

November 14, 2022

Submitted via online comment portal

Jim Macrae, Associate Administrator
Bureau of Primary Health Care
Human Resources & Service Administration
U.S. Department of Health and Human Services

RE: Draft Policy Information Notice regarding Scope of Project and Telehealth

Dear Associate Administrator Macrae:

Fenway Health is a federally qualified health center and Ryan White Part C HIV clinic in Boston, MA that serves 35,000 unique patients each year. Half of our patients are LGBTQIA+, and about 5400 are transgender and nonbinary. About 2,300 of our patients are people living with HIV. Our key commitment is to address the specific health needs of sexual and gender minorities (SGM) and people affected by HIV. Honoring the intersectionality of identities and lived experience and taking action to advance racial equity and social justice, are central components of this commitment.

Throughout the COVID-19 pandemic, Fenway Health has utilized telehealth to ensure continuity of care, and we have seen first-hand the positive impact telehealth has on health outcomes and increased access to care, especially for our LGBTQIA+ patients.

In Section I. Background, HRSA states that providing services via telehealth can increase patient access to care, and improve clinical outcomes, continuity of care, and quality of care. We have found this to be true at Fenway Health. Through Crossroads and Press Ganey patient survey data, our patients have overwhelmingly shown interest in continuing to use telehealth to access their medical and behavioral health care. In alignment with these findings, we have consistently seen a decrease in our visit no-show rates across departments since utilizing telehealth. From March 2020 through January 2022, we saw a no-show rate decrease of more than 4% for telehealth visits versus on-site, and a patient cancelation rate decrease of more than 9%.

Despite progress in care guidelines and protocols for sexual and gender minority people, many LGBTQIA+ people remain largely invisible to their care providers, experience delays in access to care, and often face stigma and barriers to accessing care, resulting in greater health disparities.

During the pandemic when interstate telehealth restrictions were lifted, patients accessed our telehealth services from 38 different states. Many of these were existing patients, but we did have new patients from out of state whose first appointment was via telehealth. For example, among the 446 new transgender and gender diverse (TGD) patients who came to us during the first six months of the COVID-19 pandemic, 17% were from out of state. From March through August 2020, a total of 3,189 TGD patients utilized our telehealth medical and behavioral health (BH) services. Many of these were existing patients but we did have new patients from out of state whose first appointment was via telehealth.

Fenway Health cared for close to as many unique TGD patients during this 6-month period via telehealth as it did via in-person services during calendar year 2019 (3794 medical patients in 2019 vs. 3033 medical patients in March through August 2020. Fenway Health had 946 behavioral health patients in 2019 vs. 911 behavioral health patients in March through August 2020).¹

We recognize the importance of making telehealth services available to all residents of our service area, regardless of the individual’s ability to pay (Section 330(a)(1)(B) of the PHS Act). We make concerted efforts to ensure that all our patients in our service area are able to access telehealth services. We have focused health center resources in applying for grants that provide for technology and infrastructure that would help us reach patients within our service area that may face challenges related to transportation, access to technology to participate in telehealth, and other barriers. Our approach to telehealth care mirrors our approach to on-site care delivery. We are mission driven in our efforts to reach patients where they are. It is of the utmost importance that we avoid implementing limitations on a modality of care delivery that is in direct opposition to its fundamental purpose, to increase access to care. Due to our unique ability to provide care within the LGBTQIA+ community, Fenway acts as a magnet health center, seeing patients geographically dispersed well beyond Massachusetts’ state lines. Often patients use telehealth to access life-saving care that the patient would otherwise have no options to receive. Efforts to expand access to affirming care are even more critical with the current rise of anti-LGBTQIA+ and anti-transgender laws throughout the country. Telehealth is uniquely positioned to help meet the health care challenges many LGBTQIA+ patients face.

Research consistently shows that LGBTQIA+ people face many barriers to accessing care. A 2020 national survey conducted by Center for American Progress found that 15% of LGBTQIA+ Americans, and nearly 30% of transgender people, reported postponing or avoiding medical treatment due to discrimination.² LGBTQIA+ patients in the rural United States are less likely to disclose their sexual orientation and gender identity to providers, and are less likely to disclose same-sex behavior that could increase their risk for HIV and other STI infection.³

HRSA should continue to support this innovative approach to expand access to healthcare for underserved and hard to reach populations. Fenway Health strongly and respectfully disagrees with the provision in Section IV.B of the PIN that requires that health center patients receiving telehealth services be “physically located within the health center’s service area.” This is especially problematic for TGD patients, LGBTQIA+ patients, and patients at risk of or living

¹Chris Grasso, Juwan Campbell, Emily Yunkun, David Todisco, Julie Thompson, Alex Gonzalez, Amika Brewster, and Alex S. Keuroghlian. *Gender-Affirming Care Without Walls: Utilization of Telehealth Services by Transgender and Gender Diverse People at a Federally Qualified Health Center*. Transgender Health. April 2022. 135-143. <https://doi.org/10.1089/trgh.2020.0155>

² Gruber S, Mahowald L, Halpin J. *The state of the LGBTQ community in 2020. A national public opinion study*. Washington, DC: Center for American Progress. 2020, October 6. <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

³ Rosenkrantz, D. E., Black, W. W., Abreu, R. L., Aleshire, M. E., & Fallin-Bennett, K. (2017). Health and health care of rural sexual and gender minorities: A systematic review. *Stigma and Health*, 2(3), 229–243. <https://doi.org/10.1037/sah0000055>

with HIV and other sexually transmitted infections. HRSA's proposed service area restrictions on telehealth will only further undermine the benefits that our patients have experienced.

Thank you for considering this comment in response to Draft Policy Information Notice; Scope of Project and Telehealth.

Should you have any questions, please contact Emily Phillips, Telehealth Project Manager, at ephillips@fenwayhealth.org or 857-313-6868.

Sincerely,

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