



Right Services
Right People
Right Time
Right Way

Digital Health in Alabama | Need to Know

The terms telehealth and telemedicine are often used interchangeably when referring to healthcare provided through the use of virtual communication. There are currently over 100 different definitions that have been peer-reviewed for telehealth and telemedicine.

For the purposes of this report, the following definitions apply:

- **Digital health** – refers to both telehealth and telemedicine.
- **Office of Digital Health** – refers to the division of the Alabama Department of Public Health that organizes all telehealth, telemedicine, and **other** partnerships that take place at the county health departments (which may not be considered telehealth or telemedicine).
- **Telehealth** – refers to visits or appointments that utilize the telehealth cart for consulting or conferencing with a collaborating outside provider. County health department (minimum Clerk status) is the facilitator at the originating location.
- **Telehealth cart** – refers to carts that include a computer, video conferencing technology, Bluetooth stethoscope, and handheld exam camera. These carts are located within the county health departments.
- **Telemedicine** – refers to visits or appointments where the full telehealth cart is used, and a nurse is the facilitator at the originating location (where the patient is located).

If the words *telehealth* or *telemedicine* are in the name of a program or agency, they have not been adjusted to these definitions.

Digital health provides a pathway to increase the access to care for people across Alabama, particularly those in rural areas. This policy spotlight will review Alabama's use of digital health within county health departments and different avenues for digital health expansion, as seen by other states and the private sector.

Digital Health Solutions for Public Health Challenges

In 2016, the Alabama Department of Public Health's (ADPH) Office of Digital Health, previously known as the Office of Telehealth, began placing carts in county health departments across the state. By 2019, all operating county health departments had their own telehealth carts,¹ as well as the broadband capabilities to support the carts. Various partners used the carts throughout the years for telemedicine, telehealth, and educational training. The Office of Digital Health office has primarily used federal equipment grants to fund the building of their telehealth carts. Although the office has never received a direct appropriation of state funds for their

programs, occasionally, other funds within ADPH have been used to meet small needs.

The coronavirus changed the way that digital health is administered, billed, and regulated. Prior to the COVID-19 pandemic, federal regulations required:

- 1.) Digital health to be conducted at a medical facility within a rural area.²
- 2.) All digital health sites to pay a new site facility fee.
- 3.) Only approved clinicians and services to be delivered.

¹ After closing in 2017, the Coosa County office reopened in 2022 and received a cart in 2023.

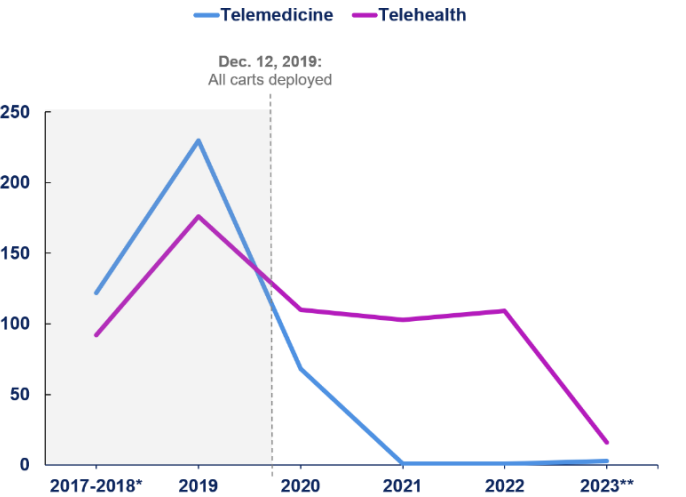
² A rural area was defined as a Health Professional Shortage Area (HPSA) and designated by the Health Resources and Services Administration.

In response to the pandemic and the subsequent emergency period, the United States Congress passed multiple bills that loosened regulations on digital health for Medicaid/Medicare patients and providers to participate in digital health appointments. Additionally, many private insurers, who did not previously cover digital health appointments, followed the federal regulation changes. Although the emergency period ended on May 11, 2023,³ these regulatory changes were extended through December 31, 2024, in the Consolidated Appropriations Act of 2023. Without permanent changes or another extension, digital health regulations will revert back on January 1, 2025.

Declining Utilization Rates in Alabama

Digital health at county health departments is underutilized. Since 2019, overall digital health visits have declined by 95%. Predating the COVID-19 pandemic, the Office of Digital Health conducted as many as 400 visits in a single year which consisted of both telemedicine (56.6%) and telehealth (43.4%) visits. The effects of the changes to digital health can be seen when reviewing telemedicine specifically. The number of telemedicine visits have sharply declined statewide since their peak in 2019. At the end of 2022, telemedicine visits had declined 99.6% from 2019. **See Figure 1 and Table 1.**

Figure 1: Digital health visits have declined by 95% since their peak in 2019.



*2017-2018 data includes February 2017-December 2018
 **2023 data includes January-June 2023.

³ [Fact Sheet: End of the COVID-19 Public Health Emergency | HHS.gov](#)

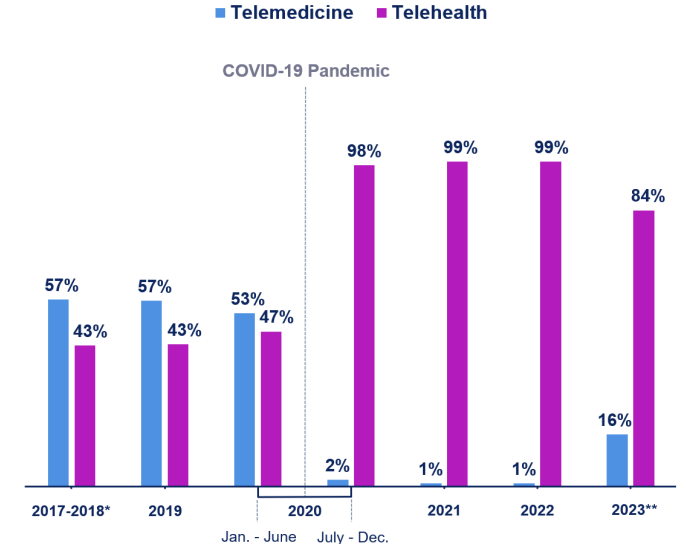
Table 1: Digital Health Visits.

Year	Telemedicine	Telehealth	Grand Total
2017-2018*	122	92	214
2019	230	176	406
2020	68	110	178
2021	1	103	104
2022	1	109	110
2023**	3	16	19

*2017-2018 data includes February 2017-December 2018.
 All carts were not deployed during this period
 **2023 data includes only the first half of the year.

Digital health encounters have transitioned from originating in county health departments to patients' homes. In response to the pandemic, changes in telehealth regulations allowed digital health appointments to take place at a patient's home, which previously were required to take place in a medical facility within a rural area. With these changes, many of the major providers and partners of county health departments started to use a **direct-to-consumer approach**,⁴ rather than using the county health departments as a facilitator. Due to the changes in regulations, the Office of Digital Health's visits shifted from majority of telemedicine visits pre-pandemic, to having more telehealth visits post-pandemic. **See Figure 2.**

Figure 2: There have been five telemedicine visits statewide since 2021.

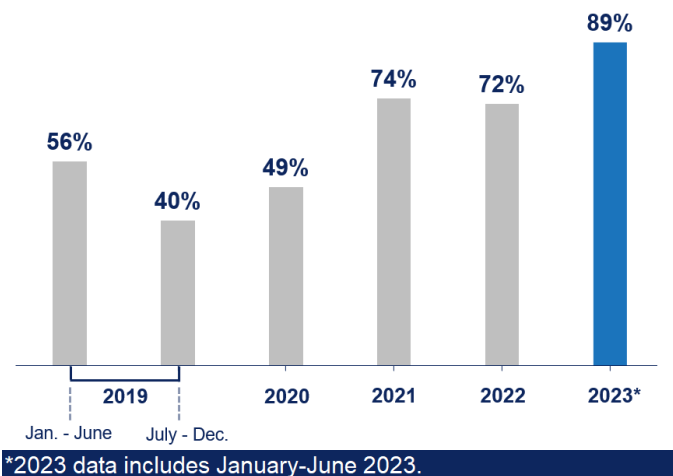


*2017-2018 data includes February 2017-December 2018
 **2023 data includes January-June 2023.

⁴ Allows patients to connect with providers remotely and quickly. This "at home" telehealth allows patients to obtain medical care on their own technology devices and at a time that is convenient for them.

Although the Office of Digital Health has adapted to these changes and worked to find partners that would still utilize the telehealth carts, there has been a continued decline in usage of telehealth carts for digital health visits at the county health departments. **See Figure 3.**

Figure 3: Through the first half of 2023, 89% of county health departments had no digital health visits.



Other Digital Health Providers in Alabama

Many Alabamians in rural areas struggle with access to healthcare. In rural LaFayette, Alabama, community leaders have developed a unique approach by partnering with Chambers County, the Alabama Cooperative Extension System, and Auburn University to install an OnMed Care Station. This station provides both primary and urgent care services virtually, only requiring an internet connection and electrical outlet. For the citizens of LaFayette, this is important since there are no local urgent care clinics, and the nearest hospital is 30 minutes away. The funding for this station came through a mix of public grants and private donations, making it free of charge for patients to use. However, this is one-time funding, and without a sustainable financial model, like fee-for-service billing, the station may not be a lasting solution for the community.

Additionally, Auburn University's Rural Health Initiative has secured over \$2,000,000 to expand these OnMed stations to other underserved areas, particularly in the Black Belt Region. However, continuous funding remains a challenge for ensuring long-term access to virtual care through OnMed.

Many of the major healthcare organizations, such as the University of Alabama at Birmingham (UAB), have created and use their own versions of digital health across the state. UAB employs digital health through different approaches, but the direct-to-consumer approach has become increasingly prominent. This digital health program allows patients to connect with their own personal doctors and receive care virtually.

Digital health programs are not only being used for doctor-to-patient visits. UAB hospitals also use their digital health capabilities to connect with rural doctors across the state. Through digital health, specialty doctors are assisting with patient care, aiding rural doctors, and allowing rural hospitals to continue serving their patients instead of transferring them to a different hospital.

Digital Health Efforts in Other States

Two southeastern states, Mississippi and South Carolina, have school-based digital health programs within their K-12 school systems. Both programs work through a partnership with medical universities and local school districts. These programs give students the opportunity to see a doctor without leaving school, which may allow parents to stay at work or care for other siblings. The program includes doctor's visits for urgent care appointments, other pediatric visits, and behavioral health appointments. Technologies such as a Bluetooth stethoscope and handheld exam cameras (Mississippi) and TytoCare's all-in-one device (South Carolina) connect students with doctors to conduct virtual exams.

In both states students are seen by school nurses who decide if the presenting symptoms constitute the need for a doctor and a telemedicine visit. If the symptoms call for a telemedicine visit, the nurse oversees the appointment from the school. In most cases, the doctors are employed by the partnering medical center, while the nurses are employed by the local school system.

Spotlight on South Carolina's School-based Digital Health

School-based digital health in South Carolina is designed to increase access to care to rural parts of the state. When beginning to roll out school-based digital health, South Carolina started placing technology in rural areas and schools with Federal

Title I status. They also looked at areas that do not have a local pediatrician or family provider. This method of implementation was designed to increase access to care for children who otherwise might not receive care. In an interview with South Carolina Telehealth Alliance, ACES was told that around 98% of the students who use school-based digital health were Medicaid recipients. Medicaid and private insurance companies are billed for the appointments, but students without insurance will still receive care. Currently the state legislature in South Carolina allocates nearly \$7,000,000 to help fund their school-based digital health program.

Conclusion

Digital health in Alabama is underutilized; 89% of county health departments did not have a digital health appointment during the first half of 2023. Although almost all county health departments have the necessary equipment and technologies to conduct appointments, visits have not recovered since the pandemic.

Since Alabama has the digital health resources, other programmatic ideas should be considered to increase their use. Alabama can look to examples from other states, like Mississippi and South Carolina on ways to increase access to care that are not currently available.

To adapt to new levels of technology and increase access to care, the Governor and the Legislature should consider the following recommendations:

Dedicate funding to implement new, innovative digital health opportunities.

Pilot a school-based digital health program through partnerships with the Alabama Department of Public Health and local education agencies.

Measure digital health outcomes that impact access to care.

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