

Despite increase in telehealth participation, underserved populations use telehealth least

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Despite a substantial increase in the overall use of telehealth services, underserved populations continue to use telehealth options least, according to a new study by the George Washington University Health Workforce Research Center. The paper, "Are State Telehealth Policies Associated with the Use of Telehealth Services Among Underserved Populations?" was published today in the December issue of the journal *Health Affairs*.

The researchers examined trends in telehealth participation from June 2013 through December 2016. They found the use of live video communication increased the fastest among telehealth options, from 6.6 percent in 2013 to 21.6 percent in 2016. The use of live video communication was most dominant among working age and higher income respondents and those who may have more difficulty leaving the home because of physical and mental limitations. While telehealth options are widely viewed as being important for increasing access to care for underserved populations, the researchers found that they were used least by Medicaid beneficiaries, those with an income less than \$25,000 and rural communities.

"Telehealth is regarded as an important strategy to increase access to primary care providers, specialists and [mental health services](#), particularly for rural and underserved populations. However states have varying policies and restrictions that potentially impact telehealth use," Jeongyoung Park, assistant professor at the George Washington University School of Nursing and lead author of the paper, said. "This

study aimed to develop a better understanding of how state [policy](#) and user demographics influenced telehealth usage."

Using data collected through a biannual survey commissioned by the Association of American Medical Colleges, Dr. Park and her co-authors analyzed information provided by more than 22,000 respondents, including sex, age and race, health status, insurance type, income and rural location. They also asked respondents whether they had used a telehealth option in the past 12 months, and if so, which type.

According to the researchers, one explanation for why live video use remained low for underserved populations might relate to a lack of available telehealth providers.

"Only 38 percent of community health centers—major health service providers for underserved populations—offered telehealth," Dr. Park said. "Policies that incentivize providers to adopt telehealth could be an important way to increase access for underserved populations."

Additionally, the study looked at the impact of state telehealth policies on usage, assuming that less restrictive health policies would lead to an increase in telehealth usage. The researchers, however, did not find a significant association between less restrictive policies and increased use. They suggest that state efforts alone to remove telehealth barriers may not be enough to increase use.

"Removing state restrictions on who can provide telehealth, where it can take place and which payers will cover telehealth services is important but may not be enough to lead providers or health systems to invest the time, energy and money to begin offering the service or expand its use," co-author Clese Erikson, deputy director of the GW Health Workforce Research Center, which is based at GW's Milken Institute School of Public Health, said. "New incentives for both providers and consumers

to adopt and use [telehealth](#) may be needed."

More information: *Health Affairs* (2018).
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