

Keeping the telephone in telehealth for provider visits is an essential lifeline that must continue after the pandemic

My first telehealth appointment of the day was with a mother who had moved into a motel with her two children after losing her apartment. The last appointment I was unsuccessful in reaching her, and we finally reached each other for our scheduled telehealth appointment by phone. She had tried to connect with me on video, but her kids were using it for school too and they kept losing the audio. My next telehealth appointment was with a patient who was riding the bus to Fresno to stay at her cousin's for a while. She really wanted to talk with me before she got to a house with so many people living there and little privacy.

For patients like these, a simple phone call can be their best—or only—connection to health care.

The COVID-19 pandemic brought a wave of rapid changes to the health care system, including new flexibility in using telehealth to make sure people continue to get the care they need. This option to visit by phone was created during COVID-19, and telehealth visits have been reimbursed and healthcare services covered regardless of how we connect with patients—in person, telephone or video-conferencing like Zoom. These changes accelerated the adoption of telehealth and brought it into the mainstream. However, this option may be in danger if private insurers, Medicare or Medi-Cal roll back access by requiring a visual physical assessment be completed during a telehealth visit or curtail what types of services will be covered.

Talking with patients who need telephone visits is common for providers like me who provide care for patients in the federally qualified community health centers that serve over 7 million people and 24 million encounters in California. Like many nurse-midwives and obstetric providers who provide prenatal care, I need to stay in regular contact throughout pregnancy to ensure healthy mom and babies. This continuity of care is critical for safe healthy pregnancies. Even as there is an increased reliance on screens and smartphones, the telephone remains an essential tool to connect and engage patients, especially for those who lack housing and food security, privacy, access to consistent transportation, insurance options, childcare and reliable internet access or have limited data plans. The reasons why a patient might prefer connecting via phone rather than video are varied and vast.

Beginning in March 2020, throughout the United States, clinical practices were advised by the Center for Disease Control to increase their use of telehealth and decrease in-person visits to reduce the risks of transmitting COVID-19. Emergency changes at the federal and state level to Medicaid/Medicare and insurance reimbursement and expanded coverage for telehealth, which increased payment for more services to connect with patients virtually, made this switch viable. Places like community health centers, which had been slow to adapt telehealth due to upfront costs and lack of reimbursement, were able to quickly integrate remote consultations using video conferencing and phone visits. When Covid-19 subsides, the future of telehealth delivery will most likely continue, as [70% of maternity care](#) providers reported they would like to continue using telehealth after the pandemic. The way they most often reached patients was by telephone.

People who were pregnant last year experienced a wide variety of models of prenatal telehealth, which were deployed at an accelerated pace due to the urgency of the pandemic. In the best of circumstance, some patients had access to robust models with remote home monitoring devices like blood pressure cuffs and fetal dopplers, on-line peer support groups, extra nursing support, group centering and individual video conferencing, while others merely connected to their provider via telephone between a reduced number of in-person visits. There is an opportunity for the maternal health system to create more equitable safe and supportive telehealth options where every person can be seen, heard, and cared for, but until then, the phone must remain a viable option. For some, it may continue to be the best choice, based on their individual circumstances.

But without concerted effort to maintain this level of accessibility, patients like mine could easily fall through the cracks. One important step is to pass [AB 32](#), Asm. Cecilia Aguiar-Curry and Robert Rivas's bill to make the flexibility in telehealth during the pandemic permanent. The federal government's Medicaid, Health and Human Services/Medicare and private insurance should continue to reimburse telephone appointments at the same rate of video conference for all medical services, especially prenatal care, to make sure we stay connected with everyone. We must monitor closely and implement telehealth systems that meet the needs of patients who have been historically excluded. We've learned during this pandemic that connecting with our patients by phone is feasible and essential for reaching everyone who needs our care. We need to keep this lifeline open to them until we build more equitable telehealth delivery model that extends to all.

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