



QUICK COVID-19 PRIMARY CARE SURVEY

TELEMEDICINE/HEALTH EQUITY SERIES 2, MARCH-MAY, 2021

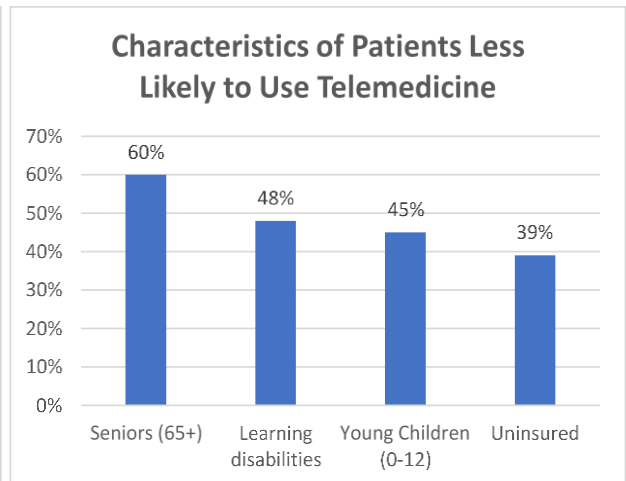
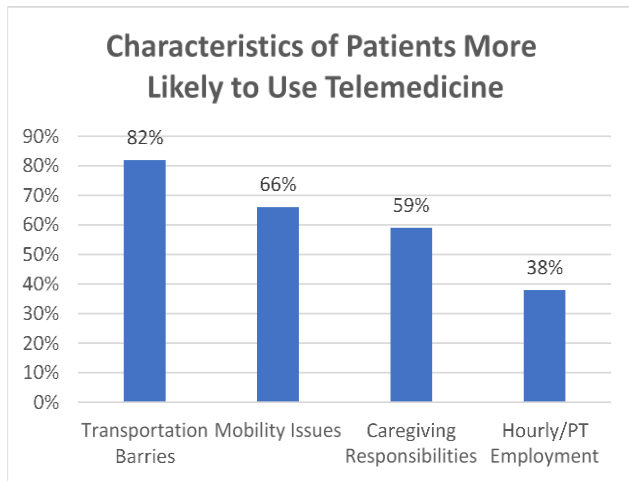


How has telemedicine affected access?

One of America's largest and growing public health concerns is the increasing disparities in health care.¹ Telehealth has been broadly recognized as an effective strategy to bridge gaps in health care by reducing barriers to accessing care.² Responses from primary care clinicians provide a first-hand account of how telemedicine has affected patient access and which patients are more and less likely to use telemedicine.

Telemedicine has allowed clinicians to reach diverse populations. More than three-quarters of clinicians (78%) agree that telemedicine has enabled them to reach patients across diverse socioeconomic backgrounds. In general, clinicians did not feel that racial or ethnic identity affected a patient's likelihood to use telemedicine; however, more than one in three (39%) clinicians expressed concern that insurance status is likely to affect use of telemedicine.

Use of telemedicine varies based on patient's individual circumstances. Clinicians feel that telemedicine is more likely to be used by patients with transportation or mobility limitations or obligations (caregiving, part-time work) that impact availability during normal business hours. In contrast, clinicians believe that patient age, insurance status, and cognitive abilities are likely to reduce use of telemedicine.



Access to technology and English proficiency have encumbered patient access to telemedicine. In spite of telemedicine's capacity to reach diverse populations, access has been hindered by issues related to access to broadband (70%) and computers (83%). Most clinicians also noted that lack of computer literacy hindered patient's capacity to use telemedicine (89%). While some clinicians noted the value of online translation tools, nearly half (47%) identified English proficiency for non-English speaking patients as barrier to telemedicine.

Why this matters: Payers and policymakers lack concrete data to inform the future direction of telemedicine. While payers see telemedicine as an opportunity to improve care management, thus reducing overall costs, Congress and policymakers fear that the expanded use of telemedicine has contributed to growing health disparities. Primary care clinicians are the first line of care; delivering services to a diverse patient population. Their insights and experience offer

¹ Subica AM, Brown BJ. Addressing health disparities through deliberative methods: citizen's panel for health equity. *American Journal of Public Health*. February 2020.

² Agency for Healthcare Research and Quality. Telediagnosis for acute care: implications for the quality and safety of diagnosis. Available at: [Telehealth and Health Disparities | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/telehealth-and-health-disparities/) Accessed 10/1/2021.

What clinicians said in their own words:

Use of telemedicine doesn't vary by patient race or ethnicity.

- Racially it is pretty equal who I see for these types of visits. Pennsylvania
- Telehealth has improved access across the spectrum of patients. Wisconsin
- Telehealth has been a great way to expand access. Oregon

However, lower income patients encounter more barriers using telemedicine.

- The contrasts you are exploring among demographic groups are clearer with respect to video access or not. West Virginia
- Wealthy have more resources to support their needs.. California
- Most of our patients with low income cannot access video. California
- Patients without financial means to have connectivity also cannot take advantage of this. Washington
- [Telemedicine is] much harder for poorer populations. New Jersey
- Lower income patients are having technology issues that limit care. New Jersey
- ...socioeconomic status [is] by far [one of] the biggest barriers. Oregon
- 20–65-year-old white collar workers are most likely to use telehealth.. Colorado

Telemedicine use is affected by individual patient characteristics including age, transportation, and personal obligations

- Younger adults are more likely to use this technology. Pennsylvania
- Telehealth has been invaluable in helping me connect to my adolescent patients with mental health concerns during the pandemic. Oregon
- I still see elderly struggle to use [telemedicine]. Virginia
- Also less likely to use telehealth [are] families of patients unable to do ADLs/IADLs. Illinois
- Hearing impairment in the elderly has been a barrier to telehealth. Colorado
- Domestic violence patients less likely to use telehealth as abuser may hear or control internet settings. Oregon
- Televisits are very efficient for patients... without travel and rooming time you can fit a visit into a lunch break. Oregon

English proficiency and technology availability limit the use of telemedicine

- There are many that I am not seeing-. In particular, non-English speaking. Washington
- Language barrier and undocumented status are the biggest barriers. Texas
- Biggest barriers are poor internet coverage and lack of technology understanding. Pennsylvania.
- One of the barriers is patient's poor phone service at home not allowing for video. Virginia

About the Survey: Funded by the Agency for Health Care Research and Quality, this survey focuses on telemedicine and health equity. The Larry Green Center fields this survey weekly, in a series of 2 month sprints, to a longitudinal cohort of 109 primary care clinicians. Respondents vary in terms of certification (MDs, DOs, NPs, PAs), practice size, practice ownership, and geographic location. The content of this brief reflects responses submitted during the first sprint, March and May of 2021.