MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES:
TELEHEALTH SERVICES
COVID-19 IMPROVEMENT STRATEGIES

WHAT IS MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES?

During the COVID-19 pandemic, maintaining continuity of service delivery for routine and essential care is necessary for minimizing excess morbidity and mortality and maintaining population trust in the health system. As a patient’s first point of contact for care and cornerstone of a sustainable health system, PHC has a critical role to play in this effort. (2,4) Drawing from PHCPI’s Improvement Strategies we identified three core strategies for optimizing service delivery settings and platforms, as shown to the right. This document focuses specifically on the role of telehealth in maintaining access to routine and essential services.

WHAT IS TELEHEALTH?

Telehealth refers to the use of information and communications technologies (ICT) to support the delivery and management of remote health care services. Telehealth activities may include long-distance health care, patient and provider health-related education, public health, and health care management. (1–3) Two common forms of telehealth are telemedicine--the delivery of remote clinical services--and remote patient monitoring--the use of electronic devices to report, collect, transmit, and evaluate patient health data outside of traditional healthcare settings. (2–4) Telehealth can be delivered through a variety of different technologies, including mobile phones, smartphone apps, landlines, videoconferencing, the internet, wearable technology, and store-and-forward imaging. (3,4)

During the COVID-19 pandemic, shifting services that can be provided remotely without compromising safety and quality to telehealth services can help reduce the burden on facilities and community-based providers and minimize exposure for patients.

Sri Lanka is a lower-middle income country with high health status driven by accessible quality primary health care services from the public sector. The first local case of COVID-19 in the country was documented in March 2020, which led to changes in the configuration of health service delivery. To prevent disruption in access to both COVID-19 and non-COVID-19 health services, health care facilities adopted telehealth innovations following the guidelines from the Ministry of Health. The adoption of telehealth during the COVID-19 pandemic has allowed primary care providers in Sri Lanka to continue providing medical care to their patients. Successful implementation of telehealth requires adequate data infrastructures, well-trained staff, and clear management & communication protocols in dealing with patients.

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CHALLENGES & OPPORTUNITIES

Making a rapid shift to telehealth service provision during the COVID-19 pandemic will be challenging no matter the context, however making this pivot may offer several opportunities for health systems strengthening beyond the COVID-19 time period. These challenges and opportunities may include:

KEY OPPORTUNITIES:

HIGH-QUALITY PHC

When supported by strong policies, investments, and regulatory structures, telehealth can offer an effective means for countries to ensure that PHC remains the first point of contact with the health system and that care is continuous over time and place. (2) (4,13) Telehealth programs that enable the exchange of health information via interoperable ICT allow for stronger data management and use, helping to improve coordination of care between patients and their care teams. (2) This is particularly true when strong health management information systems and/or electronic health records are present; while countries without such systems can implement telehealth services, careful attention must be paid to avoid care fragmentation. Similarly, the remote nature of telehealth often presents challenges to the delivery of comprehensive services and, without careful planning and implementation, can increase care fragmentation. (14) However, telehealth services that allow for clinical decision support, interprofessional education and collaboration, and continuing professional development opportunities that are adaptable to the local context can offer providers with access to otherwise inaccessible knowledge and resources. This knowledge sharing has been shown to improve the skills and services providers have to offer, and positively impact clinical management and delivery of health care services.(2) Finally, evidence shows socioeconomic benefits for patients, providers, and the broader health system, including improved person-centeredness via enhanced patient-provider communication and educational opportunities for patients such as disease self-management, patient education, and health promotion. (2,5–7,10)

EFFICIENCY AND COST-EFFECTIVENESS

Although start-up costs for implementing telehealth can be high, there is potential for efficiency gains later on. (2,6) Remote care and diagnosis via telehealth benefits both patients and the health care system in the long-term by reducing wait times and indirect costs associated with seeking and providing care, including travel and missed work/childcare. Additionally, connecting multiple remote sites via telehealth (such as geographic or municipal boundaries) can be a cost-effective way of delivering care and managing resources. (2,10)

ACCESS AND EQUITY

Telehealth has the potential to widen pre-existing disparities in access and health outcomes, and so particular attention must be paid to ensure that telehealth services are designed with low-income, elderly, and/or marginalized populations in mind. (5–8) This is of particular relevance for countries with a nascent ICT infrastructure and enabling environment (i.e. standards and interoperability, legislation, regulations, and capable workforce). (6) On the other hand, with appropriate planning and attention, telehealth may actually offer an opportunity to increase patients timely access to healthcare, particularly for rural and remote populations. (2,9)

SURVEILLANCE, RESPONSE, & CASE MANAGEMENT

Digital technologies also offer countries an opportunity to more effectively organize and collect patient data. Use of these technologies via telehealth can enable robust surveillance and tracking efforts by providing countries with a means to identify and track public health issues and trends. This can lead to added benefits, including strengthening disease monitoring and risk communication and planning for COVID and non-COVID related issues among care teams and communities. (2,11) Given the urgency and threat of COVID-19 (particularly for pre-symptomatic and asymptomatic cases), remote case management is an important strategy for preventing its spread and protecting the safety and well-being of providers and patients. (12) Additional COVID-19 improvement Strategies related to surveillance and tracking are forthcoming.
Countries around the world are rapidly shifting to new and/or expanded roles for telehealth services during the COVID-19 pandemic. (15,16) Transitioning to telehealth while maintaining quality and safety of service delivery requires commitment and change at all levels of the health system. Various elements of PHC systems are well positioned to help ease this transition and ensure sustainability in the long term. Potential pathways for leveraging PHC will depend on local context, (17) but may include:

**POTENTIAL PATHWAYS:**

**PHC POLICIES, FINANCING, & QUALITY MANAGEMENT INFRASTRUCTURE**

Delivery of telehealth services requires policies and regulations that allow for virtual service delivery, provide legal frameworks and protections for providers and patients, and ensure patient privacy and confidentiality. (2,18–20) Countries that have built effective mechanisms for PHC policy development may be able to leverage these mechanisms to accelerate telehealth policy development and implementation. (13,19,21) The same principles that underlie effective PHC policymaking—including ensuring data-based decision-making and participatory processes as well as designating clear structures, roles, and accountabilities—will support effective telehealth policy formation. (6,22) Although telehealth services may not be limited to PHC, ensuring that telehealth policies and regulations are embedded in PHC policies supports implementation and sustainability. (22) Countries that have built effective mechanisms for PHC policy development may be able to leverage these mechanisms to accelerate telehealth policy development and implementation.

Crucially, telehealth services must be regulated to ensure quality and safety. (19) (21) (13) Embedding telehealth within a strong quality management infrastructure—including regulatory statutes, quality policy strategies, accreditation, community engagement, and ongoing performance evaluation—will be essential to maintaining quality and safety. In particular, key decisions about which services can be safely provided via telehealth, and by which type of healthcare providers, should take into consideration local workforce capacity and access to referral when needed and be codified in regulations to ensure safety.

Finally, reimbursement challenges and implementation costs are common barriers to telehealth provision and adoption. (23) Supportive payment systems that appropriately reimburse providers or facilities for telehealth services are essential for the adoption of telehealth initiatives. Health financing initiatives should also focus on removing financial barriers, particularly for low-income or vulnerable populations, to ensure everyone can benefit from telehealth. Learn more about priorities for the health financing response to COVID-19 here.

**POPULATION HEALTH MANAGEMENT**

To be effective and accessible, telehealth service delivery must be designed with the end-user in mind. This includes understanding the information and communication technologies available to the local population, as well as anticipating their needs and concerns with a pivot to telehealth and proactively designing services to mitigate these concerns. To this end, community engagement during telehealth service design—though time consuming—will be essential. (2,6,13,18,20,22-23) Beyond design considerations, aspects of population health management such as empanelment and proactive population outreach can serve as mechanisms for tracking both individual and population health needs and help ensure that telehealth services are targeted at those most in need. (39) Countries or regions with empanelment in place before COVID-19 can utilize these systems to identify, track, and target specific services to those in need; for example, identifying all patients with cardiovascular disease and ensuring they receive appropriate services. In countries or regions where empanelment is not yet in place, other data sources—such as disease registries or census data—can also be effectively used to achieve similar ends. Additionally, proactive population outreach activities can support the identification of populations whose health needs may be met by telehealth. Outreach can also help understand how to meet these needs, as well as identify patients who might need additional support. In addition, proactive population outreach and empanelment help enable the tracking of patients and linkage of patients needing testing or referrals to testing centers, hospital intensive care units, or other facilities that can provide more specialized COVID-19 care. (40)
The PHC workforce will be at the center of a pivot to telehealth services (35) and early and sustained efforts—including re-assignment, task shifting, and in-service training—must be made to both redistribute and capacitate the workforce to deliver services remotely as well as build demand and motivation to use new technologies. (16) This transition is made easier in health systems with existing strategies and infrastructure in place to develop and sustain a skilled workforce competent in the delivery of comprehensive PHC. Additionally, shifting to telehealth service delivery can be greatly facilitated by the presence or initiation of team-based care. During COVID-19, health systems and facilities can help to facilitate this transition to team-based care by defining team structures, roles and responsibilities grounded in team members’ competencies, and communication structures. Although team cultures take time to build and develop they are essential for strong team functioning; during the rapid transitions COVID-19 is driving, taking time to align on a common vision and purpose for teams and demonstrating organizational support and leadership commitment can go a long way. (7,35-38)

Robust, interoperable information systems and the use of these systems are essential at all times for ensuring access to high-quality, real-time data for setting priorities, making clinical decisions, measuring and managing performance, and identifying and tracking empaneled populations. (24-28) This is particularly true during a shift to telehealth service provision during the COVID-19 pandemic, when service providers are likely to be working from multiple locations in difficult conditions. In particular, the existence of interoperable and interconnected ICT infrastructure will greatly support transitions to telehealth service delivery; (2,5,6,22-23) in the absence of such systems, protocols and procedures supporting provider communication and coordination will be critical to ensure closed feedback loops for effective surveillance and referrals. (29-34)

**GLOBAL LEARNING PLATFORMS**
- OpenWHO
- PHCPI Community of Practice - online forum for resilient PHC

**GLOBAL TOOLS & RESOURCES**
- WHO, 2009 Telemedicine: Opportunities and Developments in Member States
- WHO - WHO eHealth Site
- WHO - Digital Health Site and Draft Global Summary on Digital Health 2020-2024
- WHO, 2015 - Third global survey on eHealth
- WHO, 2016 - Global diffusion of eHealth: making UHC achievable
- WHO, 2020 - Maintaining essential health services: operational guidance for the COVID-19 context
- WHO, World Bank, and OECD - Delivering quality health services: a global imperative for UHC
- NEJM Catalyst - What is Telehealth?
- Knowledge Action Portal, 2020 - COVID-19 and NCDs and Digital Health Topics
- PATH, 2020 - Resources to support COVID-19 response in LMICs
- PATH, 2020 - Three urgent actions to protect essential health services during COVID-19
