

# New York Association Partnership Advances Telehealth Policy with Health Equity Lens

*The Community Health Care Association of New York State & New York  
State Council for Community Behavioral Healthcare*



JANUARY 2022

## The Context

As an early epicenter of the COVID-19 pandemic, New York was forced to move quickly with changes to their telehealth practice and policy to address immediate healthcare access challenges. The state entered the pandemic with relatively low rates of telehealth use for the delivery of primary care and ambulatory behavioral health services due to longstanding issues of reimbursement and accessibility. In response to the urgent need for healthcare access and the potential financial collapse in a fee-for-service system, the State of New York's telehealth policy changes granted an unprecedented, rapid expansion of the healthcare system's telehealth capacity through reducing regulatory restrictions on and increasing payments for telehealth video and audio-only (telephonic) visits. Not only did this new flexibility keep most provider organizations financially afloat, it demonstrated a tremendous opportunity to advance health equity for safety-net clients who have historically faced barriers to accessing care within their communities by meeting clients where they are.

Recognizing a critical window of opportunity to make permanent the new telehealth flexibility beyond the pandemic, the Community Health Care Association of New York State (CHCANYS) and New York State Council for Community Behavioral Healthcare (NYS Council) partnered to influence policy change. The two state associations, herein referred to as the New York primary care association and behavioral health state association team (NY PCA-BHSA team), leveraged their existing partnership under a grant from the Delta Center for a Thriving Safety Net to be a unified voice, and became a first mover among associations in influencing the state's telehealth policy through advocacy work for their shared safety-net population.\*

*The Delta Center for a Thriving Safety Net provides technical assistance to primary care associations and behavioral health state associations to advance value-based payment and care, particularly in ambulatory care settings. The Delta Center is a national initiative led by JSI Research & Training Institute, Inc., The Delta Center brings together strategic partners including the The Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, Families USA, the National Association for Community Health Centers, and the National Council for Mental Wellbeing.*

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Support for this program was provided by the Robert Wood Johnson Foundation (RWJF). The views expressed here do not necessarily reflect the views of RWJF. Funding stipulations from RWJF prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying.

The NY PCA-BHSA team's collaboration in developing a joint white paper, "[Ensuring Sustained Access to Telehealth in the Post Pandemic Period](#)" was an essential component to establishing their collective voice to advocate for long-term change in telehealth policy. As they advocate for their telehealth recommendations to become permanent, they are also focusing on telehealth strategies that intentionally center health equity to avoid exacerbating disparities. With a shared understanding that telehealth must be approached with an equity lens, the NY PCA-BHSA team looks to build upon the principles outlined in their white paper and explicitly address issues of health equity in healthcare delivery.

## Advancing Telehealth Policy and Care Systems Together

Moving to telehealth was essential in maintaining access to care for clients throughout the pandemic and to the financial solvency of ambulatory care providers who were experiencing precipitous drops in revenues. At the onset of the pandemic, federal and state emergency waivers relaxed regulations and increased payments for telehealth services, which facilitated greater provision of telehealth in the state. However, achieving payment parity between in-person and virtual visits still remained a key financial challenge. Payment for audio-only visits was an even more pressing issue, especially for many New Yorkers who lacked access to technology and confronted other digital barriers when connecting with a provider.

In the spring of 2020, a crisis was looming unless policymakers addressed access and financial barriers stifling the utilization of telehealth for communities most disproportionately impacted by COVID-19. At that time, telephonic reimbursement rates for behavioral health services

*"It just made sense that we would fight together for a continuous rate that was fair, equitable, and on par with face-to-face service regardless of how you were being paid before COVID."*

*– Lauri Cole, Executive Director, NYS Council*

were as low as \$3/visit. For primary care providers in community health centers, telephonic visits were not reimbursable under their prospective payment system (PPS). The urgent situation culminated in CHCANYS calling the governor's office on Easter Sunday in 2020 and resulted in \$65/ telephonic visits and full PPS for video visits throughout the duration of the pandemic. Similar to other Delta Center PCA-BHSA teams, the NY PCA-BHSA team found themselves pivoting their initial value-based payment and care (VBP/C) policy agenda to come together and address immediate issues impacting their clients and providers.

Describing access to care as their "North Star" when it comes to serving their shared client population, the two associations came together to be one of the first state entities to formulate policy recommendations for state telehealth policy. In January 2021, the two associations published the aforementioned white paper, formalizing their recommendations around payment parity and payment for audio-only visits (see Table 1). The paper was innovative in that it sought to view telehealth policy explicitly through a health equity lens, while being sensitive to when telehealth is an appropriate form of care delivery. The recommendations also highlighted the need to make telehealth payment and delivery flexibilities permanent for behavioral health organization (BHO) and federally qualified

health center (FQHC) providers once the COVID-19 emergency waivers expired. Shortly after publishing the white paper, the two associations received opportunities to further their advocacy work. In addition to publicity through media attention, the State invited the PCA-BHSA team to participate in the Governor's Blue-Ribbon panel focused on improving telehealth and broadband access using new, innovative technologies and present their experiences and insights.

**Table 1. Key White Paper Recommendations for Policymakers**

Utilize telehealth to increase access and promote health equity through support for the full range of telehealth modalities
Maximize regulatory flexibilities to sustain telehealth adoption
Clinicians, in collaboration with clients, determine when a telehealth visit is appropriate
Reimburse telehealth visits on par with in-person visits to ensure comprehensive, coordinated, and integrated continuum of care

CHCANYS credits their ability to pivot with the NYS Council to their active partnership, in which, "Constant communication is a strong muscle for us. It helps our work. Even about issues that don't impact our members, we are understanding each other's worlds and it helps when we do come together."

As their Delta Center project concluded, CHCANYS and NYS Council committed to continue their joint advocacy for telehealth. Although audio-only was successfully added as part of the state's definition of telehealth delivery in June 2020, payment parity for this modality did not pass in the 2021 legislative session, and therefore the associations will continue to advocate for this policy through the State's budget and legislative processes. Uncertainty also remains with New York's

decision to lift the state of emergency on June 24th, 2021 and resulting expiration of emergency waivers. As the healthcare policy landscape continues to evolve, the NY PCA-BHSA team plans to continue to actively partner to advocate for the safety net on telehealth and other issues.

## Advancing Health Equity Together

For the NY PCA-BHSA team, the pandemic highlighted telehealth as a means to tackle systemic obstacles that prevent safety-net clients from accessing healthcare. Audio-only services, in particular, have shown the potential to overcome digital barriers such as lack of access to technology and broadband. The NY PCA-BHSA team has sought additional telehealth provisions from the state administration, citing the inadequacy of Medicaid cell phones for delivering telehealth services, as well as the fact that many providers used their own funds to purchase devices for clients without the guarantee of reimbursement.

*"As a provider, I feel like people miss appointments because we make it hard for them—it's during the workday, and if you're poor and in the lower rung of your workplace, it's hard to get a day off. We've learned to listen to our patients and really understand all the obstacles we place in their way. And for that, I think phone and video care is very effective, even aside from the pandemic."*

*– Diane Ferran, Vice President,  
Clinical Affairs & Performance  
Improvement, CHCANYS*

The associations have encountered unexpected pushback on the permanence of telehealth provisions from consumer

advocacy groups who are concerned about historically under-resourced populations being relegated to telehealth as their sole means of accessing healthcare. The ways telehealth can potentially cause harm are constant areas of reflection for the two associations as they continue to advocate for telehealth as just one type of care delivery that will increase access to care and ultimately improve the health of their clients.

*"We want to achieve not just health equity, but justice in health care. We are not at that place yet, so in the spirit of reaching people where you can when you can, [telehealth] is a really important tool right now. None of us are saying it's the gold standard of care, but we have to start from a place of access on our way towards justice."*

*– Marie Mongeon,  
Senior Director of Policy,  
CHCANYS*

As part of their Delta Center alumni grant, the NY PCA-BHSA team is working with policymakers and their memberships to ensure that state policies and reimbursement promote telehealth adoption and that in practice, members promote and engage in telehealth through an equitable lens. Through targeted health equity trainings and learning collaboratives for telehealth providers, the associations aim to promote learning around racially conscious, equitable, and integrated delivery of remote care.

The NY PCA-BHSA team has begun to advance health equity on issues beyond

telehealth such as workforce. Recently, CHCANYS convened a diverse group of safety-net organizations to discuss the Governor's budget; as CHCANYS described, "It was the first time we talked about something that didn't impact everyone equally but it impacted our clients in common." Recognizing that they have a unique ability to advocate for their clients in a consistent way, a major priority for the NY PCA-BHSA team is to become the convener of collective action with other safety-net organizations and stakeholders to advance health equity.

## Lessons for State Provider Associations

The collaboration between NYS Council and CHCANYS led to important lessons about how other state provider organizations can effectively influence policy making to advance more equitable care delivery.

### 1. Seize the "first-mover advantage."

Through joint policy work and the publication of a white paper on the topic of telehealth, the NY PCA-BHSA team became a prominent voice early on in telehealth advocacy. Their early entrance allowed the NY PCA-BHSA to anchor and frame the telehealth policy discourse, and gave the associations visibility as leaders in this space.

### 2. Keep each other in the loop.

Constant communication and supporting each other's respective work, even if it was not always directly related to one another's policy agenda, helped the associations shift quickly together around immediate issues. Their existing partnership through the Delta Center allowed the associations to quickly pivot their policy agenda from VBP/C to telehealth and establish themselves as advocates for the communities COVID-19 hit the hardest, garnering

national and state-level recognition.

- 3. Analyze and iterate upon policy proposals through a health equity lens.** The NY PCA-BHSA team realized that telehealth services were essential to expanding access to care by overcoming many traditional barriers to access for the safety-net population. However, advancing health equity requires a focus on removing structural barriers that perpetuate or exacerbate health disparities. The NY PCA-BHSA team has continued to fight for equitable access to telehealth services by advocating for payment parity for audio-only visits, provision of devices to access telehealth services, and broadband access. The pursuit of these policies is intended to maximize benefit to their client populations and prevent new health disparities from emerging.

- 4. Establish a collective voice for the safety net.** Convening stakeholders across health and human services organizations serving similar groups has allowed the PCA and BHSA to initiate health equity discussions for the safety net population. The collective recognition that many of these healthcare, housing, and nutrition assistance organizations may serve overlapping client populations can be the beginning of meaningful policy advocacy that supports a more equitable healthcare delivery system in the long term.

*The Delta Center would like to thank Lauri Cole and Cindy Levermois from the New York State Council for Community Behavioral Healthcare, and Marie Mongeon and Diane Ferran from the Community Health Care Association of New York State for their input and reflections.*

\*Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.