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The Marathon After the Sprint: Ensuring Value & Equity in the Future of Telehealth

Equity Session

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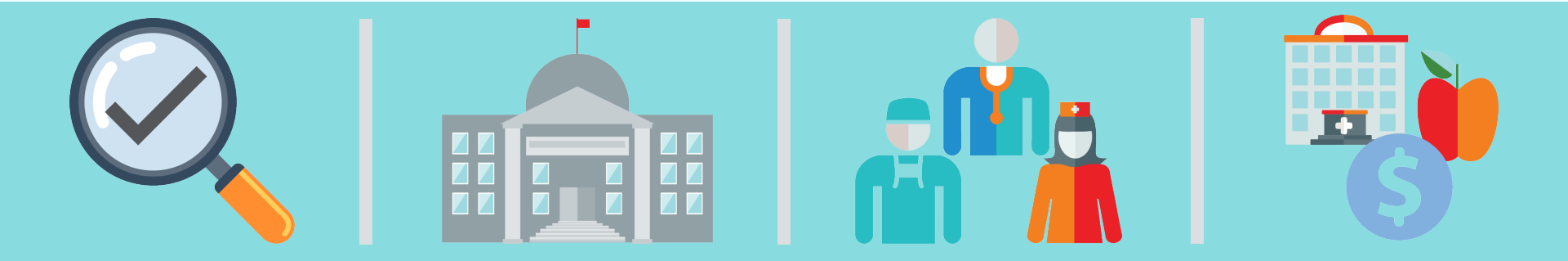
www.healthcarevaluehub.org



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Welcome and Introduction

Annaliese Johnson
Policy & Communications Analyst
Healthcare Value Hub

Housekeeping

- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded
- Technical problems? Contact Elise Lowry at Elise.Lowry@altarum.org

Agenda

- Welcome & Introduction
- Advancing Health Equity through Telehealth Interventions during COVID-19 and Beyond
  - Lee Taylor-Penn, MPA, MPH, Senior Policy Analyst with Families USA
- Equity in Telehealth Delivery for Diverse Populations
  - Elaine Khoong, MD, MS, UCSF Assistant Professor
- Maternal Telehealth During the Coronavirus Pandemic: Equity Concerns and Promising Approaches
  - Ian Hill, MPA, MSW, Senior Fellow at the Urban Institute
- Q & A

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Advancing Health Equity through Telehealth Interventions during COVID-19 and Beyond

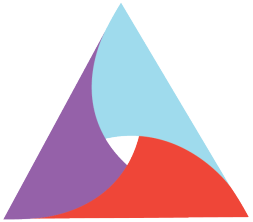
Lee Taylor-Penn, MPA, MPH
Senior Policy Analyst at Families USA

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

Advancing Health Equity through Telehealth Interventions during COVID-19 and Beyond

Lee Taylor-Penn, Senior Policy Analyst

Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all



CENTER ON

HEALTH EQUITY ACTION

FOR SYSTEM TRANSFORMATION

AT FAMILIESUSA


Evidence
for Equity
Initiative

Patient-Centered Outcomes Research Institute (PCORI)

SPECIAL THANKS TO OUR FUNDER!

Patient-Centered Outcomes Research Institute

PCORI has funded **70 active or completed comparative clinical effectiveness research studies** that use community health workers in an intervention, an investment of **$248 million**.

As of August 2019

FAMILIESUSA

Sources: https://www.pcori.org/

Advancing Health Equity through Telehealth Interventions during COVID-19 and Beyond: Policy Recommendations and Promising State Models

FAMILIESUSA

Source: https://madisonpsychiatricassociates.com/covid-19-telemedicine/

State Policy Recommendations

Priority Area 1: Improve Financing and Implementation

Priority Area 2: Remove Provider Barriers

Priority Area 3: Improve Patient Access to Telehealth Services

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Improve Telehealth Financing and Implementation Models to Increase Reach

Policy Recommendations

- Ensure payment parity between in-person services & telehealth services, as well as between audio-video telehealth interactions and audio-only telehealth interactions.
- Expand reimbursement for telehealth services beyond the public health emergency.
- Integrate telehealth with community health workers and other program and payment innovations.
- Reimburse providers for language interpretation services delivered through Medicaid and CHIP.
- Expand billing codes to allow direct support professionals, such as care coordinators, social workers, and community health workers, to bill Medicaid for services provided via telehealth.

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Remove Provider Barriers to Increase Access to Telehealth

Policy Recommendations

- Collaborate with providers and health systems to work through logistical barriers beyond reimbursement, enhance telehealth infrastructure, and build capacity to deliver evidence-based telehealth services.
- Provide flexibilities in provider licensure and credentialing requirements for pediatric providers.
- Incorporate into state contracting that payers and providers should utilize telehealth interventions in long-term management plans for patients with chronic conditions.

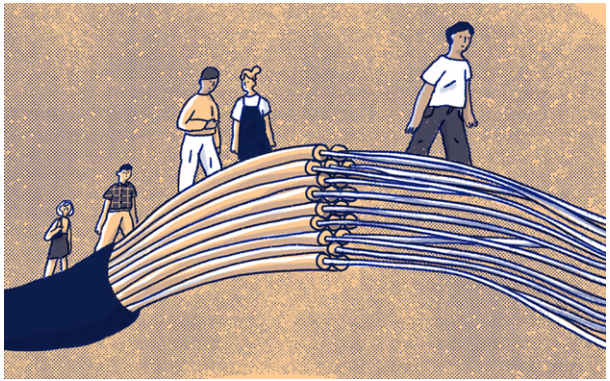
FAMILIESUSA

Source: https://intouchhealth.com/5-things-you-never-knew-about-telehealth/

Bridge the Digital Divide to Improve Patient Access to Telehealth Services

Policy Recommendations

- Leverage Medicaid waivers to provide technology and care coordination support.
- Require MCOs and other providers to utilize direct support professionals to teach patients eHealth skills and literacy.
- Invest in broadband/fiber optics to expand internet access and increase the availability of high-speed connections in rural and frontier regions.



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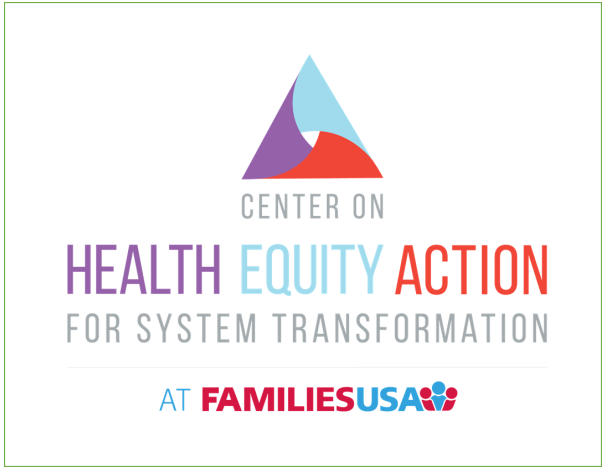
Source: https://blog.dropbox.com/topics/work-culture/the-digital-divide-threatens-the-future-of-distributed-work

Resources



Center on Health Equity Action for System Transformation

https://familiesusa.org/initiatives/center-health-equity-action-system-transformation

Report

https://familiesusa.org/resources/advancing-health-equity-through-telehealth-interventions-during-covid-19-and-beyond-policy-recommendations-and-promising-state-models/

Sign up for the Health Equity Action for Transformation (HEAT) Network

https://goo.gl/forms/sx7mDPxY73LMMjGt2

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Contact

Info@familiesusa.org

www.familiesusa.org

@FamiliesUSA

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EQUITY IN TELEHEALTH DELIVERY FOR DIVERSE POPULATIONS

Elaine Khoong, MD, MS
UCSF Assistant Professor

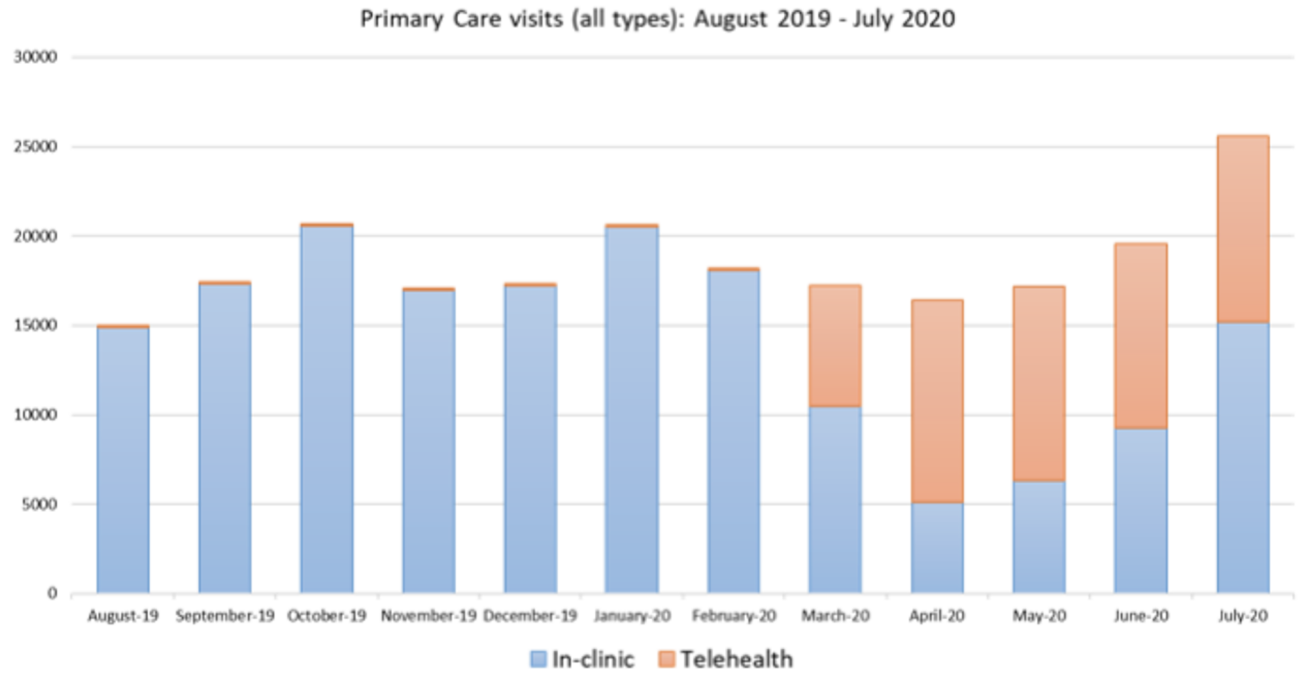
UCSF School of Medicine

Equity in Telehealth Delivery for Diverse Populations

Elaine Khoong, MD MS
UCSF Assistant Professor
@elainekhoong

The Marathon After the Sprint: Ensuring Value & Equity in the Future of Telehealth
December 11 2020

Primary Care Visits



- Departments:
  - Medical
  - Dental
  - Behavioral Health
  - Urgent Care
  - Alternative Testing Sites
  - Nutrition
  - Podiatry

Takeaways

- Massive, rapid telehealth adoption
- Higher visit volume than pre-pandemic in primary care
- Specialty care visit volumes lower

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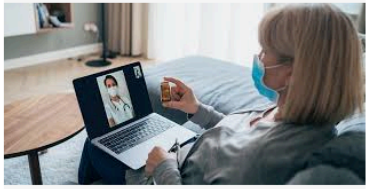
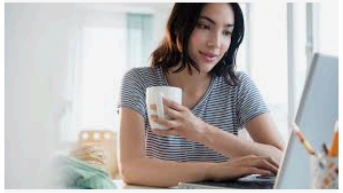
Growing patient preference ensures ...
healio.com

Patient experience is evolving as ...
healthcareitnews.com



Patient Ed and Telehealth Opportunities ...
healthwise.org

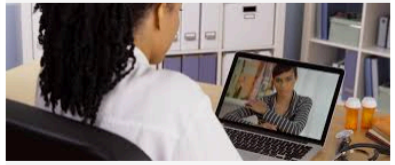
Delivering more care remotely will be ...
aamc.org



A Patient's Guide to Telemedicine: What ...
himss.org

20 takeaways from Health Affairs ...
mobihealthnews.com

How Telehealth Impacts Patient Care
arcare.net

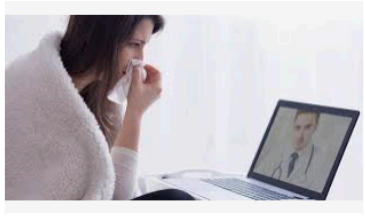


Telehealth as home healthcare ...
athenahealth.com

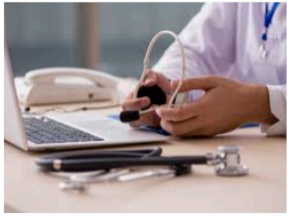
82% of consumers do not use telehealth ...
medcitynews.com

Coronavirus fuels explosive growth in ...
gcn.com

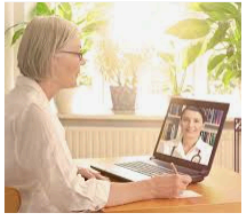
Industry Voices—When the COVID-...
fiercehealthcare.com



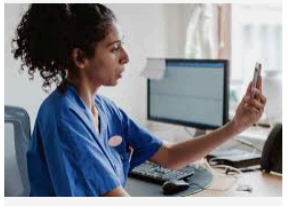
Telemedicine and Telehealth in 2019 ...
solvhealth.com



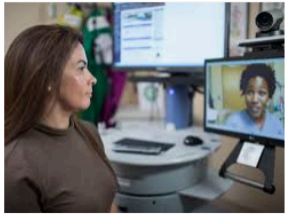
Patients overwhelm telehealth services ...
statnews.com



From telehealth visits to digital ...
fiercehealthcare.com



Telemedicine benefits, disadvantages ...
medicalnewstoday.com

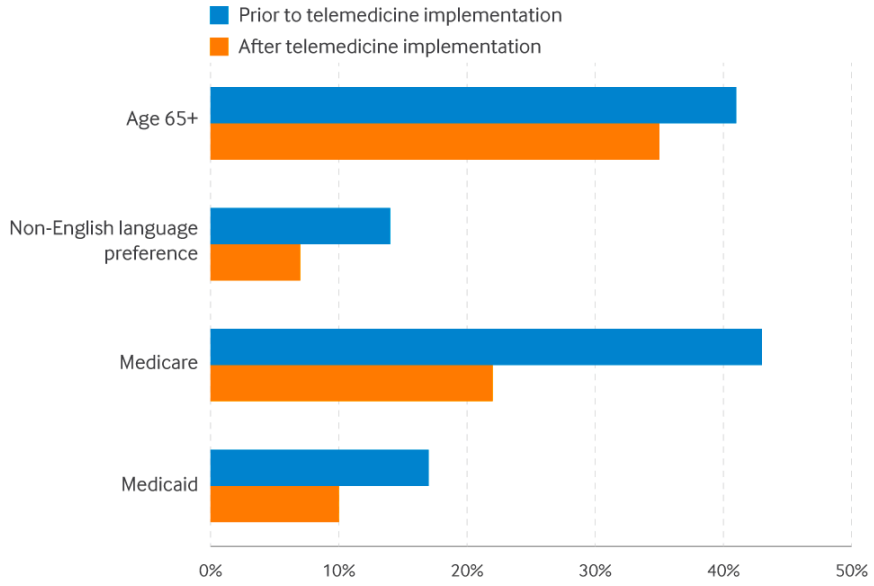


What Is Telehealth? | Telehealth VA
telehealth.va.gov

UCSF

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.



Source: The authors

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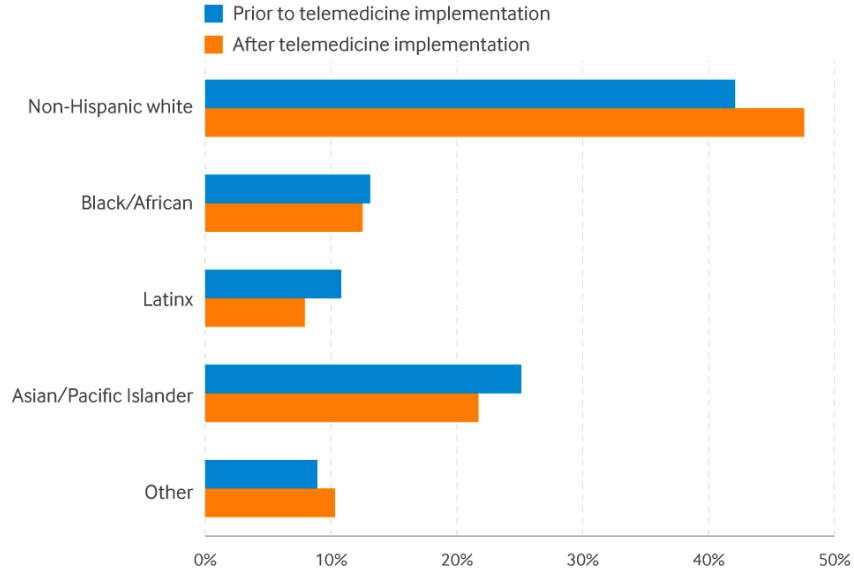
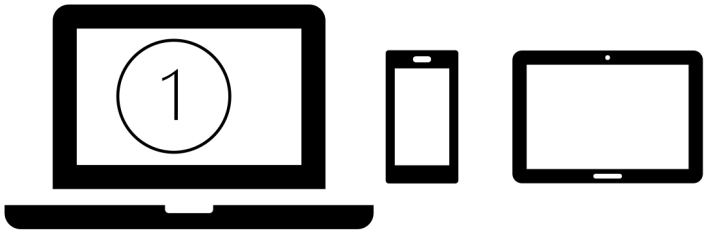


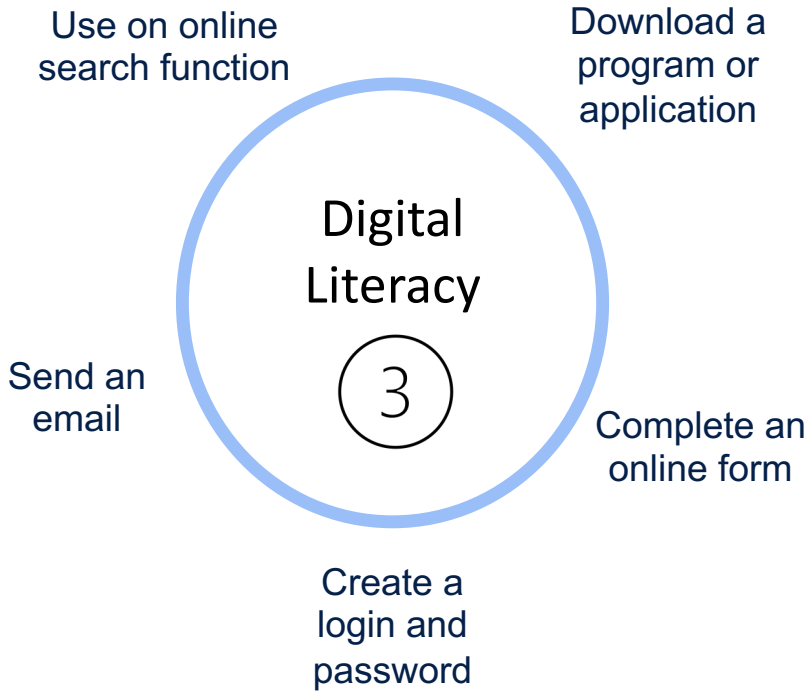
Source: The authors

Patient-facing barriers to telehealth



Video-enabled device
(and other remote monitoring devices)

High quality data access



Patient Interest in and Barriers to Telemedicine Video Visits in a Multi-lingual Urban Safety-Net System

Khoong, Butler, Mesina, Su, DeFries, Nijagal, Lyles; JAMIA 2020

Conclusions: Safety-net patients are interested in video visits and able to successfully complete test visits. Internet/data access is a common barrier and may impact equitable telemedicine access

Cross-sectional phone survey
of 202 patients scheduled for phone-only visits in safety-net system

87.6% racial minorities
55.9% non-English speakers

Asked each patient about:

Interest in video	Device access
Wi-Fi access	Barriers to video

65% (n=132)
interested in video visit over phone-only

54% (n=109)
were able to complete a test video visit

>50% (n=112) reported barriers to video visits
Most common:
- Inadequate data/Wi-Fi
- Hesitancy about technology
- No access to device

Factors associated with interest in video

Younger age (<55)	**73% interested in video**
Non-English language preference	**76% interested in video**
Prior smartphone app usage	**84.8% interested in video**

@elainekhoong
@blythe_butler
@CourtneyRLyles

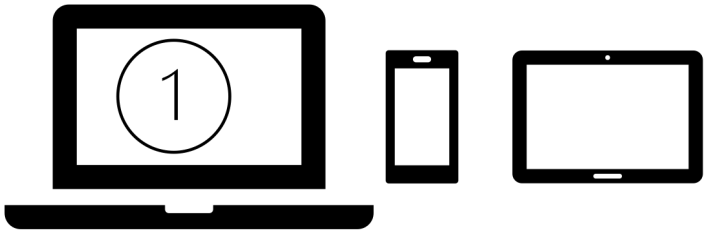
UCSF General Internal Medicine
Department of Medicine

UCSF Obstetrics, Gynecology & Reproductive Sciences

UCSF Center for Vulnerable Populations
Department of Medicine
@ucsfcvp

Resources for telehealth in safety-net settings
https://cvp.ucsf.edu/telehealth

Clinician/System-facing barriers to telehealth



Video-enabled devices

New technology-focused roles and skills for healthcare team

- Telehealth physical exam
- Pre-appointment tech support
- Appropriateness for telehealth
- Connection to digital resources

2

HIPAA secure video platform

UCSF

Solutions

1 – Look for patterns of disparities

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

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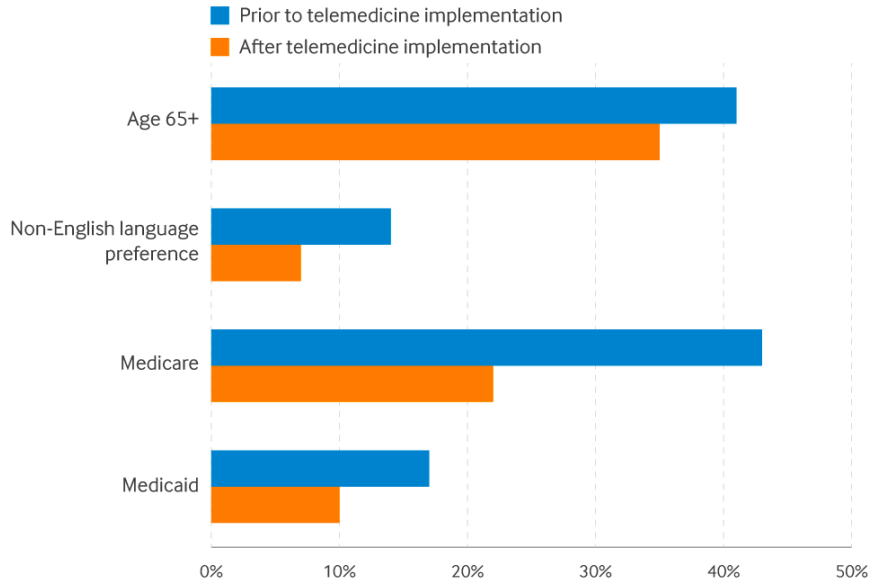

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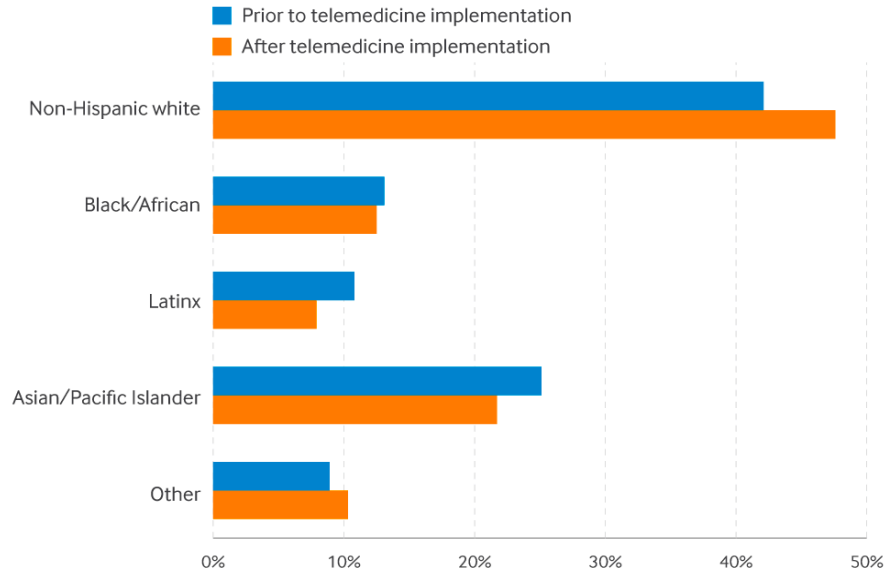
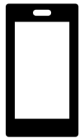


Source: The authors

Nouri, Khoong, Lyles, Karliner,
NEJM Catalyst, 2020

2- Screen for barriers to telehealth



Video-enabled device (and other remote monitoring devices)

Do you have a smartphone, tablet, or computer / laptop that has a video?

NOTE: you may need to provide examples of smartphones

High quality data access

Do you have reliable Internet at home or where you'll be conducting your visit? Do you have an unlimited data plan?

Digital Literacy

Have you ever used video chat before (like FaceTime, WhatsApp)?

Do you usually need help using your computer or phone? How confident are you in using your device on your own?

Are there any other concerns you have about a telehealth / video visit?

3- Connect to or develop resources

Video-enabled device (and other remote monitoring devices)

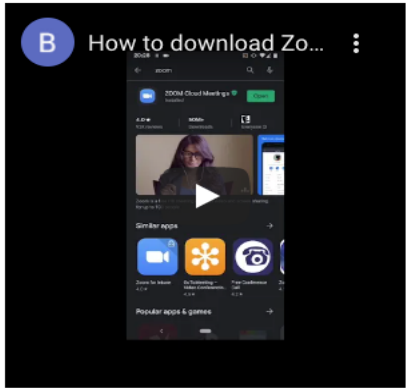
californialifeline.com

High quality data access

digitalinclusion.org
californialifeline.com

Digital Literacy

How to download Zoom on an Android:



Video Languages:
English
Spanish
Cantonese
Mandarin
Vietnamese
Russian
Arabic

Solutions to support equitable healthcare delivery and access

- Policy changes:
  - Reimbursement for devices and types of visits
  - Financial support for health system infrastructure & technical assistance development
  - Low-cost broadband and device access
  - Licensing
- Health system
  - Make inclusive design decisions
  - Screen for and address barriers and disparities in patient access
  - Anticipate and address need for digital literacy training and internet access
  - Develop workflows to support clinicians and address burnout
- Clinicians
  - Reconsider responsibilities of all team-based care to support high quality care

Resources

CVP Telehealth: https://cvp.ucsf.edu/telehealth

NEJM Catalyst article: https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0123

Center for Care Innovations Telehealth Toolkit:

https://www.careinnovations.org/resources/telemedicine-for-health-equity-toolkit/

Contact

Email: elaine.khoong@ucsf.edu

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Maternal Telehealth During the Coronavirus Pandemic: Equity Concerns and Promising Approaches

Ian Hill, MPA, MSW

Senior Fellow at the Urban Institute
Project Director for Strong Start for Mothers and Newborns Evaluation
Project Director for Best Start LA Pilot Community Evaluation

URBAN INSTITUTE · ELEVATE · THE · DEBATE

Maternal Telehealth During the Coronavirus Pandemic: Equity Concerns and Promising Approaches

Ian Hill and Emmy Burroughs
Urban Institute

Presented to: Altarum Healthcare Value Hub
Supported by: Robert Wood Johnson Foundation

Background

- Maternal mortality and morbidity crisis in U.S. particularly acute for pregnant and parenting people of color
  - Black and American Indian women two to three times more likely to die during pregnancy or delivery, or within a year of birth, than white women
- COVID-19 pandemic/imperative of social distancing forced dramatic shifts in care delivery, including perinatal care, to virtual means
- Past year witnessed incredible ingenuity and advances in telehealth but also raises question: Is telehealth improving or exacerbating maternal health inequities?

Methods/Project

- Conducted interviews with 40 stakeholders during spring, summer, and fall 2020
  - Maternal health experts, perinatal providers, consumer advocates, philanthropic funders, and front-line health workers
- Conducted ongoing literature reviews
- Various constraints prevented us from interviewing women directly
- Telehealth paper written as part of larger study of maternal health inequity in time of COVID-19
- Findings reflect early insights during time of rapid change

Promising Developments

- Pandemic spurred rapid changes in policy: what services could be provided via telehealth; who could provide virtual care; what modes of communication were allowed; what is paid for telehelath; and how HIPAA privacy rules apply
- Providers report most patients have smart phones, if not laptops, so reaching them less problematic than expected
- Elimination of transportation and childcare barriers means attendance rates are up…sometimes way up
- Patient and provider satisfaction seems quite high

Promising Developments (cont.)

- During public health emergency, federal government loosens privacy rules
- State Medicaid programs follow suit, expand telehealth coverage and enact payment parity
- Private firms offer tele-support (e.g., *Maven*) and home monitoring equipment (e.g., *Babyscripts*)
- Hospitals expand virtual prenatal care methods (e.g., *UCSF and Penn*)
- Community based agencies shift maternal support services to virtual (e.g., *Ancient Song Doula, Mamatoto Village, Bmore for Healthy Babies*)

Improved Value?

- Prenatal care traditionally considered “high touch”
- But maternity care in U.S. also involves more interventions and visits than clinically necessary or supported by evidence
- COVID-19 and social distancing appears to be resulting in positive shifts:
  - Fewer inductions of labor
  - More non-hospital birth center and home births
  - Fewer unnecessary antenatal visits
  - Increased home monitoring
  - Explosion of telehealth services and supports

Equity Concerns

- “Digital Divide” means not everyone has high speed internet access, laptops, or smart phones
- Many poor urban and rural communities lack broadband access
- Low-income families with devices may only have limited data plans
- Many communities face language barriers that will impede access
- Patient privacy concerns surround vulnerable individuals
- Telehealth cannot replace all in-person care, but health systems may have incentives to overuse

Policy Suggestions to Promote Maternal Equity

- Federal and state governments could make permanent many of the changes adopted in response to public health emergency
- Medicaid programs could expand range of services permissible via telehealth
- Telehealth advances should include all birth workers, not just physicians
- Payers could cover remote digital monitoring devices, and even smart phones, as DME
- Federal, state, and local governments could make infrastructure investments to address digital divide
- Governments could bolster telehealth capacity of safety-net providers

Research Questions Going Forward

- How does the increase in telehealth affect outcomes and quality of care, generally?
- How does increased use of telehealth affect maternal health equity, specifically?
- How do we ensure that cultural, ethnic, and language inequities are not exacerbated by telehealth?
- In light of relaxed HIPAA rules, what privacy risks does telehealth pose, particularly for vulnerable populations?

Thank you!

Author Contact Information

- Ian Hill ihill@urban.org
- Emmy Burroughs eburroughs@urban.org

Full Report

https://www.urban.org/research/publication/maternal-telehealth-has-expanded-dramatically-during-covid-19-pandemic

For Further Information

https://www.rwjf.org/en/library/research/2020/10/maternal-health-inequity-during-the-covid-19-pandemic.html

Questions for our Speakers?

- Use the chat box or to unmute, press *6
- Please do not put us on hold!

Resources from the Hub

Research Brief: Telemedicine: Decreasing Barriers and Increasing Access to Healthcare

ALTARUM
HEALTHCARE VALUE HUB

RESEARCH BRIEF NO. 22 | NOVEMBER 2017

Telemedicine: Decreasing Barriers and Increasing Access to Healthcare

Telemedicine includes a variety of technologies and tactics to deliver virtual healthcare.[1] Telemedicine is considered a subset of telehealth. The latter includes provider-to-provider remote training opportunities and mobile health apps designed to promote health and engage patients.[2] Telemedicine is a specific kind of telehealth that involves clinicians providing medical services to patients.

As this brief explores, telemedicine can enhance interactions among providers to improve patient care, enhance service capacity and quality (such as in small rural hospital emergency departments and pharmacy services), and manage patients with chronic conditions from a distance.[3]

SUMMARY

Telemedicine is a method for enhancing healthcare and provider collaboration through the use of telecommunication technologies. For both urban and rural patients, telemedicine has benefits that include an increase in timeliness of services and patient comfort, and a decrease in the need for transportation, which ultimately leads to cost savings and improved quality of care. Telemedicine has grown significantly as states enact legislation that creates a framework for safely allowing patients, providers and payers to incorporate telemedicine into care delivery. This research brief provides a general overview of telemedicine and how it could increase healthcare value.

Three Types of Telemedicine

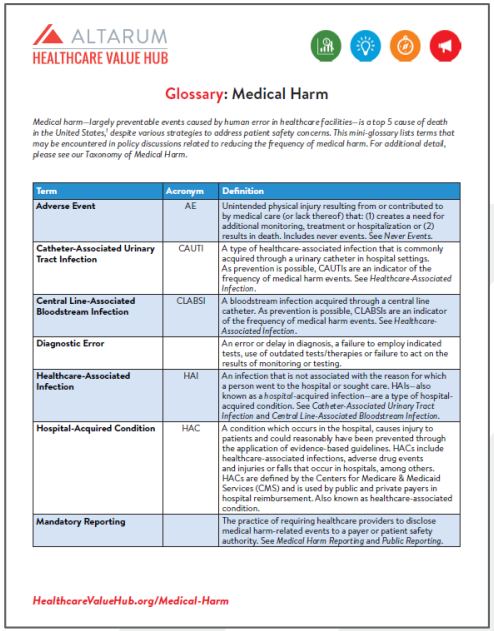
Telemedicine has three main types of technology: live video, store-and-forward and remote patient monitoring.[4]

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. This type of service can serve as a substitute for in-person visits for consultative, diagnostic and treatment services. For example, if a patient suspects they have an infection and needs quick treatment but cannot easily see a doctor, they could use real-time telemedicine to consult a doctor remotely and get treatment advice, referral or a necessary prescription. Video devices can include videoconferencing units or web cameras. Display devices include computer monitors, TVs, LCD projectors, tablets and smartphones.[5]

Store-and-forward (asynchronous): Transmission of recorded health history (for example, pre-recorded videos and digital images such as x-rays and photos) through a secure electronic communications system to a practitioner, who uses the information to evaluate the case or render a service outside of a real-time or live interaction. As compared to a real-time visit, this service provides access to data after it has been collected, and involves communication tools such as secure email.

Remote patient monitoring: Electronic collection of personal health and medical data from a patient in one location and transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support. This type of service enables a provider to track a patient's healthcare data after discharge to home or a care facility, reducing hospital readmission rates.

Health Equity Glossary



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Glossary: Medical Harm

Medical harm—largely preventable events caused by human error in healthcare facilities—is a top 5 cause of death in the United States,[1] despite various strategies to address patient safety concerns. This mini-glossary lists terms that may be encountered in policy discussions related to reducing the frequency of medical harm. For additional detail, please see our Taxonomy of Medical Harm.

Term	Acronym	Definition
Adverse Event	AE	Unintended physical injury resulting from or contributed to by medical care (or lack thereof) that: (1) creates a need for additional monitoring, treatment or hospitalization or (2) results in death. Includes never events. See *Never Events*.
Catheter-Associated Urinary Tract Infection	CAUTI	A type of healthcare-associated infection that is commonly acquired through a urinary catheter in hospital settings. As prevention is possible, CAUTIs are an indicator of the frequency of medical harm events. See *Healthcare-Associated Infection*.
Central Line-Associated Bloodstream Infection	CLABSI	A bloodstream infection acquired through a central line catheter. As prevention is possible, CLABSIs are an indicator of the frequency of medical harm events. See *Healthcare-Associated Infection*.
Diagnostic Error		An error or delay in diagnosis, a failure to employ indicated tests, use of outdated tests/therapies or failure to act on the results of monitoring or testing.
Healthcare-Associated Infection	HAI	An infection that is not associated with the reason for which a person went to the hospital or sought care. HAIs—also known as a hospital-acquired infection—are a type of hospital-acquired condition. See *Catheter-Associated Urinary Tract Infection* and *Central Line-Associated Bloodstream Infection*.
Hospital-Acquired Condition	HAC	A condition which occurs in the hospital, causes injury to patients and could reasonably have been prevented through the application of evidence-based guidelines. HACs include healthcare-associated infections, adverse drug events and injuries or falls that occur in hospitals, among others. HACs are defined by the Centers for Medicare & Medicaid Services (CMS) and is used by public and private payers in hospital reimbursement. Also known as healthcare-associated condition.
Mandatory Reporting		The practice of requiring healthcare providers to disclose medical harm-related events to a payer or patient safety authority. See *Medical Harm Reporting* and *Public Reporting*.

HealthcareValueHub.org/Medical-Harm

Thank you!

Robert Wood Johnson Foundation

- To our Speakers: Lee Taylor-Penn, Elaine Khoong and Ian Hill
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