Health Equity in Telehealth

Patient-Centered Priorities Work Group Commentary

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The COVID-19 pandemic has been an unexpected catalyst for changing both patient perception and provider receptivity to telehealth. Telehealth has tremendous potential to address gaps in access outside the context of a pandemic, particularly in addressing shortages of specialists, behavioral health care, and care in rural settings. However, the rapid uptake in telehealth has created concerns about further exacerbating health disparities along known and unknown areas of existing inequalities.

Rapid adoption and acceptance of telehealth

Whereas telehealth access has previously been more narrow in terms of services covered and limited by a patient's setting and geographic location, particularly for Medicare and Medicaid beneficiaries, both public and private payers quickly moved to expand billable telehealth coverage and parity in an effort to minimize coronavirus transmission while maintaining access to health care services. The reported rates of telehealth utilization have already dropped significantly since the presumed peak in April 2020. According to EHR data, telemedicine comprised 69 percent of all visits in April, but dropped to 21 percent of total visits by July 2020.[1] But the rates are still high relative to pre-pandemic telehealth utilization. Medicare reported that 43.5 percent of primary care visits were provided through telehealth in April; in February of this year, less than one

[1] https://www.ehrn.org/telehealth-fad-or-the-future/

percent of primary care visits for Medicare beneficiaries were provided through telehealth.[2] This pattern is also reflected in the Medicaid population as rates peaked in April and began to fall by May, yet 2,632% more services were delivered in 2020 compared to March through June in 2019.[3]

There are notable benefits to these sweeping changes, including expanded access to (and reimbursement for) specialist, behavioral health, and primary care via telehealth; additional use of patient-generated data, including vital signs and other patient-reported outcomes; ability to provide patient education and assessment of the home environment; and greater convenience for providers and patients alike. And patient experience with telehealth has been overwhelmingly positive: according to a special report by Press Ganey based on 3.5 million telemedicine surveys conducted between March and April of 2020, factors that contribute to patient's likelihood to recommend a care provider (e.g., a measure that could be used to calculate a net promoter score) from a telemedicine visit are similar to those for traditional in-person visit models. Perception of clinicians' empathy for their concerns, involving patients in decision-making, communication about conditions and problems were all drivers of patient experience.[4]

Access to telehealth

At the most basic level, effective telehealth delivery relies on both parties – patient and provider – having access to technology that supports high-quality audio and video communication and reliable internet connection and bandwidth and ability to use the technology. A Pew Research Center study found that 27 percent of all U.S. adults aged 65+ did not use the internet in 2019, and a Kaiser Family Foundation study found that a quarter of all non-elderly adults with Medicaid reported that they had never used a computer and/or did not use the internet.[5] These studies as well as reports about disparities in access and use of telehealth during the COVID-19 pandemic[6] indicate that some of the most vulnerable populations may experience challenges accessing telehealth without programs to improve access to technology and investment in hands-on training to improve digital literacy.

[2] https://www.hhs.gov/about/news/2020/07/28/hhs-issues-new-report-highlighting-dramatic-trends-in-medicare-beneficiary-telehealth-utilization-amid-covid-19.html
[3] https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf
[4] https://www.pressganey.com/resources/white-papers/the-rapid-transition-to-telemedicine-insights-and-early-trends
[5] https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-what-does-the-data-say/
[6] https://patientengagementhit.com/news/are-there-health-disparities-in-covid-19-telehealth-access-use

As shown by a 2018 Deloitte study, the consensus among Medicaid beneficiaries is rapidly moving towards device adoption. In the Medicaid population surveyed, 72 percent of beneficiaries are interested in connecting with a live health coach via app and 86 percent of Medicaid beneficiaries already own a smartphone. Further, many beneficiaries are already familiar with using technology for medical purposes as over a quarter of Medicaid beneficiaries use technology to monitor blood sugar, breathing function and mood, and receive medication[7]. Similarly, consensus among health care experts seems to be that – with the overall change in attitudes towards telehealth and rapid expansion of infrastructure to provide virtual care – telehealth will become an expected complement to in-person care delivery now and in the future. The public policy debate has already shifted to what new telehealth flexibilities and payment rules offered under public health emergency authorities should be maintained, while payers and providers determine how best to integrate telemedicine into regular care delivery and payment models.

Principles for equitable telehealth access and delivery

The rise in telehealth use across the nation gives health systems an opportunity to implement telehealth as a complement to in-person care. The Health Care Transformation Task Force recognizes the transformative potential of telehealth as a tool to make care more accessible. The following set of principles outlines how to align telehealth with current standards for patient-centered, value-based care.

1. *Implementation and evaluation:* With the rapid adoption of telehealth across all geographies, settings, payers, and services, there is an opportunity to evaluate telehealth at scale and determine how it can be most effectively integrated across the care spectrum in a patient-centered, and equitable way. Patients from diverse backgrounds, technology access and tech experiences should be engaged in the design of virtual care tools, including its appropriate use and functionality.
2. *Quality measurement approaches:* As telehealth becomes a more frequent method of care delivery, its impact on quality outcomes, processes, population health and patient experience should be measured on par with in-person care in a meaningful and transparent way. All health care providers and organizations – including those providing telehealth services – should move towards collecting and stratifying patient data based on key variables of inequities in patient care, such as race and ethnicity, to

[7] https://www2.deloitte.com/us/en/insights/industry/public-sector/mobile-health-care-app-features-for-patients.html

assess potential disparities in patient outcomes, utilization, and experience based on social factors.

3. *Routine collection and use of patient generated health data:* As a complement to robust quality measurement, the collection and use of patient generated health data (PGHD) should be a routine component of telehealth delivery. Supporting new methods to allow patients and families to share information about their health status and care experience – including reporting complications and pain levels – can potentially mitigate the impact of providers' implicit bias in capturing and responding to this information.
4. *Technology for vulnerable communities:* Equitable access to telehealth requires access to appropriate tools and connectivity to support virtual visits regardless of geography, income, or insurance status. Policymakers should prioritize increased and affordable broadband access for all, especially rural communities, and investment in hands-on training to improve technology literacy for patients and providers, with access to necessary non-English language/translation services.
5. *Access to care:* The use of virtual care needs to be the patient's choice and should reinforce a trusted provider-patient relationship. Telehealth visits should be coordinated with and complementary to in-person care.
6. *Coverage and reimbursement for telehealth:* The regulatory and reimbursement environment should be conducive to telehealth services as a regular method of care delivery in both alternative payment models and traditional fee-for-service models, and should not create unnecessary barriers for patients to access that care.

The COVID-19 pandemic has forced providers to innovate in many ways. With the combination of an uptick in demand for virtual care and health systems investing in necessary infrastructure to support telehealth deployment, now is time for the industry to move forward with incorporating broad-based telehealth as a permanent complement to traditional, in-person health care. Patient care will be better off as a result.