

SUMMARY OF THE VALUE & INNOVATION FORUM

Telehealth: Access and Equity Briefing - June 2, 2021

The use of Telehealth services increased dramatically in 2020 due to the pandemic. Telehealth made it easier for people to access their healthcare providers, but it also highlighted new barriers to this kind of care – geographical, economical, and social. On June 2, 2021, the Value & Innovation Forum convened a panel of experts with different perspectives on the state of play in telehealth and the equity challenges associated with it.

Telehealth from the Patient’s Perspective: [Shonta Chambers](#), Executive Vice President of Health Equity & Community Engagement at the [Patient Advocate Foundation](#), said that telehealth resolves some challenges to access to care for patients, but it has its own challenges and barriers: by race, age, ethnicity, geography, socioeconomic status, and resources. Ms. Chambers underlined that not everyone has the fundamental equipment to access telehealth.

Chambers cited multiple barriers to telehealth services:

- Access to technology
- Digital literacy
- Access to broadband and internet
- Access to data – old mobile phones and other equipment, low data plans
- Issues surrounding trust and confidentiality
- Patient preference for personal interaction with medical provider.

Chambers believes focusing on the broader definition of telehealth affords a unique opportunity to identify and address social need gaps that may hinder one’s ability to actively engage in their healthcare experience. For the Patient Advocate Foundation, audio and telephonic communication are the bedrock connections with individuals to assess and respond to social need gaps – allowing engagement with more people to assist with their social and financial needs.

Telehealth from the Provider’s Perspective: [Barbara Hutchinson](#), MD, PhD, President of Chesapeake Cardiac Care in Maryland and Past President of the [Association of Black Cardiologists](#), experienced unexpected telehealth challenges during the pandemic. Many of her patients were over 65 years old and did not have access to the internet, computers, or smartphones. Additionally, many had poor internet access, which meant the telehealth appointment could be cut short or interrupted by poor connection. Many patients were afraid to use it as a form of communication with their doctors. Patients with mental and physical impairments provided new challenges – including the need to coordinate sign language interpreters, and having a telephone assisted call system for those with hearing impairments.

Dr. Hutchinson also highlighted the need for patients to have the right tools at home to help with healthcare management. Equipment such as validated blood pressure monitors, scales, and glucose monitors which are common for in-office visits were not available making it harder to provide a quality appointment. To counter this, she writes prescriptions for in-home patient equipment. Other challenges she encountered were issues with digital security and HIPAA compliance, privacy factors, doing examinations when not able to touch the patient, and extra financial factors for the provider, such as purchasing the technology system to provide telehealth services

Telehealth from the Payer’s Perspective. [Connie Hwang, MD, MPH](#), Chief Medical Officer and Director of Clinical Innovation at the [Alliance of Community Health Plans \(ACHP\)](#), highlighted three major themes emerging from the rise in telehealth services.

1. The pandemic reshaped expectations for telehealth, including broader recognition of its convenience and affordability. New flexibilities meant telehealth could be done in home settings and outside of the traditional designation. It also meant expanded opportunities for all providers – occupational therapists, behavioral health specialists and more. Many health plans reduced or eliminated co-pays for telehealth visits too.
2. Telehealth and the pandemic have created greater access to mental and behavioral health services. No-show rates dropped significantly for telehealth appointments, and even now with in-person services opening back up, many patients have chosen to stay with virtual visits. ACHP members are looking for niche areas to expand telehealth too, such as therapists who are experienced with LGBTQ youth.

3. There is a commitment to bridge the digital divide. ACHP members want to reduce existing health inequities. They are focusing on two areas – tech barriers and digital literacy.

Additionally, Dr. Hwang shared policies that ACHP is committed to, such as [MedPAC telehealth recommendations](#) and the proposed [CONNECT for Health Act 2021](#).

Questions:

Dr Hutchinson, were the prescriptions for in-home equipment filled and covered? Some patients found their insurance didn't cover the equipment and they couldn't afford to pay. Dr. Hutchinson believes they should be part of the armamentarium and insurance companies should cover these expenses as they are essential to help monitor the health of the patient. Not having the equipment affects the quality of care. A year into the COVID-19 pandemic, nearly 80% of her patients have access to equipment either through purchase or donation.

Dr Hwang, what can patient advocates, provider advocates and public health advocates do to help bring coverage for these essential tools to more people? Be vocal about this. Say "This is a way I am comfortable and want to receive care for the convenience and affordability. I want to do this long term." In the long run, telehealth and access to equipment in patients' homes will lead to better healthcare, and hopefully lower costs because you can avoid outcomes that lead to hospitalization and ER visits.

Ms. Chambers, how is the Patient Advocate Foundation helping patients surmount some of the barriers that you and Dr. Hutchinson have mentioned i? We are helping in a number of ways: Acknowledging that access to quality telehealth requires much more than internet and a computer; helping patients identify and access financial resources that are available; and considering patients who are uninsured and how they can access healthcare services. Additional considerations include the social context of traditional health services, such as extended care for patients, and how it can be provided via telehealth channels.

How do you see healthcare looking in the future and what sort of ideal model do you envision?

Dr. Hutchinson believes it will be a hybrid model. Patients will use both in-person and virtual visits, with the virtual visits including the patients' caregivers, such as family members. **Dr. Hwang** agrees that investing in technology and accommodating telehealth services into healthcare plans is crucial. **Ms. Chambers** would like to see a person-centered telehealth system that can accommodate people with barriers and help address their needs.

About the Value & Innovation Forum

The Value & Innovation Forum is a collaboration of the National Forum for Heart Disease & Stroke Prevention and Patient Advocate Foundation, both 501(c)(3) nonprofit organizations. Briefing topics are selected by the Value & Innovation Forum Steering Committee which includes representatives of the Alliance of Community Health Plans, Association of Black Cardiologists, Caregiver Action Network, and National Osteoporosis Foundation, in addition to the National Forum and Patient Advocate Foundation.

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