

A Framework for Eliminating Health Disparities Using Telehealth



Health. Virtually. Everywhere.

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Background

The U.S. has entered a period where the subject of disparities is receiving a historic level of attention by government and market stakeholders. This focus and the collective energy that accompanies it is welcome after decades of widening socioeconomic gaps across American communities and well-documented disparities in health among rural/urban communities, communities of color, and tribal nations.

It is against this backdrop that the American Telemedicine Association (ATA) organized the CEO's Advisory Group on Using Telehealth to Eliminate Disparities and Inequities (Advisory Group) – a broad and diverse group of leaders from healthcare delivery systems, community organizations, payers, solution providers and policy, co-chaired by Kristi Henderson, DNP; Yasmine Winkler; and Ron Wyatt, MD. The Advisory Group's objective is to advance a framework, roadmap, and other relevant materials for addressing disparities that will be broadly applicable across the health industry while also identifying the very specific areas the ATA is both capable and committed to advancing within the telehealth industry.



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The ATA believes that telehealth, when utilized in accordance with health equity principles, can eliminate disparities and inequities in health.

Defining Health and Health Disparities

The Advisory Group defines health as wellbeing, encompassing the emotional, physical, social, and spiritual. A person's health represents their capacity to be the optimal version of themselves, perform daily work, and live life in ways that make society more resilient.

Health disparities are not simply differences in health outcomes. They represent significant gaps in what evidence-based tools and resources can be accessed by whom and when. These gaps are the culmination of decades and even centuries of intergenerational transfer of community decline, divestiture, and distrust. They

exist across multiple domains of society and have been exacerbated by endemic and persistent structural bias.

As such, addressing health disparities in the U.S. is not a short-term endeavor. However, an organized and thoughtful approach that takes the long view will drive important change in the current moment and significantly impact outlying generations.

The Framework for Eliminating Health Disparities Using Telehealth

The Centers for Medicare & Medicaid Services (CMS) reported that national health spending in 2019 hit \$3.8 trillion, averaging \$11,582 per person – double the



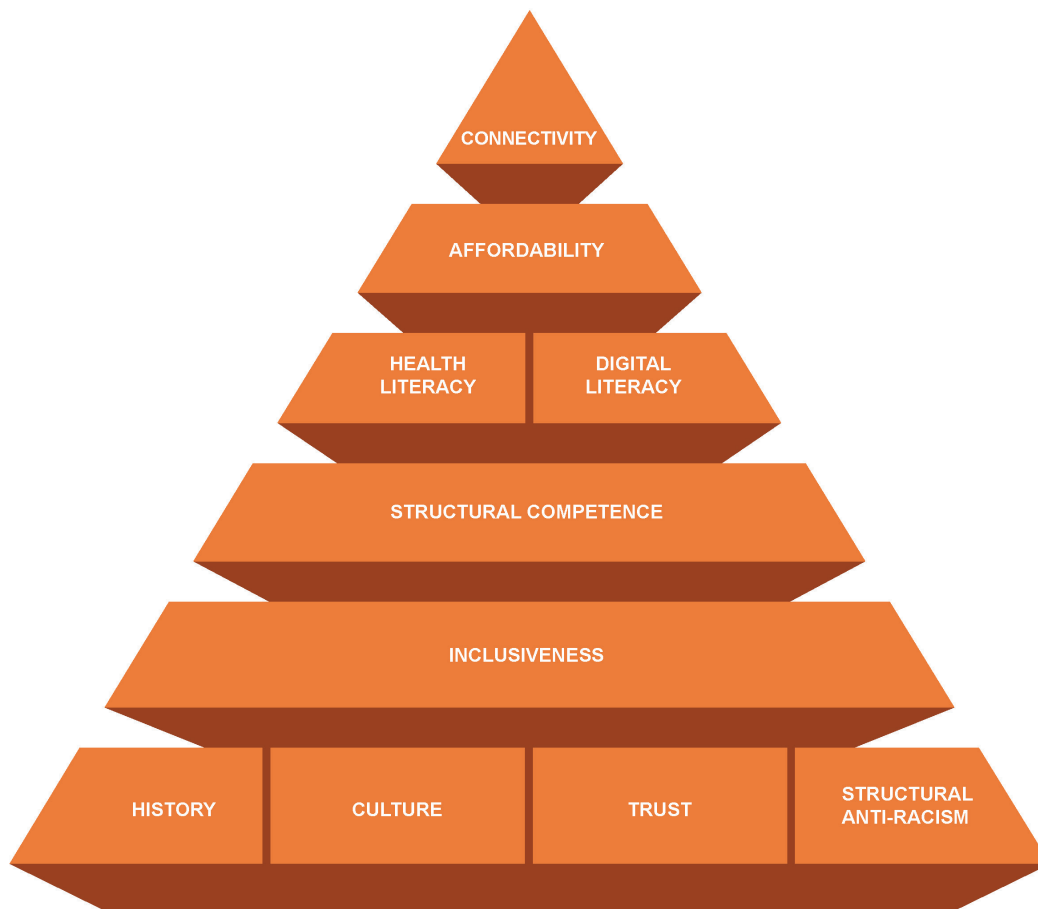
per capita rate compared to other developed countries – and accounting for 17.7 percent of Gross Domestic Product.¹ This \$3.8 trillion expenditure should be sufficient to provide every American with strong access to the range of resources needed to improve health. Yet, compared to other developed countries, life expectancy in the U.S. is five years lower and the country ranks last in terms of healthcare affordability, administrative efficiency, equity, and outcomes.²

Thus, the country’s challenge with health disparities is the result of resources being unevenly distributed across communities. This uneven distribution is the

result of myriad factors – several outside the purview of telehealth – yet demand our attention.

The Advisory Group advanced a framework that illustrates the different levers and elements that the industry needs to address to eliminate health disparities (Exhibit 1). Notably, while broadband and connectivity are the focus of a vital investment in our nation’s infrastructure, the Advisory Group believes the broad availability and integration of telehealth can drive the changes needed to order to achieve the nation’s goals for health and well-being.

Exhibit 1:
A Framework for Eliminating Health Disparities Using Telehealth



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1. Centers for Medicare & Medicaid Services (CMS). (December 16, 2020). National Health Expenditures Fact Sheet. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>
2. Eric C. Schneider, E.C., Shah, A., Doty, M.M., Tikkanen, R., Fields, K., Williams II, R.D. (August 4, 2021). Mirror, Mirror 2021: Reflecting Poorly Health Care in the U.S. Compared to Other High-Income Countries. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

Components of the Framework

Connectivity

Starting at the top of the framework, *Connectivity* is the means for individuals to access otherwise un- or less-available services through digital modalities. *Connectivity* necessarily includes all facets of digital interactions for individuals: access to a device, service, and sufficient connectivity speed.

Affordability

Affordability is a measure of an individual's financial capacity to access health services for the preservation or improvement of health regardless of socioeconomic conditions. This includes affordability of data plans and affordability of services, including telehealth.

Literacy

Literacy frames how health institutions and professionals communicate with individuals. The historic definition of literacy places an undue burden on the patient or consumer to be proficient in the language of health and medicine. This framework places that onus squarely on health professionals and institutions, holding them accountable for meeting individuals where they are. The framework also bifurcates *Literacy* into digital and health, making the distinction between the communication supports individuals may require for connecting to health-related services and understanding the messaging provided by professionals in ways that promote patient engagement.

Structural Competence

Structural Competence represents the technical skills and cultural awareness necessary for health professionals to work for and in the best interest of patients. *Structural Competence* – with attention to the determinants of health – enables the creation of models that automatically allow for care to be rendered in support of optimal healthcare and health outcomes for all patients and communities. Achieving *Structural Competence* is essential to *Literacy* because it allows professionals to focus on how they communicate to individuals.

Inclusiveness

Inclusiveness connotes the antithesis of bias. *Inclusiveness* means the advancement of highly specific and effective programs and systems that are deliberately and proactively inclusive of all persons under the stewardship of different parties with principles that ensure common treatment regardless of *any* cultural, physical, ethnic, or identity distinctions.

History, Culture, Trust, and Structural Anti-Racism

Four factors constitute foundational elements – the framework's bedrock – that the health industry must acknowledge and continually address to eliminate disparities: *History, Culture, Trust, and Structural Anti-Racism*. To be certain, these areas are societally broader than just the healthcare industry. However, healthcare represents 20 percent of the nation's economy, placing a responsibility on each stakeholder to assertively identify, ameliorate, and re-build the foundation on which the industry sits.

Defining the Stakeholders for the Framework

The Advisory Group placed individuals at the core of the framework and identified four key stakeholder groups responsible for curbing health disparities. Each stakeholder group should not only have the patient experience and outcomes at its center, but should also be connected in harmonious and accretive ways to other faces of the pyramid to ensure durability.

Care Teams: Clinicians and professionals responsible for rendering health-related services to individuals. *The Advisory Group recognizes that professionals are not always organized into a care team. Such professionals may be minimally linked and collaborative in organizing distinct services for the collective benefit of the individual.*

Telehealth Commons: The administrative and operational elements of the “industrial complex,” responsible for ensuring access, continuity, and managing the ecosystem for ideal or optimal outcomes.

Community: Individuals with common traits and/or proximate geography who – along with civic, government, and public health leaders – can serve as trust brokers to promote and protect the health of people.

Policy Makers and Influencers: Elected or appointed officials who promulgate policies through legislative and regulatory means or entities that influence the policy-making process.

Next Steps

Over the next year, the Advisory Group will enhance this framework and develop other key deliverables to help the health industry and society at-large seize on the many opportunities to deploy telehealth to ensure all Americans can access safe, effective, and appropriate care where and when they need it.

The Advisory Group calls on its members, the health industry, policy makers, and influencers to examine how they are practicing the fundamental concepts depicted in the framework and utilize the framework’s nine elements to eliminate disparities.

Individuals and organizations interested in engaging with the Advisory Group on this important work can contact the ATA’s CEO Ann Mond Johnson at ann@americantelemed.org.

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