

The Disparities Framework in Action: Activating Stakeholders to Eliminate Inequities in Care Through Telehealth



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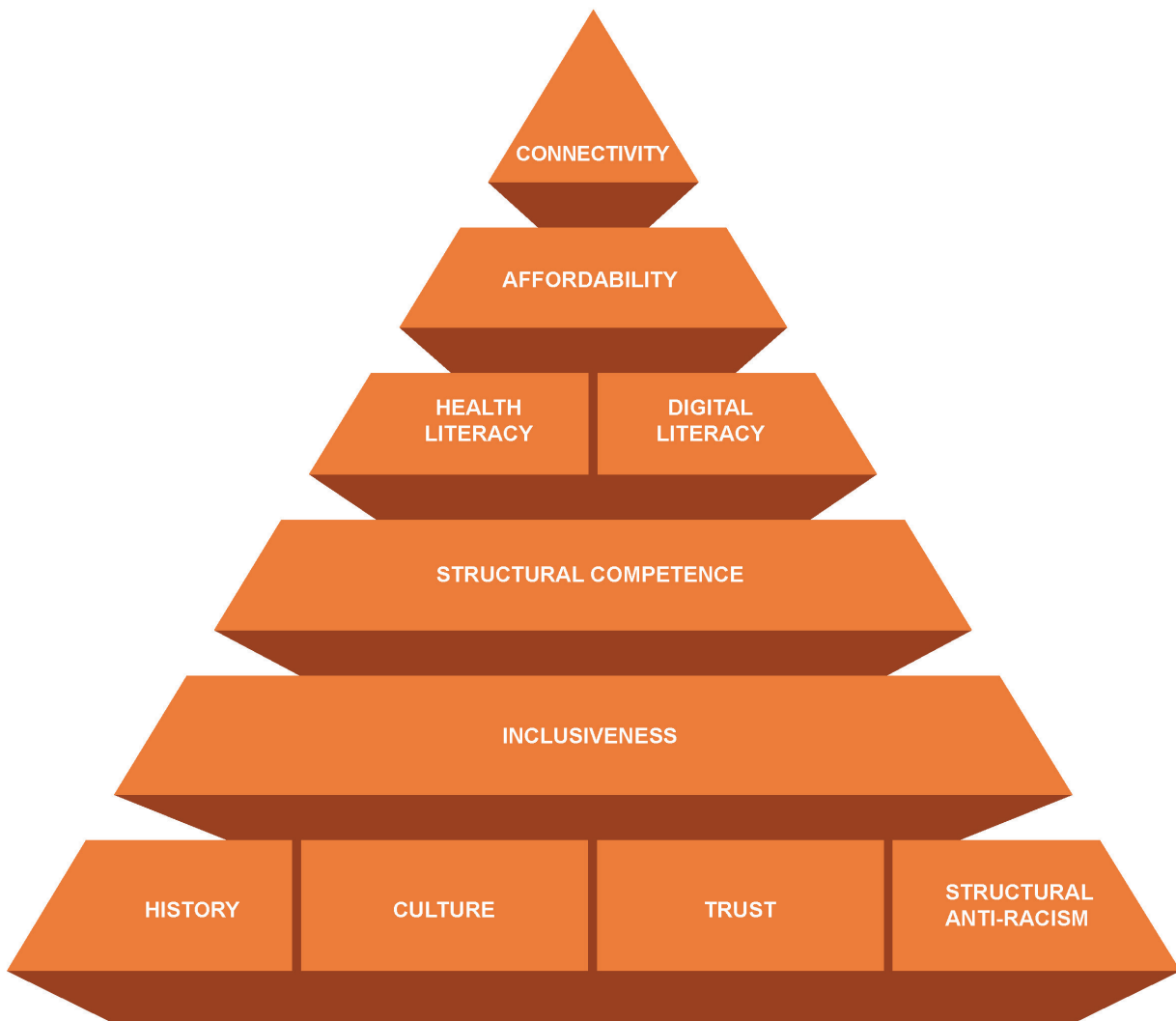
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Background

The American Telemedicine Association (ATA) recognizes the potential for telehealth, when utilized in accordance with health equity principles, to reduce health disparities and inequities. In December 2021, the ATA's CEO Advisory Group on Using Telehealth to Eliminate Disparities and Inequities (the Advisory Group) released a framework for eliminating disparities using telehealth (Exhibit 1).

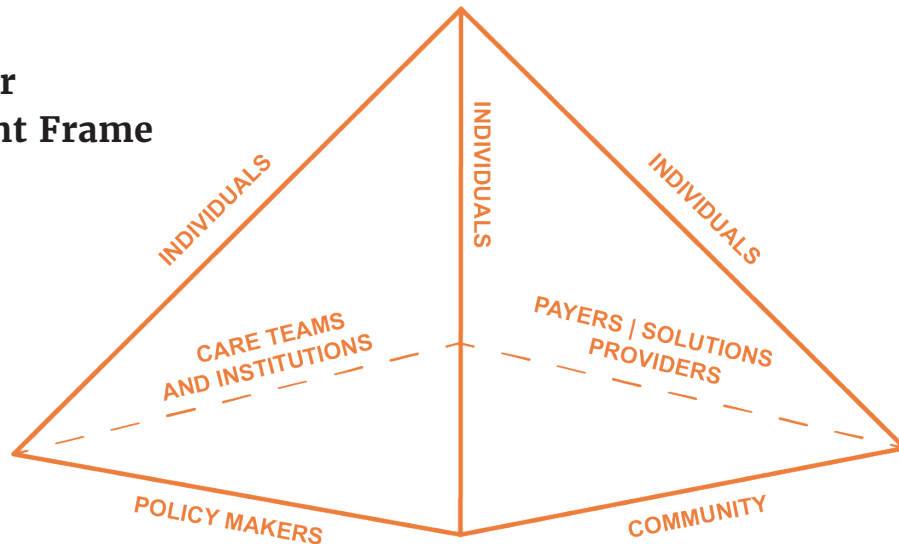
Each level of the pyramid outlines underlying structural and systemic barriers to health equity that stakeholders and systems need to aggressively address. These pyramid levels were described in the Advisory Group's first issue brief.

Exhibit 1: A Framework for Eliminating Health Disparities Using Telehealth



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Exhibit 2: Stakeholder Engagement Frame



The Advisory Group placed individuals at the core of the framework and identified four key stakeholder groups responsible for curbing health disparities as “faces” of the pyramid: policy makers, payers and solutions providers, community, and care teams and institutions.

In this issue brief, the Advisory Group defines each stakeholder group and offers guidance around the role of each stakeholder in eliminating disparities in health care. Additionally, the brief calls out the intersectionality of these stakeholders, and models how addressing an element of the disparities framework through collective action offers the best opportunity for meaningful progress.

Individuals

Elimination of health disparities begins and ends with the individual patient experience. Every stakeholder group represented in the model succeeds only when there is a shared goal around the fundamental impact on the individual patient. The Advisory Group believes that it is not the responsibility of patients to address inequities in the nation’s health care system. However, that is not to suggest that patients are passive players. As consumers of health care services, patients should always be encouraged to elevate their needs and voice their perceptions to pursue a more just and equitable delivery system. However, ultimately, it is the rest of the delivery system that needs to transform to a patient-centric approach by seeking out their voices and finding ways to hear, understand and respond to patient needs throughout their care journey.

Care Teams and Institutions

The Advisory Group defines the care team as 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 managing special services for the collective benefit of the individual. Additionally, care teams may include community partners, peers, and other non-clinical members supporting a patient’s health and well-being. In considering the implementation of the framework, providers should adopt and define the care team in the context of their environment and services.

Care teams most directly impact the patient experience. Practice, workflow, and regulatory changes exist that can enhance the care team’s ability to utilize digital health solutions to eliminate disparities and bring equity and quality of care to patients.

The success of utilizing the framework within a care team is contingent upon unwavering support and encouragement from institutional leadership. For this reason, the framework links the success of the care team to the institution(s) it operates within. Care institutions must lead at all levels, with an unwavering commitment to the elimination of disparities as central tenets of their vision and mission statements, internal policies, and community benefit strategies.

Payers | Solutions Providers

Payers and solutions providers, while having distinct roles in some respects, are critical points of input and influence into the financing and delivery of digital solutions and care strategies that can address disparities in health care.

Technological innovation, and the increase in utilization of digital care during the pandemic, continue to build the case for the power of telehealth to bring better equity in the delivery of care. However, payers and solutions providers must continue to innovate – through both product improvement and payment reform – to bring to bear an array of technical and financial resources to support the delivery of digitally enabled care. Like the care institutions themselves, payers' and solution providers' commitment to health equity and racial justice can't just be words on a website or in a mission statement – rather, the commitment must be demonstrable at every level of an organization's business. The Disparities Framework offers a structural method for organizations within both payer and solutions ecosystems to track every element of their commitment to authentic change. The framework can be further leveraged as a barometer, allowing industry leaders to vet their products, services, and payment reforms against the framework to assess the solutions' utility in eliminating disparities.

Policy Makers

Elected or appointed officials have a key role in promulgating pro-digital health policies through legislative and regulatory means. They – as well as organizations and individuals that work to influence them – can accelerate or hinder progress in addressing disparities in care.

As the nation emerges from the COVID-19 Public Health Emergency, regulatory reform to codify the expanded use of telehealth is critical. In addition to addressing regulatory challenges to access, policy makers must address cost, coverage, and provider licensure issues that too often leave historically marginalized communities with less access to the services they need. These reforms must take place at both the federal and state level, and require the industry and advocates to provide meaningful data to make the case for the economic, public health, and community benefits of expanding care through telehealth.

Community

The Advisory Group defines community as individuals with common traits and/or geography who – along with civic leaders, government, and employers – can serve as trust brokers to promote and protect the health of people. It is in this stakeholder group that all the others – including individual patients – come together.

For disparities to be eliminated, communities must address gaps in connectivity and device access among their citizenries. Digital solutions implemented in a clinical setting should pair with community-based solutions that address attendant psychosocial determinants of health, typically in partnership with community-based organizations that work on such issues. Finally, community leaders and social networks can be leveraged to encourage those disconnected from care to engage with tools, resources, and providers that are available to support the health and well-being of all.

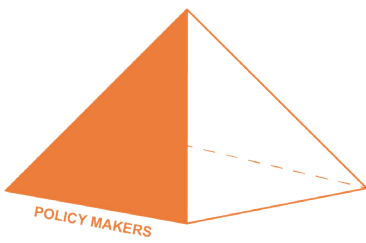
A Call to Collective Action

Ultimately, everyone bears the cost of disparities in health care. A recent report from Deloitte indicates that [disparities in access and care cost the health care system \\$320 billion today – and the cost could rise to over \\$1 trillion by 2040 if left unaddressed](#). This financial burden is ultimately born in rising health care costs, the societal cost of untreated or undertreated disease, and downward pressure on individual and community quality of life. The economic burden of inaction should be enough to galvanize all stakeholders towards leveraging the tools necessary to eliminate inequities in care.

The United States can no longer afford the social, economic, and individual impacts of disparities in health care. The Advisory Group believes that each stakeholder group must commit to specific action steps it can take to address these challenges. However, while there are things each stakeholder group must act upon, we view these stakeholder groups and their roles as deeply interconnected. Additionally, solving for one area of the pyramid often intersects with the need to address other areas at the same time.

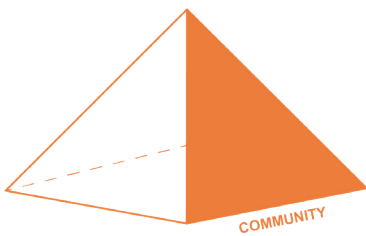
There is near universal understanding and support for addressing connectivity issues in expanding access to digital care. Figure 3 presents a clear set of actions each stakeholder group can take to tackle this specific barrier.

Figure 3:
Collective Action to Address Connectivity



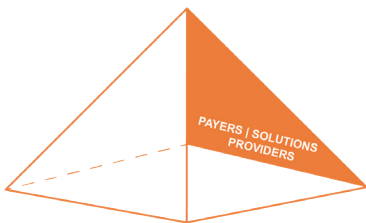
Policy Makers

- Promote policy and regulatory change that incentivizes prevention, well-being and whole health approaches to reduce the burden of disease and overfocus on 'sick care'
- Advance state and federal policies that make permanent telehealth flexibilities used during the COVID-19 pandemic
- Strengthen public and private sector partnership to scale access to care
- Solve for broadband access across the U.S.



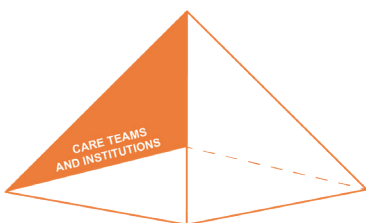
Community

- Identify, build and participate in coalitions of community leaders and organizations, including employers, who can build trust in citizens to access health care
- Ensure connectivity includes community-based wifi and hotspots to meet individuals where they are
- Work with public and private funders to ensure adequate resources for community outreach, engagement, and trust building



Payers | Solution Providers

- Transparently gather and share data with other stakeholder groups
- Leverage financial and social capital to activate other stakeholders to target individuals and communities who lack access
- Ensure payment models incentivize and reinforce accessibility and deployment of digitally enabled care solutions
- Ensure digital health solutions support interoperability, reduce provider burnout, and enhance the care team/patient relationship



Care Teams and Institutions

- Implement screening strategies to assess patient connectivity
- Develop care plans that include a focus on digitally enabled tools as options for care
- Strengthen communications between organizational leadership and care teams to address gaps in care access, literacy, and patient confidence/comfort in utilizing digital tools

One stakeholder group taking action can set change in motion - but to maximize the power of telehealth to address disparities, others must follow. Care teams and institutions can only implement more equitable practice if they have access to solutions and payment models that support innovations in care delivery. Stakeholders across the model can only effectuate change if the policy and regulatory environments are conducive to transformation and the building of trust in the community. Only through collective action – and unwavering commitment to leveraging new technologies and solutions across all stakeholder groups - can the care delivery system truly eliminate deeply-embedded disparities in the nation’s health care system.

Next Steps

As the model indicates, solving for connectivity is just the beginning of the effort to eliminate disparities. Stakeholders must take additional collective action

across each level of the pyramid to remove inequities in care and bring better health outcomes to patients. The Advisory Group recognizes that this work is not easy, and can be fraught with barriers that can appear insurmountable. However, action across stakeholder groups can accelerate telehealth adoption and bring about meaningful opportunities to bring care to everyone.

The Advisory Group will continue to publish guidance on eliminating health disparities through full implementation of this framework, and elevate success stories where innovators, community leaders, and others have taken bold action to accelerate results.

A collective willingness to act can ease the journey and improve the health care experience. This activity has never been more critical. The ATA, its members, and its partners stand ready to assist stakeholders in these efforts. For further information, resources, and opportunities to further eliminate health disparities using telehealth, please contact Ann Mond Johnson, CEO of the ATA, at ann@americantelemed.org.

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