Delivering on the Promise of Telehealth

HOW TO ADVANCE HEALTH CARE ACCESS AND EQUITY FOR WOMEN

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Executive Summary

Telehealth is central to the future of health care delivery in the United States. It has the potential to significantly improve access to care, address disparities in health outcomes, and help make health care more equitable. Telehealth can better connect people to providers, including culturally centered providers; help people better manage health conditions from home; and reduce the impact of structural barriers like transportation access, which interfere with people's ability to get the health care they need.

At the same time, depending on implementation and underlying broadband and resource inequities, there is a risk that telehealth could exacerbate health disparities for some communities. For example, there are concerns about access for communities without affordable high speed internet services or internet-enabled devices, the privacy and security of confidential information, quality of care delivered via telehealth, and gaps and variability in coverage for and affordability of telehealth.

While telehealth has existed for many years and was already becoming more widespread, the coronavirus pandemic has dramatically accelerated its use. As we begin to emerge from the pandemic — which has exacerbated health care inequities and disproportionately harmed Black, Indigenous, and other people of color (BIPOC) — and start to think about entrenching policies and practices that were developed in crisis, we must use this opportunity to intentionally build systems to meet the needs of those communities. Now is the moment to develop and deploy telehealth models that, instead of reinforcing barriers, improve health outcomes and equity. The value of telehealth for women and families of diverse backgrounds, as well as its limitations, must be clearly understood to ensure that telehealth delivers on its promise.

Telehealth Is Being Leveraged in Key Areas of Women's Health Care

Providers are currently using telehealth to address crucial aspects of women's health care: contraception, abortion care, maternal health, and mental health.

Contraception: Contraception is one of the most widely used forms of health care, and it is vital to women's health and economic security. However, far too many people, especially in BIPOC communities, encounter barriers to accessing contraception. While some forms of contraception, such as long-acting reversible methods, require an in-person visit, telehealth is already being leveraged to make contraception more accessible. Whether through a virtual visit with an existing primary care provider or gynecologist, or through one of the specialized online platforms that now exist, people are able to provide their health history and be screened for any conditions or contraindications, talk to a provider about the best contraceptive methods for them, and receive a prescription that is then available for pharmacy pick-up or delivery.

Abortion Care: Abortion is an essential part of health care and is essential for people's health, autonomy, and equality. Yet access to abortion care is often limited and is being even further eroded, leaving millions of people, particularly in BIPOC communities, without meaningful access to abortion care. However, telehealth offers important opportunities to make abortion care more accessible. For example, it is being used, where possible, to minimize the number of in-person trips someone would need to make to a clinic, or to offer remote models of dispensing medication abortion. Despite its promise, widespread telehealth use for abortion care has been significantly curtailed by policies such as the Food and Drug Administration's (FDA) Risk Evaluation and Mitigation Strategy (REMS) on medication abortion and by state laws that explicitly prohibit the use of telemedicine for medication abortion.

Maternal Health: Pregnancy and childbirth is often a woman's first and most extensive interaction with the health care system, and the quality of care received during this period can have deep and long-lasting effects on maternal and child health outcomes. The United States is in the midst of a maternal health crisis, one that disproportionately harms BIPOC women. While a number of different interventions and transformations within the health care system are necessary to address the maternal health crisis, expanded use of telehealth offers one promising avenue for increasing the accessibility and utilization of care. For example, people who live in areas with few providers can benefit from virtual pre- and postnatal visits with their provider or specialists, monitor vital signs at home and share results for round-the-clock feedback, and receive postpartum lactation and mental health support virtually.

Mental Health: Mental health is an essential component of health care and is especially important for women, who are more likely than men to have certain mental health disorders such as anxiety or depression. For BIPOC women, the prevalence of mental health disorders can be even higher and is compounded by the shortage of mental health providers of color. The kinds of mental health challenges that disproportionately impact women are often chronic or recurrent, impacting women's health and well-being across the life span and those of their families across generations. Consequently, early and consistent intervention, as well as prevention, are critically important for women, their families, and their communities. Telehealth is being increasingly utilized to make services like meeting with a mental health counselor or psychiatrist more widely available and accessible.

Telehealth May Support Women's Roles as Caregivers

Expanding telehealth could also facilitate women's roles as the primary caregivers and health and health care managers for their family members. Whether it is for aging parents, their partners, their children or other relatives, women are the principle health care decisionmakers. Well-designed and implemented telehealth options could tangibly improve the lives of women who assume these caregiving responsibilities.*

The Promises: How Telehealth Can Advance Health Care Access and Equity for Women

Telehealth has the potential to transform access to health care and holds considerable promise for addressing, in particular, some of the challenges that women face.

- **Telehealth can expand access to care**, perhaps especially for those who encounter specific barriers related to systemic racism or economic inequality. For example, being able to speak to providers from home and at more convenient times can help mitigate barriers like lack of reliable transportation, affordable childcare, or workplace support like paid sick days.
- **Telehealth can enable more timely access to care** that can be provided remotely, as well as free up resources for care that must be provided in person, which is especially important in under-resourced health care systems and during public health crises.
- **Telehealth can help increase access to trusted, culturally competent, and language accessible care**, by potentially expanding the reach of BIPOC and bilingual providers.
- **Telehealth has the potential to improve patient experience**, and increase patient engagement and satisfaction with the care they receive.

The Pitfalls: Areas for Caution in Expanding Telehealth

While wider use of telehealth presents a promising opportunity to improve access to care, critical limitations and potential drawbacks must be addressed to ensure that telehealth expansion and implementation support better outcomes for all, rather than exacerbate health inequities.

- **Telehealth implementation must address underlying broadband infrastructure and other technology inequities that risk reinforcing barriers to access** — or creating new ones — that fall disproportionately on BIPOC people, low-income people, and people with disabilities. These barriers include not only *whether* technology is available, but also at what *cost*.
- **Telehealth expansion must guard against the proliferation of low-quality care.** Quality measures and patient experience assessments must be developed and deployed for this specific setting, and must measure and track racial, ethnic, and gender inequities, at a minimum.
- **Creating more opportunities for telehealth services should not substitute building much needed capacity for high-quality, in-person care**, particularly in underserved rural, low-income, and BIPOC communities.
- **The costs of setting up, deploying, and maintaining telehealth services, as well as the costs of telehealth visits themselves, must be financed equitably.** These costs should not be merely shifted

** For more information on the health and economic impacts of family caregiving, as well as policy solutions to support caregivers, see the National Partnership for Women & Families' fact sheet "The Female Face of Family Caregiving."*

on to patients in ways that will make it unaffordable or unavailable for people with lower incomes. This includes addressing the current inconsistencies in how these services are covered by health insurance, as well as cost-sharing for virtual versus in-person visits.

- **Our current health care workforce does not have the infrastructure nor the capacity to support increased telehealth use.** Issues related to training, licensure and practicing across state lines in particular must be resolved.
- **We must address the significant privacy concerns that accompany widespread use of new technologies, especially in health care.** These include concerns about vulnerability to hacking and dissemination of confidential information; use of various communication platforms; information sharing and documentation; people's privacy and safety in their own homes; and trust between patients and providers.

Recommendations

1. **Build equity, accessibility, and flexibility into telehealth systems so that patients get the care they need, when they need it.** Telehealth systems should be designed from the ground up in ways that center equity and that account for variations in how people may want or need to access care.
2. **Invest in training and capacity-building to ensure that providers are well equipped to effectively provide telehealth care.** This training should include how to effectively and equitably provide virtual care, appropriately assess patients' social needs, engage patients and families remotely, and support people in accessing and using telehealth technologies. This should be coupled with investments in solutions to both support overextended providers and create pipelines to expand and diversify the health care workforce.
3. **Develop and deploy clinical quality and patient experience measures designed specifically for telehealth care.** It is also important to, at a minimum, measure and track racial, ethnic, and gender inequities in experiences with — as well as access to — telehealth.
4. **Address both the coverage gaps and the patchwork of laws across the country that undermine access to telehealth.** No matter a person's health condition or insurance plan or the type of provider that they see, telehealth-based care should be available and affordable.
5. **Ensure parity in coverage and reimbursement for telehealth**, such that telehealth visits are covered at the same rate as in-person care delivery.
6. **Clearly define and ensure acceptable levels of privacy and security.** There should be comprehensive standards and guidance for how telehealth systems will mitigate challenges related to the security of technologies, the safety of people's personal information, and the protection of people's privacy when accessing care.
7. **Invest in broadband infrastructure in rural and underserved areas** and ensure that every household has affordable access to the technology needed for telehealth.

Introduction

Telehealth* is central to the future of health care delivery in the United States. It has the potential to significantly improve access to care, address disparities in health outcomes, and help make health care more equitable. At the same time, depending on implementation and underlying broadband and resource inequities, there is a risk that telehealth could exacerbate health inequities for some communities. As efforts to expand telehealth continue, its value for women and families in communities disadvantaged by structural inequities, as well as its limitations, must be clearly understood to ensure that telehealth delivers on its promise without leaving some behind.

More widespread adoption of telehealth can better connect people to primary care providers and to specialists. It can help people more readily access preventive care and manage chronic conditions from home. For Black, Indigenous and other people of color (BIPOC) communities, people with lower incomes, and people living in rural or medically underserved areas, telehealth can help address provider shortages and expand the reach of linguistically accessible and culturally centered providers. Telehealth could transform access to health care by reducing the need for, and costs associated with, factors like transportation or childcare, and other significant structural barriers that often interfere with people's ability to get the health care they need.[1]

However, telehealth will not be able to solve access issues for everyone, and there are potential pitfalls and negative consequences we must guard against. To start, many people lack access to reliable broadband, either because the infrastructure does not exist at all in their location, or because it is financially out of reach. Without affordable high-speed internet or internet-enabled devices, telehealth will remain largely inaccessible. Recent data indicates that approximately 157 million people do not use the internet at broadband speeds, and half of non-broadband users do not subscribe to the service because it is too expensive.[2] In particular, BIPOC, low-income, and rural communities have been affected by "digital redlining," which has left approximately 42 million people without access to broadband at any price.[3]

Even when broadband is available and needed technology is affordable, there are other potential concerns about telehealth adoption. Many people fear that technologies will fail to adequately protect the privacy and security of confidential information. Quality and equity advocates and experts also cite concerns about telehealth fueling a two-tiered health care system, where some communities are only able to access care remotely and are relegated to lower-quality services.

* *While definitions vary slightly in scope, for the purposes of this paper, the term "telehealth" includes real-time video or audio patient-provider interactions, communications between patients and providers over email or text message or through an app or online portal, and remote patient monitoring and the direct transmission of a person's clinical information from a distance to a provider. See examples of definitions via the Office of the National Coordinator for Health Information Technology and the American College of Obstetricians and Gynecologists.*

Furthermore, disparities in what kinds of telehealth care are covered by insurance and how that care is paid for risk pushing certain services even further out of reach, especially for people who already face access and affordability barriers.

While telehealth has existed for many years, the coronavirus pandemic has dramatically accelerated its use. Data from the Centers for Medicare and Medicaid Services (CMS) showed the number of telehealth visits in the early weeks of the pandemic skyrocketed to 1.7 million patients in a single week, as compared to 13,000 prior to COVID-19.[4] This rapid pivot to telehealth has been necessary and helpful during this crisis — and yet this emergency response cannot adequately account for the needs of women, BIPOC people, low-income people, and others who are more likely to face barriers to health care access generally, and to telehealth specifically.[5]

As we begin to emerge from the pandemic — which has exacerbated health care inequities and disproportionately harmed BIPOC communities[6] — and consider whether and how to entrench policies and practices that were developed in crisis, we must leverage this opportunity to intentionally build systems to meet the needs of the communities most affected by structural inequities. In other words, now is the moment to develop and deploy telehealth models that, instead of reinforcing barriers, improve health outcomes for all and advance equity.

Telehealth Is Being Leveraged in Key Areas of Women's Health Care

Providers are currently using telehealth to address crucial aspects of women's health care: contraception, abortion care, maternal health, and mental health. These four areas demonstrate some of the most promising aspects of telehealth, as well as its pitfalls. Understanding both the great promise and potential risks will enable decisionmakers and advocates to design and build a road toward widespread telehealth use that centers equity and meets the needs of all women and families, especially those from BIPOC communities.

Contraception

Contraception is one of the most widely used forms of health care. More than 99 percent of women aged 15 to 44 who have had sexual intercourse have used at least one contraceptive method.[7] Contraception is vital to women's health and economic security. For example, access to contraception reduces unintended pregnancy and enables healthy birth spacing, both of which improve health outcomes for women and their children.[8] Various forms of contraception have other health benefits, including prevention of sexually transmitted infections, managing menstrual disorders, preventing anemia, and reducing the risk of certain cancers.[9] Furthermore, access to contraception can help enable women to pursue educational and career advancement, close the gender pay gap, and enhance the overall economic security of women and families.[10]

Despite these significant benefits, far too many people encounter barriers to accessing contraception, including gaps in or lack of insurance coverage, as well as prohibitive out-of-pocket costs.[11] Women of color, who face systemic economic inequality and greater barriers to health care,

are even less likely to be able to afford or access contraception.[12] This is further compounded by the troubling history — and ongoing reality — of coercive policies and practices around contraception, particularly for low-income women and BIPOC women.[13] Health care providers and systems must work to remedy these practices in all contexts, but especially in the case of telehealth, to ensure that the format of virtual consultations does not inadvertently lead to more coercive communications.

The coronavirus pandemic has only exacerbated these challenges; for example, many people seeking contraception struggle to get a doctor's appointment when "non-essential" visits are being canceled or postponed, or they have to transfer prescriptions to new locations (for example, students leaving college campuses and going back home), or they have to determine whether they can get a multi-month supply based on their insurance policies and state laws.[14]

While some forms of contraception, such as long-acting reversible methods, require an in-person visit, telehealth is already being leveraged to make contraception more accessible. Whether through a virtual visit with an existing primary care provider or gynecologist, or through one of the specialized online platforms that now exist,[15] people are able to provide their health history and be screened for any conditions or contraindications, talk to a provider about the best contraceptive methods for them, and receive a prescription that is then available for pharmacy pick-up or delivery.[16] Research has shown that this telehealth approach is safe, effective, and reduces barriers to contraceptive access.[17]

Abortion Care

Abortion is an essential part of health care and a basic human right. Nearly one in four women in the United States will have an abortion by age 45.[18] Access to abortion care is essential for people's health, as well as their autonomy, dignity, and equality. For example, women who wanted an abortion but were denied care were more likely to experience eclampsia, anxiety, and other serious medical complications during the end of pregnancy.[19] Women who are able to have an abortion are also six times more likely to have positive life plans — most commonly related to education and employment — and are more likely to achieve them than women denied an abortion.[20]

Yet access to abortion care is often limited and is being even further eroded. For example, in 2019 alone, states enacted 25 laws banning some or most abortions and an additional 33 laws making care harder to access.[21] As a consequence of these barriers, millions of people lack meaningful access to abortion care.[22] The coronavirus pandemic has further exacerbated these challenges — not least because a number of states tried to ban abortion care during the pandemic, pushing care entirely out of reach for many more people.[23] Importantly, restrictions on abortion care disproportionately impact BIPOC people and exacerbate existing health inequities.[24]

However, telehealth offers important opportunities to make abortion care more accessible. For example, it is being used, where possible, to minimize the number of in-person trips someone would need to make to a clinic for state-mandated counseling prior to receiving abortion care. Telehealth is also being leveraged to offer various remote models of dispensing medication abortion,[25] a series of two pills that jointly end a pregnancy. Particularly during the pandemic, many more people are seeking access to medication abortion via telemedicine.[26]

Despite its promise, widespread telehealth use for abortion care has been significantly curtailed. In part, this is because FDA has placed mifepristone, one of the pills used in medication abortion, under the REMS program.[27] Among other things, this requires that mifepristone be dispensed in person. In addition, 19 states further prohibit the use of telemedicine for medication abortion, instead requiring the prescribing clinician to be physically present when the medication is administered.[28] Such laws and policies block an important avenue for making abortion care more accessible.

Maternal Health

More than 6 million people are pregnant each year in the United States, and about 4 million of those pregnancies result in live births.[29] Pregnancy and childbirth is often a woman's first and most extensive interaction with the health care system,[30] and the quality of care received during this period can have deep and long-lasting effects on maternal and child health outcomes.[31] In addition, clinical experiences of pregnancy and childbirth can shape women's feelings of trust and empowerment — or conversely, trauma — in relation to the health care system.[32]

The United States is in the midst of a maternal health crisis. Approximately 700 women die every year from pregnancy-related deaths;[33] alarmingly, three-fifths of these deaths are preventable.[34] Severe maternal morbidity — defined as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health — has been steadily increasing in recent years and affected more than 50,000 women in the United States in 2014 (the most recent year for which data are available).[35] BIPOC women have particularly dire maternal health outcomes.[36] In addition, there are higher maternal mortality and morbidity rates in rural areas than urban ones.[37] The coronavirus pandemic is only exacerbating these disparities; not only are pregnant people at an increased risk of severe illness or death from COVID,[38] but the pandemic is intensifying the barriers that pregnant people of color — and Black people in particular — face when trying to access high-quality maternal health care.[39]

While a number of different interventions and transformations within the health care system are necessary to address the maternal health crisis, expanded use of telehealth offers one promising avenue for increasing the accessibility and utilization of care. For example, people who live in rural areas or places with few providers can benefit from virtual pre- and postnatal visits with their provider, have video or phone consultations with specialists, monitor vital signs at home and share results for round-the-clock feedback, and receive postpartum lactation and mental health support virtually.[40] Thoughtfully implemented telehealth models are a valuable opportunity to enhance the current standard of care and help address maternal health inequities.

Mental Health

Mental health is an essential component of health care, and is especially important for women. Each year, one in five women in the United States has a mental health condition,[41] and certain conditions are much more likely to affect women as compared to men. For example, women are nearly twice as likely as men to have major depression,[42] and two to three times more likely to have an anxiety disorder.[43] In addition, perinatal depression affects eight to 11 percent of people during pregnancy

and six to 13 percent of mothers in the first postpartum year.[44] For BIPOC women, the prevalence of mental health disorders can be even higher, in large part because racism and discrimination have measurable effects on mental well-being.[45]

During the coronavirus pandemic, there have been record high rates of mental suffering. Nearly half of Americans report that this public health crisis is harming their mental health,[46] and a federal emergency hotline for people in emotional distress registered more than a 1,000 percent increase in contacts in April 2020, compared to the same time the previous year.[47] Together with the unpredictability and uncertainty the pandemic has wrought, factors like social isolation, loneliness, loss of employment or income, inactivity, limited access to basic services, and decreased family and social support have affected the mental health of tens of millions of people.[48] For the disproportionate number of BIPOC women who are essential workers, the trauma may be especially acute;[49] this is further compounded by the considerable emotional toll of the fact that the incidence of COVID and associated mortality are significantly higher in BIPOC communities.[50]

The kinds of mental health challenges that disproportionately impact women are often chronic or recurrent, impacting women's health and well-being across the life span and those of their families across generations.[51] Consequently, early and consistent intervention, as well as prevention, are critically important for women, their families, and their communities.[52] Telehealth is increasingly being used to make services like meeting with a mental health counselor or psychiatrist more widely available and accessible.[53] In addition, a number of exclusively online or app-based therapy services have started to proliferate.[54] During the pandemic, use of telehealth for therapy has grown considerably, as a significant majority of counseling sessions moved online.[55] Emerging evidence indicates that remote therapy is as effective as care delivered in person, and is providing critical mental health support to more people in need.[56]

Women as Family Caregivers

In addition to seeking care for themselves, women have significant contact with the health care system through their role as family caregivers. Nearly half of adults in their 40s and 50s are members of the "sandwich generation," caring for both their children and parents simultaneously.[57] Of course, caregiving has a direct impact on the health of the person receiving care, but it also impacts the health and well-being of the women providing care. Women caregivers, as compared to their non-caregiving peers, are more likely to report fair to poor health,[58] to have one or more chronic health conditions,[59] and to have depression, anxiety, or other mental health conditions.[60] One in four caregivers find it difficult to take care of their own health, and a similar proportion report caregiving has made their own health worse.[61]

There is also a significant economic toll. Women caregivers often have to reduce their work hours, are denied promotions or advancement opportunities, or are pushed out of the labor force altogether.[62] BIPOC women in particular are caught in this bind between work and caregiving, as they are more likely to work in jobs with inflexible schedules, low and/or hourly wages, and no paid family and medical leave benefits.[63] The coronavirus pandemic has only exacerbated all of these challenges, as women take more caregiving responsibilities while at the same time juggling new and different workplace demands.[64] This is especially true for women — disproportionately BIPOC women — in jobs that have been deemed essential, like nurses or grocery store workers.[65]

The expansion of telehealth presents exciting opportunities to engage caregivers in a way that supports patients' health. For example, telehealth can increase pathways to learn important caregiving skills remotely, and provide support to older adults and their caregivers in a way that better enables them to age in place.[66] At the same time, as telehealth models become more widespread, they must explicitly account for the critical role that women caregivers play. Within the health care system, this could include, among other things, documenting caregiver status in patient medical records, enabling three-way video calls for caregivers who do not live with their care recipient, and accounting for caregiver availability and capacity to help coordinate care and follow treatment recommendations. Workplace and economic justice policies like paid family and medical leave, paid sick days, fair and flexible scheduling, and affordable childcare and adult care are also necessary to help women meet the dual demands of work and caregiving.

For more information, see the National Partnership for Women & Families' fact sheet, "The Female Face of Family Caregiving."

The Promises: How Telehealth Can Advance Health Care Access and Equity for Women

One of the most significant benefits of telehealth is that it can expand access to care, particularly for those who encounter specific barriers related to systemic racism or economic inequality. For example, BIPOC women and low-income women are less likely to have access to reliable transportation, affordable childcare, or workplace support like paid sick days;[67] telehealth can help by enabling people to access their providers from their own homes and at more convenient times. Audio-only telehealth options also allow more people — especially those with limited tech access or literacy — to get the health care they need, particularly in the area of mental health services. And given the numerous barriers that undermine abortion access — a shortage of providers among them — greater availability of telehealth would expand access to people for whom abortion care is incredibly hard to obtain, including BIPOC people, low-income people, and people living in rural communities.

More widespread availability of telehealth can also allow for more timely access to care that can be provided remotely, as well as free up resources for care that must be provided in person, which is especially important in under-resourced health care systems or during public health crises. For example, only some prenatal visits require in-person care, such as those appointments for ultrasounds, vaccinations, or lab testing; other informational or monitoring visits could be completed over telehealth to reduce the number of doctor visits in a low-risk pregnancy.[68] Again, this is especially helpful for people who may have to travel long distances to a provider, or who are unable to take time off from work or family responsibilities. In addition, some health care systems are unable to respond to urgent, time-sensitive needs because they lack the necessary capacity — but if those needs can be adequately addressed via telehealth, then both patients and health systems benefit. For example, an estimated one in eight emergency room visits involves a mental health and/or substance use condition,[69] yet many ERs do not have psychiatrists or other mental health clinicians on staff. Improved access to mental health care services through telehealth could help more people to have earlier and more sustained access to care, thereby reducing the likelihood of mental health crises that result in ER visits. As another example, during the coronavirus pandemic, hospitals have deprioritized or denied time-sensitive abortion procedures because of lack of capacity; greater availability of medication abortion via telehealth can help ensure that people are still able to get the abortion care they need, when they need it.[70]

Relatedly, telehealth can help increase access to trusted, culturally competent providers. A foundational element of quality health care is respect for people, yet far too often, women feel disrespected by and mistrustful of providers. This is especially true for BIPOC women, who carry with them the trauma of centuries of systemic racism, abuse, and exploitation at the hands of the health care system. However, a shortage of, in particular, maternal health and mental health providers of color means that BIPOC communities often lack providers who can understand and empathize with their experiences in ways that support better health outcomes.[71] Expanded availability of telehealth could mean that more people, regardless of geography, would have access to culturally centered care. Importantly, this must be coupled with efforts to expand the pool of providers from BIPOC communities, as well as bilingual providers.

Lastly, one of the most significant advantages to greater adoption of telehealth is that it has the potential to result in an improved experience for patients. Patient experience is a critical dimension of assessing the quality of care that people receive. Yet interacting with the health care system can be inconvenient, disempowering, disrespectful, or — particularly for BIPOC people — even traumatic. Early evidence suggests that telehealth may help reduce some of these challenges; for example, some studies show that women who have virtual visits are more engaged in their care and report higher satisfaction.[72] More research is necessary to confirm whether or not these early findings hold, as well as to surface which factors contribute to improved patient experience when care is delivered virtually.

The Pitfalls: Areas for Caution in Expanding Telehealth

While wider use of telehealth presents a promising opportunity to improve access to care, critical limitations and potential drawbacks must be addressed to ensure that telehealth expansion and implementation support better outcomes for all people, rather than exacerbate health inequities.

First, we must expand telehealth without defaulting to virtual visits as a substitute to in-person, high-quality care in all, or even most, cases. While early research suggests that care delivered via telehealth is similarly effective to in-person care, there are some circumstances where in-person care is necessary and/or may better meet the needs and preferences of patients and providers. In addition, the shift toward telehealth should ensure that people who need or would prefer in-person visits are unable or deterred from accessing care that way. We must also address the fact that, inevitably, telehealth will be used in combination with in-person care (for example, insertion or removal of certain contraceptive devices, or some diagnostic tests or other components of maternal health care). It will be important to identify and address the gaps or barriers to care that might arise because of this, and ensure that people do not experience their care as fragmented or inconsistent.

Relatedly, the expansion of telehealth must guard against the proliferation of low-quality care; as telehealth systems are designed and rolled out, we must measure the quality of care provided and ensure that care meets people's needs in both the short and long term. We should also identify which specific quality measures are needed in the telehealth context, particularly those that address inequities.

More broadly, as the health care system moves rapidly toward telehealth, there is a risk of reinforcing barriers to access – or creating new ones – that fall disproportionately on BIPOC people, low-income people, and people with disabilities. There is already concern that telehealth, as currently structured, is only accessible for people who already have relatively easy access to care.[73] This suggests that simply scaling existing telehealth models will be inadequate to address inequities. Instead, telehealth systems must address factors like web accessibility standards for people with hearing or vision impairment, or integration of interpreters for people who speak a different language than their provider. In addition, we must account for disparities in technology infrastructure and unequal internet and computer or smartphone access. BIPOC, low-income, and rural communities also face digital redlining, defined as "major network providers systematically excluding low-income neighborhoods from broadband service – deploying only sub-standard, low-speed home internet."[74] Further, even when broadband is available in communities, people may not have the resources needed to use or pay for it.

There is also the question of how costs associated with telehealth care may be financed, or whether such costs will be shifted on to patients in ways that make telehealth less tenable, particularly

for people with lower incomes. For example, currently there is no clarity as to whether patients will be expected to purchase at-home monitoring devices, or whether or to what extent these may be covered by insurance. At a larger level, we need more data on how telehealth services in obstetrics care, for example, are financed, as well as how that compares to the costs of in-person care.[75] There also needs to be clear and consistent policies on whether or how much patients will be charged for each virtual visit or communication with a provider (for example, whether a brief text message follow-up will be charged in the same way as a comprehensive 45-minute video consultation), as well as cost-sharing for virtual versus in-person visits.

Insurance coverage for telehealth remains inconsistent across the country, and we risk exacerbating this patchwork as telehealth expands without a coordinated strategy. Laws and policies in both public and private insurance plans vary with respect to which kinds of providers can be reimbursed (for example, psychiatrists but not gynecologists, or physicians but not nurse practitioners), what kinds of patient conditions are covered, and the types of modalities (video as compared to phone, for example) that are eligible for reimbursement or at what rate.[76] Only a handful of states require health insurance plans to cover telehealth visits at the same rate they cover in-person methods of care; while a number of additional states enacted parity requirements during the pandemic, considerable gaps in coverage remain.[77] Moreover, as of June 2020, only 13 states require reimbursement parity for mental health care.[78] This patchwork of laws is even more acute in the context of abortion care, where some states have laws explicitly prohibiting telehealth for abortion, and policymakers have expressed open hostility for this form of care even while expanding telehealth in other contexts.[79]

In addition, the current health care workforce does not have the infrastructure nor the capacity to support increased telehealth use. First, in most states, physicians, nurses, and other health care providers must be licensed in the state where the patient is located and also may need to be credentialed at the facility where the patient is located.[80] While many states relaxed these requirements during the coronavirus pandemic[81] in order to facilitate better access to telehealth, it is not clear whether this was effective or whether challenges arose for providers in their ability to provide or be reimbursed for care. Providers must also navigate whether or to what extent liability insurance covers telemedicine or the provision of care across state lines.[82]

Secondly, there are key differences in providing care virtually as opposed to in person, and providers do not necessarily have the skill sets or core competencies to effectively deliver care via telehealth. Studies indicate that provider training is a key facilitator in delivering telehealth services,[83] and that lack of training is one of the biggest barriers to telemedicine adoption.[84] Currently, however, there is no nationally recognized telehealth curriculum.[85] As trainings are developed, they should include both relevant clinical capabilities, like conducting video consultation and observation, as well as strategies for virtually communicating with and engaging patients and, where applicable, their families.

Beyond these licensure and training needs, we must also address the ways that expanding telehealth may exacerbate the existing provider shortage. There are already too few providers in areas such as reproductive,[86] maternal,[87] and mental health[88] — and there is especially a shortage of BIPOC providers who can provide culturally appropriate care. Health care systems must develop solutions to both support overextended providers and create pipelines to expand and diversify the health care workforce.

Lastly, we must address the significant privacy concerns that accompany widespread use of new technologies, especially in the health care space. While some people may find that telehealth visits afford them greater confidentiality or privacy, many others lack the privacy or safety needed to have a medical consultation or receive a prescription by mail at home. This can be especially difficult for young people seeking contraceptive or abortion care.[89] Concerns about privacy and trust also emerge in new ways with the use of telehealth. The ability of a provider to see inside someone's home during a virtual visit creates new opportunities for coaching and technical assistance — but also the potential for assumptions and bias that could result in significant harms. We must set clear expectations regarding information sharing, including whether and how information is kept secure, documented in the patient's medical record, and/or exchanged with other health care providers or agencies (e.g., Child Protective Services, Immigration and Customs Enforcement). For BIPOC people, the risk of this type of bias is compounded by larger distrust from centuries of racism, abuse, and exploitation by the medical establishment. Lastly, telehealth raises fears about vulnerability to hacking and dissemination of confidential or sensitive information, and lack of trust in technology in general. Educating and empowering patients and families to make informed choices about the use of HIPAA-compliant platforms (e.g., provider telemedicine portals) and non-compliant platforms (e.g., FaceTime) is also critical. Telehealth systems must be responsive to these concerns if the goal is to advance better and more equitable health outcomes.

Recommendations

1. **Build equity, accessibility, and flexibility into telehealth systems so that patients get the care they need, when they need it.**

   Telehealth systems should be designed from the ground up in ways that center equity and that account for variations in how people may want or need to access care. For example, user interfaces must be designed to accommodate people with limited digital literacy, people with limited English proficiency, older adults, and people with visual or hearing impairments and other disabilities. People's ability to access culturally and linguistically appropriate providers must also be foundational to how systems are designed, as well as to policies related to telehealth coverage and reimbursement. Health care systems and policymakers should also collect and report disaggregated data on people's experiences with respect to telehealth, and should evaluate how different populations' needs are or are not being met by this method of care.

   In addition, telehealth systems should permit evening and weekend appointments with providers; enable options for care via phone call in addition to video, as well as follow-up care or short "touches" via text message where appropriate. Insurance companies or providers should subsidize costs for remote monitoring tools like thermometers or blood pressure machines. Telecommunication devices should also

be covered as a medical necessity, especially given the correlation between poverty and lack of telehealth access.

2. **Invest in training and capacity-building to ensure that providers are well equipped to effectively provide telehealth care.**

   There is a need for training for health care providers and administrative staff to effectively and equitably provide virtual care, engage patients and families remotely, and support people in accessing and using telehealth technologies. Moreover, as telehealth brings providers more directly into people's homes and communities, providers should be equipped with the skills to assess for social determinants of health — the conditions in which people are born, grow, live, work, and age. Telehealth offers unique opportunities for providers to observe and understand patients' social needs, but they must have training and support to use that information in ways that advance health outcomes and health equity, as opposed to ways that reinforce stereotypes and biases. Importantly, this should be coupled with investment in solutions to both support overextended providers and create pipelines to expand and diversify the health care workforce so that there are more BIPOC providers who can provide culturally appropriate care.

3. **Develop and deploy clinical quality and patient experience measures designed specifically for telehealth care.**

   Patient experience is a critical dimension of assessing the quality of care that people receive; while early data is promising, more research is necessary to determine how patient experience with telehealth compares to in-person care, as well as to surface which factors contribute to improved patient experience when care is delivered virtually. It is also important to, at a minimum, measure and track racial, ethnic, and gender inequities in experiences with — as well as access to — telehealth.

4. **Address both the coverage gaps and the patchwork of laws across the country that undermine access to telehealth.**

   Variation in laws and policies — across states and in public and private health insurance plans — have resulted in patchwork access to telehealth, and that consequently risks increasing inequities in health outcomes. No matter a person's health condition or the type of provider that they see, telehealth-based care should be available and affordable. This is especially important in abortion care, where factors like the federal Hyde Amendment and various state laws prohibiting telemedicine for abortion care create additional inequities in access based on where people live or how they are insured. It is essential that reproductive health care is not siloed or stigmatized, but rather is fully integrated alongside the rest of women's health in the development of telehealth systems and approaches.

5. **Ensure parity in coverage and reimbursement for telehealth.**

   Health insurance plans should be required to cover telehealth visits at the same rate they cover in-person care delivery. Mental health parity, both in law and in practice,

must also be a priority. Increased enforcement and oversight is necessary to ensure that people have access to high-quality, affordable care.

6. **Clearly define and ensure acceptable levels of privacy and security.**

   There should be comprehensive standards and guidance for how telehealth systems will mitigate challenges related to the security of technologies, the safety of people's personal information, and the protection of people's privacy when accessing care. At a minimum, providers and systems should clearly communicate with patients about the security risks involved, for example acknowledging explicitly that certain telehealth platforms may not be HIPAA-compliant or cannot be guaranteed to be secure. Without clear communication and expectation-setting, people's lack of trust will deter them from engaging in this method of care delivery, and risks undermining the potential benefits to be gained from telehealth.

7. **Invest in broadband infrastructure in rural and underserved areas, and ensure that every household has affordable access to the technology needed for telehealth.**

   People in low-income communities and in rural areas often lack access to available and/or affordable broadband services and are therefore not able to realize the benefits that telehealth has to offer. Policymakers must invest in developing the infrastructure necessary to ensure that broadband reaches underserved areas, as well as in making the technology accessible and affordable to those who need it. This includes increasing funding for the Universal Service Fund, as well as restructuring programs like Lifeline to better meet people's needs.

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