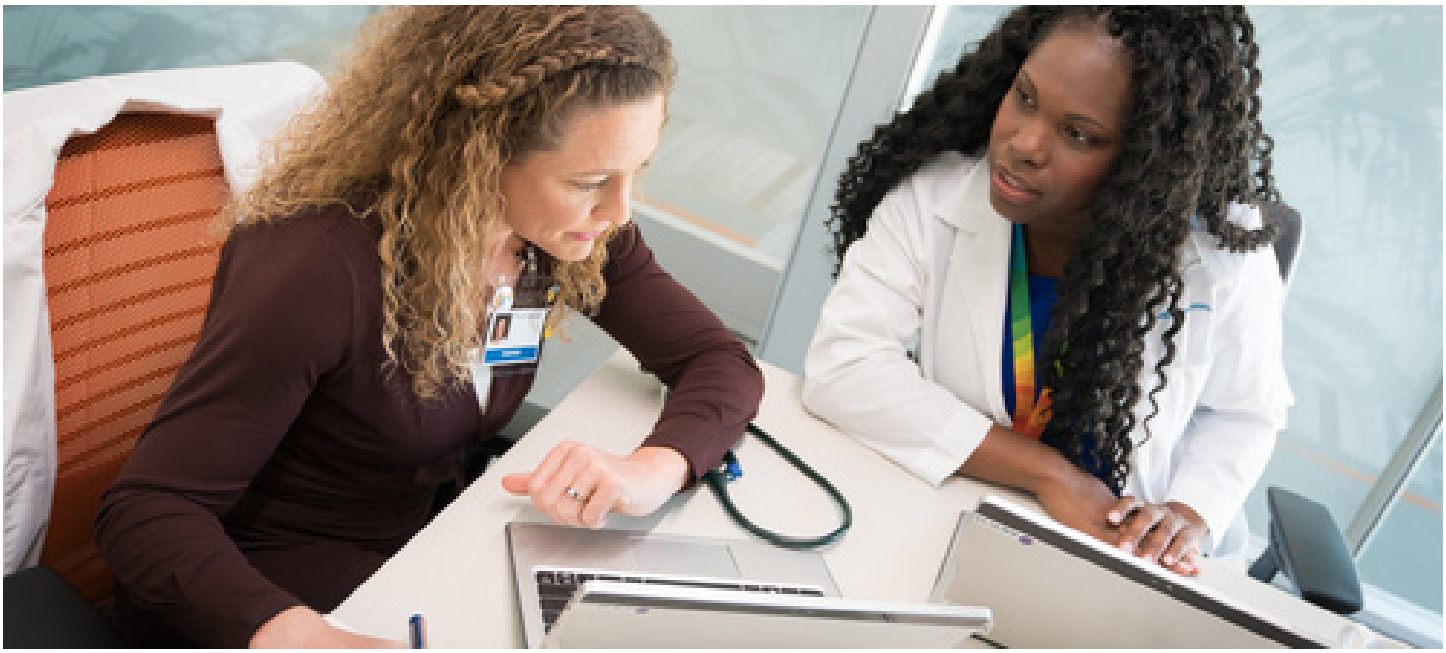
One grantee described the impact of purchasing telehealth equipment for behavioral health services:

"At our residential programs, TICF enabled us to establish mobile telehealth workstations wheeled directly into client rooms to increase accessibility to appointments, especially during detox or contagion isolation. Doing this gave us the ability to have clients seen faster and stabilize quicker, which has been a massive value add."

A second grantee reported changing their software for video visits: *"We have about 70% of our providers regularly using the new software, and our tech team is assisting the remaining providers to start using it."*

A third grantee shared that their organization considered changing software after a presentation from a peer organization during one of TICF's webinars:

"One of the organizations that was sharing [...] has dropped Doxy.me, so they're not using that one anymore. They went to another one, Doximity, which I've heard now come up several times. So, it's being in that world, understanding what's going on so that we can come back and talk to our leadership team and fill them in, so we can make new decisions or map out new plans."



Workflows
Several grantees (n=8) developed and implemented changes to internal processes, including the following:

- Improved scheduling processes to facilitate video visits
  - Guiding schedulers on which visit types could be done via video visits
  - Offering video visits to patients as an option or the default for some visit types
  - Streamlining scheduling/registration/check-in for video visits

- Updated and documented workflows
  - Clarifying roles for care teams and providers during video visits
  - Implementing patient digital literacy checks or digital access screenings during scheduling or registration
  - Conducting outreach to proactively address barriers for patients before video visits

Grantees reported that TICF's e-learning series offered examples and ideas that were adapted to implement these process changes.

One grantee reported how webinar content helped their team get organizational buy-in to move forward with scheduling changes, stating,

"The webinars and e-learning series caught my interest because I needed a roadmap of where to start. It gave me some great ideas to bring to the leadership teams and other departments on how we can integrate more video visits into scheduling."

Another grantee shared how they learned to leverage the functions of their telehealth platform to improve their visit workflow,

"[We] implemented breakout room capabilities for video visits, allowing us to have various staff on the call. We anticipate that this will increase our efficiency of warm handoffs between departments."

Staff training
Implementing new or more standardized training for staff and providers was reported by several grantees (n=5). Some trainings were specifically for medical assistants (MAs) or providers, while others were broader to include other clinic staff. Most of these trainings focused on workflows for conducting telehealth visits, but some grantees also trained staff to provide technical support to patients.

One grantee highlighted their increased capacity to help patients troubleshoot:

"We have trained our staff to be able to assist patients having trouble with technology or logging in to their telemedicine consult over the phone [...] our staff is able to tell what screen the patient is on and how to help them navigate to the right place. Our entire staff is part of our telehealth 'tech support' team."

Another grantee described the overhaul of their telehealth training materials and processes for all staff:

"A telehealth handbook was created as a frame reference for the process. It also serves as a great training manual. We have updated our onboarding training for new staff members, which includes a full demo of how to schedule and begin a video visit. Our department leaders have all become champions for telehealth. All of the I.T. team members have been trained to support the solution. Everyone within the organization involved in telehealth went through in-depth training in March 2023. In September 2023, we provided companywide training for staff."

TICF supported work to improve staff training by providing ideas and content that grantees then incorporated into training materials. As one grantee reported, *"The most valuable component from the TICF for our team [...] has been the enhanced training resources provided. These resources have been instrumental in equipping our healthcare professional with the knowledge and skills required for effective telehealth service delivery."*

Telehealth rates appeared to hold steady throughout the initiative.

Grantees were surveyed about the proportion of clinic visits delivered via telehealth during the previous month and how many of those visits were video visits. Responses were segmented into four categories: 0-10%, 11-20%, 21-30%, and more than 30% (see Table 1). Six out of seven smaller organizations (serving fewer than 10,000 patients) reported telehealth rates of 20% or less, while only five out of 14 larger organizations reported telehealth rates of 20% or less.

Among the 21 grantees that responded to both surveys, three grantees reported a lower proportion of telehealth visits in the October survey compared to their June survey response. However, four other grantees reported a higher proportion of telehealth visits in October compared to June. Without longitudinal data for grantees' telehealth visit rates, it is not possible to discern whether these changes in survey responses indicate a sustained trend or month-to-month fluctuations.

Table 1. The proportion of total health center visits delivered via telehealth in the previous month

Approximately what percentage of your health center's visits in the last month were virtual (i.e., video or telephonic)?	Survey 1 (June 2023; n=22)	Survey 2 (October 2023; n=24)
0-10%	6	5
11-20%	5	6
21-30%	5	4
More than 30%	6	9

When explicitly asked about video visits, most grantees did not report a significant change between the two surveys (see Table 2). Four grantees reported a lower proportion of video visits in October compared to June. At the same time, four other grantees reported a higher proportion of video visits in October compared to June. Qualitative data from the latter four grantees suggests that changes adopted during TICF may have helped these organizations increase their use of video visits. For example, one of these grantees shared, *"Webinars [and] peer expert office hours were extremely insightful. We were able to take several of the tips and shared experiences of those peer experts and apply them."* However, once again, it is not clear if differences in the reported rates of video visits indicate an overall trend for these grantees or just monthly variability.

Table 2. The proportion of telehealth visits in the previous month that were video visits

Of all your health center's virtual visits in the last month, approximately what percentage were video visits?	Survey 1 (June 2023; n=22)	Survey 2 (October 2023; n=24)
0-10%	10	9
11-20%	2	5
21-30%	3	4
More than 30%	7	6

Lessons learned focused on user experience and sustaining progress.

Several grantees (n=6) noted learnings from their projects that focused on understanding and, when possible, adjusting their work to address patients' perspectives about accessing care via telehealth. These perspectives included understanding some of the environmental or lived experiences that affect patients' abilities to participate in video visits in a private space with reliable technology, sending information to patients in a way that was convenient for them, using platforms that are simple to access, and providing tech support. Some grantees also reported learning that patients were less hesitant to schedule a video visit after they had at least one prior video visit and were familiar with the process.

One grantee using video visits to connect patients with wraparound support services shared:

> ***"I would also try and ask if email worked for them [to send resources] or if I needed to mail something. But most people found text messages to be more convenient. When I did FaceTime or Zoom meetings with them regarding the resources, I felt like people did engage more [than on the phone], and it was easy to keep eye contact with them as well as me being able to share my screen in case they needed a resource and I can just show it to them step by step as we were having the meeting."***

Some grantees also shared lessons learned about how adjusting workflows helped improve providers' experience with video visits, making them more comfortable conducting the visits. As one grantee who redesigned their workflow to have a care coordinator facilitate video visits described, *"I don't know if you've ever heard doctors say, 'There's too many clicks!'. So really having a coordinator come in and take over those administrative tasks that the clinicians don't need to be spending time on has been really helpful as well."*

Two grantees (n=2) also reported lessons learned about needing to provide more training to staff or providers to build on and sustain progress in providing telehealth to more patients. One of the teams from a larger organization explained:

"So, we've been continuing to slowly get at least one M.A. for every provider team [trained], also a video account, so that they can log on with the patient, show them how to do it, and let the provider know okay, they're in the room waiting for you, the virtual room. So having the M.A.s be part of the process was helpful, but also a big hurdle, because it's a huge amount of people, there's like 800 MAs, so training each person, getting them a license, and doing that onboarding has been time consuming, but it's made it a little more efficient and easier for the patient and the provider to [use video visits]."

Challenges encountered by grantees were predominantly related to patient barriers, with some difficulties with organizational capacity and staff buy-in.

Patient barriers

About half of the grantees commented that their most significant barriers to increasing video visits related to patients' difficulties accessing the technology needed for video visits. These barriers included internet/connectivity issues, not having a smartphone or laptop, lack of digital literacy, language barriers, and some patient hesitancy. One grantee illustrated when describing attempts to get patients on a video visit:

"We're in a very poor community [...] and a lot of older patients, unfortunately, are illiterate, or worked in agriculture their whole life. So, they don't have a smartphone; they don't have internet access. They would say oh yes, my daughter can help me, and then the daughter was at work, so they didn't actually help them. We saw a lot of that. There's some great tools we just couldn't apply because the patient has no way to connect to the internet."

Organizational barriers

Several grantees (n=7) identified organization-level challenges impacting their work during TICF. These barriers included limited capacity due to competing priorities, difficulty coordinating implementation organization-wide or with other departments that needed to be involved, and the ever-present difficulty of staffing challenges and turnover. For some, this challenge was directly tied to their funding model, such as free clinics having only a few staff and those staff having limited capacity outside their operational responsibilities to engage in project activities. However, other health centers (i.e., large FQHCS or health centers that accept commercial insurance) also noted these challenges, especially staff turnover and coordinating across multiple teams or departments that are juggling multiple projects.

"Our organization is very preoccupied with some very important events. Like right now we're undergoing a routine audit for grants we receive from the federal government, that occupied a lot of bandwidth at our executive level for the last few months, so [...] you're competing for their attention amongst a list of legitimately important topics. So that has been a big issue. One other thing we struggle with [...] is very high turnover [...] particularly at the medical assistant level, and that is a level critical for telehealth success."

Some grantees (n=5) identified buy-in among providers and staff as a significant barrier. In some cases, providers were resistant to engage in video visits, preferring in-person or phone visits. In other cases, care teams were wary of changing technology platforms, switched to phone visits as soon as any issues arose with video, and were reluctant to go through training or re-learning workflows for video visits. Most grantees noting these challenges were federally qualified health centers (FQHCs), served patient populations greater than 10,000 individuals, and reported lower proportions of telehealth and video visits (20% or less).

Interestingly, clinic-based technical difficulties were not identified as a common barrier.

Grantees noted factors that facilitated their project progress, included telehealth experience, organizational buy-in, and TICF support.

Foundation of telehealth

Some grantees noted that already having organizational experience with telehealth, as well as internal processes to support telehealth visits, helped them make progress during TICF. These teams focused on refining processes or workflows. For example, one grantee noted, "We had some structures in place, and then the idea of [TICF] was being able to use those resources to help us think of other things." These grantees also tended to be organizations that were FQHCs or behavioral health providers with larger patient populations (over 10,000) and a significant proportion of patient visits delivered via telehealth (20% or more) – although not always a high percentage of video visits yet.

Organizational buy-in

Several grantees identified that enablers of progress depended on the degree of buy-in and involvement from staff, providers, and leadership. If other staff were already working on improving telehealth visit processes, their TICF team could collaborate to facilitate success. If providers saw a benefit to telehealth in terms of improving their efficiency in delivering care or documentation burden, their buy-in enabled more telehealth visits. If leaders were committed to making telehealth a permanent modality for care delivery and supported staff spending time to standardize and implement good practices, they facilitated progress. Leaders also could help with dedicated staff or volunteers (in the case of free clinics) to focus on telehealth delivery and improvement.

As one grantee described, their whole organization was involved in discussing and moving forward with their telehealth improvement work during TICF:

> ***"One thing that's well ingrained within our organizational culture is these weekly change management meetings, and that includes I.T., information systems, quality enhancement, operations, clinical staff, administrative staff, so that was our forum where we were able to touch base quickly on a weekly basis."***

TICF support

Several grantees acknowledged participation in TICF and the support offered through the initiative's resources as key to facilitating their project progress. The funding allowed grantees to purchase software or hardware for video visits and also dedicate staff time to increasing capacity for video telehealth or, in some cases, creating staff positions dedicate to telehealth. Content from webinars, peer expert office hours, and the e-learning series, as well as resources from the Virtual Learning Hub, provided teams with ideas and examples of what they could try implementing. Some grantees even noted that by engaging in TICF, they felt accountable for moving things forward on their organization's "to-do list" for telehealth, and that spurred progress. As one grantee shared in their team interview, *"I think just being more driven to do it, right? Taking the chance to actually take those next steps and do everything, having that drive because we're part of a program has pushed us."*

Identifying TICF as a facilitator to their success is also indicative of grantees' overall high satisfaction with the program, which is discussed in depth in the next section.

Feedback on specific TICF resources

As mentioned earlier, TICF offered grantees educational content and support to advance their video telehealth through five open webinars and five peer expert office hours, as well as curated content through the e-learning series and an array of resources on CCI's Virtual Learning Hub website. Webinars could be attended live or viewed as recordings afterward. Peer expert office hours could only be attended live. E-learning series emails were delivered directly to each grantee's project team members. The Virtual Learning Hub could be accessed at any time. Grantees provided feedback on their participation in and satisfaction with TICF resources.

Nearly all grantees engaged in webinars, and about half of grantees engaged in peer expert office hours.

Engagement in webinars and peer expert office hours was optional for grantees, and participation varied. In the second survey (October 2023), nearly all grantees (23) reported viewing at least one webinar, and many (10) reported viewing multiple webinars. Six out of seven smaller organizations (serving less than 10,000 patients) in the cohort reported viewing multiple webinars; these organizations also reported telehealth and video visit rates of 20% or less. Grantees were less engaged in peer expert office hours; 14 attended at least one, but only two of those grantees attended multiple.

Since webinars were open for broader participation, community health centers outside of the TICF funding cohort were also able to engage. Registration data suggested that organizations attending the open webinars that hadn't engaged in CCI-led activities before were more diverse than CCI's typical audience in terms of organization type and geography; however, their participation was beyond the scope of this evaluation.

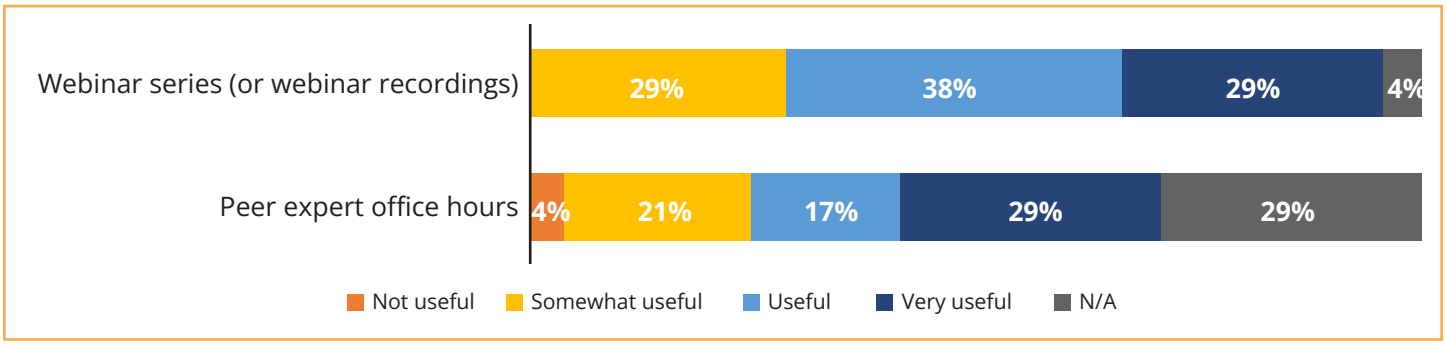
Project team members from many grantee organizations also engaged with content from the e-learning series. Data from CCI shows that most TICF participants who received the e-learning series opened emails to view content, with open rates for individual emails ranging from 44% to 70%. A significant proportion of TICF participants who opened the e-learning series also clicked on links within the email to further engage with the educational content, with a click-to-open rate ranging from 33% to 44%.

Grantees rated TICF webinars as the most useful resource.

Most (16) grantees rated the webinars as useful or very useful (see Figure 1). Qualitative data indicates grantees valued having the webinars recorded, which allowed for higher engagement with the content and repeated viewing as needed by teams.

Many grantees found peer expert office hours useful as well, but fewer compared to webinars. More grantees selected 'N/A' when asked to rate office hours, which aligns with the lower levels of reported participation (see Figure 1).

Figure 1. Respondents' rating of TICF webinars and peer expert office hours (October 2023 survey; n=24)



Examples of promising practices from peer organizations resonated strongly with grantees.

Many (10) noted that the presentation of specific examples of promising practices from similar organizations during webinars and peer expert office hours was the most valuable aspect of TICF. Hearing about the experiences of other community health centers made the content feel relatable and provided validation for where they are in their telehealth journeys. As one grantee described:

"I felt like we learned something new in the way that they were able to present actual examples from other community clinics in general or them just walking us step by step, showing us video scenarios and everything. It wasn't just them presenting a PowerPoint, and this is it. They were actually trying to have everyone interact, getting everyone's feedback and being able to answer any questions."

Grantees indicated that the webinars were beneficial for their teams. This benefit was the peer-sharing aspect of the presentations and discussions, as well as hearing about best practices, generating ideas to adapt for their workflows, learning about specific technology resources they could try out, and being able to access webinar recordings at their convenience afterward. As one grantee shared, *"Viewing the recorded webinars has been valuable. They have provided information that has helped the team break down the stages for implementing the changes we have completed thus far."*

Many grantees engaged in the Virtual Learning Hub and appreciated the convenient access to online learning resources.

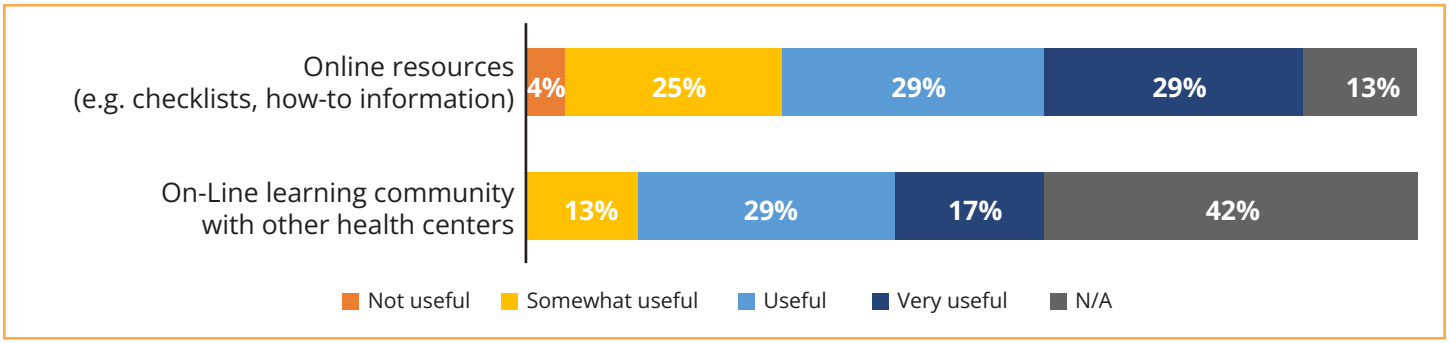
In both surveys, many grantees (14) rated the online resources available through CCI's Virtual Learning Hub and the e-learning series as useful or very useful, making it the second highest-rated component of TICF behind webinars (see Figure 2). In open-ended feedback, several grantees identified the Hub's resources as the most valuable content offered by TICF. A few grantees also commented on the helpfulness of the e-learning series emails. Most of these grantees were larger organizations (serving more than 10,000 patients) and have participated in previous CCI initiatives. Interestingly, a few grantees mentioned the Hub specifically in the first (June 2023) survey, but several more grantees mentioned online resources in the second (October 2023) survey, suggesting grantees may have continued to engage with the Hub after TICF formally ended in June. Grantees emphasized the convenience of accessing the resources and the breadth of content as being helpful. As some grantees shared:

"The online resources are definitely the most valuable to us because they are always there. They're also very efficient because you can go to exactly what you're looking for."

"The Virtual Care Learning Hub is full of some great resources. The CCI Framework for Accessible Video Visits has been one of the most helpful tools in developing a plan for keeping telehealth progress moving forward."

"And then the newsletters, too, I thought were so much fun, all the different graphics and all of that. I thought it was really well put together."

Figure 2. Respondents' rating of TICF online resources and online learning community (October 2023 survey; n=24)



Fewer grantees felt engaged in the online learning community aspect of TICF.

While the "online learning community" was rated useful by many grantees, a large proportion of grantees in both surveys – including 10 of the 24 grantees responding to the October 2023 survey – selected "N/A" when asked how useful it was for their organization (see Figure 4). These grantees had all engaged in at least one webinar. However, most of them did not attend a peer expert office hour. Seven of the ten grantees also participated in previous CCI initiatives. Comments from some grantees suggest that, although they valued the learning community elements within the webinars, their organizations did not engage in peer learning with other grantees outside of those meetings but had expected peer connections with other grantees to be an aspect of the initiative.

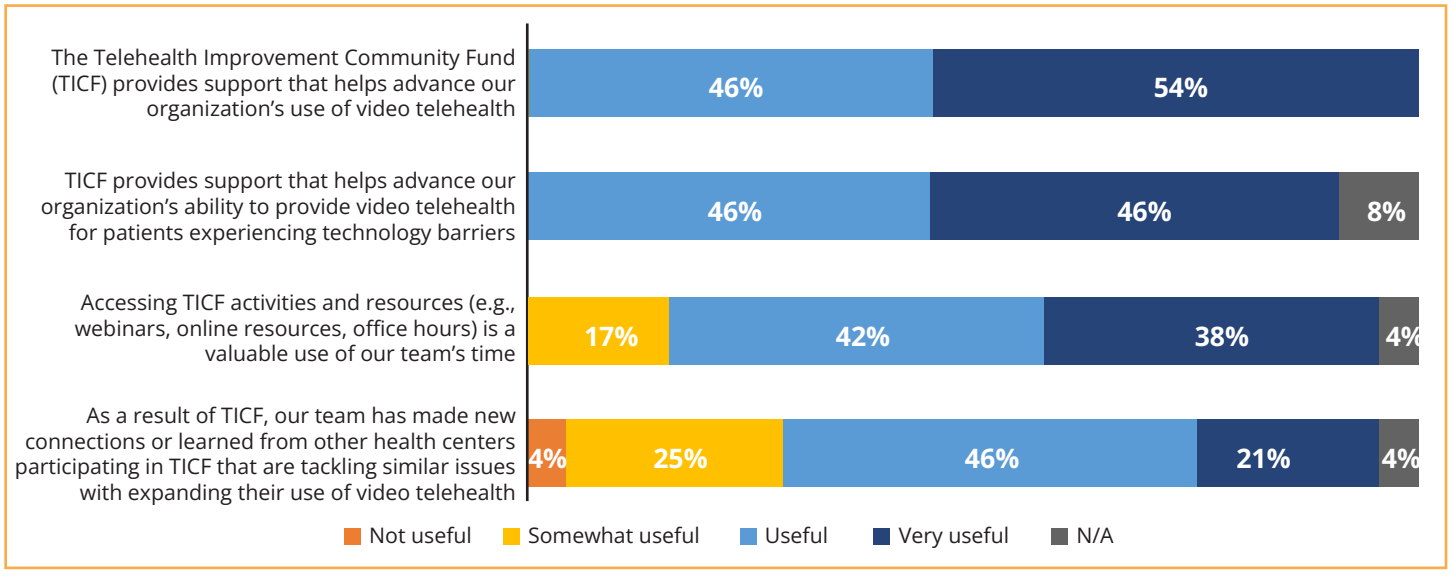
Feedback on TICF initiative design

Grantees were also asked to provide feedback on their overall experience during TICF. The team interviews and the second survey (October 2023) were leveraged to collect data on grantee satisfaction with the less structured design of TICF compared to other CCI-led initiatives. Overall, grantees reported high satisfaction and perceived value from participating in TICF.

Most grantees agreed that TICF helped advance video telehealth and provided valuable resources.

All grantees who responded to the surveys agreed or strongly agreed that TICF provided support to help organizations advance the use of video telehealth and help patients experiencing technology barriers, which were the primary focus of the initiative. Most grantees also agreed to engage in TICF activities, such as webinars and peer expert office hours, and information from the Virtual Learning Hub was a valuable use of time. While all respondents in the June survey agreed that TICF resources were valuable, a few (4) respondents in the October survey disagreed (see Figure 3). These responses were from grantees who either did not respond to the June survey or reported low engagement in TICF activities (i.e., either did not attend webinars, office hours, or access the Learning Hub).

Figure 3. Respondents' ratings of TICF program support (October 2023 survey; n=24)



Some grantees were unclear about how to connect with other organizations in the cohort.

While many grantees appreciated hearing from peer organizations during webinars and peer expert office hours, seven (29%) of grantees responded 'disagree or strongly disagree' to the survey question on whether they made new connections or learned from other participants of TICF (see Figure 3). All these grantees reported attending at least one webinar or one office hour; five had attended both a webinar and an office hour. Five of these grantees also participated in previous CCI initiatives, so they may have compared the peer learning from more intensive programs to TICF. When asked for further feedback, grantees noted it was not clear how to engage with other organizations in the cohort, suggesting an opportunity to refine communication or facilitation of peer learning among grantees in future cohorts. One participant explained:

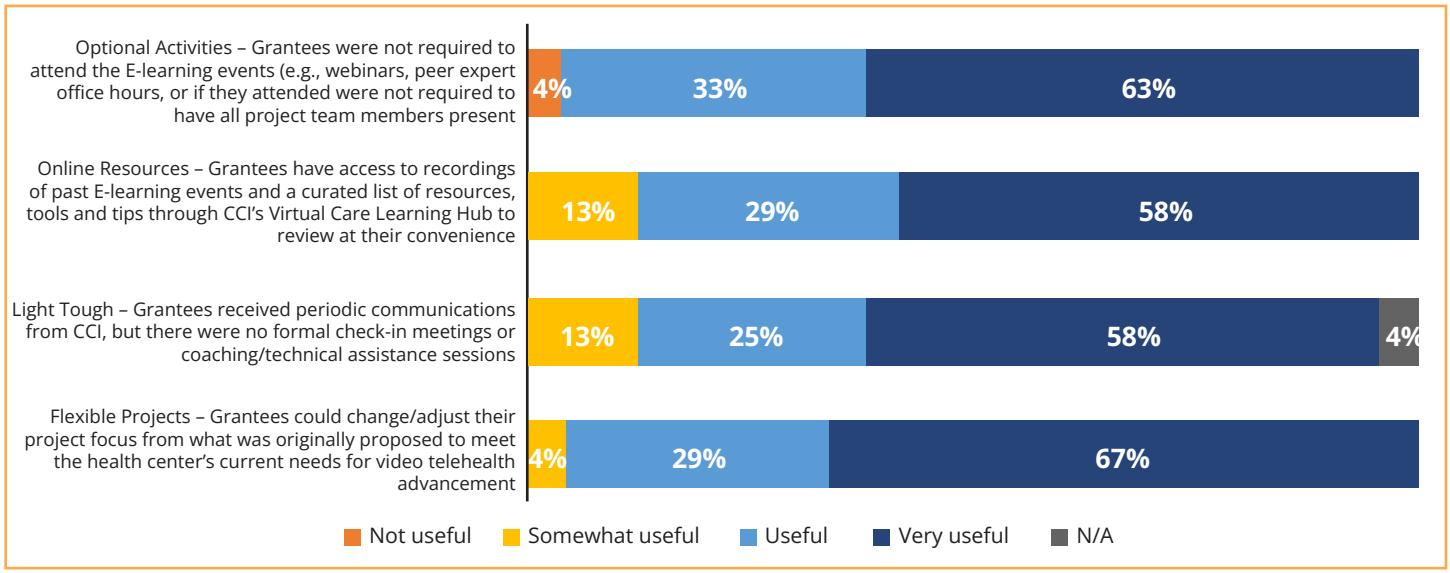
"I don't now how many agencies were part of the grant, but when we would get a communication [...] I would see there were other clinics. I didn't really know who can I reach out to or even [...] who they are and [...] how can I connect with them? So, the how-to wasn't very clear, and I didn't know how exactly we could [make peer connections]."

This quote aligns with the feedback received about engaging with the online learning community, discussed previously on page 13.

Nearly all grantees appreciated the more flexible format of the TICF initiative.

To understand perceptions about the more flexible, less intensive format of activities offered during TICF, the survey conducted in October 2023 asked grantees to rate the helpfulness of specific characteristics of the initiative. Nearly all the 24 respondents rated the initiative characteristics as 'helpful' or 'very helpful' (see Figure 4). Only one grantee indicated that making it optional to attend webinars and peer expert office hours was 'not helpful.' Three grantees indicated the 'light touch' communications and having online resources to review later as 'somewhat helpful.'

Figure 4. Respondents' rating of TICF's less intensive format (October 2023 survey; n=24)



In both the open-ended feedback from surveys and during team interviews, several grantees emphasized their appreciation for the flexible model of TICF. As one of the free clinics shared,

"I really like this. It was small. It was manageable. It wasn't super demanding. We could pick a project that we really wanted to pilot. We don't have a lot of time even with the money [...] I like the way [the program] is, and the flexibility is really important to us."

One aspect was the flexibility for teams to choose a project scope and focus that made sense for their organization and the option to adjust their projects during the grant if the organization's needs or circumstances changed. Another was the low-burden format that allowed grantees to focus on their organization's telehealth priorities without the workload challenges of mandatory grant meetings or significant reporting requirements. Flexible funding was also highlighted by grantees who leveraged funding to purchase equipment for patients to use during video visits, which they reported is typically not a permitted expense for other grant programs.

One grantee noted that TICF may have been so flexible and hands-off that some participants found it less helpful. This team suggested adjusting the program to guide grantees toward specific actions. Instead of letting projects be free form, a menu of options could be offered to grantees, such as: (1) do a focus group or some kind of learning activity to understand barriers to telehealth expansion and then report back, (2) attend webinars and report what the team learned and how lessons were applied in the organization, (3) allow grantees to propose a specific, targeted deliverable or test of change and report on implementation.

Grantees indicated a high likelihood of recommending TICF to their peers.

Grantees were surveyed about how likely they are to recommend TICF to a colleague or another healthcare organization. Responses were submitted on a scale of 1 to 10, with 1 being very unlikely and 10 being highly likely to recommend. In both surveys, grantees rated TICF highly; the average score was 9.2 for the June survey, with 13 grantee teams out of 21 giving TICF a score of 10. In October, the average score was 8.7, with 15 grantees out of 23 giving TICF a score of 10.

Some grantees offered suggestions to refine TICF's resources and activities.

Grantees offered suggestions for how TICF could be modified for future cohorts. These suggestions fell into four categories.

First, there were minor adjustments to program delivery or content organization. One suggestion was to share examples of how prior grantees have leveraged funding to move forward with increasing video telehealth. A few grantees also said improving the webpage navigation for the webinar e-learning series would be helpful.

"If you're planning on providing this grant funding again to a wider set of organizations, knowing organization stories, like this is what we did versus this is what we chose to do, and this was the outcome. That would give grantees a lot of ideas to get the juices flowing on what's possible. I think that would be really cool, really helpful."

"It would be helpful if the information from the TICF e-learning series was organized in a more centralized location. It's challenging to navigate through all of the links to the five editions of the e-learning to find all of the available resources."

Second, some grantees were interested in having some limited, one-on-one support for teams and said it would be helpful to have a site visit, orientation meeting, or brief coaching session once during the initiative so CCI or a telehealth coach could understand their clinic's specific context and offer some suggestions.

"I do think it would have been nice to maybe have one meeting towards the beginning or middle of the program, just to [ask], 'All right, this is what you're working on. What are your ideas so far?' Just like an orientation to let [teams] know, this is what we [TICF] have planned. If you can attend this, great. If not, oh well. Just a little 30-minute orientation because I know we did receive the funding, so now what?"

Third, there is the opportunity for more facilitation of peer learning. As discussed earlier, multiple grantees noted it was not clear to them how to engage with other teams in their cohort of the TICF program outside of webinars or peer expert office hours.

Fourth, some grantees suggested tailoring the initiative to certain kinds of organizations based on their experience with telehealth or health center size so program content and peer learning would be more relatable across all participants. One grantee noted webinar content felt "like review," so it was less helpful for their organization. Another grantee shared it was hard to understand how to adopt a promising practice shared by another organization during a webinar because they are a small single-site clinic, and the presenting organization was a large, multi-site health center. A third grantee suggested, *"Have two tracks. Have one that's like a developmental track and one that's an expansion track so that you have a cohort of similarly situated peer organizations."*

Observations on cohort experience

Given the diversity of organizations represented within the cohort of grantees for TICF, the evaluation also looked for any patterns in grantees' telehealth improvement projects or engagement with TICF resources based on organization characteristics. Some commonalities emerged between organizations based on the percentage of primary care delivered by telehealth.

Grantees with 20% or less of their primary care visits delivered by telehealth (including video and audio-only visits):

- Tended to be smaller (i.e., serving fewer than 10,000 patients).
- Usually reported low utilization of video visits (20% or less).
- Were likely to be early in their telehealth journey (e.g., recently began offering video visits).
- Tended to be more engaged in TICF resources (e.g., attending multiple webinars).
- Were more likely to rate TICF resources as 'very useful' on surveys.
- Often focused their improvement projects on implementing telehealth software or developing workflow fundamentals for video visits.

Grantees with more than 20% of their primary care visits delivered by telehealth (including video and audio-only visits):

- Tended to be larger (i.e., serving more than 10,000 patients).
- Tended to be FQHCs.
- Sometimes reported higher video visit utilization (21% or more).
- Usually had more established telehealth practices.
- Were more moderately engaged in TICF resources (e.g., attend only one webinar).
- Were more likely to rate the Virtual Learning Hub and webinars as 'useful.'
- Often focused their improvement projects on implementing staff training, more complex workflow revisions, or purchasing new telehealth technology – the last of which could be accomplished without engagement in TICF learning resources.

Another distinction between these two groups is that organizations with lower telehealth utilization were not only more engaged in the activities offered by TICF but also that these grantees, at times, directly incorporated lessons from TICF resources into their improvement projects. For example, when they were documenting a video visit workflow for the first time or implementing new video telehealth software that allows patients to access their video visit through a text message link.

Some common threads between these two groups in the cohort are that, as mentioned throughout the report, grantees largely found the initiative useful, were engaged in optional activities, rated resources highly, and made progress on their improvement projects. These commonalities are shared across organizations with differing characteristics—size, funding model, and prior participation in CCI initiatives. These findings suggest that TICF was able to "meet organizations where they are" in their telehealth development and provide an assortment of resources where all types of organizations could find something helpful to incorporate into their work.

Considerations for future initiatives

The Telehealth Improvement Community Fund (TICF) demonstrated the effectiveness of a low-intensity, flexible grant initiative to spread promising practices among community health providers. Evaluation data indicates that grantees successfully leveraged both funding and learning resources to advance their telehealth improvement projects. Despite participation in all activities being optional, grantees still actively engaged and expressed satisfaction with the initiative's e-learning series, webinars, and peer expert office hours, as well as the array of resources made available through the Virtual Learning Hub. Whether early on in developing telehealth capacity or more experienced in delivering care via telehealth, nearly all grantees found resources that were helpful for their organization's unique circumstances and project focus for advancing video visits.

TICF was a test case for how to engage grantees in a low-touch initiative and required CCI to design and implement a suite of resources that lent themselves to TICF's flexible format. CCI's staff invested significant time and resources into engaging a broad and diverse cohort of grantees, as well as developing internal capabilities to produce a broad array of resources for grantees working on a wide range of projects where the content needed to help them move forward also varied. Upon reflection, staff indicated that having built these internal capabilities, it would be feasible to implement a similar initiative again in the future.

Given the observed effectiveness of TICF at sharing promising practices and supporting grantee improvement projects and the confidence of CCI's staff in replicating this learning format in the future, similar low-touch models warrant exploration for spreading practices on topics other than telehealth, perhaps as a follow-up program to more intensive learning collaboratives. If future iterations of the TICF model are pursued, one opportunity to improve the initiative design would be to incorporate more facilitated peer learning to strengthen connections across cohort members. Overall, TICF provides a promising framework of a minimized, adaptable grant program for effectively spreading the adoption of impactful practices across community health providers.

Appendix A: Participating Health Centers

Organization Name	Organization Type	County	# Sites	Patients Served
All Inclusive Community Health Center	Federally Qualified Health Center (FQHC)	Los Angeles	3	10,031
Axis Community Health	FQHC	Alameda	4	13,051
Community Health Systems Inc	FQHC	Riverside	2	23,196
Didi Hirsch Mental Health Services	Mental Health clinic	Los Angeles	10	158,291
Eisner Health	FQHC	Los Angeles	21	41,239
Elica Health Centers	FQHC	Sacramento	16	60,000
Hillsides	Behavioral Health program	Los Angeles	1	10,820
Indian Health Center of Santa Clara Valley	FQHC & Urban Indian Health Center	Santa Clara	11	22,570
Jewish Community Free Clinic	Free clinic	Sonoma	1	2,600
McCloud Healthcare Clinic Inc	FQHC	Siskiyou	5	4,800
Moreno Valley Physicians Associates A Medical Corporation	Commercial Medical Group or Private Practice	Riverside	4	5,000
Newstart Medical Group Inc (DBA Stallant Health)	Rural Health Center	Placer	2	5,000
Omni Family Health	FQHC	Kern	37	130,000
Petaluma Health Center	FQHC	Sonoma	12	36,800
Planned Parenthood of Orange and San Bernardino Counties	Community Health Center	Orange	9	123,632
Ravenswood Family Health Network	FQHC	San Mateo	10	20,698
South of Market Health Center	FQHC	Santa Barbara	5	4,079
Savie Health free clinic	Free clinic	Los Angeles	1	5,000
South Central Family Health Center	FQHC	San Francisco	12	25,384
Tiburcio Vasquez Health Center Inc	FQHC	Alameda	16	28,000
TriState Community Healthcare Center	FQHC	San Bernardino	9	11,000
Universal Community Health Center	FQHC	Los Angeles	7	10,912
Valley Health Associates	Behavioral Health program	Monterey	1	300
Via Care Community Health Center	FQHC	Los Angeles	9	17,277
Vo Medical Center	Commercial Medical Group or Private Practice	Imperial	11	150,000
WellSpace Health	FQHC	Sacramento	25	96,914
Western Sierra Medical Clinic	FQHC	Nevada	10	16,500

Appendix B: Evaluation methods

The table below presents details on each data collection method, what it entailed, who participated, and how the data were analyzed. After each data source was analyzed, data were triangulated across methods to develop the key findings presented in this report.

Method	Description & Analysis
Participant Feedback Survey	**Data Collection:** The feedback survey was designed as a collection of Likert-type scale questions, multiple-choice questions, and open-ended questions to assess telehealth utilization, project focus, participant engagement and satisfaction with specific program components, and perception of benefits and challenges. The survey was sent to all participants and administered online via REDCap during June 2023 (Survey 1) and October 2023 (Survey 2). Some questions were removed on project focus for Survey 2 and new questions added regarding satisfaction with the TICF program implementation (see Appendix C for full list of survey questions). Grantee teams were asked to meet and reach consensus on responses before submission by the grant lead. **Analysis:** Descriptive statistics were calculated using Excel. Survey 1 had 22 responses (81% response rate) and Survey 2 had 24 responses (89% response rate). Exploratory comparisons were made based on various factors including engagement level, organization type, organization size, CCI program participation, and levels of percentage of telehealth and video visits.
Program Participant Interviews	**Data Collection:** 30-minute interviews were conducted with two samples of grantees, one in June 2023 (8 invited, 7 completed) and a second in October 2023 (8 invited, 8 completed). Interviews were scheduled to take place after teams responded to the survey. Teams were sampled to ensure a diverse cross-section of grantees in each round of interviews. Sampling criteria included: Engagement: A mix of five 'high' and three 'low' engagement grantees were selected in each sam-ple. Engagement was determined using data provided by CCI about organization participation in TICF activities and 'open rates' for TICF email communications. Differing levels of engagement were included to understand facilitators and barriers to engagement as well as differing feedback in which TICF resources grantees found helpful. Type: A mix of four Federally Qualified Health Centers (FQHCs), two community health centers/free clinics/rural clinics, and one private clinic were selected in each interview sample. A cross-section of organization type was included to understand whether TICF was more helpful to a particular clin-ic structure versus another. Size: A mix of four smaller (1-2 sites) and larger (3 or more sites) organizations was samples to get a sense of how organization size impacts grantee capacity and ability to engage, as well as differences in which component(s) of the program grantees found helpful. CCI Program Participation: A mix of five new grantees who have not participated in a CCI-led pro-gram before and three repeat grantees was sampled to understand how prior experience with CCI programs and learning collaboratives affects grantee perceptions of TICF resources compared to grantees with less experience engaging in these programs. The interview protocol asked teams about a variety of topics related to telehealth implementation, including those listed below. Follow up questions were tailored to each grantee based on the team's survey responses. • Reflections on changes and impact of telehealth efforts • Progress toward project aims for improving video telehealth • Feedback on opportunities for improvement • Feedback on experience and satisfaction with TICF program **Analysis:** Interviews were digitally recorded and transcribed. CCHE conducted a thematic analysis of the transcripts. Codes were developed a priori, based on the interview protocol, and empirically, based on emergent themes. Transcripts were coded in Atlas.ti. Codes were then queried and exported into Microsoft Excel to identify themes, subthemes and exemplary quotes.

Appendix C: Data collection tools

Survey questions

Grantees were asked to respond to the following questions in the two online surveys described in Appendix B. Some questions were only asked in the first (June 2023) or second (October 2023) survey and are annotated below for clarity.

- Please select your organization
- Please provide your name and email: (In case we need to contact you to clarify survey responses)
- Approximately what percentage of your health center's visits **in the last month** were **virtual (i.e., video or telephonic)**? (Consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.).
    a) 0-10%
    b) 11-20%
    c) 21-30%
    d) 31% or more
- **Of all your health center's virtual visits in the last month**, approximately what percentage were **video visits**? Please consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.).

    a) 0-10%
    b) 11-20%
    c) 21-30%
    d) 31% or more
- *(Only on first survey)* Which high leverage change from CCI's Framework for Accessible Video Visits is your organization focusing on?

    a) Align & Prepare Your Organization
    b) Build Sustainable Processes for Video Visits
    c) Support Patients and Providers to Use Video
    d) Sustain Changes Across Healthcare Delivery Pathways
- *(Only on first survey)* Why did your team select the high leverage change indicated above to focus on for this program?
- *(Only on first survey)* Has your team's focus changed since applying to the Telehealth Improvement Community Fund?

    a) Yes. If yes, please describe what prompted your team's shift in focus.
    b) No

- Please select the option that best describes your team's engagement in Telehealth Improvement Community Fund webinars or their recordings:

    a) At least one team member has attended/viewed most or all the recorded webinars.
    b) At least one team member has attended/viewed at least one of the recorded webinars.
    c) Our team has not attended/viewed any of the recorded webinars.

- Please select the option that best describes your team's engagement in Telehealth Improvement Community Fund peer expert office hours:

    a) At least one team member has attended most or all the office hours.
    b) At least one team member has attended at least one of the office hours.
    c) Our team has not attended any office hours.

- If someone from your team attended the optional webinars and peer learning opportunities, or reviewed recorded sessions afterward on the CCI website, what motivated your team to participate or access these resources?

- To what extent have the following Telehealth Improvement Community Fund components been useful to your team or your health center? If you did not attend or participate, please select "N/A".

	Not useful	Somewhat useful	Useful	Very useful	N/A
Webinar series (or webinar recordings)	☐	☐	☐	☐	☐
Online resources (e.g., checklists, how-to information)	☐	☐	☐	☐	☐
Peer expert office hours	☐	☐	☐	☐	☐
Online learning community with other health centers	☐	☐	☐	☐	☐

- (Only on second survey) The Telehealth Improvement Community Fund was designed to be a less intensive program than some other grant programs or learning collaboratives. To what extent have the following program characteristics been helpful to your team or your health center?

	Not helpful	Somewhat helpful	Helpful	Very helpful	Don't know
Flexible projects – Grantees could change/adjust their project focus from what was originally proposed to meet the health center's current needs for video telehealth advancement	☐	☐	☐	☐	☐
Optional activities – Grantees were not required to attend the e-learning events (e.g. webinars, peer expert office hours), or if they attended were not required to have all project team members present.	☐	☐	☐	☐	☐
Light touch – Grantees received periodic communications from CCI, but there were no formal check-in meetings or coaching/technical assistance sessions.	☐	☐	☐	☐	☐
Online resources – Grantees have access to recordings of past e-learning events and a curated list of resources, tools and tips through CCI's Virtual Care Learning Hub to review at their convenience	☐	☐	☐	☐	☐

- Please indicate your agreement with the following:

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
The Telehealth Improvement Community Fund (TICF) provides support that **helps advance our organization's use of video telehealth.**	☐	☐	☐	☐	☐
TICF provides support that helps **advance our organization's ability to provide video telehealth for patients experiencing technology barriers.**	☐	☐	☐	☐	☐
Accessing TICF activities and resources (e.g., webinars, online resources, office hours) is a **valuable use of our team's time.**	☐	☐	☐	☐	☐
As a result of TICF, our team has made **new connections or learned from other health centers** participating in TICF that are tackling similar issues with expanding their use of video telehealth.	☐	☐	☐	☐	☐

- During or after the Telehealth Improvement Community Fund, what changes or promising practices has your health center considered adopting?

- Of the changes or promising practices you identified in Question 11, which of these has your health center implemented to-date?

- Which component or specific resource from the Telehealth Improvement Community Fund has been the most valuable to your team or your health center during or after the grant? Please explain why it was valuable.

- What have been the most significant challenges that you or your health center have experienced while working to advance video telehealth during/after participating in the Telehealth Improvement Community Fund?

- Do you have any specific recommendations for how the Telehealth Improvement Community Fund could better support health centers in the future?

- On a scale of 1-10, with 1 being extremely unlikely and 10 being extremely likely, how likely is it that your team/organization would recommend the Telehealth Improvement Community Fund to a colleague or another health care organization?

- Please use this space to provide any other feedback about your team's experience in the Telehealth Improvement Community Fund program.

Interview questions

Grantee teams were asked the following questions during interviews in June 2023 and October 2023, with questions tailored based on each team's response to survey questions.

- First, I want to verify that I understand your health center's work on telehealth during TICF. It looks like you're focus is [specify high-leverage change]:

    a) Is that correct?
    b) How did your health center select that change to focus on? What was the process or rationale?

- What progress has your health center made? How is it going so far?

    a) Are there 2-3 main drivers that you think helped facilitate this progress?
    b) How has TICF helped?

- Have there been any factors/barriers that hindered progress?

    a) Have any TICF resources helped as your health center has worked to overcome those challenges?

- Let's shift the conversation a bit to discuss your health center's experience participating in TICF. Has the program met your expectations? Why/why not?

- From your health center's survey response, it looks like you found [name specific resource] to be the most helpful in TICF.

    a) What made that resource particularly helpful?
    b) Have you used other resources? What about them was helpful/unhelpful?
    c) If you attended the optional webinars and peer learning opportunities, what motivated you to participate?

- TICF was designed to be a light-touch initiative with more flexibility and optional activities than other, more involved programs. Has this format been helpful/effective for your health center while working to increase your telehealth capacity? Why or why not?

- TICF included grantee health centers that vary in size, services, funding model, etc. Some have experience doing Q.I. projects, some have more/less experience with providing care via video telehealth. Thinking about your health center's characteristics, why do you think the TICF program was helpful? Or was there anything unhelpful for how your organization is structured?

- Coming back to the work your health center is focused on, what are you hoping to achieve in telehealth capacity building for your health center in the next 6 months?

    a) Are there any resources from TICF you think will help in that work?

- *OPTIONAL: Depending on time remaining in interview* – Going forward, is telehealth sustainable for your health center? Why/why not?

    a) Is there leadership buy-in?
    b) How does the evolving policy environment affect your answer?
    c) Costs (personnel, equipment) to maintain services?
    d) Which appointment types do you plan to provide via video visits (e.g. acute care, chronic care management, behavioral health, etc.)?

- Is there anything important we have left out of the discussion that would help me understand the impact of the TICF on expansion of telehealth at your organization/clinic?