Telehealth & Health Equity: Considerations for Addressing Health Disparities during the COVID-19 Pandemic

Clinician Outreach and Communication Activity (COCA) Webinar

Tuesday, September 15, 2020

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Objectives

- Discuss CDC's COVID-19 health equity strategy and implications for health services.

- Describe how telehealth can bridge health equity gaps and expand access to care during the COVID-19 pandemic.

- Discuss telehealth utilization and implementation experiences for under-resourced communities.

To Ask a Question

- All participants joining us today are in listen-only mode.
- Using the Webinar System
  - Click the "Q&A" button.
  - Type your question in the "Q&A" box.
  - Submit your question.
- The video recording of this COCA Call will be posted at https://emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp and available to view on-demand a few hours after the call ends.
- If you are a patient, please refer your questions to your healthcare provider.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.
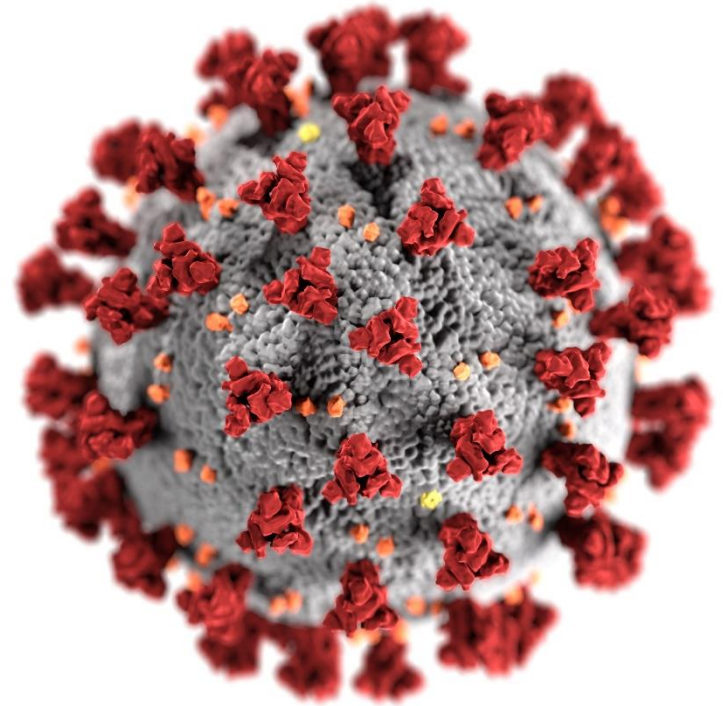
Today's Presenters

- **Leandris Liburd, PhD, MPH, MA**
  COVID-19 Chief Health Equity Officer
  Director, Office of Minority Health and Health Equity
  Centers for Disease Control and Prevention

- **Kendra B. McDow, MD, MPH, FAAP**
  Epidemiologist, Health Systems and Worker Safety
  Task Force
  COVID-19 Response
  Centers for Disease Control and Prevention

- **Kemi Alli, MD**
  Chief Executive Officer
  Henry J. Austin Health Center

CDC COVID-19 Response: Telehealth & Health Equity

Leandris Liburd, PhD MPH
Chief Health Equity Officer
September 15, 2020
Clinician Outreach and Communication Activity
COCA Call

cdc.gov/coronavirus

Definitions

Health Disparity

- A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage

Health Equity

- The attainment of the highest level of health for all people...valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities

Chief Health Equity Officer

Charge:

- Develop a CDC COVID-19 Response Health Equity Strategy that addresses health disparities and inequities with a holistic, all-of-response approach

Time Period of Strategy:

- Present to 18-24 months from now

- Alignment with HHS Strategy for Racial and Ethnic Minority Populations and Long-Term Plan for Recovery and Resilience of Social, Behavioral and Community Health

CDC COVID-19 Response Health Equity Strategy

- **Priority strategy 1:** Expand the evidence base

- **Priority strategy 2:** Expand programs and practices for testing, contact tracing, isolation, healthcare, and recovery from the impact of unintended negative consequences of mitigation strategies to reach populations that have been put at increased risk

- **Priority strategy 3:** Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19

- **Priority strategy 4:** Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population

https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CDC-Strategy.pdf

CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity — July 2020

Guiding Principles

Reduce health disparities. **Use** data-driven approaches. **Foster** meaningful engagement with community institutions and diverse leaders. **Lead** culturally responsive outreach. **Reduce** stigma, including stigma associated with race and ethnicity.

Vision

All people have the opportunity to attain the highest level of health possible.

Charge

- To reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, and death.

- To broadly address health disparities and inequities related to COVID-19 with a holistic, all-of-response approach.

- To develop a strategic plan to help us realize these goals.

Overview

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

CDC's COVID-19 Response Health Equity Strategy broadly seeks to improve the health outcomes of populations

impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk. **Examples** of potential unintended negative consequences include loss of health insurance; food, housing, and income insecurity; mental health concerns; substance use; and violence resulting from factors like social isolation, financial stress, and anxiety.

3. Expanding program and practice activities to support essential and frontline workers to prevent transmission of COVID-19. **Examples** of essential and frontline workers include healthcare, food industry, and correctional facility workers.

4. Expanding an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.
- Reduced COVID-19-associated stigma and implicit bias.

Influential factors that impact medical care access

Barriers to care:

- Access to medical resources
- Health insurance coverage
- Immigration status
- Lack of childcare or elder care
- Language barriers
- Stigmatizing language in medical practices and materials
- Unreliable transportation

What we can do to promote health equity

- **Working together**
  - Community and faith-based organizations
  - Employers
  - Healthcare delivery systems
  - Public health agencies
  - State, Tribal, Local, and Territorial governments

Visit our webpage

- Learn more about the CDC COVID-19 Response Health Equity Strategy

https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/index.html

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Thank you

CDC COVID-19 Chief Health Equity Officer Unit
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Objectives

- Describe telehealth utilization in the context of health disparities & under-resourced communities

- Examine the importance of using telehealth to provide continuity of care to reduce negative consequences in populations disproportionately affected by COVID-19

- Present telehealth limitations in the context of health equity

- Identify potential solutions to telehealth limitations that increase utilization and optimize telehealth experiences in groups at higher risk of negative outcomes during the COVID-19 pandemic

Telehealth facilitates COVID-19 mitigation strategies

https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html
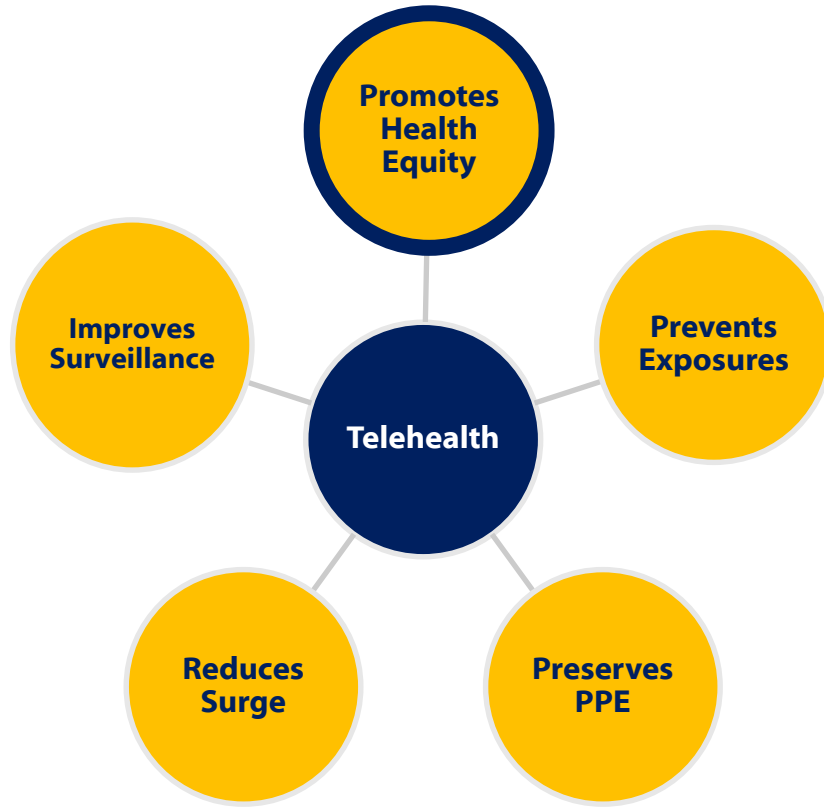
Telehealth can provide continuity of care during the COVID-19 pandemic

- Long standing systemic health and social inequities have contributed to racial/ethnic minority populations being disproportionally affected by COVID-19

- Rural communities may be at increased risk due to less access to health care and health insurance coverage compared to urban counterparts

- Telehealth maintains and expands care for underlying medical conditions for under-resourced populations

- Removal of barriers: transportation, missed work/school, childcare, limited access to subspecialty care

Limitations to telehealth

- Situations in which in-person visits are more appropriate; privacy limitations
- Limited access to technological devices (e.g., smartphone, tablet, computer) needed for a telehealth visit or connectivity issues
- Level of comfort with technology for healthcare personnel and patients
- Cultural acceptance of conducting virtual visits
- People with disabilities have unique challenges

HEALTHCARE WORKERS

Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020   Print Page

Purpose of this Guidance

To describe the landscape of telehealth services and provide considerations for healthcare systems, practices, and providers using telehealth services to provide virtual care during and beyond the COVID-19 pandemic.

Background

Changes in the way that health care is delivered during this pandemic are needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.

On This Page

- Background
- Telehealth Modalities
- Benefits and Potential Uses of Telehealth
- Strategies to Increase Telehealth Uptake
- Telehealth Reimbursement
- Safeguards for Telehealth Services
- Potential Limitations of Telehealth
- References
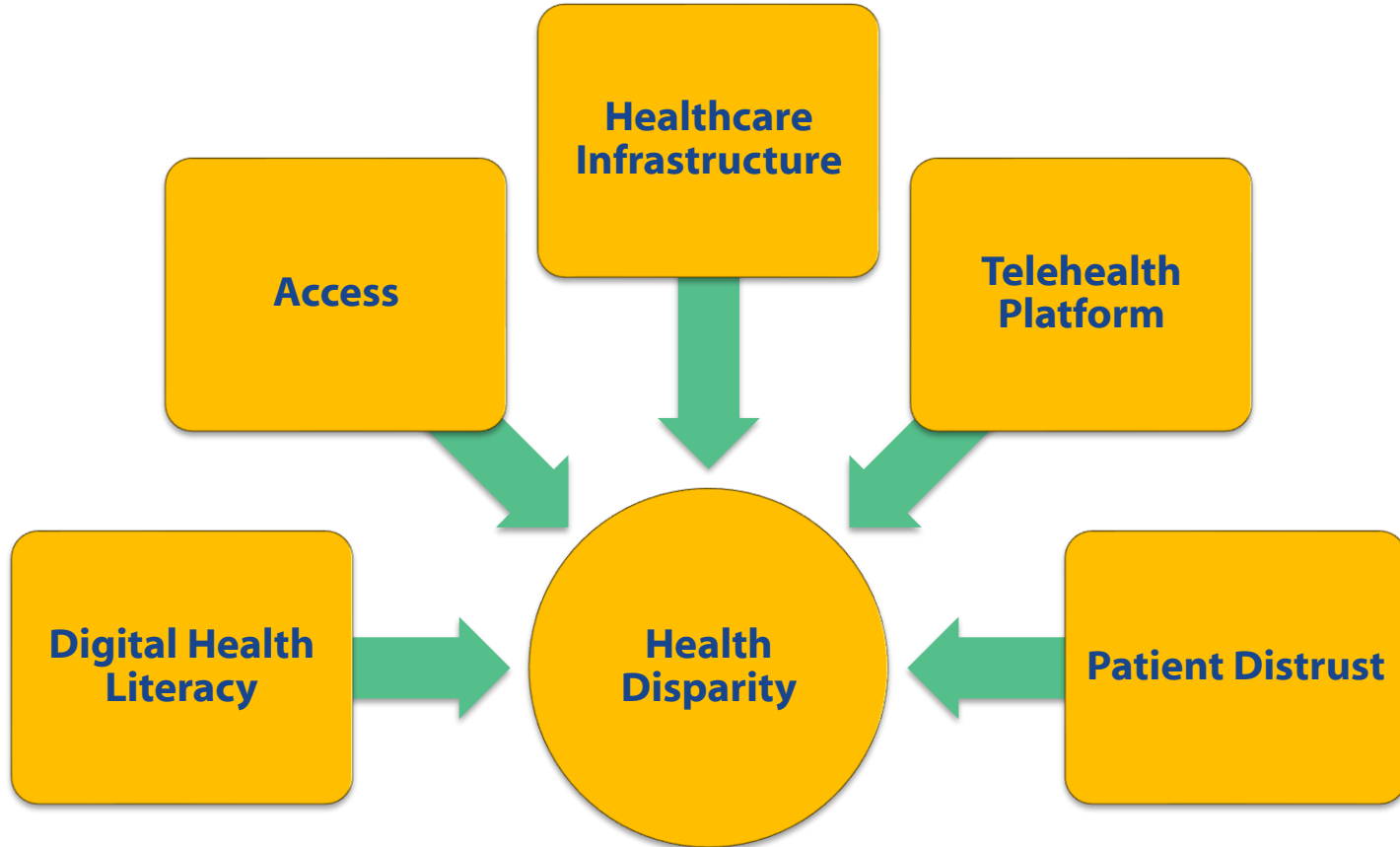
https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html

Source: Annaswamy, Thiru M et al. "Telemedicine barriers and challenges for persons with disabilities: Covid-19 and beyond." *Disability and health journal*, 100973. 9 Jul. 2020, doi:10.1016/j.dhjo.2020.100973

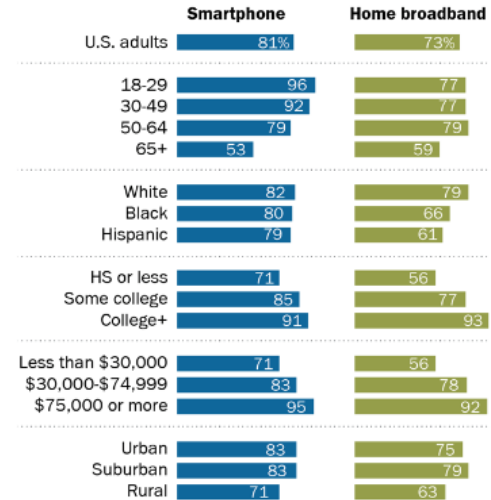19

Telehealth has the potential to widen disparities

Digital barriers are more common in populations disproportionally affected by COVID-19

- Broadband and smartphone access varies by age, race/ethnicity, education, disability status, income and location

- 79% of suburban areas have home broadband compared to 63% of rural areas

- Access to high-speed Internet allows for participation in virtual visits, transmission and access to health information and use of remote monitoring technology

Majorities of Americans have a smartphone, subscribe to broadband, but this varies by education, income

% of U.S. adults who say they have or own the following

	Smartphone	Home broadband
U.S. adults	81%	73%
18-29	96	77
30-49	92	77
50-64	79	79
65+	53	59
White	82	79
Black	80	66
Hispanic	79	61
HS or less	71	56
Some college	85	77
College+	91	93
Less than $30,000	71	56
$30,000-$74,999	83	78
$75,000 or more	95	92
Urban	83	75
Suburban	83	79
Rural	71	63

Note: Respondents who did not give an answer are not shown. Whites and blacks include only non-Hispanics. Hispanics are of any race.
Source: Survey of U.S. adults conducted Jan. 8-Feb. 7, 2019.
"Mobile Technology and Home Broadband 2019"

PEW RESEARCH CENTER

https://www.pewresearch.org/internet/2019/06/13/mobile-technology-and-home-broadband-2019/

Telehealth scale-up may limit access to care for under resourced populations

The proportion of visits by older adults, non-English speakers, Medicare and Medicaid patients decreased after telemedicine implementation
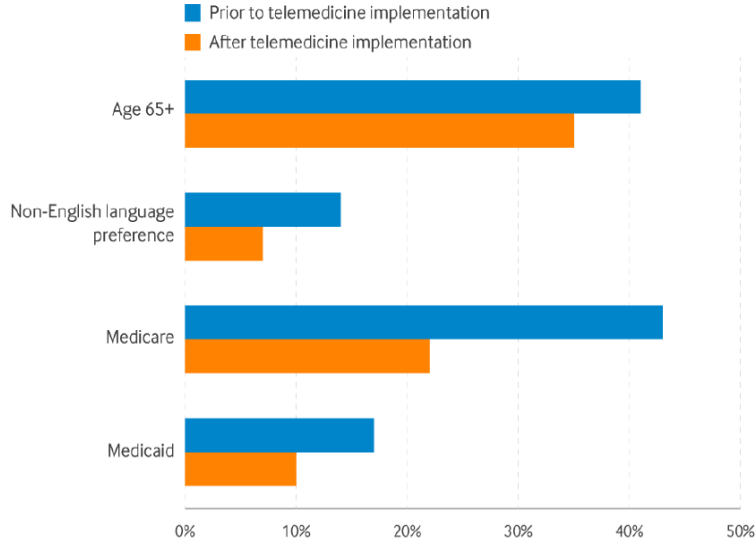
A Patient With COVID-19 Is Left Behind As Care Goes Virtual

Kumara R. Sundar

"It became clear that our Virtual First strategy was neither available nor accessible to my patient. In fact, it wasn't accessible to anyone who didn't have reliable internet access, didn't have the right technology, or didn't have the digital literacy to sign up for our virtual platform."

Source: Nouri, S., Khoong, E. C., Lyles, C. R., & Karliner, L. (2020). Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic. *Nejm Catalyst Innovations in Care Delivery*, 10.1056/CAT.20.0123. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371279/

Healthcare systems can develop actionable solutions to improve telehealth access

- Analyze telehealth utilization data to identify potential access gaps

- Adopt innovative strategies to mitigate digital health literacy barriers and barriers for persons with disabilities

- Assess the patient's medical, technological, cultural and linguistic needs before a telehealth visit to ensure an optimal experience

Sources: Nouri, S., Khoong, E. C., Lyles, C. R., & Karliner, L. (2020). Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic. *Nejm Catalyst Innovations in Care Delivery*, 10.1056/CAT.20.0123. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371279/

Rodriguez, J. A., Clark, C. R., & Bates, D. W. (2020). Digital Health Equity as a Necessity in the 21st Century Cures Act Era. *JAMA: Journal of the American Medical Association*, *323*(23), 2381–2382. https://doi.org/10.1001/jama.2020.7858

Healthcare systems can take steps to improve health disparities using telehealth services

- Patient Advocacy
- Provider Training
- Operationalize Telehealth Workflows
- Quality Metrics
- Community/Partner Outreach

Federal, state, tribal and territorial policies can provide innovative strategies to improve telehealth access and use

- **Federal Communications Commission Lifeline** program provides monthly wireless and broadband service discount to people with low incomes
  - Waiver in place to prevent involuntary de-enrollment during COVID-19 pandemic
- **Washington State's Drive-In Wi-Fi Hotspots** provides free temporary internet access to individuals without home broadband access
  - Launched in response to the COVID-19 pandemic
  - 300 hotspots in rural communities and under-resourced, low-income urban and suburban communities

Conclusions

- Telehealth is an innovative healthcare delivery model with the opportunity to expand medical care access and facilitate public health mitigation strategies

- Telehealth has the potential to create, reinforce, or widen health disparities

- Grounding telehealth in health equity strategy and centering marginalized groups in the development of actionable solutions may help reduce COVID-19 related health disparities

Resources

- [CDC Telehealth Guidance](#)

- [CDC Blog: Tackling eHealth Literacy](#)

- [CDC Health Literacy: Evidence Reviews & Research Summaries](#)

- [HRSA Federal Office of Rural Health Policy, Telehealth Programs](#)

- [National Association of the Deaf: *COVID-19: Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients*](#)

- Lifeline Program: https://www.fcc.gov/general/lifeline-program-low-income-consumers

- American Psychological Association: https://www.apa.org/pi/disability/resources/publications/newsletter/2013/05/telehealth-psychologists

Thank you

**CDC COVID-19 Healthcare Systems and Worker Safety Task Force
Healthcare Systems Coordination Unit
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References

- Annaswamy, Thiru M et al. "Telemedicine barriers and challenges for persons with disabilities: Covid-19 and beyond." *Disability and health journal*, 100973. 9 Jul. 2020, doi:10.1016/j.dhjo.2020.100973

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- Pew Research Center. Mobile technology and home broadband 2019. June 13, 2019. Retrieved from https://www.pewresearch.org/internet/2019/06/13/mobile-technology-and-home-broadband-2019/.

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- Rodriguez, J et al. Digital Health Equity as a Necessity in the 21st Century Cures Act Era. JAMA: Journal of the American Medical Association 2020, 323(23), 2381–2382. https://doi.org/10.1001/jama.2020.7858

- Sundar, K. A patient with COVID-19 is left behind as care goes virtual. Health Affairs 2020; https://doi.org/10.1377/hlthaff.2020.00447.

- Washington State Department of Commerce. Welcome to the Washington State drive-in wifi hotspot location finder. 2020. Retrieved from https://www.commerce.wa.gov/building-infrastructure/washington-state-drive-in-wifi-hotspots-location-finder/

- Woo, B et al. Zooming toward a telehealth solution for vulnerable children with obesity during coronavirus 2019. Obesity 2020; 28:1184-1186. https://doi.org/10.1002/oby.22860.

Outline of Discussion

- **Who are we?**

- **How did we implement telehealth and where are we now?**

- **What were challenges and what are opportunities?**

- **What is the future of telehealth?**

Who are we . . .

Henry J. Austin Health Center is a federally qualified health center serving the greater Trenton community for over **50 years**! We are accredited by the *Joint Commission* and we *are Patient-Centered Medical Home certified* by the National Committee for Quality Assurance. We have been recognized by the Health Resources and Services Administration for Enhancing Access to Care; Reducing Health Disparities; and Advancing Quality through Health Information technology.

Who are we . . .

We have four stand-alone sites; three sites embedded within mental health institutions and a homeless shelter; and a mobile health unit.

Over 30,000 active patients and over 70,000 visits in last 12 months

Our Patients

- 1 in 9 are experiencing homelessness

- Over half African American and female

- 1/3 are Latino

- 2/3 are 200% or more below the federal poverty level

Our Unique Partnership

In 2012 HJAHC, along with our two local hospitals and the Trenton Department of Health and Human Services formed the innovative and collaborative non-profit, the Trenton Health Team (THT).

Today the THT is made up of over 100 community based organizations striving to improve the wellbeing of Trentonians!

How we implemented Telehealth . . .

Telehealth . . .

- **People**

- **Processes**

- **Technology**
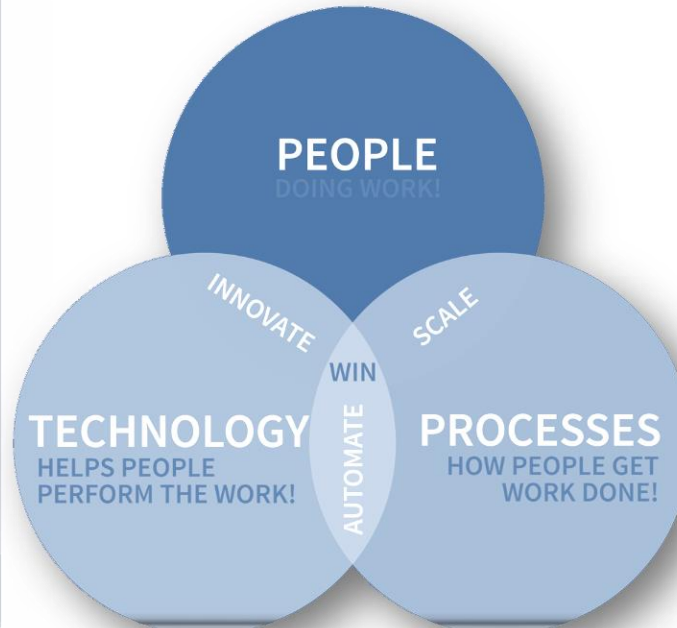
Telehealth – The People

POSITION	NAMES
Provider Remote	
Check-In	
Behavioral Health Consultant	
Nurse	
Medical Assistant	
Other	
Provider Remote	
Check-In	
Behavioral Health Consultant	
Nurse	
Medical Assistant	
Other	

People

Think about all the **people/staff** and their unique role in providing patient support and guidance?

People
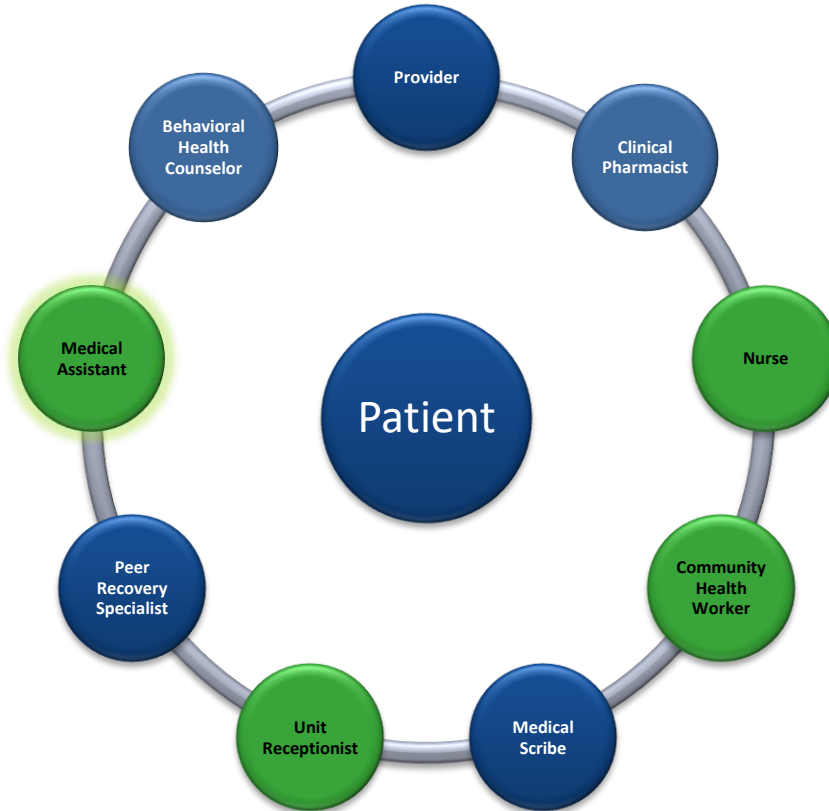
People

Medical Assistants, Unit Receptionist, Nurses or Community Health Workers - each had a role in confirming visits, engaging patients and ensuring patients can access the system

ple continued

HJAHA Telemedicine Cross Functional Flow Chart

| Call Center	Patient Reps/Unit Reps	BHC	MA	Provider

CHW may reach out & facilitate telemedi visits

Call center- Schedule appointment from Nottingham

Sched BHC & Med provider:
- Send pt visit info
- Register
- Identify eligible telemed pt

BHC or Medical

BHC

BHC- Reaches out to pt for wellness screen via phone-visit via Doxy

MED

PT Rep- Calls pt 1 hr prior to appt. check educate on telemedicine process. Check in for med & BHC visit even if no pt comm

MA calls pt after Rep to preform med rec, ROS, History. Educate as needed

Provider starts/joins Doxy visit. Reach out to Shilonda for clinical pharm or other services as needed (nutrition etc.

Unit Reps- Help with Athena buckets/ referrals

Telehealth – Process

Processes to think about . . .

- How will staff communicate or "meet" with one another: texting, Zoom or some other platform?

- **How will staff communicate with patients: cellphones or an internet platform (Zoom Phone, Google Voice, other)?**

  A voice number works on smartphones and the web so you can place and receive calls from anywhere!
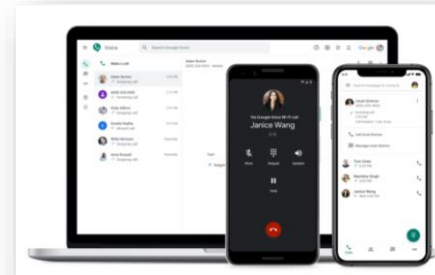
Processes to think about . . .
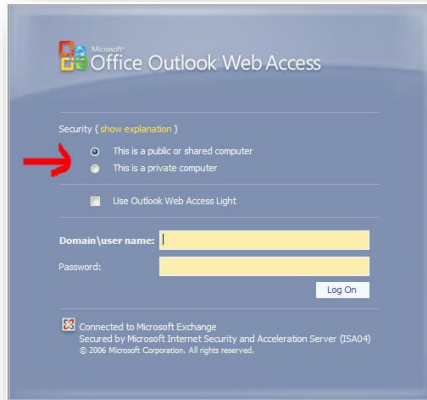
- How will you share documents and other notices between staff: Microsoft 365, log in to Microsoft Outlook through a URL?

- How will patients SIGN documents?

Processes to think about . . .

- What are those visits that need to be face to face and how do we support our patients?
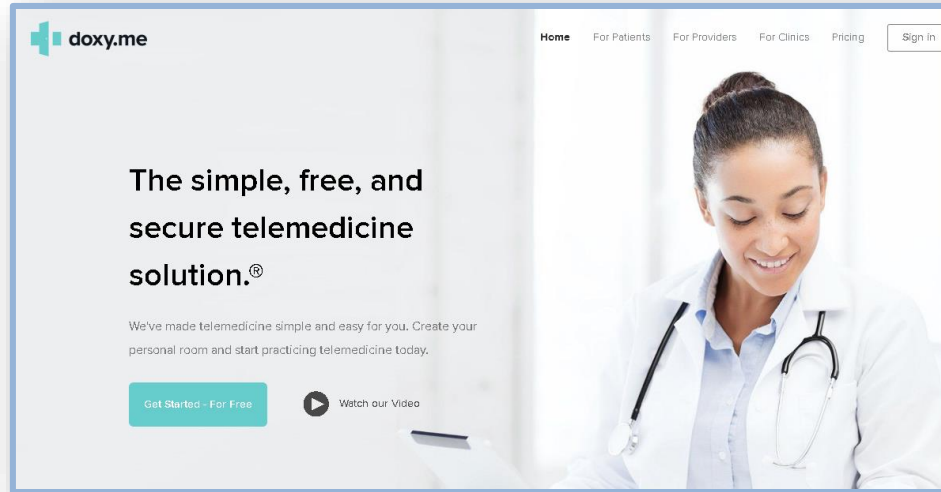
Technology Needs With Telehealth?

Technology

1. **Simple ACCESS** to the platform. Thus a platform that does NOT require an App.

2. **Very fast and easy** to set up for **patients** and providers/teams ! (remember Frontline Staff)

3. Has **audio only** capabilities

4. Look for a system to **call patients** from the platform so providers or staff do not need to use their personal phones!

Where are we now with Telehealth?

- We converted to telehealth in 4 days and surpassed our pre-pandemic productivity numbers!
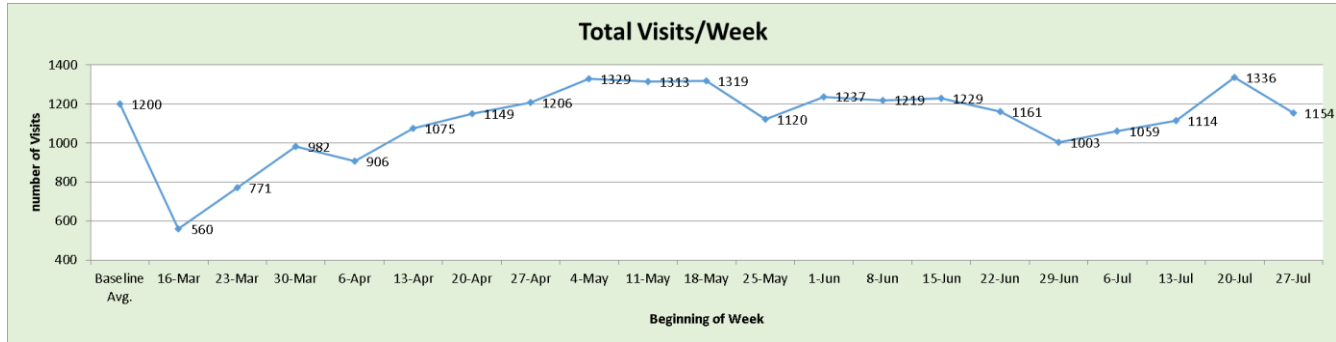
Where are we now with Telehealth?

- We have had no call outs, the system is designed so staff can work from home whenever needed!

Challenges with Telehealth

Creating efficient virtual workflows to support patients.

Ensuring governance and community-wide

understanding of what a telehealth virtual visit is.

Challenges with Telehealth

Patients' technology deficiencies

Sustainable reimbursement!
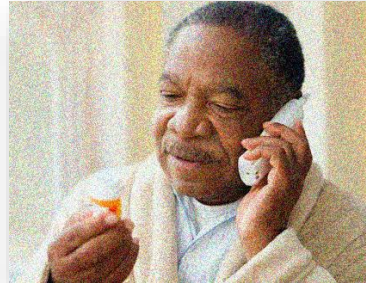
Understand the Telehealth Opportunities

TELEMEDICINE

- Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider

TELEPHONIC

- Audio only link between a patient and a care provider

E-CONSULTS

- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.

- Includes other methods as well . . .

Opportunities and Future Direction of Telehealth

- Greater health care access for patients with transportation difficulties and those with disabilities

- New recruitment and retention strategies for (providers working from home)

Opportunities and the Future of Telehealth

- County wide collaboration and coalition building (Telehealth Kiosks), THT and county libraries.

Thank You!

Kemi Alli, MD
Chief Executive Officer
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To Ask a Question

- Using the Zoom Webinar System
  - Click on the "Q&A" button.
  - Type your question in the "Q&A" box.
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- **When:** A few hours after the live call

- **What:** Video recording

- **Where:** On the COCA Call webpage at
  https://emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp

Upcoming COCA Call

- **Topic:** Testing and Treatment of 2020-2021 Seasonal Influenza During the COVID-19 Pandemic

- **Date:** Thursday, September 17, 2020

- **Time:** 2:00-3:00 PM ET

- **Website:** https://emergency.cdc.gov/coca/calls/2020/callinfo_091720.asp

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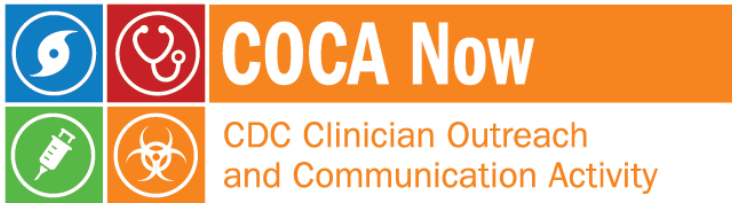
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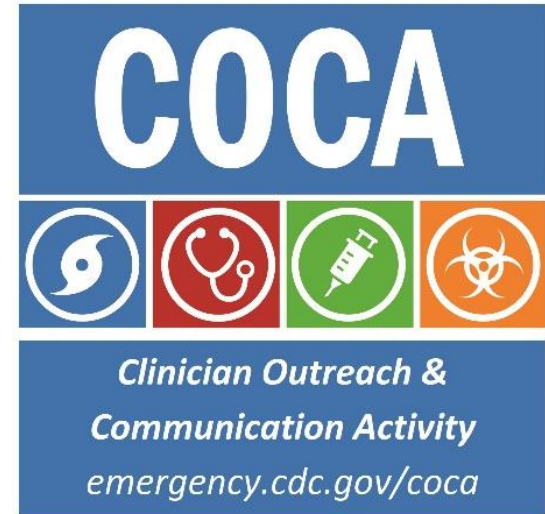
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