

ISSUE BRIEF

THE EXPANSION OF TELEHEALTH Equity Considerations for Policymakers, Providers & Payers

IN THIS BRIEF

Health policy researchers from IMPAQ and the American Institutes for Research (AIR) have been tracking and analyzing the rapid advancements in telehealth delivery and accessibility during the COVID-19 pandemic. This brief explores how policymakers, providers, and payers can:

- Increase access to telehealth for diverse patient populations
- Navigate issues of digital literacy
- Expand broadband access
- Shift toward a health care system that incentivizes both value and equity

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OVERVIEW

While telehealth can enhance the future of health care delivery for certain conditions, dramatic disparities in access, quality, and patient experiences cannot be overlooked. Advancing health care equity must be carefully considered as we design policies and expand the use of telehealth services.

Today's COVID-19 morbidity and mortality outcomes echo longstanding racial and ethnic health disparities in the United States. It is now more urgent than ever for policymakers, developers, providers, and payers to ensure telehealth expansion both advances health equity in the long term and connects minority patients to much-needed care now.

Before the COVID-19 pandemic, there had been some growth in the use of telehealth, primarily attributable to the expansion of telehealth coverage offered by some private insurers and an increase in Medicare-approved telehealth services. However, barriers including restrictions on clinicians' locations, restrictive licensure requirements for the provision of services across state lines, and unfavorable reimbursement policies resulted in limited adoption of telehealth services.

Within months of the COVID-19 pandemic, progress that seemed years away came to fruition. Regulators removed geographic restrictions, expanded the list of approved telehealth settings to include personal residences, and included reimbursement for care delivered via different modalities including both telephone and video calls. Recent briefs published by [AIR](#) and [IMPAQ](#) provide further information on these telehealth policy changes.^{1,2}



This brief provides a high level summary of three essential actions needed for the equitable expansion of telehealth:

- **Promote multicultural patient engagement**
- **Increase accessibility of telehealth services**
- **Address the digital divide**

PROMOTE MULTICULTURAL PATIENT ENGAGEMENT

Data Gaps Perpetuate Health Disparities

While geographic and age data for telehealth use is widely available, there is a significant gap in accurate race, ethnicity, and language (REAL) data collection and reporting. Despite these fields being included for years in electronic health records, a 2020 report on Medicare home health care visits found that 20 percent of Hispanic Medicare beneficiaries were misclassified in 19 states and more than 80 percent of American and Alaskan Native Medicare beneficiaries were misclassified in 24 states.³

Limited patient population data makes it difficult to detect differences in telehealth access and use during the COVID-19 outbreak. This results in inadequate program outreach efforts and services that meet the needs of racial and ethnic minority populations, contributing to the underuse of telehealth services by these communities.³ Compared to administrative data traditionally used in these areas and in health services research, self-reported REAL data can provide a more accurate representation of patient populations and the health services they receive.



“We cannot change what we cannot measure,” remarked Abner Mason, CEO of patient engagement platform ConsejoSano, in [Solutions for Telehealth Access & Equity](#), a recent IMPAQ and American Telemedicine Association webinar.

Prominent Barriers for Multicultural Groups

Patients with limited English proficiency report lower levels of trust in health information received from electronic sources, likely due to cultural factors that put a premium on information relayed in-person by familiar contacts.⁴

Many patients rely on a non-medically-trained family member to assist with translation and communication of health information and counseling. This can compromise patients’ privacy as well as the accuracy of health information relayed. In addition, it threatens clinicians’ abilities to confirm that the information relayed was understood by the patient.

Cultural attitudes and beliefs about health care also play a role in patient use of telehealth. Mistrust of medical professionals can be a prohibitive factor in minority populations’ willingness to access services delivered both via

telehealth and in-person care settings.⁴ Incorporating specific cultural attributes and values into the design of telehealth platforms and tools can promote trust and engagement among culturally diverse populations.



Policies & Actions for Consideration

To ensure telehealth services meet the needs of diverse patient populations, insurers, providers, and policymakers should consider the following approaches:

- 1. Ensure access to a medically-certified interpreter** for patients who don’t speak English. This is a necessary first step to address the language barriers preventing multicultural groups from utilizing telehealth services.
- 2. Automate and standardize the collection of self-reported REAL data** for all payers, providers, and health delivery organizations. This can facilitate real-time improvements to platforms to ensure they represent cultural values and norms of diverse patient populations when telehealth services are deployed.
- 3. Tailor health communications** to the needs of diverse patient populations to maximize impact and engagement. Opportunities for improvement include marketing telehealth services to diverse groups, providing patient portal usage tutorials, and making general telehealth information available in alternate languages.
- 4. Require workplace-based cultural competency and implicit-bias training** for clinicians and other providers, which have been linked to increased patient satisfaction and trust. Only through training and education in these areas can providers understand other cultures and their own implicit biases, and be able to redesign their care practices and attitudes to better serve communities of color. As services move toward digital delivery, this type of training, including “web-side” etiquette, will be vital to better serving vulnerable patient populations.

INCREASE ACCESSIBILITY OF TELEHEALTH SERVICES

Accessibility Challenges Faced by Rural and Urban Residents

People who live in rural areas, and some marginalized urban residents, are more likely to face barriers to reliable access to transportation and broadband services compared to their urban and suburban counterparts. Rural patients also face more health challenges including higher levels of disability, more chronic conditions, and more health-related needs.



Almost 20 percent of rural Americans report living with a disabling condition, compared to 12 percent of urban-dwelling Americans.⁵

While telehealth can alleviate some challenges related to transportation, at-home monitoring systems for chronic conditions can be costly and difficult to operate.

Accessibility Challenges Faced by Populations with Disabilities & Chronic Conditions

Telehealth can help to increase independence for patients living with chronic illnesses or physical disabilities by eliminating the need for transportation to and from medical appointments. Telehealth services can also increase access to specialists, minimizing the need to travel to multiple provider offices. While these benefits are apparent, there has been little effort to create accessible or age-friendly telehealth platforms. There are significant technical concerns with opening and troubleshooting audiovisual applications, as well as communicating without in-person conversational cues.⁶

Accessibility Challenges Faced by Older Adults

Discomfort with technology is a significant barrier to telehealth adoption for older populations, with added challenges for patients who are both older and from minority populations.



A recent study estimated that 38 percent of older adults were not prepared to participate in video visits at the start of the pandemic.⁶

Difficult-to-use platforms, small font size, unknown acronyms, poor color contrast, small screens, English-only interfaces, and multiple screen transitions within telehealth applications

all contribute to challenges using technology for older adults and may result in frustration and difficulty conducting a telehealth visit.

Older adults may also be more skeptical and hesitant to use telehealth services if they perceive them as inaccurate, insecure, and undependable. Thirty-nine percent of older Americans are concerned about being able to see and hear their clinician during a telehealth appointment. Many older adults also face the complex situation of relying on family members to access technology, including telehealth care, and are uncomfortable disclosing their health information to their family members, increasing their reluctance to use these services.⁷

As telehealth grows as an avenue for health care delivery, knowing how to navigate telehealth platforms and adapt to technological challenges will be a critical part of ensuring equitable access for patients. Providing clear instructions and offering tutorials or technical support to assist patients in accessing their telehealth visits can offer initial support as they develop these skills further.



Policies & Actions for Consideration

Telehealth services must meet people where they are. To accomplish this, policymakers and telehealth platform developers must consider the following:

1. **Maintain appropriate reimbursement and coverage policies** for audio-only and telephonic consultations after the pandemic. This can improve access for older Americans and other populations who are more comfortable with and likely to prefer care delivered through audio-only telephone calls.
2. **Plan for digital literacy and broadband access as social determinants of health**, given their increased importance during the pandemic and in the future.
3. **Tailor health communications** to address specific barriers or areas of concern such as privacy or usability of the technology.
4. **Conduct usability testing with older adults** to enhance the accessibility and acceptability of platforms and systems. Older patients have indicated that technological support in the form of a live call center, written guidelines, and workshops would help them to access telehealth services.⁸

ADDRESS THE DIGITAL DIVIDE

Access to Broadband

The digital divide refers to the increasing gap between those who have access to broadband, computers, and mobile devices, and those who do not. While telehealth can improve access to care in areas with limited provider supply, such as rural areas, there is often disparate broadband deployment.



Only 63 percent of rural households reported home broadband access compared to 79 percent of their suburban counterparts.⁹

Some internet service providers refuse to invest in rural broadband infrastructure given the small customer base. As a consequence, more than 40 percent of Medicare beneficiaries lack access to a computer with the necessary broadband connection to support a video visit.¹⁰ Broadband access is often cost-prohibitive for many urban residents as well; lower income urban households are significantly less likely to have broadband access.¹¹ As broadband acts as the pipeline for the delivery of telehealth services, unaffordable and unavailable broadband limits access for patients and providers. The passage of the recent bipartisan [Broadband DATA Act](#) aims to fix the existing gaps in access, but will take years to achieve a comprehensive solution.¹²

Access to Technology & Infrastructure

Limited access to technological devices also creates significant barriers for providers and patients to use telehealth. In the early days of the pandemic, providers in affluent neighborhoods could afford to adopt telehealth services more quickly than those practicing at community health centers. Given the significant costs for smart phones and data plans, patients in lower socioeconomic status neighborhoods are more likely to choose audio-only visits over video visits. Patients and providers need access to devices that are affordable, easy to use, and consumer-friendly to ensure that the delivery of telehealth services are equitable.

Another opportunity for innovation in telehealth access is the deployment of remote patient monitoring (RPM) devices, which are worn by patients to track critical health measures and serve as an essential preventive care tool for virtual clinicians. Expanding access to these devices can reduce unnecessary hospital admissions for patients with chronic illnesses and other conditions. A [recently introduced bill](#) aims to provide \$50 million for rural health care delivery organizations to offer remote patient monitoring tools as part of a pilot study during the coronavirus pandemic.

To assist in the growth of telehealth, the Federal Communications Commission (FCC) recently finalized allocations for a \$200 million program to furnish telehealth services to communities nationwide. Despite calls to prioritize low-income, minority, and rural communities, there is little overlap between populations with limited broadband access and where the funds were directed. Alaska and Montana, the states with the most restricted broadband availability, received no funding.¹³ Most of the FCC funds were directed to larger, academic, for-profit and nonprofit health systems with preexisting telehealth programs.¹³



Policies & Actions for Consideration

To bridge the digital divide, policymakers must:

1. **Reform the FCC's Lifeline program**, which currently provides a monthly discount of only \$9.25 on phone and internet service for qualifying low-income households. This reform should increase the discount rate as well as improve marketing efforts to reach eligible participants.
2. **Amend the statutory language of The Communications Act** to allow funding for home connectivity through the E-Rate program. The E-Rate program currently only subsidizes school and library broadband infrastructure development. With remote learning and health care delivery at the forefront of the pandemic, the program's language should be amended.
3. **Prioritize broadband deployment and funding to economically depressed areas**, instead of relying only on measures of population density.

CONCLUSION

As COVID-19 amplifies longstanding racial and ethnic health disparities, IMPAQ and AIR are committed to helping our clients create a more equitable health care system for all. In order to achieve this goal, policymakers, developers, providers, and payers must take action now to promote equitable access to telehealth services.

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