

# Advancing Virtual at-Home Care for Community Health Center Patients Using Patient Self-Care Tools, Technology, and Education [Response to Letter]

Cheryl Modica <sup>1</sup>, Joy H Lewis<sup>2</sup>, R Curtis Bay<sup>3</sup>

<sup>1</sup>National Association of Community Health Centers, Bethesda, MD, USA; <sup>2</sup>Department of Medicine and Public Health, A.T. Still University, School of Osteopathic Medicine, Mesa, AZ, USA; <sup>3</sup>Department of Interdisciplinary Health Sciences, Arizona School of Health Sciences, A.T. Still University, Mesa, AZ, USA

Correspondence: Cheryl Modica, National Association of Community Health Centers, Inc, 7501 Wisconsin Avenue, Suite 1100W, Bethesda, MD, 20814, USA, Tel +1 301 310 2250, Email cmodica@nachc.org

## Dear editor

We would like to acknowledge the letter in response to our publication entitled “Advancing Virtual At-Home Care for Community Health Center Patients Using Patient Self-Care Tools, Technology, and Education” and thank Masriadi M, Indrus HH for recognizing that virtual health services using self-care tools, technology, and education are an important model for increasing access for hard-to-reach patients. As pointed out in our manuscript, we also appreciate that there are communities where connectivity and access to technology are limited. We appreciate the comment regarding the importance of assessing the relational continuity of service based on the relationship between patients and health care workers and included a patient survey as part of our study to evaluate experience and satisfaction with care. We recognize that some health care requires in-person encounters and that care may also involve a blend of in-person and virtual services, based upon the needs determined by the patient, provider, and care team. Our paper outlined a model of care that included virtual care and the use of self-care tools, technology, and education, and its impact on a set of measures of preventive and ongoing care. We found statistically significant improvements in HbA1c, blood pressure, and body weight. We found increased rates of colorectal cancer screening and improvements in depression scores. The model that was tested was not designed to take the place of in-person primary care but to augment care and improve access and patient engagement in care.

## As Summarized from the Manuscript

A total of 385 patients were enrolled and 270 (70.1%) completed a baseline visit and at least four virtual visits during the six-month intervention period. Statistically significant improvements were seen in measures for HbA1c, systolic and diastolic blood pressure, and bodyweight. Among the 270 who completed the baseline and at least 4 virtual visits, the percentage up-to-date for colorectal cancer screening increased from 113/270 (41.9%) to 169/270 (62.6%) after six months,  $p < 0.001$ , a 20.7% increase. Patients completing the baseline visit and at least 4 virtual visits reported a 10.7% decrease in depression and increased satisfaction with virtual care visits compared to in-person visits ( $p < 0.001$ ).

## Conclusion

Health centers applying the Value Transformation Framework’s organizing framework to the use of virtual care models together with patient self-care tools, technology, and education, had improvements in measures for chronic and preventive conditions and patient experience.

## Disclosure

The authors report no conflicts of interest in this communication.

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