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Reconnecting the Patient: Why Telehealth Policy Solutions Must Consider and Address the Deepening Digital Divide

Roadmap

- Understanding Telehealth
- What is the “Digital Divide”?
  - Key Concepts
  - Impact on Specific Populations
- Considering Policy Solutions to Combat the Digital Divide
- Initial Conclusions

Understanding Telehealth

"Telehealth is a broad term that encompasses a variety of telecommunications technologies and tactics to provide health services from a distance. Telehealth is not a specific clinical service, but rather a collection of means to enhance care and education delivery." –The Center for Connected Health Policy (CCHP), https://www.cchpca.org/what-is-telehealth/

Telehealth v. Telemedicine?

- “Telehealth” and “telemedicine” are often used interchangeably
- These terms can have different meanings depending on who you are communicating with (i.e. doctors, insurance providers)
- **Telemedicine**: Telemedicine can be defined as using telecommunications technologies to support the delivery of all kinds of medical, diagnostic and treatment-related services usually by doctors. (*Focus is on the clinical delivery of healthcare)
- **Telehealth**: Telehealth is similar to telemedicine but includes a wider variety of remote healthcare services beyond the doctor-patient relationship. It often involves services provided by nurses, pharmacists or social workers, for example, who help with patient health education, social support and medication adherence, and troubleshooting health issues for patients and their caregivers.

Federal Communications Commission, https://www.fcc.gov/general/telehealth-telemedicine-and-telecare-whats-what

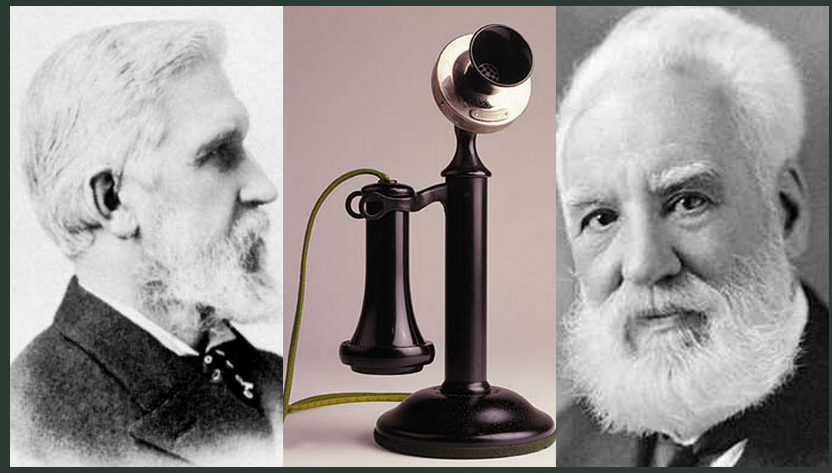
Various Definitions of Telehealth

- “There is no single definition of telehealth.”

–Center for Connected Health Policy (CCHP), https://www.cchpca.org/what-is-telehealth/

- “In fact, state and federal agencies often differ in how they define telehealth, and COVID-19 has added even more confusion. In order to facilitate the delivery of health services to people sheltering in place during the pandemic, many jurisdictions have temporarily adopted more expansive definitions to the term ‘telehealth’ — for example, allowing the use of audio-only telephone — which supersede existing laws and policies.”

–Center for Connected Health Policy (CCHP), https://www.cchpca.org/what-is-telehealth



Understanding the Digital Divide

“The digital divide is a well-described phenomenon that arises from limited access to and utilization of technology such as telehealth platforms. It can result from personal or sociocultural barriers, including limited electronic skills, low health literacy, disability, low income, and limited English proficiency; and structural barriers, including geographic isolation, broadband capacity, and technical hardware. Thus, the adverse consequences of the digital divide most prominently affect low-income, rural, disabled, racial/ethnic-minority, and elderly populations.”

--Gray DM, Joseph JJ, Olayiwola JN. Strategies for Digital Care of Vulnerable Patients in a COVID-19 World—Keeping in Touch. JAMA Health Forum. 2020;1(6):e200734. doi:10.1001/jamahealthforum.2020.0734

What is the “Digital Divide”?

- 1) individuals lacking access to technology,
- 2) a lack of digital literacy, and/or
- 3) the unreliability of internet coverage

David Velasquez & Ateev Mehrotra, Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care, *Health Affrs.Blog*. (May 8, 2020), https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/

Absence of Access to Technology

- Access to the Internet
  - “Although 80 percent of all U.S. households have access to the internet, data from the Health Information National Trends Survey suggest that significant disparities in internet access exist by age, sex, race, ethnicity, income, and education. Likewise, as noted in AHRQ’s 2018 National Healthcare Quality and Disparities Report, while some of the observed disparities have declined over the past two decades, many persist, especially for poor and uninsured populations in all priority areas.” Telehealth and Health Disparities, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, (last updated Aug. 2020), https://www.ahrq.gov/patient-safety/reports/issue-briefs/teledx-5.html)
- Access to devices/technology (i.e. computers/phones/iPads)

Digital Literacy

- Having access to technology is not enough--knowing how to actually use the technology or “digital literacy” is another contribution to the digital divide
- “Findings from the OECD analysis of the 2012 PIAAC show that 16 percent of U.S. adults were not digitally literate.” (31.8 million adults), U.S. Department of Education, A Description of U.S. Adults Who Are Not Digitally Literate, May 2018, https://nces.ed.gov/pubs2018/2018161.pdf.
- Pew Research—October 2019—survey on digital literacy showed 40% of Americans answering questions correctly—See Pew Research Center, https://www.pewresearch.org/internet/2019/10/09/americans-and-digital-knowledge/.

Access to Reliable Internet: Broadband

- Access to internet service generally is not enough
- Quality/speed of internet—access to Broadband internet
- Access to Broadband internet recognized as a social determinant of health (SoDH), see See Shelly Smith and Sarah Raskin, Achieving Health Equity: Examining Telehealth in Response to a Pandemic, THE JOURNAL FOR NURSE PRACTITIONERS (2020). citing N.C. Benda, T.C. Veinot, C.J. Sieck, J.S. Ancker Broadband Internet Access is a Social Determinant of Health!, 110(8) Am J Public Health 1123-1125 (2020).

Access to Reliable Internet: Broadband

- Affordability—no precise data on how many people cannot afford it but it is a known issue, https://www.cnet.com/features/broadband-costs-too-much-for-some-people-fixing-that-wont-be-easy/
- U.S. pays the largest cost for slower internet than other countries (See Open Technology Institute, The Cost of Connectivity 2020, https://www.newamerica.org/oti/reports/cost-connectivity-2020/)
- April 2020 Pew Research Study—28% had concerns about paying bill for high-speed internet (See Pew Research, https://www.pewresearch.org/internet/2020/04/30/53-of-americans-say-the-internet-has-been-essential-during-the-covid-19-outbreak/)

The Digital Divide Existed Before the Pandemic

"Research conducted prior to the pandemic revealed that older Americans, rural communities, vulnerable populations, racial and ethnic minorities, and those with lower socioeconomic status are disadvantaged by this 'digital divide' and may be unable to take full advantage of telehealth opportunities."

--America's Health Insurance Plans (AHIP), Bridging the Digital Divide for Consumers, Issue Brief, November 2020, https://www.ahip.org/wp-content/uploads/202011-AHIP_IB-DigitalDivide.pdf.

Specific Groups More Likely Impacted by the Digital Divide

- Elderly
- Racial and ethnic minority groups
- Disability
- Low socioeconomic status
- Living in rural areas
- Non-English speakers

Specific Populations are More Likely Impacted by the Digital Divide: Elderly

- May lack access to technology both as far as computer ownership and internet access, See Camille Ryan and Jamie M. Lewis, Computer and Internet Use in the United States: 2015, U.S. CENSUS BUREAU (2017), https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-37.pdf
- Digital literacy: Additionally, ensuring individuals have access to technology does not equate them possessing digital literacy to use the necessary technology which has been demonstrated for both the elderly and African American populations. Daniel M. Walker, et al., Exploring the Digital Divide: Age and Race Disparities in Use of an Inpatient Portal, 26(5) TELEMEDICINE AND E-HEALTH, (2020).
- Despite the interest in the elderly population in using technology for healthcare, this group used telehealth less frequently in the early stage of the pandemic compared to younger populations. Dena H. Jaffe et al., Health Inequalities in the Use of Telehealth in the United States in the Lens of COVID-19, 23(5) POPULATION HEALTH MANAGEMENT (2020).

Specific Groups May be Impacted by the Digital Divide: Racial and Ethnic Minority Groups

- May lack digital literacy, Daniel M. Walker, et al., Exploring the Digital Divide: Age and Race Disparities in Use of an Inpatient Portal, 26(5) TELEMEDICINE AND E-HEALTH, (2020).
- A study that examined data from the peak of the pandemic in NYC demonstrated that both Blacks and Latinos saw greater use of both Emergency Department (ED) visits and in-person healthcare visits rather than use of telehealth for healthcare compared to whites. Ellerie Weber et al., Characteristics of Telehealth Users in NYC for COVID-Related Care During the Coronavirus Pandemic, J AM MED INFORMATICS ASS'N (2020), https://academic.oup.com/jamia/advance-article/doi/10.1093/jamia/ocaa216/5899728.
- Another study examining cancer care for both Blacks and Hispanics during the pandemic in NYC at its height also recognized the decreased use of telehealth for these populations. John DeRosier, Substantial Racial Disparities Observed in use of Telehealth by Patients with Cancer, HELIO (Oct. 12, 2020), https://www.healio.com/news/hematology-oncology/20201012/substantial-racial-disparities-observed-in-use-of-telehealth-by-patients-with-cancer.
- Another complication created by Covid-19 has been the fact that many in these populations depend on community health centers (CHCs) for access to healthcare where it has been shown there has been less weekly visits, a majority of which used telehealth to provide healthcare during the pandemic also suggesting that this could contribute to intensifying already existing healthcare disparities. June-Ho Kim et al., How The Rapid Shift To Telehealth Leaves Many Community Health Centers Behind During The COVID-19 Pandemic, HEALTH AFFAIRS BLOG (June 2, 2020), https://www.healthaffairs.org/do/10.1377/hblog20200529.449762/full/.

Specific Groups More Likely Impacted by the Digital Divide: Disability

- Broadband access: “broadband—fast internet—is inaccessible in many rural and low-income communities (even in cities) where many persons with disabilities live” Thiru M. Annaswamy, MD MA et al., Telemedicine Barriers and Challenges for Persons with Disabilities: COVID-19 and Beyond, 13(4) DISABIL HEALTH J. (2020).

- Design & accessibility: One current major barrier for telehealth access for people with disabilities is the design of telehealth technologies whether those are provided through websites or apps having accessibility issues preventing people with disabilities from being able to utilize these technologies. Rupa S Valdez et. al. Ensuring Full Participation of People with Disabilities in an Era of Telehealth, J AM MED INFORMATICS ASS’N 1-4 (2020). https://academic.oup.com/jamia/advance-article/doi/10.1093/jamia/ocaa297/5988542.

- Communication & accessibility: “Most telemedicine platforms do not have custom features to ease healthcare communications for persons who are deaf or blind or for persons with cognitive disabilities. Furthermore, there is a dearth of patient education materials for persons with language and literacy challenges.” Thiru M. Annaswamy, MD MA et al., Telemedicine Barriers and Challenges for Persons with Disabilities: COVID-19 and Beyond, 13(4) DISABIL HEALTH J. (2020).

- The ADA and accessibility of websites and apps: “The Americans with Disabilities Act (ADA) was passed before the Internet became a widely used public service. The design standards of the ADA address physical spaces including healthcare facilities, but not virtual spaces or services such as telemedicine. In principle, the ADA’s coverage extends to the Internet and its virtual world. However, the law does not prescribe standards for accessibility or directions for making websites accessible.” Thiru M. Annaswamy, MD MA et al., Telemedicine Barriers and Challenges for Persons with Disabilities: COVID-19 and Beyond, 13(4) DISABIL HEALTH J. (2020).

Specific Populations are More Likely Impacted by the Digital Divide: Low Socioeconomic Status

- May lack digital literacy, Saida Mamedova and Emily Pawlowski, Stats in Brief: A U.S. Description of Adults Who are Not Digitally Literate, U.S. DEPT. OF EDUCATION (May 2018), https://nces.ed.gov/pubs2018/2018161.pdf
- May lack access to both devices and broadband internet, See David Velasquez & Ateev Mehrotra, Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care, Health Affrs.Blog. (May 8, 2020), https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/ See also https://academic.oup.com/jamia/advance-article/doi/10.1093/jamia/ocaa216/5899728 citing Yoon H Jan Y Vaughan PW, et al. Older adults' internet use for health information: digital divide by race/ethnicity and socioeconomic status. J Appl Gerontol 2018; 39 (1): 105–10., Anderson M Kumar M. 2019. Digital divide persists even as lower-income Americans make gains in tech adoption. FactTank, Pew Research Center. https://pewrsr.ch/2vK1HIo, and Perrin A Turner E. 2019. Smartphones help Blacks, Hispanics bridge some—but not all—digital gaps with Whites. FactTank, Pew Research Center. https://pewrsr.ch/2Z1PKP

Specific Groups More Likely Impacted by the Digital Divide: Living in Rural Areas

- May lack access to broadband internet: In 2019, access to broadband still remained significantly difficult for Americans living in rural areas compared to those in both urban and suburban areas. Andrew Perrin, Digital Gap Between Rural and Nonrural America Persists, PEW RESEARCH CENTER (May 31, 2019), https://www.pewresearch.org/fact-tank/2019/05/31/digital-gap-between-rural-and-nonrural-america-persists/.
- Areas with low broadband internet access "also have a higher prevalence of obesity, diabetes, and chronic diseases" indicating that this group may have the greatest healthcare needs. Kelly A Hirko et al., Telehealth in Response to the COVID-19 Pandemic: Implications for Rural Health Disparities, 27(11) J AM MEDICAL INFORMATICS ASS'N 1816–1818 (Nov. 2020), https://academic.oup.com/jamia/article/27/11/1816/5863253.

Specific Groups More Likely Impacted by the Digital Divide: Non-English Speakers

- May lack access to technology
- Language barriers due to lack of translating services
- There is evidence that these barriers have already impacted non-English speakers during the pandemic in accessing healthcare resulting in canceling of appointments because it was not understood these were converted to telephone appointments due to communication difficulties.

Nicole Wetsman, Telehealth Wasn't Designed for Non-English Speakers, THE VERGE (June 4, 2020), https://www.theverge.com/21277936/telehealth-english-systems-disparities-interpreters-online-doctor-appointments

Covid-19's Possible Impact on Expanding the Digital Divide

"These disparities could worsen because of the economic impact of COVID-19, as vulnerable populations may have reduced or lost income and dropped their internet or data plans to save money, turned off smartphones they can no longer afford, and lost access to publicly available WiFi with the closing of schools and libraries."

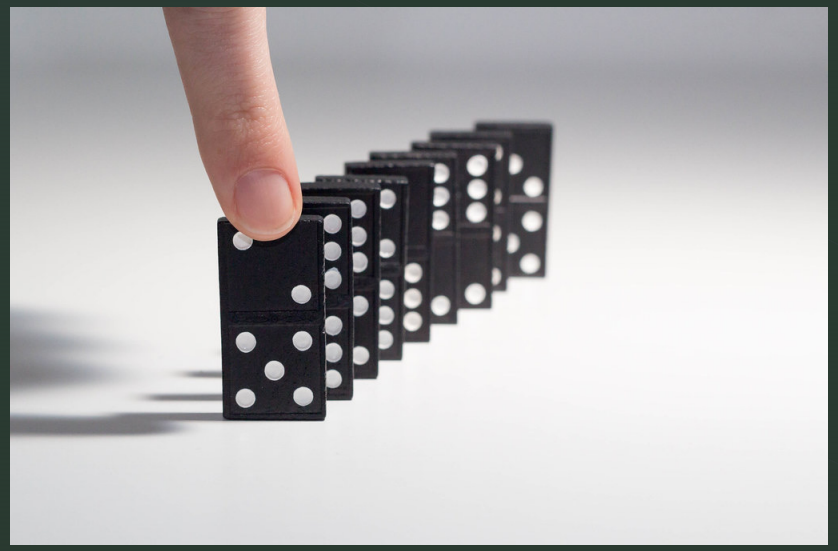
--America's Health Insurance Plans (AHIP), Bridging the Digital Divide for Consumers, Issue Brief, November 2020, https://www.ahip.org/wp-content/uploads/202011-AHIP_IB-DigitalDivide.pdf.


POLL

The Federal Government & Telehealth During a Public Health Emergency (PHE): Embracing the Audio-Only Telehealth Modality

- Centers for Medicare and Medicaid Services (CMS)—Temporary Changes Involving Audio-Only Telehealth
  - March 17, 2020--allowing all beneficiaries to receive telehealth in any location, including their homes, See https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/full/
  - Allowing and paying for audio-only telehealth visits
  - List of services covered for telehealth for audio-only coverage that had previously been required audio-visual under Medicare, See https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - Raising payment parity rates, https://www.ama-assn.org/practice-management/digital/cms-oks-pay-parity-telephone-visits-during-covid-19-crisis
  - Waiving requirements for certain evaluations and management (E/M) services to be conducted by both audio and visual components, https://www.ama-assn.org/practice-management/digital/cms-oks-pay-parity-telephone-visits-during-covid-19-crisis, See the final rule https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public

The Domino Effect: State Medicaid & Audio-Only Telehealth Modality



- The impact of CMS temporary changes on audio-only telehealth during the PHE: “State Medicaid programs, many of which did not cover audio-only telehealth prior to the pandemic, followed suit in expanding coverage to include varying degrees of audio-only telehealth services.” See https://www.jdsupra.com/legalnews/hold-the-phone-audio-only-telehealth-9422897/

Medicare Moving Forward on Audio-Only Telehealth Modality

- The Medicare Physician Fee Schedule proposal for 2022 includes a number of provisions regarding audio-only telehealth (See https://mhealthintelligence.com/news/cms-expands-telehealth-coverage-in-proposed-2022-physician-fee-schedule)
- Some of the changes in the proposal:
  - Extend coverage of certain Medicare telehealth services through calendar year (CY) 2023
  - Permanently extend coverage of tele-behavioral services delivered to patients in their homes and via audio-only technology, and
  - Make changes that would allow for rural health centers (RHCs) and federally qualified health centers (FQHCs) to deliver mental health visits virtually

Proposed Rule for FY 2022 available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched

Future Federal Policy on Audio-Only Telehealth?

- Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021, https://legiscan.com/US/text/SB150/2021
- Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021, https://www.schatz.senate.gov/imo/media/doc/CONNECT%20for%20Health%20Act%20of%202021_Summary.pdf
- Permanency for Audio-Only Telehealth Act, https://connectwithcare.org/wp-content/uploads/2020/12/Permanency-for-Audio-Only-Telehealth-Bill-Text.pdf

Future Federal Policy on Audio-Only Telehealth?

- The Telehealth Coverage and Payment Parity Act, https://www.congress.gov/bill/117th-congress/house-bill/4480?q=%7B%22search%22%3A%5B%22hr+4480%22%5D%7D&s=1&r=1
- Protecting Rural Telehealth Access Act, Text - H.R.5425 - 117th Congress (2021-2022): Protecting Rural Telehealth Access Act | Congress.gov | Library of Congress

Modality: Considering the Audio-Only Telehealth Option

- “Few studies have differentiated between telehealth modalities. However, CMS estimated that 30% of telehealth visits were audio only during the pandemic. Estimates reported here may be higher because low-income patients face unique barriers to accessing video visits and FQHCs lack resources to develop the necessary infrastructure.”

--Uscher-Pines L, Sousa J, Jones M, et al. Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic. *JAMA*. 2021;325(11):1106–1107. doi:10.1001/jama.2021.0282

RAND Corporation Study February 2021, https://jamanetwork.com/journals/jama/fullarticle/2776166?guestAccessKey=1cbe677e-5cda-4394-9933-078d1fcfecaf&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=020221

Considering Audio-Only Telehealth

“Prior to the pandemic, many definitions of telehealth excluded telephone visits, and telephone visits were seldom reimbursed. Furthermore, CMS signaled it may stop reimbursing for telephone visits when the public health emergency ends. There are some concerns that telephone visits could result in fraud, abuse, and unnecessary and lower-quality care. Although these concerns are important to assess, eliminating coverage for telephone visits could disproportionately affect underserved populations and threaten the ability of FQHCs to meet patient needs.”

--Uscher-Pines L, Sousa J, Jones M, et al. Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic. *JAMA*. 2021;325(11):1106–1107. doi:10.1001/jama.2021.0282

Research on FQHCs and Audio-Only Telehealth

"At a minimum, allow audio-only to continue on a temporary basis. While policymakers may be hesitant to craft permanent policies, allowing FQHCs to use audio-only for a time beyond the pandemic will allow patients to ease back into in-person visits or provide time to find other solutions to issues such as connectivity or access to technology like smartphones or laptops."

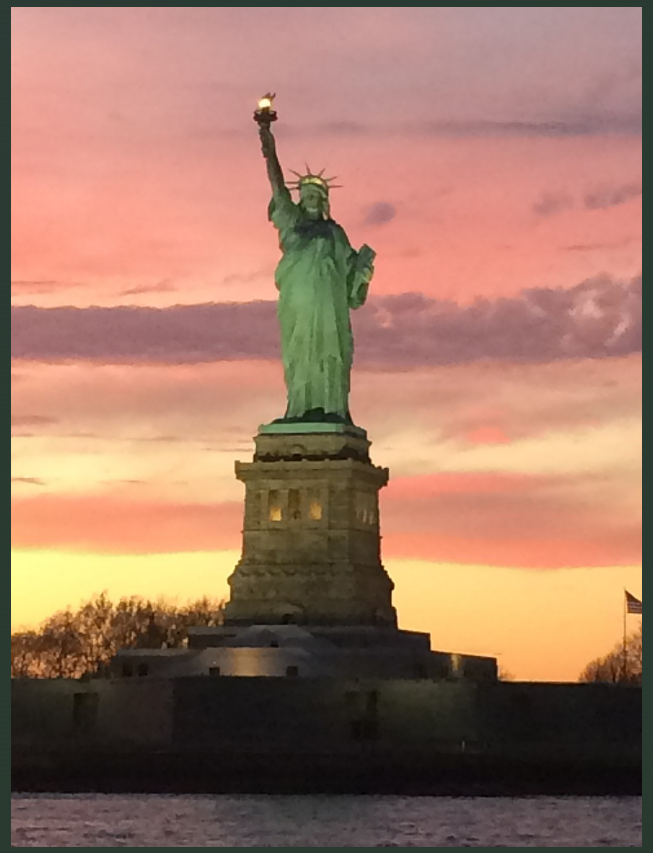
--Center for Connected Health Policy, *Impact of Audio-only Telephone in Delivering Health Services During COVID-19 and Prospects for Future Payment Policies*, p. 13, (August 25, 2021), https://www.cchpca.org/2021/10/FSMB-Audio-Only-Reportfinal.pdf

Research on FQHCs and Audio-Only Telehealth

"Actively address the connectivity issue & technology divide. As the interviewees noted, audio-only was primarily used because connectivity was a major issue for patients. While building out adequate connections may take some time, policymakers should address other measures that can bridge the gap until everyone does have broadband access. Such solutions could include subsidies to access the internet, cost of connectivity having been noted as an issue for some, providing hot spots in certain regions, offering training on how to use technology for those who need help with digital literacy, and providing equipment to access live video such as laptops or smartphones."

--Center for Connected Health Policy, *Impact of Audio-only Telephone in Delivering Health Services During COVID-19 and Prospects for Future Payment Policies*, p. 13, (August 25, 2021), https://www.cchpca.org/2021/10/FSMB-Audio-Only-Reportfinal.pdf

Bringing Audio-Only Telehealth Permanence to the States: New York



- Summer 2020
- Senate Bill 416: https://legislation.nysenate.gov/pdf/bills/2019/S8416
- Definition of “telehealth” changed to no longer prohibit “audio-only telephone communication”
- Still excludes faxes or electronic messaging unless used in conjunction with other modalities described as “telemedicine, store and forward, or remote patient monitoring”

State Variation in Defining Telehealth and Recent Developments

- Arizona
- Arkansas
- Montana
- Vermont
- Washington

Other Recent State Legislative Activity: Audio-Only Telehealth

- Florida Senate Bill 700 (https://www.flsenate.gov/Session/Bill/2021/700/, Status: 4/30/2021--Died in Appropriations
- Indiana Senate Bill 3 (https://legiscan.com/IN/text/SB0003/2021, Status: Passed 2021-04-20 - Public Law 85
- Louisiana House Bill 270 (https://legiscan.com/LA/text/HB270/2021, Status: (Engrossed) 2021-05-13 - Read by title and referred to the Legislative Bureau
- Ohio House Bill 122 (https://ohiohouse.gov/legislation/134/hb122) Status: Passed House, In Senate Committee
- Oklahoma House Bill 1689 (https://legiscan.com/OK/text/HB1689/2021) Status: Engrossed—2021-04-05
- Oregon Senate Bill 423 (https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB423/Introduced), Status: In Senate Committee

Issues to Consider Involving Audio-Only Telehealth

- Audio-only visits will lead to fraud and abuse—the need to ensure mechanisms are in place to prevent and remedy such situations
- Additional (unnecessary) utilization that will drive up healthcare costs—limits could be placed on a number of audio-only visits
- Potential for reimbursing for activities that formerly did not receive payment

Policy Solutions Involving Broadband Access

"Because access to the internet is unavailable or inadequate in parts of the country, states and the federal government are focusing on deploying broadband—the technologies that allow internet data to be transmitted at high speeds—as universally as possible."

--National Conference of State Legislatures (NCSL), https://www.ncsl.org/research/telecommunications-and-information-technology/broadband-2021-legislation.aspx

Policy Solutions Involving Broadband Access

“In the 2021 legislative session, 47 states, the District of Columbia and Puerto Rico have pending legislation addressing broadband in issue areas such as educational institutions and schools, dig once, funding, governance authorities and commissions, infrastructure, municipal-run broadband networks, rural and underserved communities, smart communities and taxes.”

--National Conference of State Legislatures (NCSL), https://www.ncsl.org/research/telecommunications-and-information-technology/broadband-2021-legislation.aspx

2021: States That Enacted Legislation or Adopted Resolutions

"Thirty-five jurisdictions enacted legislation or adopted resolutions: Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Puerto Rico, South Dakota, Texas, Utah, Virginia, Washington West Virginia and Wyoming."

--National Conference of State Legislatures (NCSL), https://www.ncsl.org/research/telecommunications-and-information-technology/broadband-2021-legislation.aspx

Accessibility Barriers: Disability

- “New Jersey introduced a bill in early 2021 that requires telemedicine and telehealth systems to include accessible communication features to facilitate the use of telemedicine and telehealth by individuals with a disability and individuals with a sensory impairment, including, but not limited to, individuals who are deaf, hard of hearing, visually impaired, blind or deaf-blind.”, https://www.jdsupra.com/legalnews/emerging-best-practices-for-states-to-9827343/
- See A5255, introduced January 21, 2021—referred to Assembly Health Committee, https://www.njleg.state.nj.us/2020/Bills/A9999/5255_I1.PDF

Accessibility Barriers: Digital Literacy & Interpreter Services

- In early 2021, Massachusetts introduced a bill requiring reimbursement for interpreter services for non-English speakers as well as those who are deaf or hard of hearing
- See Massachusetts S. 678 An Act Relative to Telehealth and Digital Equity for Patients, https://malegislature.gov/Bills/192/SD2099

Accessibility Barriers: Digital Literacy & Interpreter Services

“The centerpiece of this legislation directs the Health Policy Commission (HPC) to establish two pilot programs – a Digital Bridge Pilot Program and a Digital Health Navigator Tech Literacy Pilot Program—to support expanded access to telehealth technologies and technological literacy for patients. The Digital Bridge program aims to increase access to telehealth services through investments in telecommunications services, broadband and internet connectivity services, and digital technology. The Tech Literacy program directs HPC to engage with community health workers and other professionals who can act as telehealth navigators for underserved and elderly populations who may need greater assistance in accessing telehealth services. Another important equitable measure contained in this legislation requires insurers to cover interpreter services for patients with limited English proficiency and for those who are deaf or hard of hearing. With increased utilization of telehealth comes the opportunity to reduce racial, socio-economic, and other inequities in access to care and health outcomes, but only if we are intentional about building policies that identify and address barriers to accessing care via telehealth for communities that have historically faced traditional barriers to in-person care.”

–Massachusetts Medical Society, https://www.massmed.org/Advocacy/State-Advocacy/State-Testimony/Testimony-in-Support-of-H-1101-and-S-678,-Ac-Act-Relative-to-Telehealth-and-Digital-Equity-for-Patients-Before-the-Joint-Committee-on-Financial-Services-(PDF)/

Initial Conclusions

- Telehealth policy must consider the availability, usefulness, and efficacy of different telehealth modalities (i.e. audio-only)
- Affordability of technology must move to the forefront of these policy considerations (i.e. broadband access as well as in terms of actual devices themselves)
- Accessibility in terms of both education and usability
  - How will telehealth policies promote/ensure that people will actually be able to use the technology once they have it—technology is useless if you cannot use it—we must educate
  - Also, ensuring that the accessibility needs of different populations are protected and met i(i.e. those with disabilities in terms of different accessibility needs and non-English speakers)

Initial Conclusions

- The need to continue to gather and examine data to inform policymaking, see https://www.ama-assn.org/practice-management/digital/can-10-months-data-show-how-optimize-use-telehealth
  - Little data on clinical appropriateness
  - Cost—for example H.R.1406 - COVID–19 Emergency Telehealth Impact Reporting Act of 2021 to examine impact of telehealth use involving Medicare, https://www.congress.gov/bill/117th-congress/house-bill/1406?q=%7B%22search%22%3A%5B%22%5C%22telehealth%5C%22%22%5D%7D&r=1&s=2
- Looking at telehealth holistically: “Mostly, people have been looking at telehealth from the perspective of financial outcomes, rather than looking at it holistically and from the perspective of other value streams such as health equity, patient access, physician and patient experience, and—most importantly—clinical outcomes, Barron said.” Citing Meg Barron, AMA’s Vice President of Digital Health Innovations, https://www.ama-assn.org/practice-management/digital/can-10-months-data-show-how-optimize-use-telehealth

THANK YOU!

- IU Robert A. McKinney School of Law
- The Indiana Health Law Review
- Cleveland-Marshall College of Law