

Health Disparities/Equities Studies

- [ASPE Publishes New Findings on Disparities in Telehealth Use in 2021](#) (American College of Osteopathic Family Physicians) – The HHS Office of The Assistant Secretary for Planning and Evaluation released new finding on Medicare telehealth use in 2021. The [issue brief](#) analyzes national trends in telehealth utilization across all payers. This study found that Black patients were one of the highest groups rate of telehealth users (26.8%), but they were one of the lowest user groups of video enabled telehealth (53.6%). Additionally, Latino patients were also on of the lowest group rates for video enabled telehealth (50.7%).
- [Black, Hispanic Patients Less Likely to Use Telehealth, New Study Shows](#) (mHealth intelligence, Apr 2022) – Within a network of FQHCs in Texas, [researchers](#) found that compared to Whites, minority-race and ethnic populations (including African Americans, Hispanics, American Indians / Alaska Natives and other Pacific Islanders, and Asians) were less likely to have a telemedicine visit. Individuals younger than 18 years and older adults were less likely to have a telemedicine visit when compared to non-elderly adults, as were those covered under Medicaid coverage, or uninsured. Residence in a metropolitan area and non-acute visits were associated with increased telemedicine use. The researchers note that “Our finding of persistent racial/ethnic disparities suggests that the promise of the positive impact of telemedicine on health care use and health outcomes could elude underserved populations.”
- [Health Insurance Market Officials Raise Questions as They Look toward the Future of Telehealth](#) (NASHP/PCORI, Jan 2022) – State officials representing insurance departments and health insurance marketplaces discussed opportunities, issues, and challenges in developing telehealth policies. Some policymakers shared concerns that telehealth, while designed to sustain increased access, must not inadvertently exacerbate existing disparities. State officials expressed additional concerns that enabling telehealth access could inadvertently isolate populations that would benefit from in-person services – *including behavioral health conditions*. Officials also reported that increased telehealth use is causing some providers to permanently close their offices and shift to remote work. There is similar concern that network adequacy flexibility could result in decreased availability of in-person services. Despite increased use of telehealth during the pandemic, some officials noted that return to in-person services was quicker than expected, acknowledging pent-up need and desire for in-person visits, *even if telehealth services were available*. Looking forward, state officials acknowledged that concerns remain over how effectively telehealth can substitute for in-person services – therefore, future policies must balance strategies to maintain in-person access, particularly in areas with existing provider shortages, and it is premature to fully assess what long-term telehealth policy should look like.
- [Disruptions in Care for Medicare Beneficiaries With Severe Mental Illness During the COVID-19 Pandemic](#) (JAMA, Jan 2022) – Individuals living with severe mental illness experienced substantial disruptions in care during the pandemic, and these disruptions were greater among disadvantaged populations, despite widespread use of telemedicine. Among a cohort of more than 650,000 Medicare beneficiaries living with schizophrenia or bipolar disorder, there were significant decreases in mental health-related outpatient, emergency department, and inpatient use as well as medication fills, particularly early in the pandemic. Statistically significant differentially greater decreases in outpatient utilization were observed among individuals who were Black, had dual Medicare-Medicaid eligibility, or had a disability.
- [Rethinking The Impact Of Audio-Only Visits On Health Equity](#) (Health Affairs, Dec 2021) – New pandemic-era flexibilities that allowed audio-only health visits to be routinely reimbursed as

telehealth may be leading to substandard care for those it was meant to serve. At the same time, some argue that requiring video visits may exacerbate inequities in health care. While this argument had merit early in the pandemic, the risk benefit calculation of audio-only visits has changed, and it is increasingly important to protect patients from potentially lower-quality audio-only visits. The authors discuss how ongoing delivery of audio-only visits can reduce the quality of care among low-income populations and contribute to health disparities. At the same time, the reliance on audio-only visits may be preventing innovation that could improve video and in-person health care visits for all populations.

- [Patient willingness for telehealth high, but in-person care perceived as more valuable, research suggests](#) (Healthcare Dive, Dec 2021) – When presented with the choice between an in-person or video visit for nonemergent care, most prefer a traditional in-office visit, according to a RAND study. The study found those who leaned toward in-person care were more willing to pay for their preferred visit modality, while those who preferred video visits were more sensitive to out-of-pocket costs. “[T]heir willingness to use telehealth is very sensitive to costs. Patients may not perceive video visits to have the same value as in-person health care.” Of the respondents who had used telehealth at least once, only 2.3% said they were unwilling to use telehealth in the future, suggesting the telehealth’s continued importance in hybrid models of care even after the pandemic — though it’s unlikely to be most patients’ first choice. A little over 33% of participants didn’t see any role for video visits in their medical care. Those respondents tended to be older, lower income, in rural areas and have lower levels of education.
- [Telehealth and Equity](#) (AP/NORC, Dec 2021) – Telehealth use was common during the pandemic among adults aged 50 and older, according to a recent survey. 63% of nonwhite adults aged 50 and older are least somewhat concerned about receiving lower-quality care when using telehealth, compared to in-person visits. Nonwhite respondents were more likely to report concerns about receiving low-quality care, the security of their health information, lacking privacy, health care coverage or reimbursement, and not having a personal relationship with their doctor for in-person care.
- [Telehealth Became a Lifeline for Older Americans. But It Still Has Glitches](#). (NYT, Dec 2021) – Among the Medicare population last year, Black and rural beneficiaries used telehealth less often than whites and urban dwellers, the federal report showed. Dr. Frydman’s national study also noted geographic differences, and found that beneficiaries with lower education and those living alone also used telehealth less. “We need to be really careful that telemedicine doesn’t worsen health disparities,” said Dr. Frydman. Improving equity in telehealth poses another challenge, since access to digital devices and the internet varies significantly between different groups.
- [Telephone, video, equity and access in virtual care](#) (Nature, Nov 2021) – “New technologies and innovations can improve the productivity of health care systems, yet at the same time technologies can exacerbate disparities between patient groups. This is because the benefits of digital technologies accrue to the people who have regular access to those technologies, including their use for activities related to the management of health and health care. ... These three studies share a common finding that patients who are Black and living in lower-income areas were more likely to engage in telephone visits, and patients who are white and from higher-income areas were more likely to engage in video visits. ... [T]his overarching observation illustrates the point that over time these patterns of usage would reinforce and likely exacerbate existing inequities in access to and outcomes of health care along the lines of race and income associated specifically with virtual care.”

- [Sociodemographic Factors Impacted Success of Telehealth Video Visits](#) (mHealth Intelligence, Nov 2021) – Patient sociodemographic factors largely influenced whether a telehealth video visit was successful or not, with racial minority status and older age being associated with unsuccessful visits, a recent [JAMA study](#) found. Researchers from the Medical College of Wisconsin conducted a study of telehealth video visits to evaluate how many visits were completed successfully and if the odds of success were influenced by patient and clinician factors. Patients with annual incomes between \$75,000 and \$231,000 and patients who used a tablet or a laptop to access their telehealth visit were more likely to see successful visits, the researchers found. Meanwhile, Black patients and patients who were between 66 and 80 years old were more likely to have visits that were transferred to a telephone service.
- [Medicare Patients in Metro Areas More Likely to Report Telehealth Use](#) (mHealth Intelligence; Nov 2021) – Medicare beneficiaries living in metropolitan areas were more likely to report that they used telehealth services, according to [a new study](#) that examined telehealth use during the COVID-19 pandemic. Compared to people who were older than 75 years, younger Medicare beneficiaries were more likely to have a telehealth appointment with their primary care physician, to report higher rates of specialist telehealth visits and to use video or voice calls with their physicians. Black non-Hispanics were less likely to report that their PCP offered telehealth appointments compared to other races.
- [Audio-Only Telehealth Visits Common for Safety-Net Providers](#) (mHealth Intelligence, Nov 2021) – “Telehealth increased access to care for New York State residents, with most patients attending audio-only visits compared to video visits, highlighting the digital divide that still plagues underserved communities, a [study](#) from NYU revealed. .. All three provider groups said that they preferred video visits over audio-only telephone visits. Video visits allowed the providers to note visual cues from patients, such as facial expressions and body language. ... But, the providers also indicated that audio-only telehealth had its benefits. Telephone visits were perceived as giving patients more privacy and a stronger sense of intimacy that video calls do not offer.”
- [The Surge Of Telehealth During The Pandemic Is Exacerbating Urban-Rural Disparities In Access To Mental Health Care](#) (Health Affairs, Oct 2021) – “Due in part to how telehealth was deployed before the pandemic, telehealth use for the treatment of mental illness was growing much faster in rural areas compared to cities. Alas, during the pandemic, the situation has flipped, with rural Americans now much less likely to use telehealth. These trends risk exacerbating what was already a dire situation.”
- [Patients who are most likely to use telehealth: 5 insights](#) (Becker’s Hospital Review, Oct 2021) – Telehealth usage boomed during the pandemic, but utilization was not spread evenly across all patient populations, according to a peer-reviewed [study](#) that analyzed telehealth usage among patients at Oregon Health & Science University. Key findings on how telehealth usage rates changed from 2019-20 included: (1) Video visits were "significantly lower" for patients 65 and older, male, Black, Indigenous, prefer a language other than English, or enrolled in Medicaid or Medicare and (2) patients who were ages 65 and older, Black or non-English speaking were more reliant on telephone visits than video visits. The study authors said providers "should actively monitor the utilization of telehealth modalities and develop best practice guidelines in order to mitigate the exacerbation of inequities."
- [Telehealth leapt forward with COVID-19. Who was left behind?](#) (LA Times, Jul 2021) – Telehealth has raised concerns about perpetuating unequal access to care, partly due to the “digital divide” among certain sociodemographic groups. For example, early in the pandemic, researchers found

that people who are older or do not speak English were less likely to use telehealth, along with patients of Asian descent. Video visits were a particular barrier for many groups and were used at lower rates by Black, Latinx and poorer patients, among others.

- [Teletherapy Aimed to Make Mental Health Care More Inclusive. The Data Show a Different Story](#) (Time, Jun 2021) – Telehealth has inarguably helped to improve access to mental health services, but not to such an extent that it delivers on promises of revolutionizing the mental health system. The same structural barriers that kept many people—particularly those who are lower-income or of color—from seeking care before the pandemic still exist, even with the expansion of telehealth. As a result, mental health usage in the U.S. hasn't changed as drastically as has been reported.
- [More Than 1 in 4 Medicare Beneficiaries Had a Telehealth Visit Between the Summer and Fall of 2020](#) (KFF, May 2021) – “Among Medicare beneficiaries who had a telehealth visit, a majority (56%) report accessing care using a telephone only, while a smaller share had a telehealth visit via video (28%) or both video and telephone (16%). The share of Medicare beneficiaries who had a telehealth visit using telephone only was higher among those age 75 and older (65%), Hispanic beneficiaries (61%), those living in rural areas (65%), and those enrolled in both Medicare and Medicaid (67%).”
- [One in Three Adults Used Telehealth during the First Six Months of the Pandemic, but Unmet Needs for Care Persisted](#) (Urban Institute/RWJF, Jan 2021) – Report findings suggest telehealth was generally accessible for adults during the first six months of the pandemic; however, adults in fair or poor health, Hispanic/Latinx adults, and adults with public health insurance coverage were more likely to have wanted but not gotten a telehealth visit. And adults who wanted a telehealth visit but had not had one were more likely to have an unmet health care need than all other adults. When the pandemic began, policymakers strongly incentivized telehealth use to minimize exposure to the virus from in-person care, but continued reliance on telehealth could exacerbate health inequities.

Quality of Care

- [ADHD Drugs Are Convenient To Get Online. Maybe Too Convenient](#) (Bloomberg, Mar 2022) – Backed by venture capital, Cerebral has built the fastest-growing online mental health business. Former employees say the rapid expansion comes at the expense of patient care. One former Cerebral patient living with bipolar disorder recounted her experience: after being prescribed five medications by a Cerebral nurse practitioner (three antidepressants, an anticonvulsant, and an antipsychotic), her condition spiraled, and the company – which does not have a physical presence in the states in which it operates – claimed it could no longer provide treatment and advised seeking in-person care. Two weeks later, the patient checked into a psychiatric hospital for treatment and has been unable to work since. As Bloomberg notes, “In psychiatric telehealth, the stakes are heightened by the prospect of patients in crisis and the risks of addictive drugs.”
- [Researchers say 'essential questions remain' about telehealth's diagnostic viability](#) (Healthcare IT News, Sep 2021) – Researchers from the Society to Improve Diagnosis in Medicine released an issue brief entitled *Improving TeleDiagnosis: A Call to Action*, which noted that “Most available research on telemedicine is focused on the use of virtual care for maintenance of health, but use of telemedicine for diagnosis – telediagnosis – at this scale is unprecedented, creating more unknowns than knowns about its impact on diagnostic quality and safety”.

Further, “While some evidence shows high rates of satisfaction among patients, other data shows that such convenience may come at a cost ... Generally speaking, there is still much to learn about the effectiveness of telemedicine overall ... Might this virtual care revolution provide a natural starting point for more robust study of diagnostic quality and safety?” And finally, “Overall, research priorities regarding the effectiveness of telediagnosis must focus on what symptoms require in-person assessments; what the right mix of in-person and virtual care looks like; who is being left behind in the expansion of virtual care; and what determines success or failure in telediagnosis,” said Dr. Mark Graber, co-author and founder and president emeritus of SIDM.

- [Physicians in favor of permanent telehealth expansion \(At the same time, a new report finds, stakeholders should not ignore the limitations of current virtual care models\)](#) (Healthcare IT News, May 2021) – A [study](#) from Syracuse University found that physicians are in favor of expanding telehealth permanently. However, many docs also voiced concerns with limitations of current telehealth technology offerings. Slightly more physicians reported a quality drop-off than a quality gain from telehealth: 40% of physicians felt telehealth was worse than in-person care, while just over 25% felt it was better.
- [Telehealth services may be convenient, but they’re creating major problems for some patients](#) (Study Finds, Nov 2021) – According to a Cambridge [study](#), patients who suffer from mental health issues or hearing problems could lose out as health services switch from face-to-face appointments to video chats and phone calls. “Our research exposes the inherent risks and benefits of telemedicine for patients with complex conditions, which may have important implications for patients who have other serious or unpredictable long-term conditions”. Most clinicians and patients agree that it was harder to build trusting medical relationships over video conference.
- [What Covid-19 Taught Us About Telemedicine](#) (WSJ, Mar 2021) – The jury is also still out on whether patients cared for via telemedicine do as well as patients with in-person care, and doctors are clear that some aspects of care must be handled in an office. For a new diagnoses of Parkinson’s disease, Dr. Roy Alcalay feels he can do a more thorough exam in his office. “Once Covid is over, it is best to get a diagnosis in person”. In general, many doctors worry that without data from hands-on physical exams, they may not make a correct diagnosis. “Virtual care is more convenient and efficient, but we have to be sure it is a supplement and not a substitute for in-person care,” says patient-safety expert Peter Pronovost. Until rigorous studies are completed, Dr. Pronovost says, there is limited evidence that virtual primary care doesn’t harm patients, such as through misdiagnosis, and achieves the same or better clinical outcomes as traditional care.