COVID-19, Telehealth, and Healthcare Disparities

Some Lessons Learned from PCORI's Investment in Telehealth Research

Steven Clauser, PhD
Program Director, Healthcare Delivery and Disparities Research Program

Caring for People with Serious Illness during the COVID-19 Pandemic: A Workshop on Lessons Learned and Future Directions, NASEM, November 18, 2021

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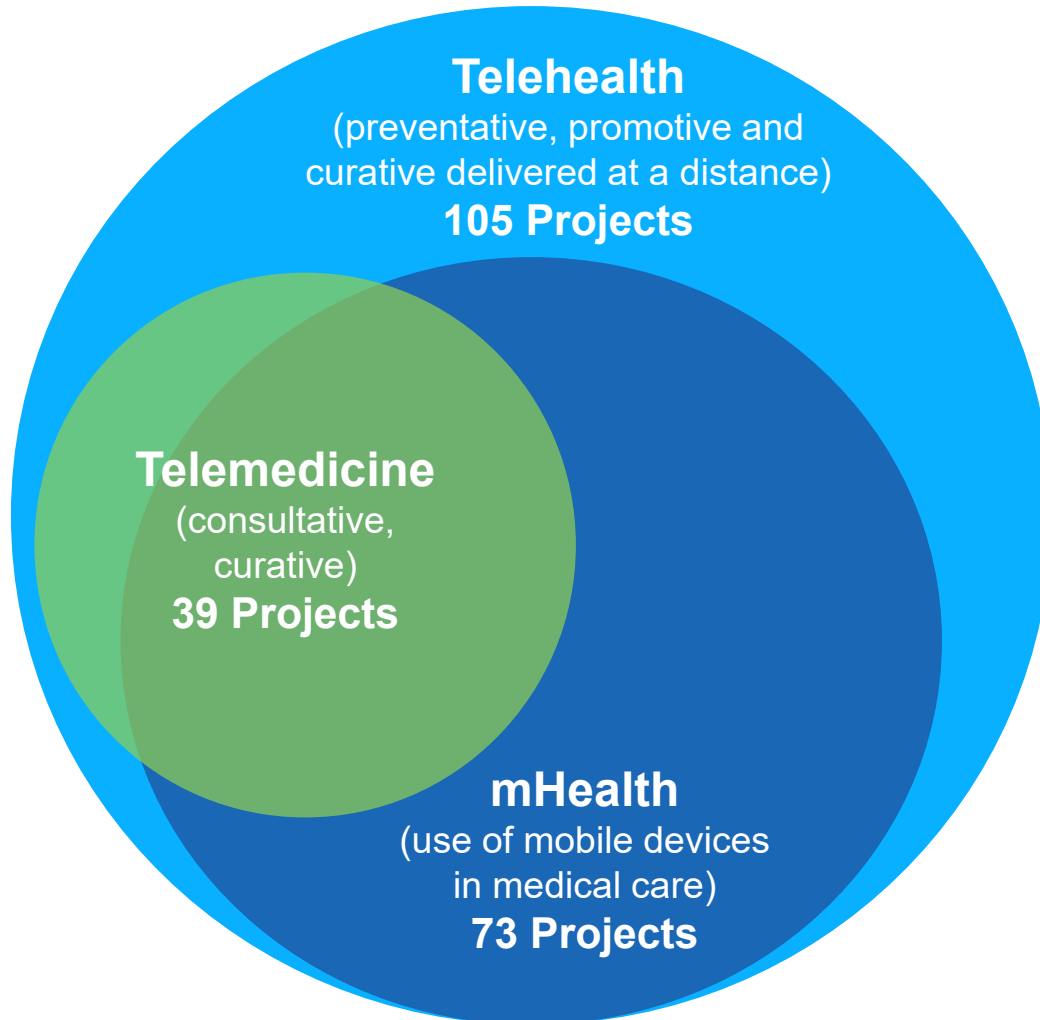PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Trends in Use, Reimbursement, Regulatory Changes under COVID-19

- Dramatic increase in telehealth under the pandemic
  - As an illustration, Medicare telehealth visits increased from 13,000 per week pre-pandemic to 1.7 million in final week of April
  - In-person visits plummeted
  - Telehealth use declined when in-person visits became more common in late summer but have plateaued at a higher level than pre-pandemic. In-person visits have not regained pre-pandemic levels.

- Growth in telehealth use varied by specialty

- Growth was facilitated by <u>temporary</u> reimbursement/regulatory changes
  - Lifting site of service and licensure restrictions
  - Adding new covered services
  - Expanding reimbursement parity

- Some indication disparities in care were exacerbated*, but some strategies mitigated impact:
  - Multi-modality outreach to patients, including video, patient portals, mobile apps, phone alone

*As evidenced by recent Massachusetts General Hospital study (Rodriguez 2021).

PCORI's Telehealth, Telemedicine, and mHealth Portfolio

Telehealth
(preventative, promotive and curative delivered at a distance)
105 Projects

Telemedicine
(consultative, curative)
39 Projects

mHealth
(use of mobile devices in medical care)
73 Projects

$549 MILLION
SUPPORTING 117

COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH STUDIES IN TELEHEALTH

As of November 2021
Projects may be classified as more than one type

3

Our Telehealth Projects Target Vulnerable Populations

pcori®

58 STUDIES
Use telehealth to address disparities

$287 MILLION

Population	# of Studies
Low health literacy/numeracy	10
Rural	12
Low income	15
Racial/Ethnic minority groups	37
Populations or disabilities	4
LGBT	5

As of November 2021
Categories are not mutually exclusive

Telehealth in the COVID-19 Portfolio
Research Enhancements & Targeted Studies

- Themes of COVID-19 telehealth-related enhancements (n=19) and targeted research awards (n=5)

Assessing addressing **addiction**, **mental health**, and **social isolation** under COVID (n=12)*

Management of **chronic diseases** through telehealth (n=8)*

Emerging uses of telehealth for urgent **pandemic-related needs**, such as COVID-Watch and infection control in nursing homes (n=5)*

Maternal health (n=2)*

- High degree of overlap with **stakeholder interests**

*not mutually exclusive

Comparing Ways to Provide Palliative Care for Patients with Advanced Lung Cancer

What This Study Does

- Evaluate whether telehealth palliative care (by secure video) is equivalent to in-person care in improving patients' quality of life.

Design

- Randomized controlled trial
  - Sample Size: 1,250 across 20 clinics

Key Outcomes

- **Primary**: patient quality of life
- **Secondary**: patient and caregiver mood and satisfaction with care, patient communication about preferences for care at the end of life, length of hospice stay, caregiver participation in palliative care visits

Population & Setting

- Adults with diagnosis of advanced lung cancer in the past 8 weeks, and a relative or friend who lives with the patient or has contact with the patient at least twice per week (optional)

COVID Findings

- Use of clinic video visits can overcome certain challenges that occur with in-person palliative care, including time, transportation, and patient privacy issues.
- Build rapport for difficult conversations by practicing pace, increase comfort and participation of family; provide technical support; and be intentional or use "webside manner" during video visits.

Chua IS, Jackson V, Kamdar M. Webside Manner during the COVID-19 Pandemic: Maintaining Human Connection during Virtual Visits. J Palliat Med. 2020 Jun 11. doi: 10.1089/jpm.2020.0298. Epub ahead of print. PMID: 32525744.

Why It Matters

Could provide much needed information on how to effectively implement palliative care via telemedicine in primary care, particularly for patients with chronic disease, and for other vulnerable populations.

Jennifer Temel, MD
Clinical Director, Thoracic Oncology
Joseph Greer, PhD, MS, BS
Associate Professor of Psychology
Massachusetts
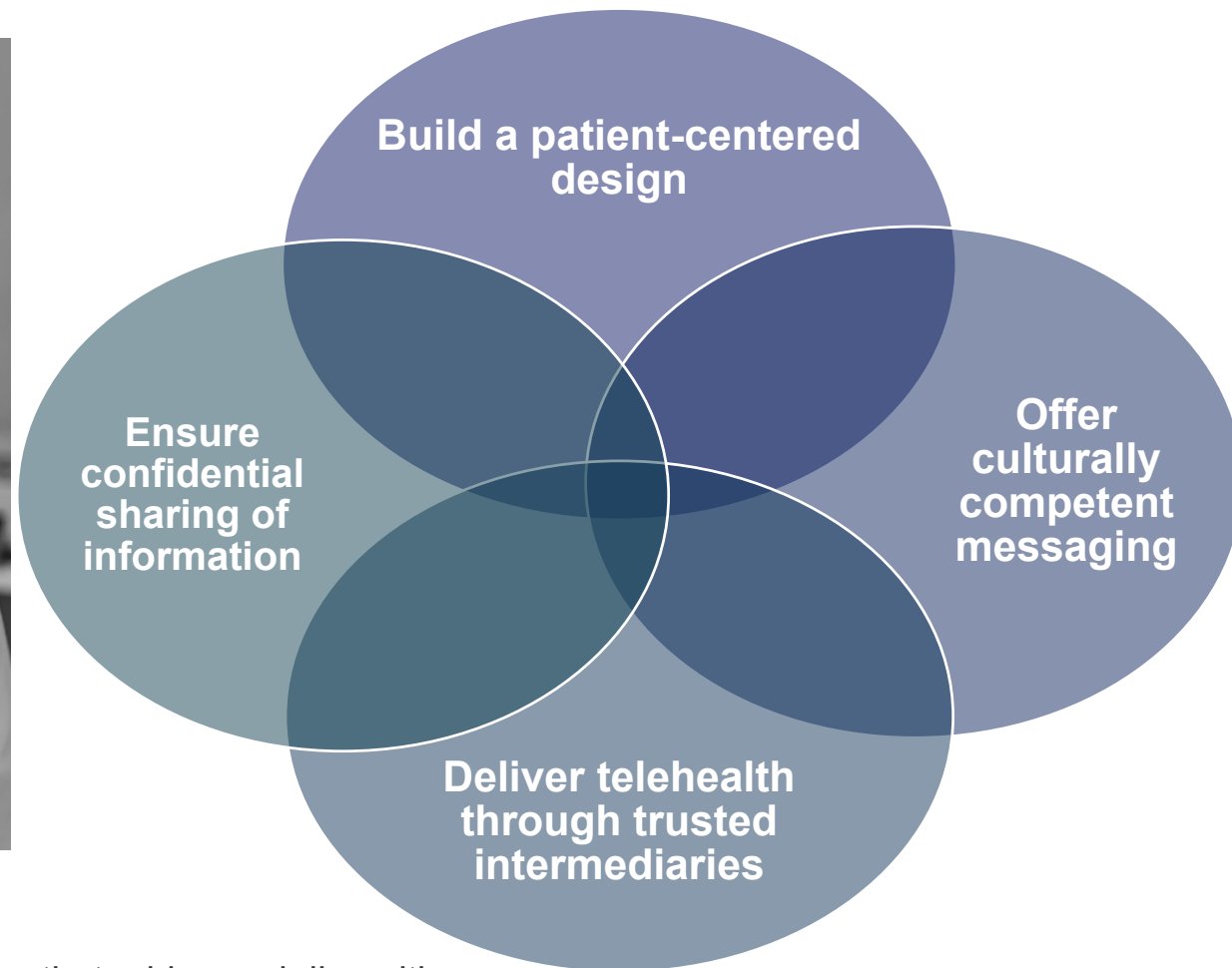*General Hospital*
Palliative Care Targeted PFA

Some Lessons Learned from Completed Studies*

Telemedicine to increase access to specialty care	• Lack of integration of the telehealth platform into the electronic health record poses a barrier to clinician acceptance • Digital health divide constrains ability to improve access to care (lack of access to broad band, eHealth literacy) • Technical issues can negatively affect patient experience
Remote monitoring	• Poor long-term adherence for patients • Information overload for clinicians • Lack of clear protocols for management of clinical data
mHealth to support chronic disease management and web-based portals for education	• Lack of patient adherence to use of the technology ✓ The importance of human support in motivation, effective engagement, and adherence to digital tools • Lack of sustainability of health effects after active intervention

* This work is ongoing.

Bottom line: how telehealth is executed makes a big difference in whether it is successful.

Strategies to Mitigate Disparities in Care Using Telehealth*

Build a patient-centered design

Offer culturally competent messaging

Ensure confidential sharing of information

Deliver telehealth through trusted intermediaries

* Based on a review of 35 completed or nearly-completed PCORI studies that addressed disparities through telehealth and in-depth interviews conducted with investigators for 8 of those studies.