



Without Policies That Supported Telehealth, ‘Our Clinic Would Have Suffered, Our Community Would Have Suffered’

When a doctor at the Family Practice of Holyoke was exposed to COVID-19 and had to quarantine for 14 days in July 2020, his work caring for residents in rural northeastern Colorado didn’t come to a stop.

The Family Practice of Holyoke, a rural health center in Phillips County, had recently launched a new telehealth platform. And for those 14 days, with the help of medical assistants based at the clinic’s physical campus, the doctor saw as many as 12 patients a day remotely.

That would have been impossible before COVID-19. The Family Practice of Holyoke had no telehealth services before the pandemic, mostly due to its inability to bill insurers for telehealth.

But the clinic launched its remote care program just days after the state’s stay-at-home order and new state regulations allowing rural health centers to bill for telehealth visits went into effect. It proved to be a critical addition.

Very few people came to the clinic in the early weeks of the pandemic. Volume dropped from between 60 to 70 patients a day to 12 to 15. Optical and dental practices associated with the clinic were closed, and the Family Practice of Holyoke furloughed some employees. Clinicians and medical assistants worked reduced schedules.

“It was a roller coaster ... Patients didn’t really know what to do at first,” said Jayden Miracle, Holyoke’s Clinic Manager. “We didn’t have anyone calling. It kind of halted our care.”

Once the telehealth program was operational, however, the schedule began to fill again. The clinic’s providers called several patients each day to check on them. It even launched a small advertising campaign to let people know they could still get care. Staff at the Family Practice of Holyoke also emphasized alternative ways for people to be seen: The clinic offered curbside care, and its providers also visited some patients’ homes, either when telehealth presented a barrier or to avoid bringing COVID-19 into the office.

By June, the volume of visits was close to normal and by



Patients and providers at the Family Practice of Holyoke have embraced telehealth services during the COVID-19 pandemic. The practice is hoping to create a space where providers can use multiple monitors to see patients’ charts or interact with translators as they conduct telehealth visits.

August, most staff were back at work, though the eye care and dental departments remained closed and many visits were still happening remotely.

Learning to Love Telehealth

Initially, some providers were skeptical about the benefits of telehealth. Jessica Skomp, a nurse practitioner and former clinic manager, said she values seeing people in person. But she found it was possible to accomplish a lot using technology. “I’m grateful we were able to use it during that time,” she said. “Otherwise our clinic would have suffered; our community would have suffered.”

The clinic’s patients, who come to the Family Practice of Holyoke from across the surrounding area, including across the border in Kansas and Nebraska, were receptive to the change.

“It can be hard to get the farmers in,” Miracle said. “But the telehealth appointments have been working great for

them... they really like the option to just call from their tractor or wherever they are.”

The staff’s concerns about whether the area’s many older adults would embrace telehealth proved to be unfounded. “Most of them enjoyed it and appreciated it,” Skomp said. Just a handful of people had trouble accessing appointments on the new software.

Rebecca Moore, a doctor at the clinic, said telehealth will be especially useful “in the winter for our elderly patients, when it is difficult to travel and there is more sickness.”

Telehealth was also a welcome service for patients with serious illnesses, families with many children, and people who either had COVID-19 or were particularly concerned about contracting it, Skomp said.

An Unresolved Barrier: Translation

There were serious barriers, however, for the clinic’s patients who don’t speak English as a primary language. About 47% of the clinic’s patients are Hispanic, and roughly 15% of that group is monolingual Spanish-speaking, Skomp said. In person, the clinic uses a program called Stratus to translate between English-speaking providers and patients who speak Spanish. But the telehealth platform and technological set-ups the clinic is currently using have made it challenging to connect with a translator.

At first, Skomp said, they simply weren’t hearing from these patients as frequently. “There was a lot of fear [of COVID-19],” she said.

As time has passed, the clinic has focused on reaching out to and offering other care strategies for Spanish-speaking patients, encouraging people to make curbside or in-person appointments where translation is easier. The clinic is also hoping to create a room with technology set up to facilitate bringing translators into telehealth appointments electronically.

Skomp said that the fear of coming to the doctor’s office during the pandemic has not disappeared in the community – but the clinic is committed to being as safe and accessible as possible. “I want to shout from the rooftops: We can see you, please don’t not be seen,” Skomp said.



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Jayden Miracle, Family Practice of Holyoke Clinic Manager

Sustaining Telehealth

As of August, the clinic is continuing to see patients in person and remotely. Skomp said the exact mix varies among providers and by week. But telehealth is still common, especially for wellness visits and more common ailments. She anticipates that as flu season arrives in the fall and winter, interest in telehealth will surge again.

“This is out here now, and our community likes it,” Skomp said. “It’ll be hard for us to go back.”

Family Practice of Holyoke has been applying for grants to support a longer-term transition to more telehealth. Staff are hoping to get connected devices like blood pressure cuffs; tablets, phones, or laptops for residents to access telehealth; and a room in the clinic where providers can look at multiple screens, bring in a translator, and access a patient’s health record during their appointments.

The clinic is planning to switch from its current software, Doxy.me, to a new program, OhMD, that wouldn’t require patients to download software to attend an appointment. “You can just click on a link in a text message,” Miracle said.

The team is also looking for ways to expand telehealth services – including a recent grant proposal that would fund integrated behavioral health services. Patients often drive to the Front Range to have those needs met because the town has no full-time counselor and no psychiatrist.

Miracle said the clinic’s ability to continue telehealth services will depend on whether it can continue to be reimbursed by insurers. “We can’t sustain it without external support,” she said. ■



This research was conducted in collaboration with the Colorado Office of eHealth Innovation (OeHI) and the Colorado eHealth Commission, in support of the Colorado Health Information Technology (IT) Roadmap. OeHI is responsible for defining, maintaining, and evolving Colorado’s Health IT strategy concerning care coordination, data access, health care integration, payment reform, and care delivery. To ensure that OeHI and the eHealth Commission create a strategy that reflects the wants and needs of Coloradans, they have created the Health IT Roadmap, which defines strategic initiatives to close the gaps in health care for patients and providers. This research was conducted in support of several Roadmap initiatives, including Initiative #16 to expand access to broadband and virtual care.