Telehealth Maternity Care Program

Florida Department of Health

Legislative Report
October 2025

RON DESANTIS
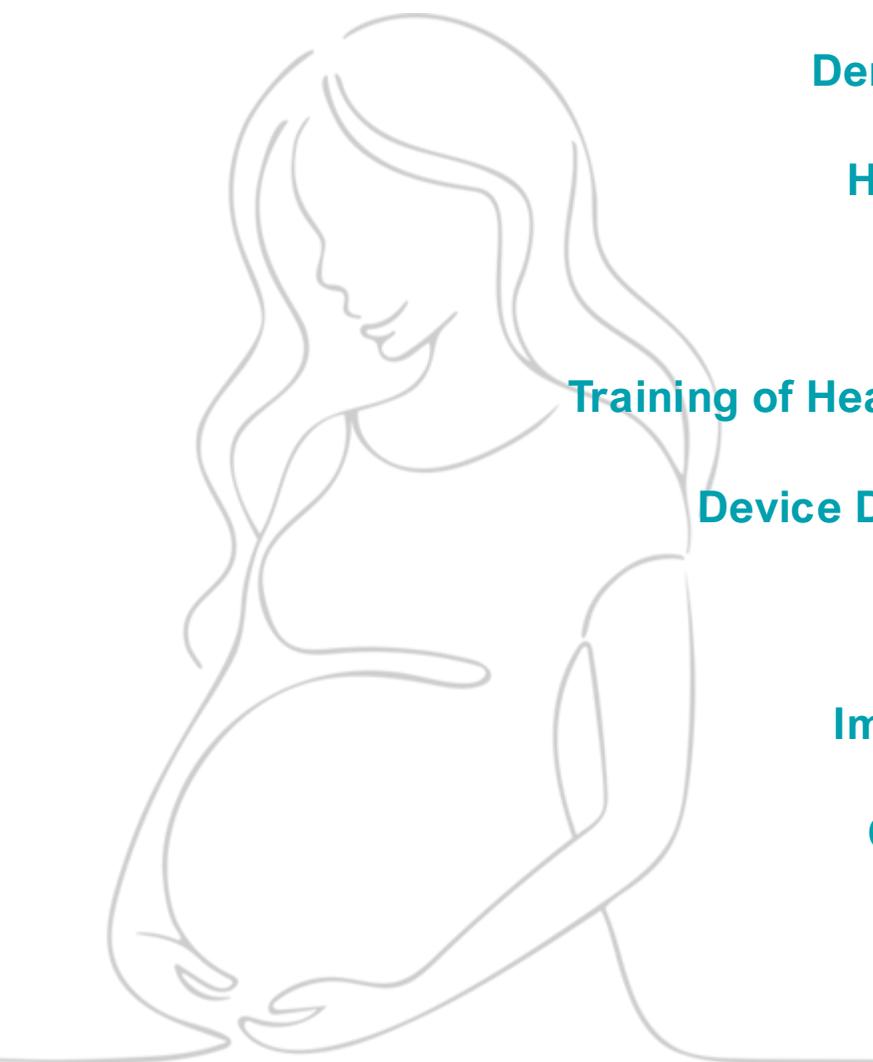**GOVERNOR**

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SUMMARY

Overview and Objectives
The Florida Department of Health launched the Telehealth Maternity Care Program (TMCP) to implement section 383.2163, Florida Statutes. This established a statewide TMCP to enhance maternal health outcomes through the strategic use of telehealth services. TMCP providers utilize telehealth technology to assess the needs of pregnant and postpartum women, facilitating access to essential services, educational resources, and coordinated care. In addition, providers offer select services that may not be covered by insurance. TMCP aims to reduce severe maternal morbidities, which can have significant short-term and long-term impacts on a woman's health.

Screening and Treatment
The TMCP offers screening and treatment for a range of common pregnancy-related complications. These include mental health conditions such as anxiety, depression, and substance use disorder, as well as physical health concerns like hemorrhage, infection, amniotic fluid embolism, thrombotic pulmonary or other embolisms, hypertensive disorders of pregnancy, diabetes, cerebrovascular accidents, cardiomyopathy, and other cardiovascular conditions.

Supportive Tools and Patient Empowerment
In addition to screening and treating common pregnancy-related complications, the TMCP provides comprehensive wrap-around services to support maternal wellness. This includes equipping patients with essential tools—such as digital scales, blood pressure cuffs, and glucose monitors—to facilitate regular health monitoring from home. These resources enable timely assessments and empower patients to actively participate in their care.

DATA SOURCES

During the development of this report, data were sourced from FLHealthCharts.gov. Maternity health data were extracted from various contracted health providers, beginning with the program's pilot year in Fiscal Year 2022-2023. In collaboration with the Florida State University Pepper Institute and the Claude Pepper Center long with the Knowli data team, the Florida Department of Health developed a provider data reporting tool-an online platform that enables providers to efficiently submit quarterly invoices, report quantitative health metrics, update patient enrollment information, and share lists of subcontractors and referral partners with the TMCP.
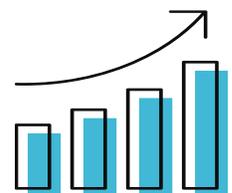
Program Launch and Expansion

The TMCP was launched in FY 2022-23 with two pilot providers: a small community health organization serving Duval County and a large hospital system serving Orange County. TMCP initially aimed to reach 2,000 women but exceeded expectations by serving more thar 2,500 women during FY 2022-23. Both providers demonstrated effective strategies tailored to their capacities, including:

•Provision of internet access and digital tablets

•Regular telehealth consultations

•Real-time patient health monitoring

•Nutrition and mental health counseling

•Collaboration with community partners to address socioeconomic needs

Expansion

In FY 2023–24, TMCP expanded its reach to include the following counties: Orange, Duval, Hillsborough, Broward, Seminole, Volusia, Leon, Miami-Dade, Collier, Palm Beach, Pinellas, Polk, Lake, and Manatee.

Later in the FY 2023-24, additional counties were onboarded including: Alachua, Bradford, Dixie, Gilchrist, Lafayette, Levy, Marion, Suwannee, and Union.

Figure 1.1 Coverage in Year One.   Figure 1.2 Coverage in Year Two.
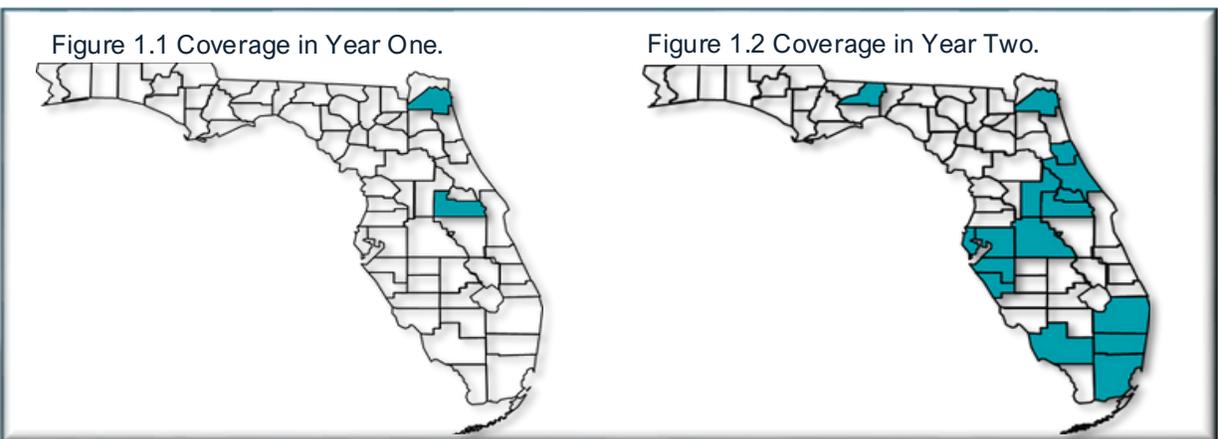
Program Impact

During FY 2023-24, TMCP achieved several key outcomes:

• Reduction in emergency department visits and hospitalizations

• Improved access to care in maternity medical deserts

• Significant increase in program reach, with over 6000 women served, more than double the number from the previous year (2,533).

The program had initially projected a target of 3,000 women served to demonstrate its value and sustainability. Surpassing 6,000 participants highlights the growing demand and effectiveness of TMCP services.

Looking Ahead

One of TMCP's long-term goals is to establish statewide access to telehealth-enabled maternity care across Florida. With continued expansion and government support, the program is well-positioned to become a cornerstone of maternal health services statewide, ensuring women in every county have access to vital care.

PILOT PROGRAM BACKGROUND

Pilot Program Outcomes

In FY 2022–23, patient satisfaction surveys from the TMCP pilot program indicated strong approval ratings, with 70% of respondents in Duval County and 87% in Orange County reporting high levels of satisfaction.


87% High Program Satisfaction in Duval County in FY 2022-23

In Duval County, 90% of patients who identified additional needs were successfully referred to wrap-around services. In Orange County, 100% of such patients received appropriate referrals.

Both pilot providers exceeded 1,000 patients served by leveraging data-driven strategies, targeted healthcare interventions, and community engagement:

•**Orange County**: Achieved high early enrollment through outreach to patients already participating in other health programs.

•**Duval County**: Drove enrollment through grassroots efforts, including patient-to-patient referrals, social media campaigns, and community events.

**Figure 2.1. Total number of patients enrolled by county.**
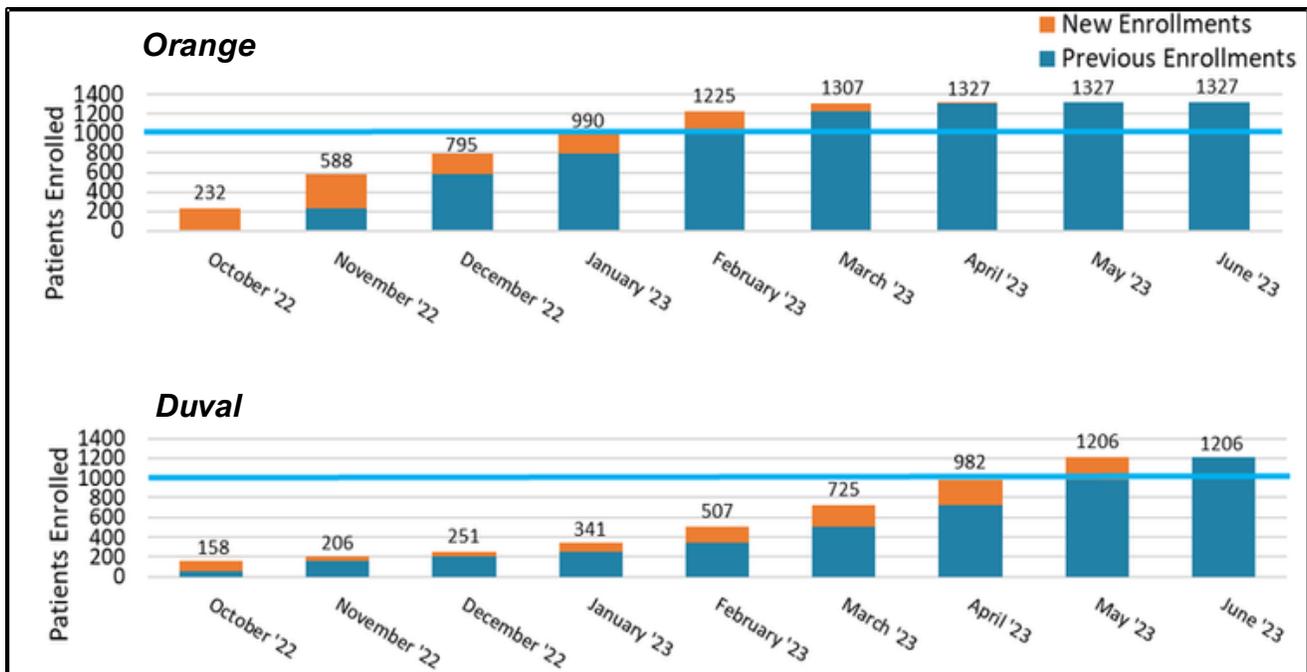
Chronic Condition Management

The pilot program was designed to expand access to quality health care for underserved populations. During the pilot phase, providers in Orange and Duval counties achieved meaningful outreach by enrolling patients with barriers to accessing care.

To address chronic diseases and conditions, providers leveraged telehealth to enhance care for patients with hypertension and diabetes. In Duval County, remote monitoring devices were distributed to patients, enabling real-time transmission of health data to care management teams for proactive intervention.

Approximately 79% of patients with hypertension and 66% of those with diabetes received these devices, resulting in nearly **18,000 reviews of patient vitals**.

Figure 2.2 below, illustrates the percentage of patients enrolled within the pilot program that have chronic diabetes and/or hypertension for both the Duval and Orange county provider. In Orange County, the provider utilized its telehealth infrastructure to offer additional visits for patients managing chronic conditions as they had higher numbers of chronic patients. This included 549 telehealth visits specifically for hypertension management. Across both pilot sites, high-risk patients were closely monitored to enable early intervention and reduce the risk of complications.

Percentage of Patients with Chronic Diseases. Hypertension / Diabetes. Duval: 7.70%, 7.41%. Orange: 10.88%, 12.15%.
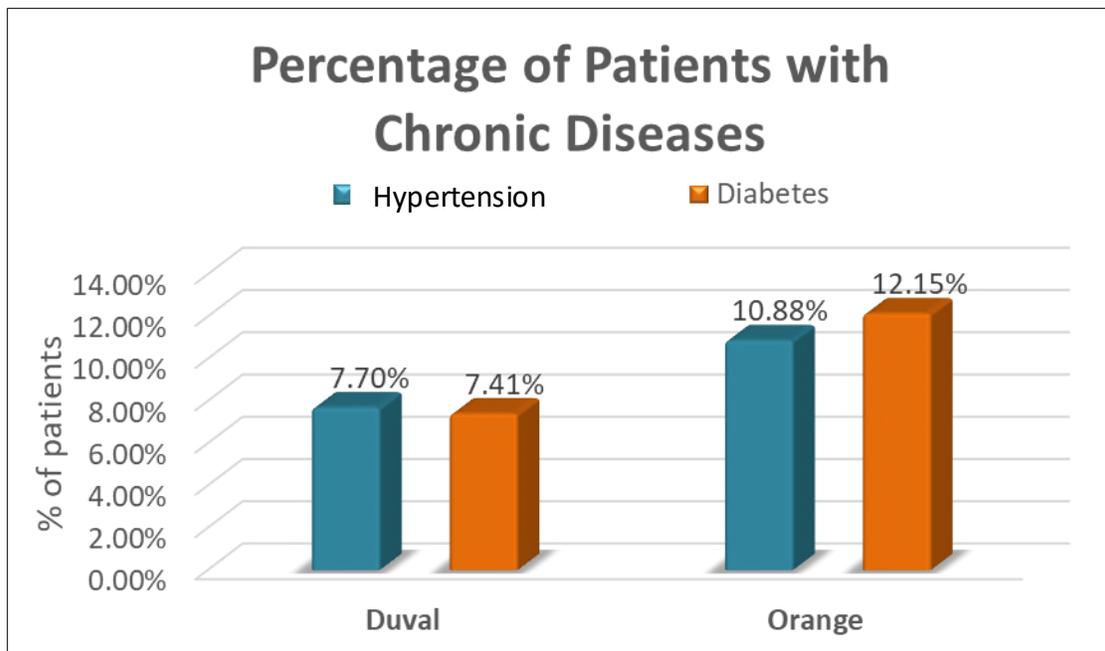
Enrollment Trends and Retention Challenges

Figure 3.1 illustrates the growth in TMCP enrollment since the program's launch in FY 2022–23, which began with **2,533 patients**. As the program expanded and additional providers joined, enrollment more than doubled in FY 2023–24, reaching **6,419 patients**.

By the close of FY 2024–25, TMCP enrollment had surpassed **7,657 patients**, reflecting continued momentum. With more providers joining the initiative, TMCP is well-positioned to accommodate future growth while maintaining its commitment to quality, accessibility, and affordable maternity care.

Most patients enroll prior to delivery; however, a significant number exit the program before completing the full care cycle. According to the Telehealth Minority Maternity Care Program Evaluation Report for FY 2023–24, of the **4,413 participants** enrolled, 2,444 exited before final evaluation could be conducted. While data on patient length of stay for FY 2024–25 is not yet available, early indicators suggest a continued trend of early program exits.

This highlights the need for enhanced retention strategies to ensure patients receive the full benefit of TMCP services.

Figure 3.1. Total number of patients enrolled in each fiscal year.
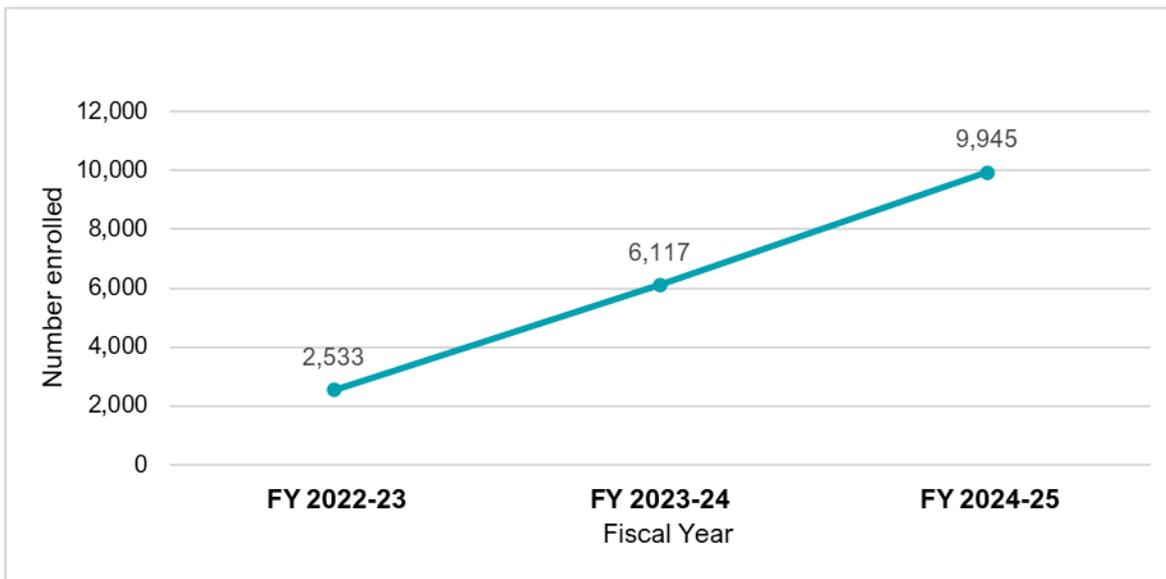
Total number of patients and patient enrollment or screenings are one in the same.
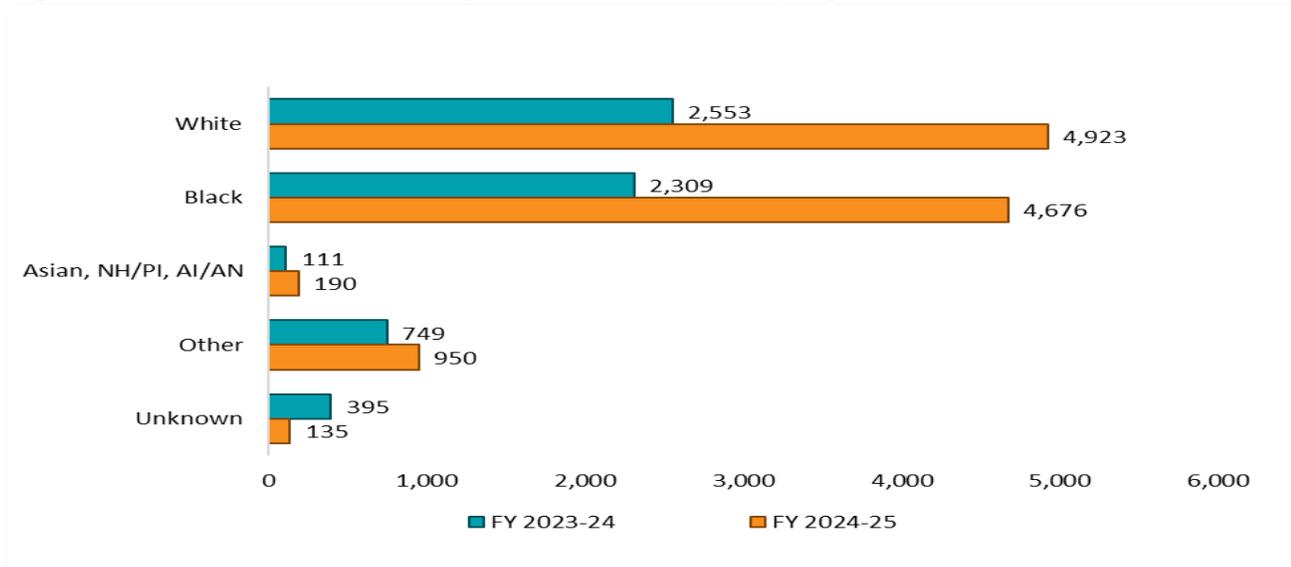
Patient Demographics: Race and Ethnicity

Figure 3.2 presents the total number of TMCP participants by race for FY 2023–24 and 2024–25. The data reflect the program's reach across diverse racial groups. The "Other" category includes individuals who did not identify with any of the listed racial classifications, while the "Unknown" category represents participants who either declined to disclose their race or were uncertain of how to self-identify.

Figure 3.3 displays a comparative bar graph illustrating the total number of patients by ethnicity, specifically distinguishing between Hispanic or Latino and Non-Hispanic or Non-Latino, for the same two fiscal years.
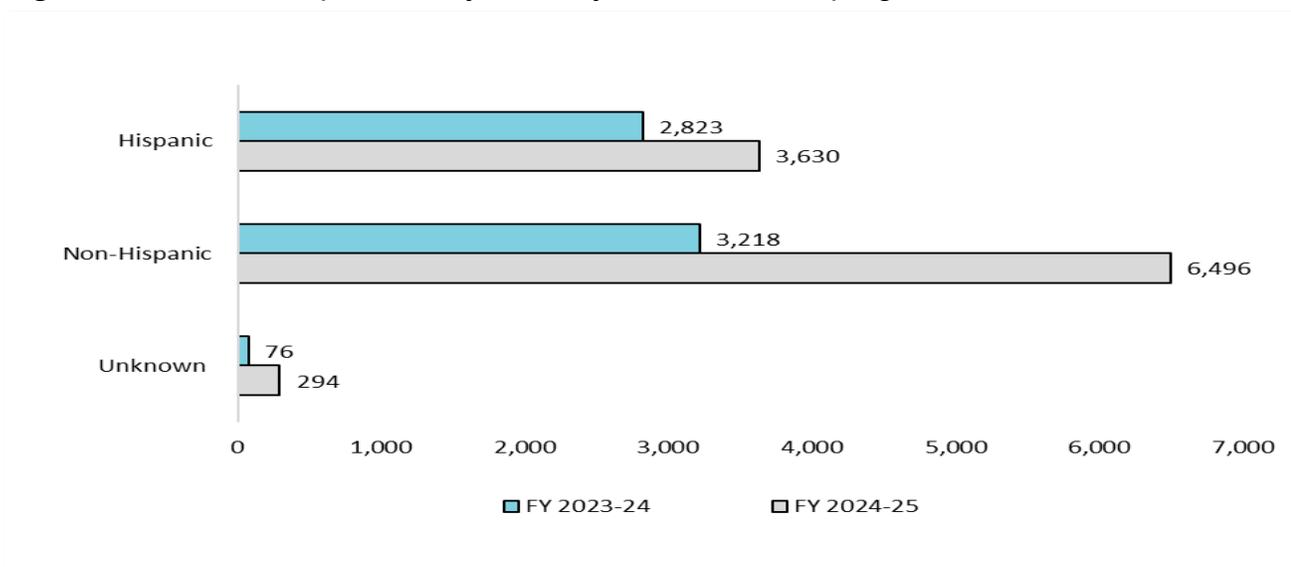
Limitations

Demographic data for race and ethnicity may not equal total women served. Data represented is self-reported and collected by participating providers

Figure 3.2 Number of patients, by race, enrolled in the program.

Figure 3.3 Number of patients, by ethnicity, enrolled in the program.

Patient Demographics: Age

Figures 3.4 and 3.5 illustrate the age distribution of TMCP patients across FY 2022-23 through to FY 2023-24 and through to FY 2024-25. The data revealed 72% of enrolled patients, were 25 years of age or older, showcase the provider's reach among women in their prime childbearing years. The remaining 28% of patients were under the age of 25 highlighting the program's accessibility to younger mothers.

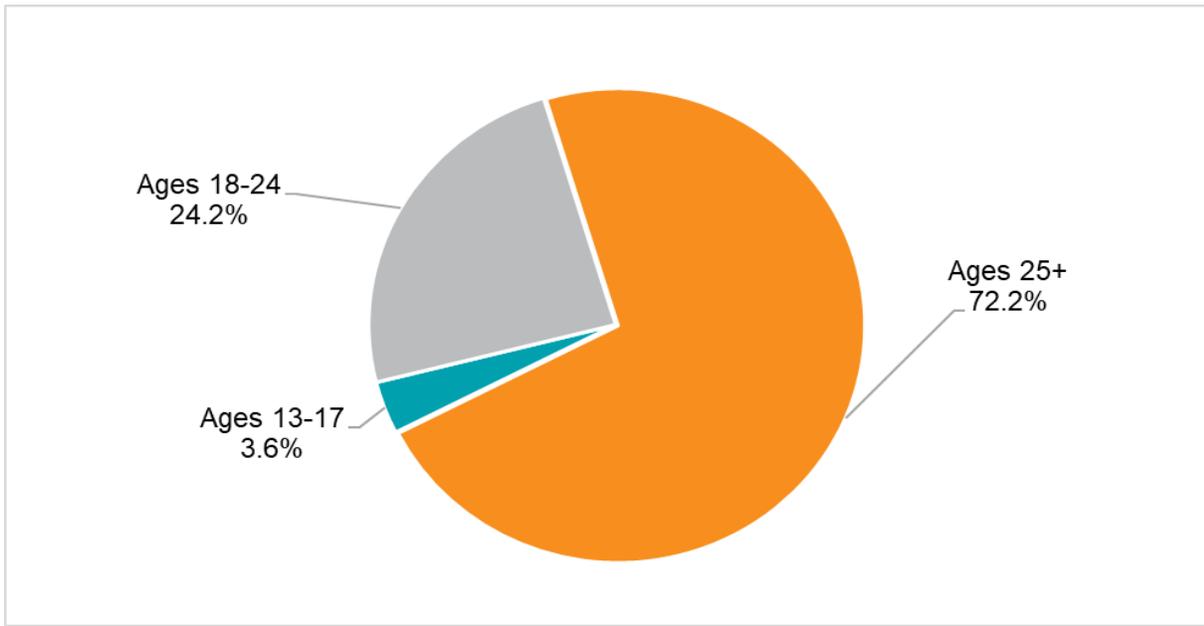**Figure 3.4** Percent of patients, by age, from FY 2022-24

Figure 3.5 Percent of patients, by age, from FY 2023-25
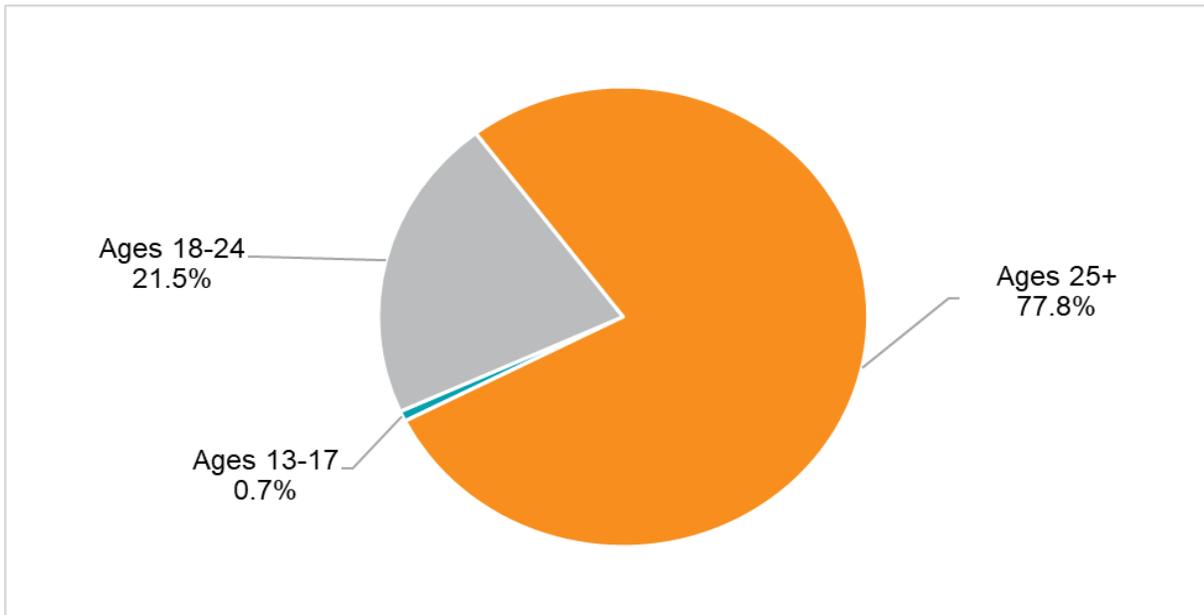
Educational Attainment of Enrolled Patients

Figure 3.6 illustrates the educational attainment of women in TMCP during FY 2024-25. The largest proportion of participants (35%) reported high school as their highest level of education.

The "**Other**" category encompasses a range of non-traditional educational pathways, including online certifications, technical or vocational training programs, and specialized workforce development courses. Understanding the educational background of participants helps inform the development of tailored communication strategies and support services that align with patients' needs and learning preferences.

Figure 3.6 Education level of patients enrolled in the program
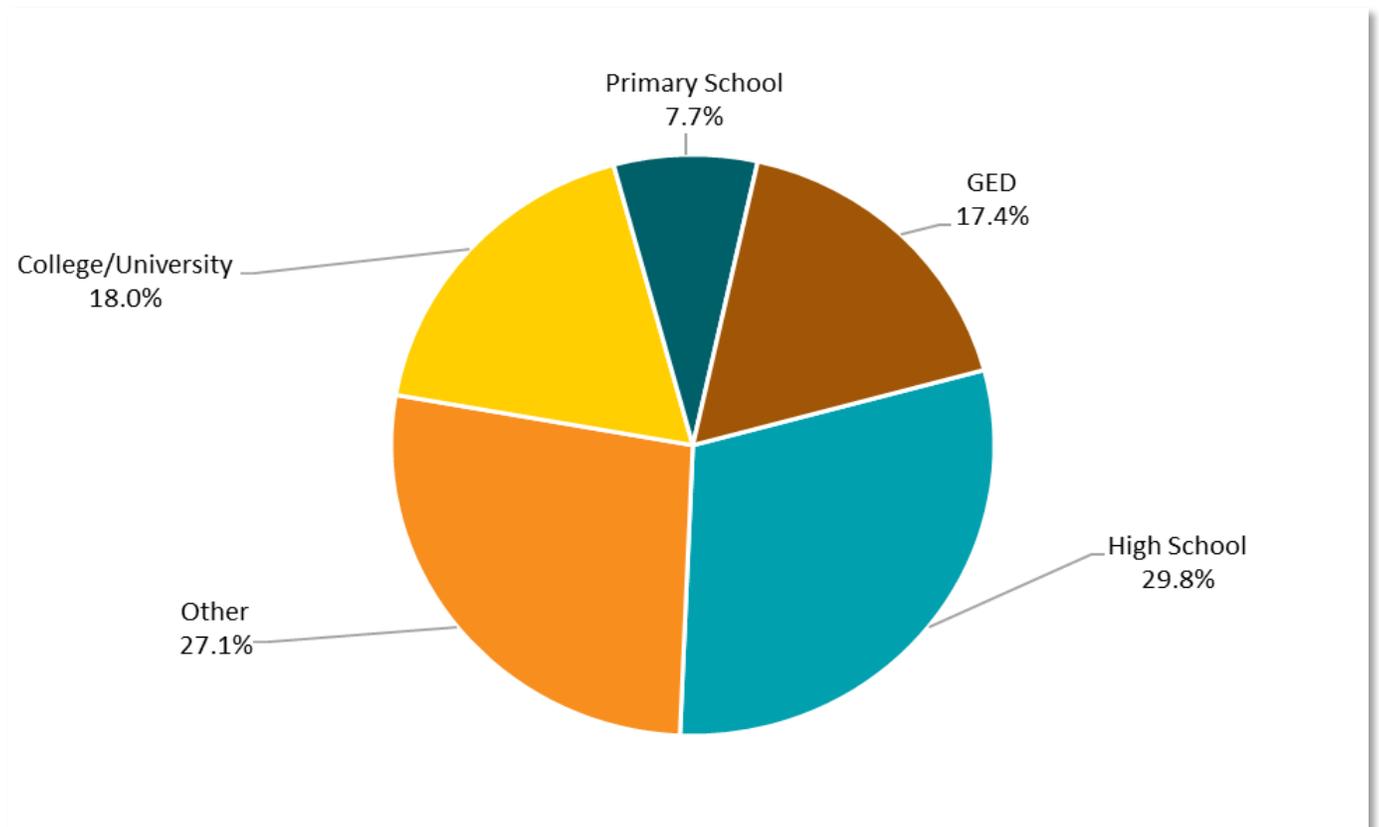
Increased Referrals to Healthy Start Highlight the Impact of TMCP Integration

Figure 4.1 illustrates the number of referrals to the Healthy Start program during FY 2023–24 and 2024–25. Healthy Start is a home visitation initiative that offers pregnant women and mothers with infants' access to social services, educational resources, and supportive care.

In FY 2024–25, referrals to Healthy Start doubled compared to the previous year. When the TMCP refers patients to Healthy Start, those women gain access to comprehensive wraparound services that may not be available through the local TMCP alone.

Prior to the implementation of TMCP, existing care coordination and wraparound service models were insufficient to meet Florida's maternal and infant health needs. This trend underscores the necessity for additional layers of preventive care, emergency monitoring, and integrated support services.

Figure 4.1 Number of referrals to Healthy Start by fiscal year
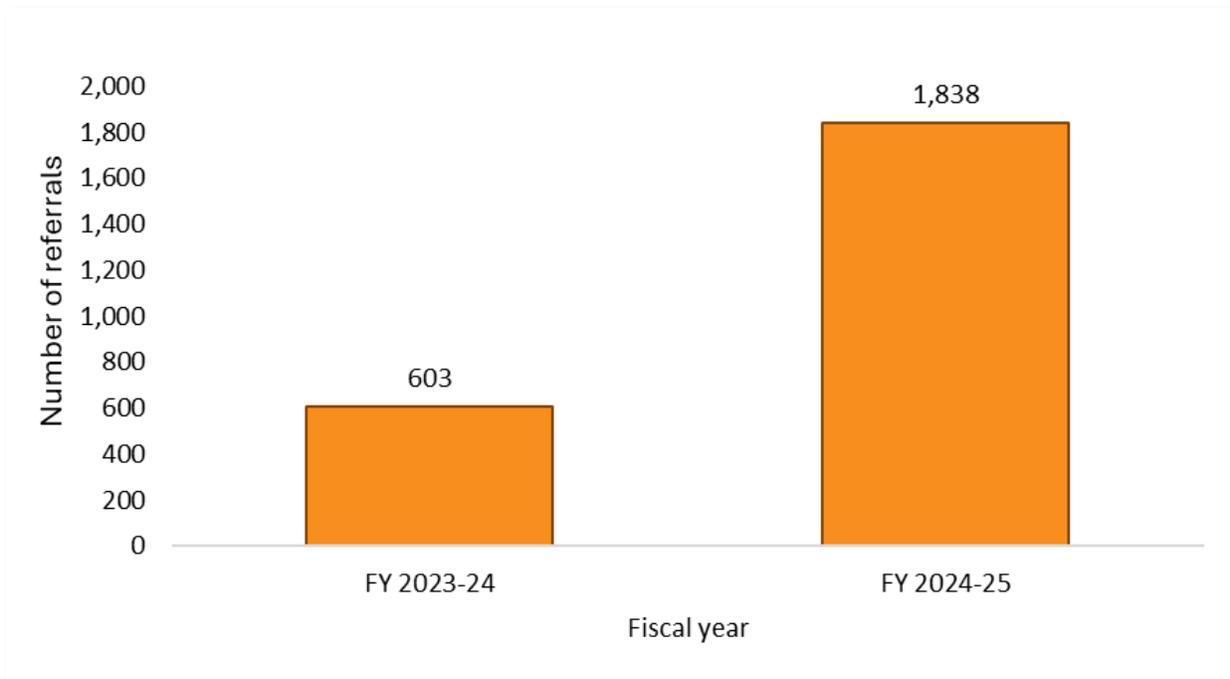
Growth in Referrals to Doulas and Perinatal Professionals Reflects Network Expansion

Figure 4.2 illustrates the number of referrals to doulas and other perinatal professionals during FY 2023–24 and 2024–25.

In FY 2023–24, the TMCP recorded a limited number of referrals to doula and perinatal support professionals. This low volume is likely due to the program's early implementation phase, during which many of these providers were still undergoing onboarding and integration into the TMCP network.

By FY 2024–25, the number of referrals increased substantially, reflecting the program's operational growth and the successful expansion of its provider network. This upward trend suggests enhanced program awareness, improved referral pathways, and a growing recognition of the value that doulas and perinatal professionals bring to maternal and infant health outcomes.

Figure 4.2 Number of referrals to Doulas and other perinatal professionals by fiscal year

Fluctuations in Practitioner Training and Date Reporting Improvements
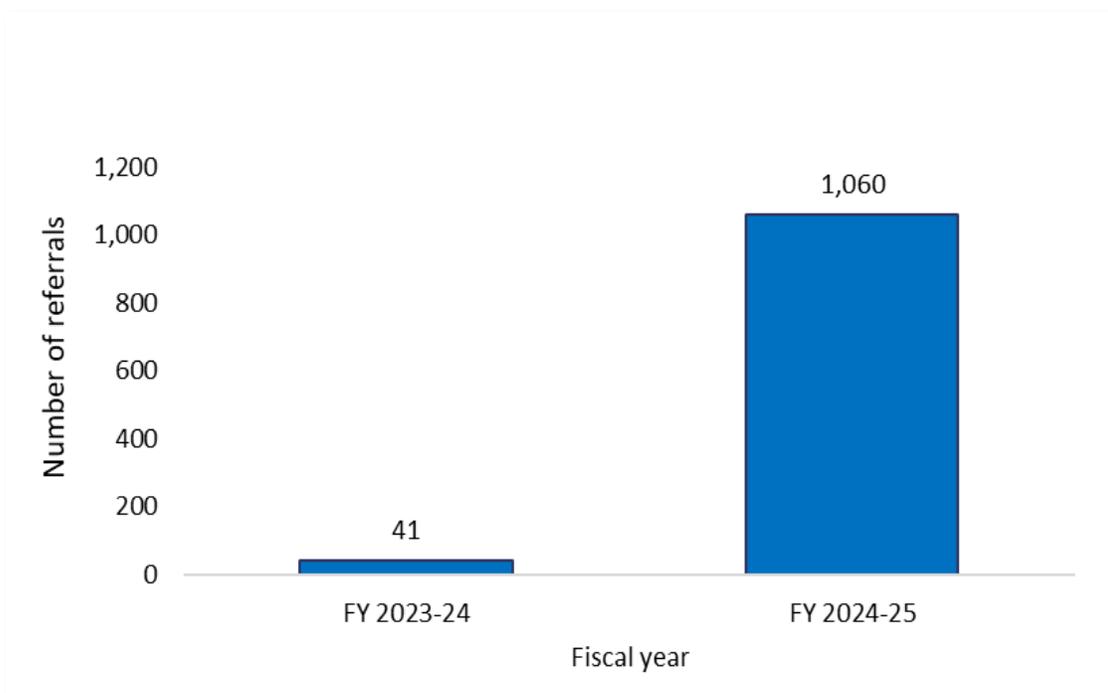
During FY 2022-23, a total of 68 health care practitioners were trained by two provider organizations. This number rose to 112 practitioners trained by 11 providers in FY 2023-24, reflecting a significant expansion in training capacity and outreach. However, in FY 2024-25, only five practitioners were reported as trained by a single provider, a sharp and unexpected decline.

This drop is likely due to incomplete or delayed data reporting, rather than an actual reduction in training activity. Fiscal Year 2024-25 marked the TMCP's most substantial growth in provider and patient outreach, suggesting that training efforts likely continued or even expanded during this period. MAO

With the implementation of the provider data reporting tool, the program is now better equipped to ensure accurate and timely reporting from participating providers. This tool will enhance accountability and data integrity, enable more reliable tracking of practitioner training, and support continuous quality improvement across the network.

**Distribution of Medical and Telehealth Devices**

Figure 5 displays the number of medical devices distributed to patients across fiscal years 2022-23 through 2024-25. The data show a notable increase in device distribution in FY 2024-25 compared to the previous two years, indicating expanded outreach and resource allocation.

The electronic devices category includes items such as cell phones, computers, laptops, and tablets - tools that support telehealth access, communication, and digital health literacy. The other category encompasses a range of patient-support tools, including car seats, fetal dopplers, lancet devices, pulse oximeters, and other miscellaneous devices.

It is important to note that glucometers were not reported in FY 2022-23, this may partially account for lower totals in that year.

The increase in FY 2024-25 aligns with broader programmatic growth and improved provider engagement. This trend suggests enhanced capacity to meet patient needs through both clinical and non-clinical supports. Continued tracking of device distribution will be essential to evaluate utilization trends and the effectiveness of these tools in improving maternal and infant health outcomes.

Figure 5 Number of devices distributed, by type, to patients
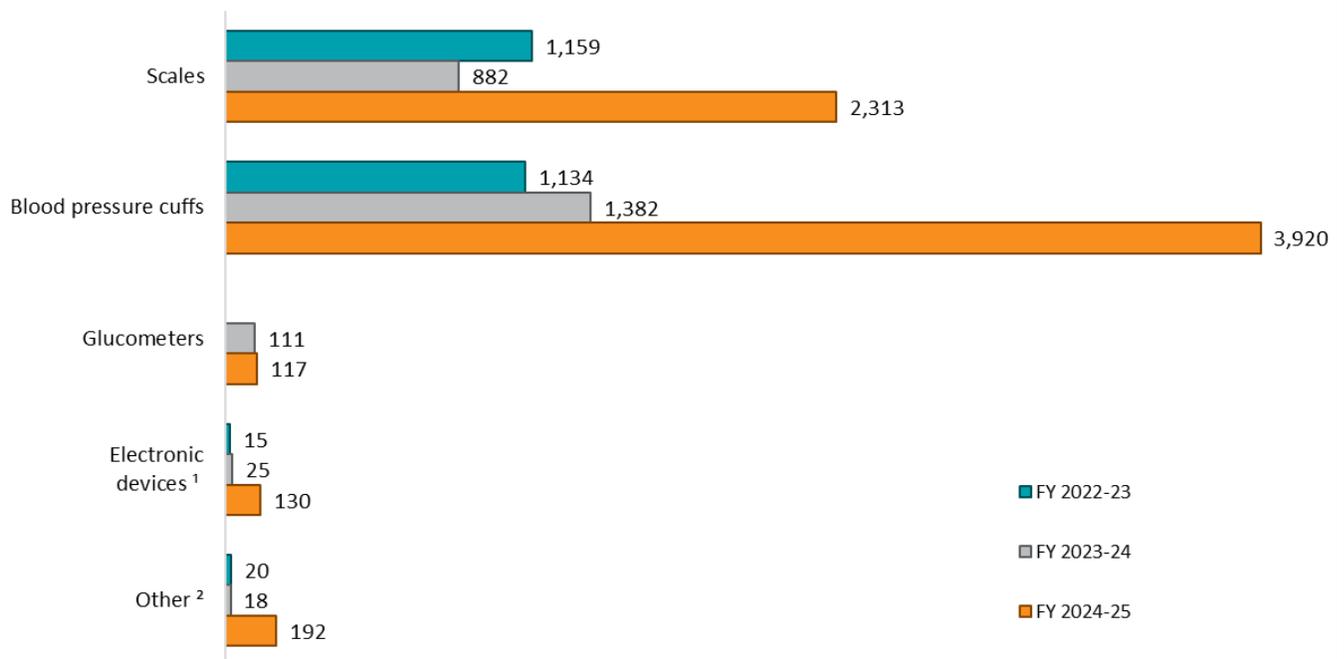
[1] Electronic devices include cell phones, computers, laptops, and tablets
[2] Other includes car seats, fetal dopplers, lancet devices, pulse oximeters and other miscellaneous devices

Maternal and Infant Health Outcomes (FY 2023–24 vs. FY 2024–25)

Table 1. presents maternal and infant health outcomes for fiscal years 2023–24 and 2024–25.

Maternal Health:
There was a measurable improvement in maternal health outcomes between FY 2023–24 and FY 2024–25, as evidenced by a decline in both Emergency Department visits and hospitalizations. However, maternal deaths increased from one in FY 2023–24 to six in FY 2024–25. This increase may be attributed to a larger patient population served and expanded outreach efforts that reached more high-risk individuals. Continued analysis will be necessary to determine whether this trend reflects a broader shift in patient acuity or gaps in care.

Infant Health:
In contrast, infant health outcomes showed a decline in FY 2024–25, with increases in negative indicators across all tracked categories. This trend warrants close monitoring and further investigation to identify contributing factors and inform targeted interventions.

Table 1. Maternal and Infant Health Outcomes

Maternal Health Outcomes	*TMCP FY24	TMCP FY25
Number of ED visits per program	356	287
Number of ED visits per patient	0.1	0.11
Number of hospitalizations (per 10000 patients)	195	372.9
Number of postpartum hospitalizations (per 10000 patients)	240	224.8
Number of maternal deaths	1	2
Infant Health Outcomes	***TMCP FY24**	**TMCP FY25**
Number of low birth weight (LBW) babies	228	2
LBW babies per 10,000 program graduates	1,689	906
Number of infant deaths	3	17

*Provisional data.
Data values for FY 2023-24, FY 2024-25 columns have limitations due to incomplete/misreported data reporting.

Positive Feedback

Telehealth Program funding supports the continuation of existing programs

Integrating Telehealth Program services within existing clinical care

Increased patient engagement over time demonstrated a high level of trust and rapport with target population.
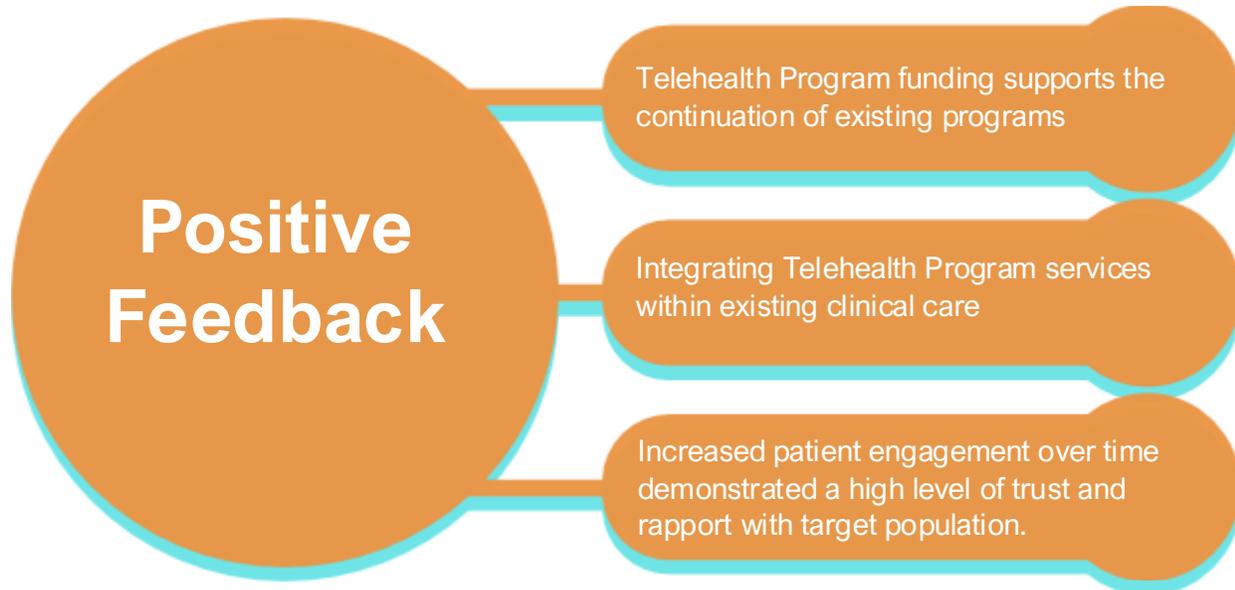
Program Expansion and the Importance of Early Enrollment

As the TMCP continues to expand, strategic efforts should prioritize the early enrollment of high-risk and vulnerable women, ideally during the first trimester of pregnancy. Early engagement enables proactive identification and management of health risks, allowing for timely interventions that can significantly improve both maternal and infant outcomes.

TMCP has already demonstrated its capacity to deliver life-saving interventions and personalized health management. Strengthening outreach and referral pathways to reach women earlier in their pregnancies will enhance the program's ability to address complex health and social needs before they escalate, ultimately reducing adverse outcomes and improving long-term health trajectories for families.

TMCP will encourage providers to engage women early and often in the program to increase positive outcomes and improve retention.

With 60% of maternal deaths occurring postpartum, consistent care before, during, and after delivery is important.

TMCP should focus efforts and resources to assist providers in enhancing their capacity to deliver consistent levels of care and patient engagement during the postpartum period.

COST SAVINGS ANALYSIS

Telehealth Program Impact on Utilization and Cost Savings

Proactive interventions delivered through the Telehealth Program have led to a significant reduction in patient encounters, particularly in Emergency Department visits and hospitalizations, many of which are preventable. This decline in high-cost, acute care utilization reflects the program's effectiveness in managing patient needs earlier and more efficiently.

As a result, the program achieved an **estimated cost savings of $41.8 million**, underscoring its value not only in improving patient outcomes but also in enhancing **cost-efficiency at a statewide level**. These findings highlight the Telehealth Program's potential as a scalable, sustainable model for delivering preventive and coordinated care to high-risk populations.

Estimated Program Encounters

**Emergency Department visits, per patient
1.56**

**Hospitalizations per 10,000 patients
945**

Actual Program Encounters

**Emergency Department visits, per patient
0.11**

**Hospitalizations, per 10,000 patients
373**

$ 41.8M

Estimated Cost Savings

**Emergency Department
$31,495,400**

**Total Hospitalization
$10,357,379**

**Total Cost Savings
$41,816,779**

Cost per Encounter

**Emergency Department
$6,839**

**Total Hospitalization
$36,859**

Estimated program encounters use reference rates to estimate occurrences among a patient population of 3, 177. Estimated cost savings are calculated by multiplying the difference between expected and actual program
encounters by average cost per encounter. Total savings are derived, from emergency department and hospitalization costs, adjusted for approximately 11.51% inflation in health care from December 2019 to January 2024.