Equity in Telehealth: Taking Key Steps Forward

Telehealth has the potential to be an important tool for addressing long-standing health inequities among historically marginalized and minoritized communities that have been impacted disproportionately by the COVID-19 pandemic. To realize telehealth's full potential, the AMA believes that those developing and implementing telehealth solutions must prioritize partnerships with historically marginalized and minoritized populations to ensure that solutions are designed to be accessible and work well for all. Patient access to telehealth and continuity of care are directly linked to whether, and at what level, telehealth services provided by their physicians—the physicians with whom they have a relationship—are covered by their health plan. Accordingly, the AMA puts forward specific policy proposals to take significant and necessary steps toward promoting and ensuring equity in telehealth.

Prioritizing and Working Hand-in-Hand with Historically Marginalized and Minoritized Populations

The AMA advocates for equitable access to telehealth services, including but not limited to supporting increased funding and planning for telehealth infrastructure such as broadband and internet-connected devices for both patients and physician practices. Far more emphasis needs to be placed on ensuring that telehealth solution functionality, content, user interface, and service access are designed with and for historically minoritized and marginalized communities.

The AMA supports the funding and implementation of programs to provide internet-connected devices and broadband access to historically marginalized and minoritized communities. In 2021, more than one in five adults in the US did not have a broadband internet subscription at home, and 15 percent did not own a smartphone—among the critical tools for two-way audio-video telehealth.

The AMA encourages telehealth solution and service providers to implement design functionality, content, user interface, and service access best practices with and for historically minoritized and marginalized communities. Continued use and expansion of telehealth relies on equitable design to meet the need for varying levels of patient digital literacy, and how the availability of telehealth services is communicated to patients. Even among patients with equitable access to devices and to the internet, there remain exclusionary and suboptimal design issues requiring patients to navigate email, fill out a form online, use a patient portal find a website—all of which are significant barriers to participating in a two-way audio-video telehealth visit. Furthermore, the lack of transparency and equity in the design of privacy and security policies and practices in many telehealth solutions may cause hesitancy among some patients as to the safety and security of telehealth visits with their physicians.

The AMA supports efforts to design telehealth technology with and for those with difficulty accessing technology. Telehealth technologies, including voice-activated technologies, need to be designed upfront to meet the needs of older adults, as well as individuals with vision impairment, disabilities and limited English proficiency. All cultures, languages, ages and ability levels represented in a patient population need to be centered in the creation of communications promoting telehealth services and supporting engagement in a telehealth visit.

The AMA encourages initiatives to measure and strengthen digital literacy, with an emphasis on programs designed with and for historically marginalized and minoritized populations. Ownership of devices and access to the internet are beneficial for telehealth only if patients know how to use the devices and if those solutions are designed for patients with varying digital literacy levels to participate in two-way audio-video telehealth.

The AMA encourages hospitals, health systems and health plans to invest in initiatives aimed at designing access to care via telehealth with and for historically marginalized and minoritized communities. For patients to access and engage in telehealth, they must be aware of the telehealth services available to them and be comfortable with accessing care via telehealth. Hospitals, health systems and health plans need to devote resources to improve physician and non-physician provider diversity, offer training and technology support for equity-centered participatory design, and launch new and innovative outreach campaigns to inform and educate communities about telehealth.

The AMA supports expanding physician practice eligibility for programs that assist qualifying health care entities in purchasing necessary services and equipment to provide telehealth services. Such programs augment the broadband infrastructure for, and increase connected device use among, historically marginalized, minoritized and underserved populations. The AMA welcomes initiatives to assist health care providers in purchasing necessary services and equipment to provide telehealth services to underserved populations and in areas that have been disproportionately impacted by the COVID-19 pandemic, so that they are able to help their patients engage with and access telehealth services.

Ensuring Patients Can Access Telehealth Services from Their Regular Physicians

Patient access to telehealth is inextricably linked to whether telehealth services provided by their physicians—the physicians with whom they have a relationship—are covered by their health plan. As a result of the pandemic, adoption of telehealth has increased dramatically and is more likely to be available from an individual's physician, essential to prioritizing continuity of care and the patient-physician relationship.

The AMA urges health plans to be required to cover telemedicine-provided services on the same basis as in-person services, and not limit coverage only to services provided by select corporate telemedicine providers. The AMA supports efforts to ensure payers allow all contracted physicians to provide care via telehealth. Some plans contract with telehealth providers and encourage their enrollees to use these other services instead of covering telehealth services provided by the patients' regular physicians. However, continuity of care is undermined if patients are directed to separately contracted telehealth providers even when the patients' regular physicians are able to provide the services via telehealth themselves.

The AMA opposes efforts by health plans to use cost-sharing as a means to incentivize or require the use of telehealth or in-person care or incentivize care from a separate or preferred telehealth network over the patient's current physicians. Cost-sharing for services provided via telehealth should not vary based on the telehealth provider. Reducing cost-sharing for select telehealth providers who do not also provide in-person care inappropriately steers patients away from their current physicians, fragmenting the health care system and threatening patients' continuity of care. In addition, as telehealth is not appropriate for all types of care or all patients, offering lower cost-sharing for telehealth could disincentivize patients from seeking care in-person when needed.

The AMA believes that physician payments should be fair and equitable, regardless of whether the service is performed via audio-only, two-way audio-video, or in-person. The expanded use of audio-video telehealth services during the COVID-19 pandemic has made it clear that requiring the use of video limits the number of patients who can benefit from telecommunications-supported services, particularly lower-income patients and those in rural and other areas with limited internet access. In addition, some patients, even those who own the technology needed for two-way real-time audio-video communication, do not know how to employ it or for other reasons are not comfortable communicating with their physician in this manner. Fair and equitable payments will help ensure that patients are able to receive the right care, via the most appropriate and accessible modality, at the right time.