



OeHI
Office of eHealth Innovation



PRIME HEALTH

2022 COLORADO TELEHEALTH PROVIDER SURVEY

RESULTS AND COMPARATIVE ANALYSIS

TABLE OF CONTENTS

2022 Colorado Telehealth Provider Survey	1
Results and Comparative Analysis	1
Table of Contents	2
Overview of Results	3
Respondent Demographics	5
Age	5
Gender	5
Race and Ethnicity	6
Behavioral Health and Substance Use Disorder Treatment	6
Direct to Consumer Telehealth	7
Safety Net Providers	9
Sentiments Regarding Telehealth	10
Barriers to Telehealth Utilization	11
Health Insurance Payer Types	12
Services Offered via Telehealth	12
Resources Needed	13
Funding for Telehealth	14
Funding Sources	14
Insurance Types Accepted	15
Access to Grant Writing Services	15
Provider Telehealth Utilization	15
Sentiments on Telehealth	17
Conclusion	18

OVERVIEW OF RESULTS

Following up on the 2021 Colorado Telehealth Provider survey, a collaborative effort led by the Office of eHealth Innovation (OeHI) and Prime Health, the 2022 version of the survey took a look at how the telehealth landscape in Colorado has evolved in the last year. 550 providers and healthcare professionals responded to this survey between August and October 2022. The 2022 survey focused on respondents' demographics, telehealth utilization, funding, and overall sentiments on telehealth. This analysis includes further detail on behavioral health and substance use disorder (SUD) services, barriers to telehealth, direct-to-consumer telehealth, and safety net providers and populations they serve. Additionally, this analysis includes information on how the data compares to the findings of the 2021 survey. Please keep in mind this data is from two different sets of respondents and any comparative analysis is based on correlating trends and understanding of Colorado's telehealth provider community.

The additional data from the 2022 survey provides a clearer picture of what is going well and where there are still barriers to be addressed. The overall sentiments of the 2022 Colorado Telehealth Provider survey were positive and further underscore that telehealth is a vital part of the delivery of healthcare. This first report showed a large uptake of providers utilizing telehealth during the pandemic, and the 2022 survey shows these providers have continued these services. In 2021, only 12% of respondents had been using telehealth for 18 months or more, but in 2022, 30% of respondents had been using telehealth for 2 years or more, showing a continuation of telehealth utilization. This is important information as both State and Federal governments continue to shape policies and legislation around telehealth delivery.

Patient access to telehealth services remains an issue. The top two barriers to patient access identified by telehealth providers were broadband/internet access and digital literacy. Broadband access remains an important issue and a major hindrance to the utilization and effectiveness of telehealth services. For the second year in a row, patient's access to broadband/internet was the top indicated barrier to patients accessing telehealth, with 40% of respondents providing telehealth services indicating this affects their patient population.

Training remains the top resource need identified by all providers, regardless of whether they are currently utilizing telehealth or not. In both 2021 and 2022, lack of training was the number one reason preventing providers from conducting telehealth visits. There needs to be a greater

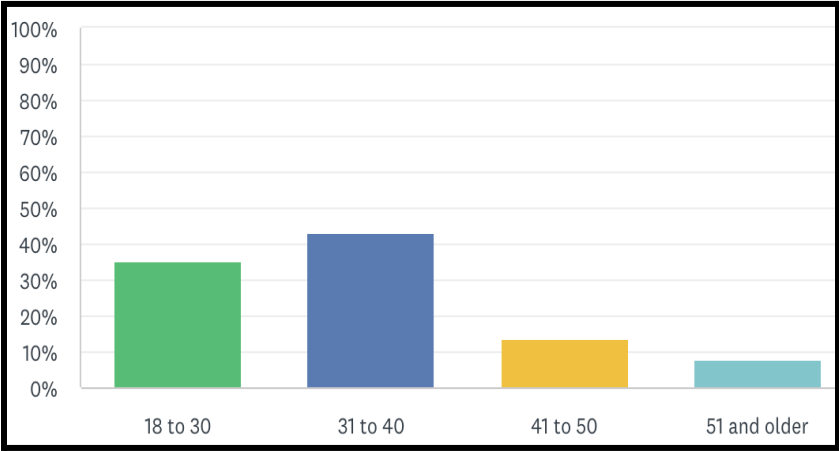
effort made by all to support technical assistance and training resources and to make them easier for providers to find and access.

Results and analysis of the 2021 Colorado Telehealth Provider survey and other efforts to understand provider needs for delivering telehealth services provided insight into the Colorado telehealth landscape and areas for improvement, and exciting opportunities have emerged to address these key needs. The 2021 survey respondents expressed a need for training, information, and networking to be more readily available. Additionally, the 2021 Regional Telehealth Learning Collaboratives, ushered by Prime Health and the Office of eHealth Innovation, led to the recommendation in the [2021 Colorado Health IT Roadmap](#) for the State to develop a go-to resource or “Innovation Center” to support providers in telehealth information, training, support, and resources. The State is currently developing a plan for the Colorado Health Innovation Resource Platform (CHIRP), which will be a virtual center for providers and community partners to access trusted information, resources, and support for telehealth services, health IT and innovation, and other digital health solutions. Another barrier that was highlighted through this survey was the lack of access to broadband/internet for patients. In an effort to close this gap, the State has issued a grant called Project Broadband. This grant was created through the American Rescue Plan Act (ARPA) fund to increase access to broadband services for providers, nonprofits, correctional facilities, county jails and other health service providers that lack quality internet access and devices for the delivery of telehealth visits.

Despite the identified barriers, sentiments and utilization of telehealth remain positive, and Colorado is taking action to address the identified barriers. In early 2022, Governor Jared Polis codified the [Colorado Broadband Office](#) (CBO) through [House Bill 21-1289](#), an important step towards achieving the administration's goal of [connecting 99% of in-state households to high-speed broadband by 2027](#). The State has also prioritized digital equity, literacy, and inclusion beginning with the creation of the Colorado Digital Equity Plan, led by the Office of Future of Work (OFOW) and OeHI. The creation of this plan will be informed by a diverse group of stakeholders, from community members, libraries, state agencies, and more, and will lay the foundation for how Colorado addresses digital inclusion activities and programs. Lastly, the State continues to engage the community through outreach and research efforts, such as this survey, to continually improve efforts to best serve all Coloradans.

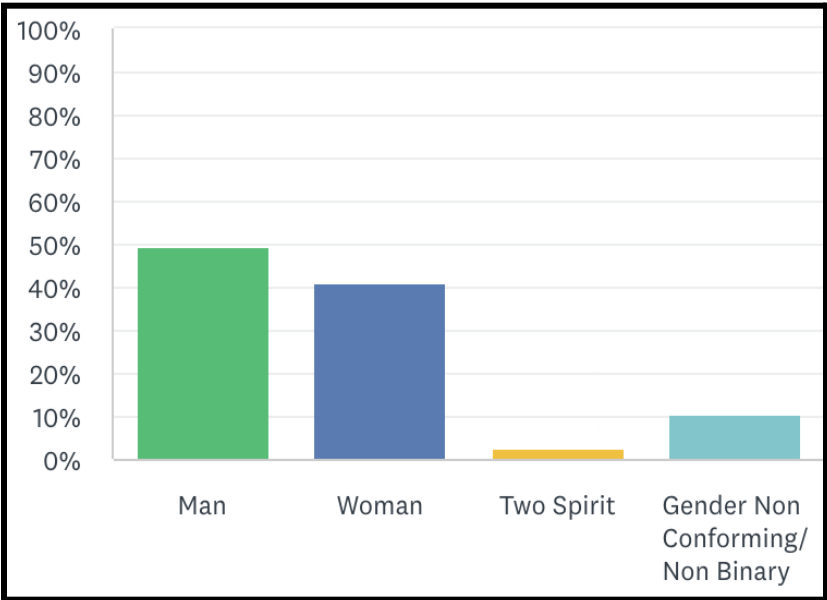
RESPONDENT DEMOGRAPHICS

Figure 1



Age
Respondents ranged in age from 18 to 65+, with the majority (78%) between ages 18-40. This differed from the 2021 provider survey in which the majority of respondents were between the ages 31-50.

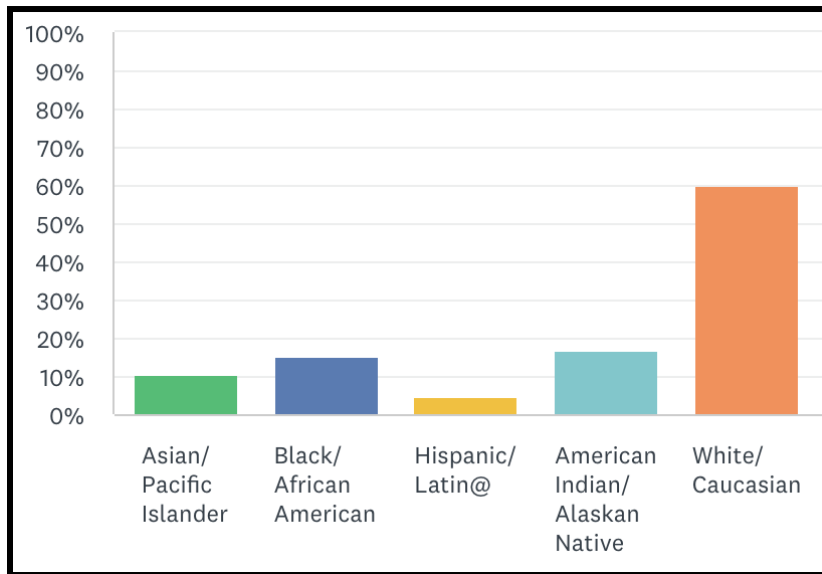
Figure 2



Gender
The majority of respondents were cisgender men (49%), followed by cisgender women (41%). 13% of respondents identified as non-binary or two spirit. When specifically asked if they identify as transgender, 27.3% responded yes. Data from 2021 showed a majority of respondents were cisgender women (44%), followed by cisgender men (37%). 12% of respondents identified as non-binary or

two spirit, and 10% identified as transgender.

Figure 3



Race and Ethnicity

The majority of respondents, as it was in 2021, were white/caucasian. The next closest group of respondents identified as Native American or Indigenous persons with 17%. There is still work to be done to achieve a more equitable representation of respondents.

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT

According to the Colorado Behavioral Health Administration (BHA)'s website, "one million people in Colorado are in need of behavioral health services."¹ With so many Coloradans in need of behavioral health and substance use disorder (SUD) services, it is important to look at both the availability of these services and people's ability to access them. It has also been shown that the behavioral health and SUD workforce in our state, and nationwide, has been experiencing a massive shortage, made more evident during the pandemic, and telehealth offers a way to meet this need for both rural and urban patients.

Behavioral health and substance use disorder (SUD) services made up 38% of telehealth services offered. These services continue to make up the majority of services delivered via telehealth by respondents from 2021. 62% of behavioral health and SUD providers have been using telehealth for more than 18 months. Data also shows that 36% of behavioral health and SUD providers surveyed say they have started using telehealth in the last year. At the time of the 2021 survey, only 17% of telebehavioral health providers had been using telehealth for more than 18 months and 56% had been utilizing telehealth for 7-18 months. This suggests an increase in behavioral health and SUD providers offering telehealth service.

¹ "Children Youth & Families." *Behavioral Health Administration*, <https://bha.colorado.gov/community-programs/children-youth-families>. Accessed 2 December 2022.

The barriers reported by behavioral health and substance use disorder (SUD) providers in offering services through telehealth largely mirrored the general survey respondents’ barriers to telehealth in the 2022 survey. Technology challenges and the digital divide experienced by patients remained consistent as the number one barrier.

Table 1

Top 3 Most Common Telebehavioral Health Services Offered	% of Total
Integrated Behavioral Health in Primary Care	41%
Individual Therapy	37%
Medication Management	34%

Noteworthy differences between the 2021 and 2022 results include:

- Integrated Behavioral Health in Primary Care surpassed Individual Therapy as the top telebehavioral service offered in 2022, which could indicate a rise in screening and behavioral health management in primary care clinics.
- Medication Assisted Treatment and SUD services offered via telehealth increased from 18% of respondents last year to just over 25% this year, potentially indicating an increase in accessibility to these services.

DIRECT TO CONSUMER TELEHEALTH

Almost 22% of respondents indicated that they are from organizations that identify as Direct to Consumer (DTC). DTC telehealth occurs when patients initiate an appointment with a health care provider on their own device, on their own schedule. It can happen synchronously or asynchronously, depending on the goal of the appointment and the patient’s needs, with or without a prior doctor-patient relationship. DTC companies often exclusively offer services virtually and typically do not have an in-person option for care. Although a traditionally in-person clinic may also choose to offer telehealth services directly to the consumer without requiring in-person care or an established relationship.

A majority (72%) of DTC providers indicated that 50% or less of their telehealth visits are with patients with whom they have an established patient/physician relationship. This data is similar to the results from 2021, and highlights the importance of SB20-212 which prohibits an insurance carrier from requiring a covered person to have a previously established

patient-provider relationship with a specific provider in order to receive medically necessary telehealth services from the provider.

As seen below (Table 2), almost 54% of DTC providers utilized asynchronous telehealth to provide advice to another clinician and 43% utilized asynchronous telehealth to receive advice from another clinician. This is vastly greater than the 17% and 11%, respectively, of DTC providers who chose these utilization types in the 2021 survey. Provider-to-provider consultations have many benefits to providers and patients, and doing so asynchronously helps providers with increasing patient loads due to workforce shortages and increased access to care through telehealth. Among the benefits of provider-to-provider consultations are increased access to specialty care in a timely manner and higher quality treatment². This increased shift of providers engaging in asynchronous telehealth consultations further demonstrates the need for an innovative resource center, like CHIRP, in Colorado for providers to easily network together and to seek out quality resources.

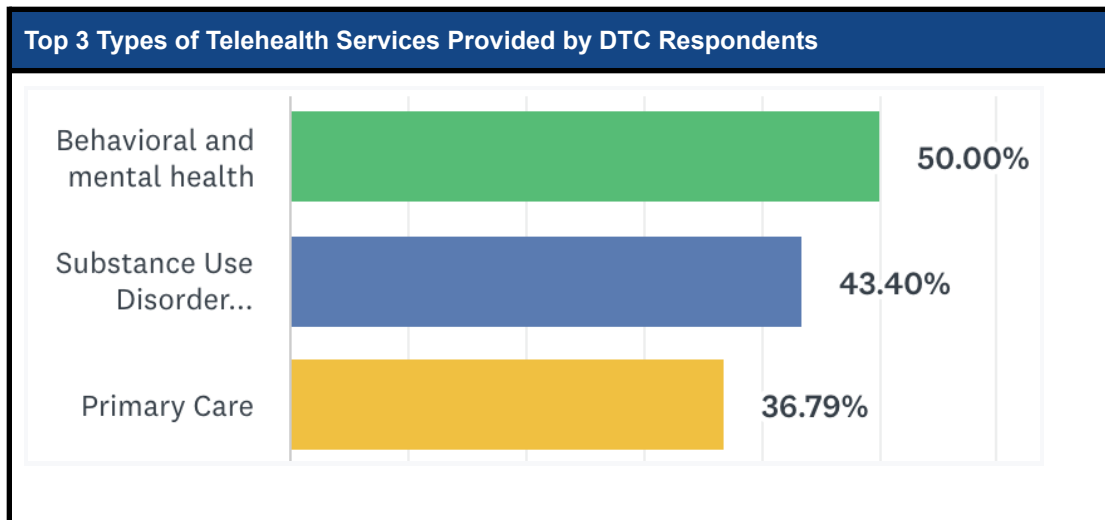
Table 2

Direct to Consumer: Types of Telehealth Used	% of Total
Asynchronous telehealth to provide advice to another clinician	54%
Remote patient monitoring	52%
Asynchronous telehealth to receive advice from another clinician	43%
Asynchronous telehealth to provide clinical care to a patient	40%
Live, interactive video visits	33%
Telephone/audio-only calls with patients	24%
Text message/SMS	21%
Patient portal messaging	10%

The top telehealth service provided by DTC respondents in 2022 was for behavioral and mental health (Figure 4). In 2021, substance use disorder (SUD) was the top service provided (also at 43%), with behavioral and mental health at 28%. This further drives home the point that telehealth has improved the availability and accessibility of behavioral health services in Colorado.

² "Children Youth & Families." *Behavioral Health Administration*, <https://bha.colorado.gov/community-programs/children-youth-families>. Accessed 2 December 2022.

Figure 4



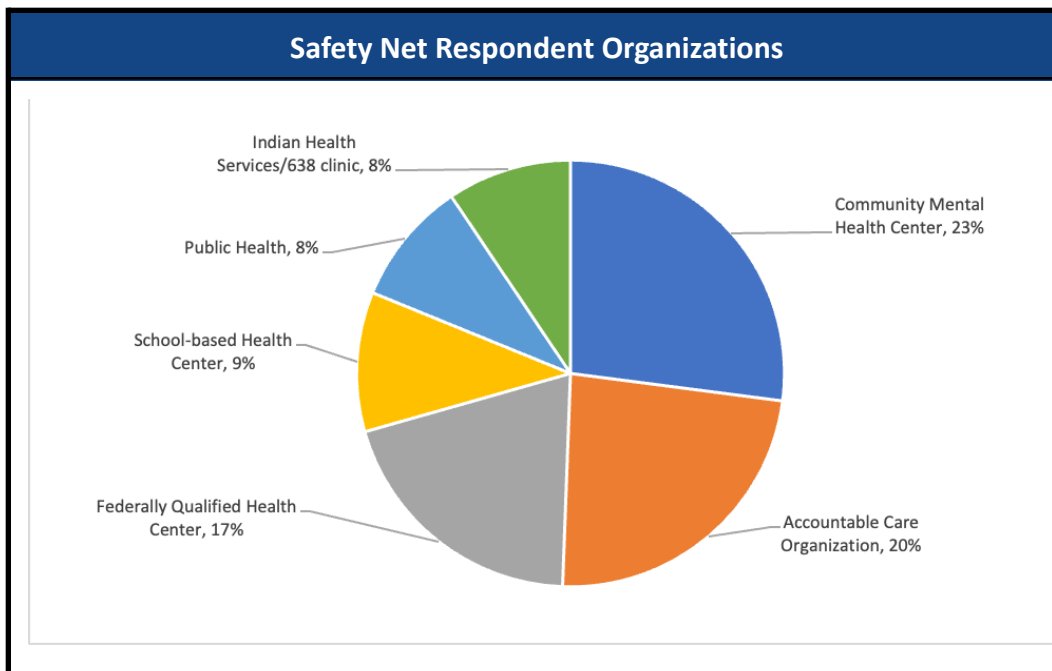
SAFETY NET PROVIDERS

Safety net providers deliver health services to patients regardless of their ability to pay and serve primarily uninsured and low-income patients³. They are generally located in areas where access to care is limited and the population experiences an inordinate amount of social determinants of health (SDOH). Examples of these SDOHs are housing insecurities or homelessness, food access, low income, language and literacy skills, racism, discrimination, and violence. This section reports how safety net providers responded to the 2022 Colorado Telehealth Provider Survey, how the data compares to the 2021 survey, and some insight into why certain trends have emerged.

Safety net providers made up almost 57% of respondents, an increase from last year's 52%. Figure 5 below shows a breakdown of these providers by organization type.

³ "safety net providers – Alliance for Health Policy." *Alliance for Health Policy*, <https://www.allhealthpolicy.org/glossary/safety-net-providers/>. Accessed 9 December 2022.

Figure 5



Sentiments Regarding Telehealth

The 2022 survey results continued to show a generally positive outlook about telehealth. There were 57% of safety net provider respondents that agreed or strongly agreed that telehealth improved the ability of their patients to keep their appointments. 55% of respondents agreed or strongly agreed that telehealth has improved the safety of their patients, and 55% of respondents agreed or strongly agreed that telehealth has improved the costs of care for their patients.

Care coordination is a vital part of health services, especially for safety net populations. 54% of respondents indicated that telehealth has positively impacted their care coordination services. The impact telehealth has on these services was shared by several respondents.

“In working with young children, it is harder to observe them in their interactions with primary caregivers (parents). It [telehealth] offers good opportunities for public health nurse home visitors and mental health consultants to offer/keep visits when [we] would otherwise have to cancel (ex: COVID positive family). A hybrid model [is] working well for our home visiting team.”

A 2022 survey respondent and provider in Colorado

Barriers to Telehealth Utilization

When asked to identify anticipated barriers to maintaining telehealth, 45% of safety net respondents shared that technology challenges for patients were the biggest challenge. This is up almost 5% from the 2021 data set, with patient digital literacy and internet access and/or reliability also identified as key challenges experienced when using telehealth. The full list of anticipated barriers is below (Table 3). Many technology challenges patients face are due to a lack of digital literacy. Digital Literacy is defined as the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills⁴. Digital literacy is a key issue to be addressed in the State’s Digital Equity Plan. Addressing digital literacy will help to lower this barrier and allow more of the safety net population to access telehealth services.

Table 3

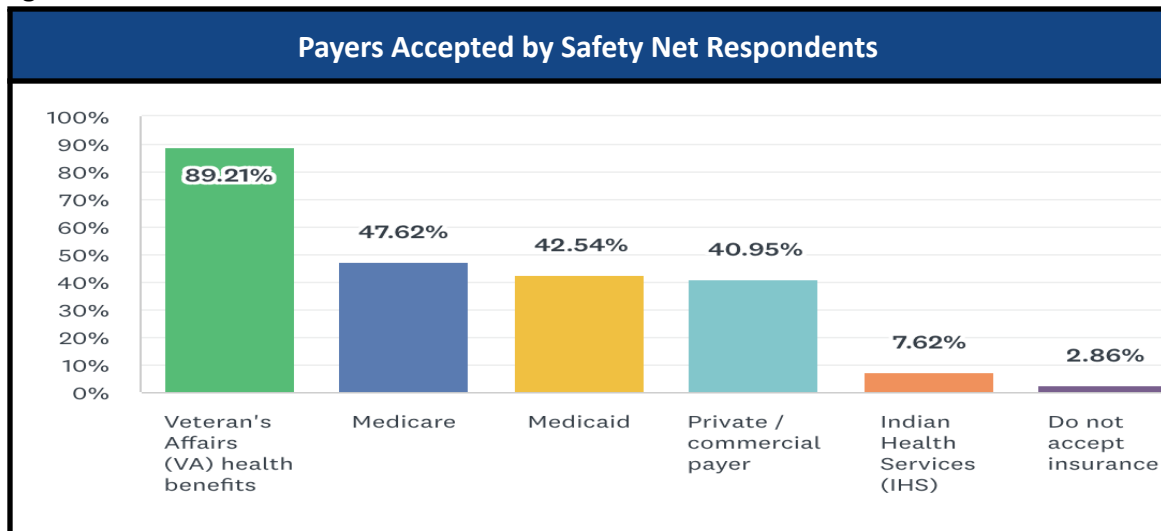
Safety Net Providers Anticipated Barriers to Maintaining Telehealth	% of Total
Technology challenges for my patients	45.3%
Liability	30.4%
Integration with the EHR	30.1%
Telehealth specific workflows	26.4%
Integration of additional technologies	26.0%
Cost of implementation/maintenance of telehealth platform	24.3%
Low or no reimbursement	22.6%
Clinician dissatisfaction	22.6%
Lack of technical support	21.6%
Low patient engagement	18.2%
Licensure	8.5%
I do not anticipate any barriers or challenges	2.7%

⁴ Madden, Amanda, and Tsion Tesfaye. “Definitions.” *National Digital Inclusion Alliance*, <https://www.digitalinclusion.org/definitions/>. Accessed 2 December 2022.

Of safety net providers who do not utilize telehealth in their practice, 48% indicated cost of implementing/maintenance of a telehealth platform as a barrier to implementing telehealth services. This was followed by low or no reimbursement and technology challenges for patients both at 37%. In 2022, OeHI began a payment parity analysis project with the Center for Improving Value in Health Care (CIVHC) to analyze telehealth and in-person claims data from the Colorado All Payers Claims Database (CO APCD), as well as telehealth denials data collected from payers by the Division of Insurance (DOI). The project evaluates whether [HB17-1094](#), which requires health benefit plans to cover health care services delivered to a covered person by a provider via telehealth in the same manner that the plan covers health care services delivered by a provider in person,” is being adhered to. The analysis will be available early 2023.

Health Insurance Payer Types

Figure 6



Safety net providers accepting VA benefits were much higher than in the 2021 survey, in which only 29% of respondents accepted this payer. Numbers for respondents accepting Medicare, Medicaid, and private/commercial payers remained consistent with the 2021 survey results.

Services Offered via Telehealth

The most common types of services provided by safety net providers via telehealth continue to be behavioral health services (42%), primary care (37%), and substance use disorder services (33%). The least commonly reported types of services were pediatrics (9%) and palliative care (2%). It was not surprising that pediatrics and palliative care were once again at the bottom, as both present different barriers such as consent, effectively interacting, and ability/willingness to use new technologies. As new ways of utilizing telehealth emerge, these might be areas to

consider looking into their specific barriers and solutions for expanding telehealth services for these populations.

Of chronic conditions treated via telehealth, over 40% provided care for high cholesterol, followed by cancer at 33%, and diabetes and kidney disease both at 30%. Only 11% of safety net respondents said they treated hypertension via telehealth. In recent years, the Colorado Department of Public Health and Environment (CDPHE) has been investing resources into expanding telehealth services, including remote patient monitoring, for the management and treatment of chronic diseases through grant opportunities to assist providers in implementing new telehealth programs or expanding their current programs.

Resources Needed

When asked what resources or training were needed for expanding telehealth, safety net respondents indicated integrating telehealth into their existing in-person practice to reduce disruption and teaching patients about telehealth are the highest needs. These are the same top resource needs identified last year. The full list, in order of highest need, is included below (Table 4).

Table 4

Resources/Trainings That Would Be Helpful to Expand Use of Telehealth	% of Total
Integrating telehealth into my in-person practice	39.2%
Teaching my patients about telehealth	38.9%
Connecting with patients	35.8%
Team based care approach	24.6%
How to do groups/classes via telehealth	23.9%
Clinical training on virtual physical exam	22.9%
Compliance, security and privacy rules and regulations	20.5%
Workflow refinement	18.8%
Reimbursement rules and regulations	18.8%
Choosing technology to use and how to make them work together	8.5%

Considering 45% of safety net providers reported that their patients are resistant to using telehealth AND that their the biggest barrier to telehealth utilization is patient technology challenges, patient education and programs aimed at closing the digital divide might be an area for further exploration and support.

FUNDING FOR TELEHEALTH

While many respondents reported having multiple sources of funding for telehealth services, 32% responded that they have not received funding for telehealth. Of those who reported having received funding, 35% of it was state funding, followed by federal at 32%, non-profit/foundation at 25%, and corporate funding at 19%.

In both the 2021 and 2022 surveys, providers indicated a need for finding and navigating funding sources available for telehealth. This sentiment was expressed by respondents from both surveys.

“I would like to learn more about the funding available to support improving my telehealth services, which I do from home. Being able to offer telehealth therapy has made a big difference in accessibility for my clients and has had nothing but a very positive impact on my practice. My clients rarely no-show for telehealth appointments and rarely cancel. I think it was definitely one of the "silver linings" of the pandemic.”

A 2022 survey respondent and provider in Colorado

Funding Sources

The table below shows a side-by-side comparison of where most provider funding came from by category in 2021 and 2022.

Table 5

Comparison of Top Telehealth Provider Funders by category: 2021 & 2022		
Category	2021	2022
Federal	Substance Abuse and Mental Health Services Administration (SAMHSA)	Health Resources & Services Administration (HRSA)

State	Colorado Department of Public Health and Environment (CDPHE)	Colorado Office of Behavioral Health (OBH)
Colorado-based non-profits/foundations	Colorado Health Foundation	Colorado Health Foundation

Table 5 shows a shift in the top State funder from CDPHE to OBH. This could be due to an over 4% increase in respondents who provide behavioral health and SUD services, as well as statewide efforts by the Behavioral Health Administration (BHA).

Most of the funding continued to support clinical service delivery via telehealth (37%) and operational staff and capacity building to support telehealth (35%).

Insurance Types Accepted

47% of respondents accepted Medicare, Medicaid, and private/commercial insurance, while approximately 29% accepted free/uninsured, Veterans Administration, and CHP+, and approximately 7% accepted Indian Health Services as a payer. This is roughly the same insurance mix as last year’s data.

Access to Grant Writing Services

88% of those that received funding had access to a grant writer, while only 64% of respondents who did not have access to a grant writer reported receiving funding. Last year, only 8% of those that did not have a grant writer received funding. This data potentially demonstrates that access to funding for health tech/telehealth/broadband expansion has improved. Even with this improvement, it is important to note that there are still major disparities between organizations’ access to a grant writer and funding. This gap can be decreased by making grant writing resources/training more accessible and by looking into how grant application processes can be more equitable for organizations with fewer resources.

PROVIDER TELEHEALTH UTILIZATION

Of all the respondents, 90% said that they utilize telehealth services. Only 60% of these respondents reported utilizing telehealth for 18 months or less this year, compared to 87% in 2021. This decrease highlights a sustained use of telehealth programs, and this progress can be expected to continue if telehealth training and resources are more readily available and regulations around telehealth practice support providers in a sustainable manner.

For respondents utilizing telehealth in their practice, 41% indicated they use live, interactive video visits most frequently, followed closely by remote patient monitoring (41%), and

asynchronous telehealth to provide advice to another clinician (33%). Among these respondents, 60% agree or strongly agree that audio-only and/or telephone based services are essential. This group also identified that integrating telehealth into their in-person practice and teaching their patients about telehealth are top resources and training needs.

40% of these respondents said the biggest barrier to patients accessing telehealth is a lack of patient access to broadband/internet, which increased 5% from the 2021 analysis. This further highlights the need for funding and efforts to increase connectivity in the state. See the table below for the full list and comparison to the 2021 survey.

Table 6

Perceived Barriers to Patients Accessing Telehealth (Providers Who Utilize Telehealth in Their Practice)	% of Total (2021)	% of Total (2022)
Lack of patient access to broadband/internet	35.2%	40.0%
Lack of digital literacy in patient	31.9%	39.8%
Patient preference for in person visits	34.3%	39.0%
Lack of patient awareness/understanding of telehealth offerings	26.6%	36.3%
Lack of patient access to technology	24.2%	33.3%
Lack of patient awareness/understanding of insurance coverage	23.9%	29.5%
Lack of health insurance	16.0%	22.7%
Lack of interpretation or provider that speaks a patient’s native language	12.8%	17.3%
Lack of access to community based resources	15.7%	14.3%
Not adequate time to conduct a full visit with a patient	7.6%	10.4%
No barriers known	3.7%	3.4%

For providers who indicated they did not participate in providing telehealth services, lack of training continued to be the top reason for not conducting telehealth visits. Integration with the EHR and clinician dissatisfaction were the top challenges to implementing and maintaining telehealth. This further highlights the difference of challenges for safety net providers, which

made up 40% of non-utilizers, who indicated cost of implementation as the biggest challenge. The top concern for patient access for these providers was access to an interpreter.

Access to an interpreter that speaks the patient’s native language was the number one perceived barrier to their patient’s ability to access telehealth services as identified by almost 38% of providers who do not utilize telehealth. The lack of interpreter services may be a reason preventing more providers from utilizing telehealth in their practices. Appropriate and accessible interpreter services are crucial if Colorado is to meet the Polis-Primavera administration’s goals of “Access to whole-person care” and “Equity for all” as identified in the [Colorado Health IT Roadmap](#).

SENTIMENTS ON TELEHEALTH

Similar to the 2021 survey results, a majority of respondents had positive perceptions about telehealth for both themselves and for their patients. Over 60% of respondents agreed that telehealth has improved the safety of their patients, patients’ ability to keep appointments, and cost of care for patients. 66% reported that telehealth has led to better access to care for patients. 58% of providers indicated that telehealth has improved the satisfaction of their work and the financial health of their practice, which increased 54% from last year.

While the majority of respondents were in favor of telehealth, there was some concern around the sustainability and ease of use of telehealth. Almost 25% of respondents shared that they spend more than 2 minutes per visit on providing telehealth technical troubleshooting. 21% disagreed that it is easy to get reimbursed for telehealth services provided and 19% felt it will not be easy to continue using telehealth in a way that is financially viable for their practice. Despite these concerns, respondents reported positive sentiments about telehealth and the impact it has on patients.

“Because of telehealth, clients with agoraphobia, paranoia and psychosis now have access to therapy. Also, geriatrics and clients with disabilities do not have to drive in the snow or dark and can now regularly meet with me, where they previously were not able to do so, especially in the winter because of snow conditions in the mountains. Telehealth has saved lives and is a blessing to my clients.”

A 2022 survey respondent and provider in Colorado

CONCLUSION

Building upon the 2021 Colorado Telehealth Provider survey, the majority of respondents continue to express positive perceptions of telehealth and a steady utilization of telehealth services in Colorado. There are also key areas for improvement that merit further consideration, such as broadband/internet accessibility, patient and provider training on technology and telehealth platforms, and more funding for telehealth that is easy for providers to find and apply for. The Office of eHealth Innovation (OeHI) and Prime Health will continue to monitor the telehealth landscape and look for more ways to improve upon the current state of telehealth in Colorado.

For questions or more information regarding 2021 survey results, the upcoming 2022 Colorado Telehealth Provider Survey analysis, or other activities related to Health IT in Colorado, go to oehi.co.gov.

For more information on Prime Health and its mission to advance health equity through innovation, collaboration, and ecosystem building, go to www.primehealthco.com.