WyTN Part Three of a Three-Part Series on Patient Engagement:

Health Equity and Access to Telehealth

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Current Telehealth Landscape

- Healthcare has transformed in response to COVID-19 pandemic.

- Exponential increase in telehealth usage and availability including local growth at Cheyenne Regional Medical Center.

- Rapid legislation and regulatory changes have enabled more access to care for more people.

[1]April13, 2020.https://news.ohsu.edu/2020/04/13/ohsu-telehealth-rockets-into-new-era-of-medicine.
[2]March 17, 2020.https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

It Only Took a Pandemic!

- Initial investment and adoption of telehealth in Wyoming.

- Addressing the ongoing barriers to providing telehealth in Wyoming including health equity and access.

- Working to protect vulnerable patient populations and extend care away from hospitals and clinics through telehealth.

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- Federal COVID-19 Emergency Actions, under the Public Health Emergency (PHE)
  - Removed geographic & facility/site limitation
  - Added additional providers to eligibility list (including FQHCs/RHCs & Allied Health Professionals)
  - Allowed audio-only phone for telehealth services
  - Expansion of services eligible for reimbursement.

- Bottom line is that telehealth has helped patients maintain a continuity of care with their established providers.

CRMC Telehealth Implementation During COVID-19

- Addressing the digital divide/digital literacy

- CRMC Emergency Department *Virtual ED* offering. Folks were avoiding the ED for fear of COVID-19.

- CRMC launches direct-to-patient video visits with Epic Native Video integrated videoconferencing through MyChart.

Virtual ED

Cheyenne Regional Medical Center is now offering virtual visits to its emergency department for patients with symptoms of COVID-19 or who need emergency care for **non-life-threatening** conditions.

If you think you may be experiencing a heart attack, stroke or diabetic emergency, call 911 immediately.

VISIT THE VIRTUAL ED >

Health Equity—Definitions from CDC

Health Disparity

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Health Equity

The attainment of the highest level of health for all people...valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Health Equity—Definitions from CDC continued

Digital Barriers

Broadband and smartphone access varies by age, race/ethnicity, education, disability status, income and location;

- ✓ 79% of suburban areas have home broadband compared to 63% of rural areas,
- ✓ Access to high-speed Internet allows for participation in virtual visits, transmission and access to health information and use of remote monitoring technology.

Digital Literacy
The ability to use and understand information from digital devices.

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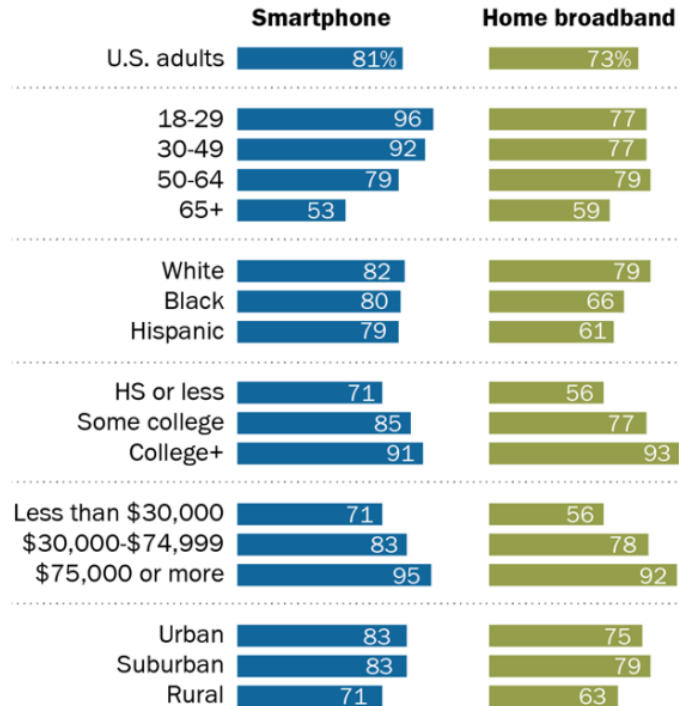Medical Center

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Without proactive efforts to ensure equity, the current wide-scale implementation of telemedicine may increase disparities in health care access for vulnerable populations:

✓ Limited digital literacy or access,
✓ Rural and some urban residents
✓ Older adults, and those with low income
✓ Limited health literacy
✓ Language barriers or racial/ethnic minorities

Majorities of Americans have a smartphone, subscribe to broadband, but this varies by education, income

% of U.S. adults who say they have or own the following

	Smartphone	Home broadband
U.S. adults	81%	73%
18-29	96	77
30-49	92	77
50-64	79	79
65+	53	59
White	82	79
Black	80	66
Hispanic	79	61
HS or less	71	56
Some college	85	77
College+	91	93
Less than $30,000	71	56
$30,000-$74,999	83	78
$75,000 or more	95	92
Urban	83	75
Suburban	83	79
Rural	71	63

Note: Respondents who did not give an answer are not shown. Whites and blacks include only non-Hispanics. Hispanics are of any race.
Source: Survey of U.S. adults conducted Jan. 8-Feb. 7, 2019. "Mobile Technology and Home Broadband 2019"

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Some Data

Pew Research data gathering tells us some examples about patients that may have limited digital literacy or access:

- ✓ American adults >65 years old, who constitute 18% of the American population and are most likely to need chronic disease management, only 55%–60% own a smartphone or have home broadband access.

- ✓ While 73% use the Internet, only 60% are able to send an email, fill out a form, and find a website.

- ✓ Similarly, nearly 1 in 8 Americans lives in poverty; low-income individuals have lower rates of smartphone ownership (71%), home broadband access (59%), Internet use (82%), and basic digital literacy (53%).

Taken together, at least 1 in every 4 Americans may not have digital literacy skills or access to Internet-enabled digital devices to engage in video visits.

Pew Research Center. Demographics of Mobile Device Ownership and Adoption in the United States. 2018. Accessed April 6, 2020. http://www.pewinternet.org/fact-sheet/mobile/
Pew Research Center. Demographics of Internet and Home Broadband Usage in the United States. 2019. Accessed April 2, 2020. http://www.pewinternet.org/fact-sheet/internet-broadband/

Policy Recommendations

- ✓ Expand low-cost or free broadband Internet access temporarily (and potentially permanently)[1];

- ✓ Fund equipment purchases and development of digital infrastructure for community health centers (FQHCs also) that may have had fewer telemedicine services prior to Covid-19[2,3]; and

- ✓ Ensure pay parity for both telephone and video visits by all payers.

[1]Lyles CR. Tackling Digital Inequality in the Tech Capital of the World. San Francisco Examiner. May 7, 2019. Accessed April 2, 2020. https://www.sfexaminer.com/opinion/tackling-digital-inequality-in-thetech-capital-of-the-world /.
[2]Kane CK, Gillis K. The use of telemedicine by physicians: still the exception rather than the rule. Health Aff (Millwood). 2018;37(6):1923-30.
[3]Shin P, Sharac J, Jacobs F. Provision of telemedicine services by community health centers. Online J Public Health Inform.

Wyoming Institute of Population Health at CRMC

The *Healthy People 2030* broadly defines social determinants of health as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1]

Two premises of the social determinants framework are that:

- ✓ Societal conditions underlie the individual decisions and behaviors that result in patient- and population-level health outcomes and that
- ✓ Population-level interventions, such as policy, are the most effective mechanism to make the changes necessary to drive health equity.

Social Determinants of Health

Social determinants of health frameworks group these underlying factors into 5 domains:

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context. [1]

[1] Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030; Accessed July 1, 2020, https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

Social Determinants of Health

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

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Interrupters

The COVID-19 pandemic dramatically interrupted commonly relied upon assumptions revealing an urgent health policy reactions within the social determinants of health's neighborhood and built environment domain:

- ✓ regular transportation to our in-person visits was commonly taken for granted in order to facilitate appointment compliance to see our provider.

- ✓ equitable access to telehealth services. COVID-19 necessitated social distancing mandates, quarantines, conservation of limited personal protective equipment, disrupting prioritization of health care resources.[1]

1 S. Smith, S. Ruskin. Achieving Health Equity: Examining Telehealth in Response to a Pandemic. The Journal for Nurse Practioners 17 (2021) 214 - 217. Elsevier Inc. Accessed September 2021. https://www.sciencedirect.com/science/article/pii/S1555415520305353.

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Interrupters continued…

The US health care system was forced into delivering care in an alternative format, prompting systems to expand or, in some cases, adopt telehealth services.

While the shift was necessary as part of an effort to "flatten the curve" and reduce new cases of COVID-19, the movement to telehealth unintentionally disrupted care to patients and communities that lacked access to high-speed internet or patients who experience what is popularly known as the digital divide.[2]

2 Ramsetty A, Adams C. Impact of the digital divide in the age of COVID 19. JAMA. 2020;27(7):1147-1148. https://doi.org/10.1093/jamia/ocaa07 .

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Increase Resources

- Increasing population-level broadband access is a *Healthy People 2030* objective.

- Health policy that prioritizes service delivery reform to the marginalization of patient usage factors is inadequate to strengthen telehealth and its advantages as a method to drive health and health care equity.

- Facilitating resources must be present.

- Adoption of telehealth services by both health care organizations and consumers of health care before and after COVID-19 exemplifies the importance of insurance coverage as an enabling factor.

- Remove health system created barriers to accessing video visits.

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Questions