Memo: UNITE HERE Local 34 on Telehealth Study

Date: 7/21/2020

During this pandemic, telehealth is necessary to give patients access to healthcare while allowing for social distancing, but telehealth also raises questions regarding healthcare access, quality, and cost. Although there are sunset provisions in the legislation that is being considered, the legislature should take this period as an opportunity to further study the costs and benefits of telehealth. This legislation should mandate that Office of Health Care Strategy undertake comparative analysis of telehealth and office visits that compares the cost of these visits to providers and the efficiency achieved, the outcomes of the visits for patients, and the impact of the expansion of telehealth on racial disparities in health care and access for underserved populations, including but not limited different racial, rural versus urban, and age groups.

Perhaps the most significant challenge for telehealth is that different groups have disparate access to it. It is precisely the groups that have higher healthcare needs and less access to healthcare who are more likely to be cut out of accessing telehealth. As Harvard Professor Ateev Mehrotra points out in a recent article in *Health Affairs*:

- "More than one in three US households headed by a person age 65 or older do not have a desktop or a laptop and more than half do not have a smartphone device. While family members or caregivers can help, one in five Americans older than age 50 suffer from social isolation."
- "Access to technology is also a barrier in other ages and minority groups. Children in low-income households are much less likely to have a computer at home than their wealthier classmates. More than 30 percent of Hispanic or black children do not have a computer at home, as compared to 14 percent of white children."[1]

The article also describes a digital divide in the ability to effectively use telehealth technology even when patients have online access to it.[2] These findings are particularly troubling during the COVID-19 crisis when we know that infection rates are much higher among groups that are more likely to have online access. Leading scholars have raised similar concerns arguing, "A market-driven, consumer-centered vision of telehealth could have negative implications for marginalized groups that already face discrimination during in-person medical encounters."[3]

Elected decision-makers should also better understand if there is a difference in the outcomes between telehealth and office visits. Physicians and patients have also expressed reluctance to use telehealth fearing medical mistakes and privacy breaches. For example, a 2018 Deloitte study found that 36 percent of the physicians surveyed cited fear of medical errors as a reason for not adopting virtual care.[4] Twenty-eight percent of the patients surveyed expressed concern about losing a personal connection

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[1] https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/
[2] https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/
[3] https://www.statnews.com/2020/06/26/unless-its-done-carefully-the-rise-of-telehealth-could-widen-health-disparities/
[4] https://www2.deloitte.com/us/en/insights/industry/health-care/virtual-health-care-health-consumer-and-physician-surveys.html

with their doctor and 28 percent also cited concerns about the quality of care.[5] A study should be designed to help elected leaders better understand how telehealth is being used and if outcomes vary with different types of uses.

Finally, telehealth arguably has the capacity to achieve efficiencies for providers. Elected leaders should understand if, given equal outcomes, the underlying cost structure for providers delivering telehealth services is lower than for office visits, and by how much. If there is a difference in the actual cost of care – again, only if there is no difference in outcome – elected leaders should understand if these cost-savings are reflected in reduced cost to payers and individual patients. Telehealth has expanded rapidly and, in some cases, could add value to our health care system. But studies have also found that much of telehealth represents new uses of healthcare rather than substitutions for in-person visits.[6]

If we accept that the expansion of telehealth is a necessary emergency response to the COVID-19 pandemic, the General Assembly should not renew this legislation in June 2021, unless it receives an accurate data-driven assessment of the costs of telehealth and its impact on outcomes for individuals and broader patient populations, especially underserved populations.

[5] https://healthitsecurity.com/news/healthcare-data-security-worries-discourage-virtual-care-use
[6] https://executiveeducation.hms.harvard.edu/industry-insights/telehealth-are-we-saving-money-yet