'Something We Have to Do'

In Rural Southwest Colorado, Axis Health Brings an Integrated Health Model Online

Axis Health System in rural southwest Colorado underwent a dramatic shift when the COVID-19 pandemic hit.

Before March 2020, Axis had offered only limited telepsychiatry and therapy options for patients, and had never offered primary care telehealth appointments. By summer 2020, nearly 80% of behavioral health visits and as many as 30% of physical health visits were taking place via telehealth. That shift was facilitated by emergency regulations and guidance that allowed the health system to bill for telephone and other telehealth visits with its patients during the pandemic.

As a Federally Qualified Health Center and a Community Mental Health Center, Axis offers integrated physical and behavioral health care at clinics in Durango, Dove Creek, Pagosa Springs, and Cortez. But as the organization began preparing to offer telehealth services during the state's stay-at-home order, it became apparent that medical and behavioral health services required slightly different virtual approaches.

Axis' behavioral health team had worked with psychiatrists in other locations via telehealth for nearly a decade. And before the pandemic, the clinic had begun offering teletherapy to some patients, who would come into the clinic to connect with providers in other locations.

These programs meant the basic infrastructure to expand telehealth services was in place, including a platform called Lifesize that is compliant with federal privacy laws.

The physical health team, on the other hand, had not used telehealth before and took time to identify a platform that would connect with its electronic health records system (it is piloting software called Luma Health). While the behavioral health team began offering its services remotely in April, the medical team wasn't fully up and running until May.

Making Technology Work for Everyone

Both teams, however, have identified similar challenges in shifting to telehealth on such short notice — and in ensuring that all patients still have access to care.

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Stephanie Allred, senior clinical director with Axis Health System, stands in a telehealth room at Axis's Dove Creek facility. In the wake of the COVID-19 pandemic, Axis increased its use of remote technology for both behavioral and physical health visits.

For instance, it takes a significant amount of time to get patients connected to telehealth platforms and comfortable with using them. Stephanie Allred, a psychologist and Senior Clinical Director at Axis, said some therapists reported spending hours each week troubleshooting with patients. Axis has since received a grant to create a new position focused entirely on navigating patients through the process of setting up a telehealth visit.

Across the board, Axis has noticed a significant shift in overall visits over the course of the pandemic. "We are not seeing the same volume of patients pre-COVID to now," said Lincoln Pehrson, Axis' Chief Integration Officer. "There's close to a 20% gap, so access to care has changed."

Just how it has changed is nuanced.

For some people, telehealth has removed a key barrier: Transportation. Some patients had to travel hours in

this frontier area to get care; others had trouble with Medicaid-sponsored transportation arriving late or causing them to miss appointments.

For others, telehealth has added a new barrier: Internet access. Broadband, especially in more rural areas, varies dramatically across the region.

Axis's staff first assumed that providing devices for patients would address the issue, but it soon found that even patients who have computers or smartphones often don't have the internet or data plans or local broadband access that would allow them to use those devices to access care. The organization is collecting more data from its patients to understand what is actually needed.

Axis's staff said that while some older patients had trouble accessing care remotely, that wasn't universally true: Dr. Luke Casias, the system's Medical Director, described one patient in his 70s who was "overjoyed" to be able to show his doctor paintings and other personal details at his home over video.

The clinic plans to track who is getting care via telehealth over time. "We see everyone from people who are homeless to the affluent. Whether or not we maintain an equal spread ... that's going to be indicative of how successful telehealth is," Casias said.

Some patients continued to come into the clinic throughout the pandemic for both behavioral and physical health care. "If someone wants to come in for care [during the pandemic], there's probably a pretty darn good reason why they're here," Casias said.

Looking Forward

Allred surveyed the clinic's therapists and learned that one-fourth felt the quality of care they were offering had declined because of telehealth. "I think at least initially we were so focused on logistics. Now we are really trying to look at the clinical aspect of care," she said. "I've heard feedback from providers that they're changing their approach with patients."

She said that as time passes, "I'm questioning the quality of telephone visits." While they improved access in the

A quick guide helps Axis Health System patients determine whether they can address their health care needs via a virtual visit.

short term, she wonders about their effectiveness in the longer term. Still, she said, they don't have some of the challenges that come along with video visits, like videos that freeze midway through an appointment.

On the medical team, Casias was focused on ensuring that providers used telehealth where appropriate, but that they also felt empowered to bring patients in when necessary. He said telehealth works well for caring for people with stable chronic conditions; it is less effective for appointments with more physical components, like well-woman visits, or for situations where a patient's health condition is deteriorating or is completely unknown.

The Axis team is closely watching how the state and payers approach reimbursement for telehealth as the pandemic evolves. Even seemingly minor details can affect the clinic's financial picture. For instance, virtual visits can only be billed based on time, regardless of the complexity of a patient's situation.

But, Casias said, "I don't think anyone interested in providing care is really letting that limit their telecare, because we know it's something we have to do."

Both Casias and Allred anticipate that many providers and patients will want some form of telehealth to continue even after the pandemic has run its course. "This is something we're going to continue, COVID or no COVID," Allred said. ∎

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> *Dr. Luke Casias, Axis Health System Medical Director*