Is Telehealth Bridging or Widening the Health Care Gap? We Need to Find Out.

written by Theresa Hush | June 12, 2020

ROJI Health Intelligence CEO Theresa Hush frames the questions we need to ask about the future of telehealth in this 3:37 minute video.

Telehealth has become the go-to solution for health care during the COVID-19 pandemic, enabling providers and consumers to remain in contact for routine and non-emergency visits while brick-and-mortar spaces have been closed. Now that health care is reopening, however, telehealth remains a preferred communications medium, and many providers plan to expand it much more going forward.

So, it's time to ask: Are the services we are offering through telehealth really delivering the best health care possible? And, are there unintended consequences to our telehealth delivery?

If we are going to expand the use of services through a telehealth delivery, we should figure out how to make telehealth a tool for achieving transformational care, not just stopgap medicine. We must also be very careful to avoid creating unintended consequences of reduced health care services for those with limited Internet access or other obstacles to telehealth.

Understanding Telehealth in Context of the Pandemic

COVID-19 has and continues to extract a huge toll on the public and our health care industry. Telehealth provided an extremely important outlet for continuing medical care when it was not safe to visit health care providers. I would even go so far as to say that without telehealth, many patients could have had died for lack of medical input.

We know that COVID-19 will continue to have surges and distancing will be the norm until a vaccine or good therapies are available. And, patients who have had COVID-19 will require continuous monitoring in the months and years ahead. Dr. Anthony S. Fauci, the nation's leading infectious disease expert, said this week, we're only at the very beginning of understanding the immense, long-term health consequences of the novel coronavirus.

We also know that people of color have been affected to a much greater degree by the virus, with a disproportionately higher number of deaths, and at younger ages. Racial issues don't

stop with policing, and inequities extend throughout our social institutions, including health care—a factor that contributes to the [racial disparities in COVID-19 outcomes](#).

Telehealth services can have the unintended consequence of contributing to health care inequities. We need to ask questions as we develop its future:

1. How can we ensure that telehealth does not sideline people

without access to their own computers and high speed internet?
who don't already have connections to a primary care physician?
who lack privacy for confidential conversations?

2. How do we avoid distancing high risk individuals by limiting telehealth to treat only those who reach out to their providers, rather than using this tool to proactively reach out to those at higher risks of severe COVID-19?

3. How can we avoid actually breaking continuity of care—links with community services and service coordination—because we did not tie them into the clinical flow for delivery of telehealth services?

Let's Ask Questions of Our Telehealth Data

The best way to examine telehealth is to investigate the results of the past few months. We can see where it worked effectively and with the desired effects, and identify where we can improve. Here is a framework to begin that assessment:

1. What telehealth services were delivered during the pandemic?

What are diagnoses and reasons for those diagnoses?
How have visits differed between video and audio telehealth?
What referrals to other physicians, providers, or community settings resulted?

2. Who receives telehealth?

Examine population groups by risks, race, age, gender, zip codes, and SDOH.
Investigate services to patients with high risk and chronic illnesses versus episodic care.
Reveal whether telehealth provided access for people who speak a language other than

English or have issues with hearing.

Determine who did not receive telehealth, but are at the highest risk or accounted for high volume of visits previously.

3. Who provides telehealth?

Did patients see their regular primary care providers and specialists, or other medical staff, as a rule?

What proportion of care was delivered by clinicians unknown to the patient?

4. What are the results?

How have outcomes for key risks changed in association with telehealth (or lack thereof)?

What do we see in behavioral health? Did patients who called for COVID-19 get tested, and, if so, does the record reflect the results?

Do we see a difference in level of patient engagement as evidenced by actions or outcomes after the visit?

Was the visit patient-initiated or provider-initiated?

Is there any difference in depth of data collected during telehealth versus personal visits?

What do clinicians observe that was not known before by seeing patients in their home environments? How does that increase/decrease information about treatments?

Create the Future of Telehealth as Transformative

Telehealth deserves its important role in health care delivery. But we should make it more than a different venue for care. It should fulfill its potential to do more by connecting with patients in their home environment and in the company of their support network.

As providers, you can deliberately define the future place for telehealth across your services, and ensure that episodic use of telehealth doesn't highjack that agenda. Envision a future in which telehealth can be the vehicle for other patient-focused efforts, such as:

Consider using remote diagnostics and other reporting tools to enhance telehealth appointment information.

Envision a telehealth-based population health strategy that can help high risk patients. Examine the possibility of using a video platform for goal setting and shared discussions on risk.

A combination of retrospective and forward thinking will place telehealth in the best perspective for delivering health care that can be convenient, lower cost, and high quality. And

by reaching into the homes of your patients, it can be even more.

Founded in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through [Solutions](#) that help providers improve their value and succeed in Risk.