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Inequity in Telemedicine

Telemedicine is a way to receive healthcare while being able to maintain social distancing, and it can be done over an instant message, a phone call, or video call. Many of these mediums of communication require the internet. A phone call telecommunication would require the necessity of only a phone, however; the patient would need to have the knowledge of how to contact such a telemedicine service or the help from someone who does. Telemedicine via live chat or video would require an internet connection with knowledge of how to navigate the internet.

Individuals who are older and do not speak English as a primary language have been identified as not utilizing telemedicine at the same rate as others not part of these demographics. Health insurance companies may need to start having guarantees for reimbursing patients for telemedicine to eliminate the disproportionately and unjustly burden on clinics. Patients that are older than 55, of minority populations, and do not speak English are less likely to successfully use telemedicine (University of Pennsylvania, 2020). Companies in telemedicine such as Teladoc have services that vary based on health plan or by employer (Teladoc, n.d.). Should health insurance companies and telemedicine companies have the ultimate decision as to what patients qualify for?

Many peer reviewed medical journals have been published showing the inequity in telemedicine has only been elevated during the pandemic that is currently in progress. A study by Dr. Eberly identified lower rates of telemedicine for individuals who were older, Asian, non-English-speaking. Individuals who were black, Latino/Latina/Latinx, poorer patients, female

patients, and older patients were also found to utilize video telemedicine less (Eberly, L. A., et al, 2020). Another study by Dr. Evan M. Chen found that older patients, non-English-speaking individuals, and ethnic/racial minorities were found to utilize video telehealth services. This study went on to recommend that it was an important area of study that needs to be improved upon to reduce the impact of the COVID-19 pandemic on minorities (Chen, E. M., Andoh, J. E., & Nwanyanwu, K., 2022). In order to help clinics that might be paying the fees for patients who do not have telemedicine health insurance coverage, health insurance companies may consider adding telemedicine to patient's health insurance coverage (University of Pennsylvania, 2020).

The issue is that certain patients do not have equitable access to telemedicine. These patients could possibly be exposed to pathogens and become infected due to this. These patients can also cause a strain on health care facilities (Centers for Disease Control and Prevention, 2020). Telehealth can be considered to have started from when medical advice was first given over the radio in the 1920s (Services, B. on H. C., 2012). Given that some individuals could not afford radios in the 1920s, a disparity in telehealth could have started the same time that telehealth did. Most radio stations in the 1920s also primarily spoke in English in the United States. Whereas patients would like to receive the best health care that they possibly can, insurance companies and telehealth companies have their priorities set on producing revenue.

Stakeholder Analysis

Individuals that are part of the affected demographics not utilizing telemedicine are one party of stakeholders. These individuals include patients older than 55 years, Asian people, Latino/Latina/Latinx, poorer patients, black patients, non-English speaking, and female patients. People of these demographics are affected by the set benefits in place between the health insurance companies and telemedicine companies. Government legislation can possibly be the

deciding factor in how telemedicine companies and health insurance companies set their respective benefits which could possibly provide equal access for all individuals.

Telecommunication, internet services, translation services, and educational services would also need to be provided. Patients may also benefit from an in-home support services to help them with technology (Khoong, E., 2020).

The affected individuals that are not taking full advantage of telehealth can provide claims of value. A claim of value would state that all individuals should have equal and equitable access to healthcare because it is the moral decisions. These individuals value the ability to have access to telehealth which could possibly prevent an infection by being in a healthcare facility (Centers for Disease Control and Prevention, 2020). Some of these affected individuals are not attempting to change the system themselves because they may not be fluent in English or know what telehealth is. Universities and major health care systems are the entities conducting the research and identifying the disparity in telehealth. The affected individuals position on the issue is to have equitable access for telehealth.

Telemedicine and health insurance companies are the other stakeholders. Telemedicine and health insurance companies could both be inadvertently affected by legislation that is passed to include that all individuals need to have equal access to their services. Telemedicine companies can possibly lose revenue due to having to accommodate for all individuals gaining access to their services. Health insurance companies could also lose revenue because they have to extend telemedicine coverage for all of their patients. Hospitals and other health care providing facilities could also pose to lose revenue due to having to provide telemedicine services to all. Health Districts currently lose potential revenue due to pro bono work that is done, and legislation passed may create a further loss of revenue due to this type of work.

Telemedicine companies provide a necessary service at a premium. Many of these companies have invested millions of dollars in research, recruitment, and practice. The leading companies in telemedicine have refined a service to provide medical care anywhere there is a phone line or internet connection. Allied medical professionals can perform assessments and provide medical care via these different mediums. Many of these companies are publicly traded and have quarterly revenue expectations from their stock holders. Given the circumstances that many of these companies are in, they have come to agreements with many health insurance companies on health coverage. These telemedicine services vary based on employer plans or personal health plans. Telemedicine companies, such as Teledoc, provide neck and back care, dermatology, nutrition, and general medical services. Whereas telehealth companies provide the prices, health insurance companies provide the type and amount of health coverage that is covered. All providers from Teladoc are U.S. board-certified physicians. Teledoc also provides services 24 hours a day and 7 days a week (Teladoc., n.d.). Health insurance companies also are also publicly or privately held companies that need to generate revenue. Given both telemedicine and health insurance companies need to produce earnings, they have to set specific benefits for every individual plan.

The telehealth and health insurance companies could use claims of cause. It is not the telehealth and health insurance company's duty or responsibility to accommodate their services for all. Their services can be equally accessed by all. The companies can claim that it is the individual that caused their circumstance which did not allow them to utilize their services. The values of the health insurance companies and telehealth companies are to sustain profitable businesses for those individuals who can afford their services or qualify for their services by means of employer benefits.

Argument Question

Individuals, insurance companies, and telehealth companies have specific goals in mind. Individuals would benefit from receiving the best and most advanced healthcare available in today's market. Access to telehealth would be beneficial in a time when social distancing is advised from leading health authorities. Insurance companies and telehealth companies have revenue to generate, and public companies have stock shareholders to report to. Should health insurance companies and telemedicine companies have the ultimate decision as to what patients qualify for?

Stakeholders Positions and Ethical Frameworks

The ethical framework for providing equal access to telemedicine for all patients is virtue ethics. This framework states that an individual should be both just and truthful. Patients that are not able to speak English or are older than 55 have been shown to be less likely to use telemedicine (Eberly et al., 2020). Considering that patients in need of health services are currently not receiving these necessary services, one can argue that this is not truthful nor just. The just action would be to set infrastructure in place and the necessary legislation to provide telemedicine services for all individuals.

The first action would be to help all individuals gain access to telecommunication services and internet services. The telecommunication services would allow individuals to receive telemedicine via telecommunication. Helping establish internet services for all individuals would allow for instant message and video telemedicine. There would still be individuals who may not understand English to the degree of successfully being provided with telemedicine. A translator could also help. Providing translation would be just for these individuals who do not have access to translation services. Elderly patients may also require the

assistance of a person that understand how to use technologically and navigate through online healthcare. Providing education to all individuals will be important for creating access of telemedicine for all individuals. This can also be regarded as the just action to take. Solely being part of one or more of the demographics listed is not a just reason for not having equitable access to healthcare specifically telemedicine. The just position in this case would be to help provide access to all individuals.

At stake for the individuals who are not currently utilizing telehealth is the possibility of not receiving state of the art healthcare. Patients who are going into health care facilities where a telehealth appointment would be ideal are potentially putting themselves in harm's way. They can contract an infection especially during a time where there is an ongoing pandemic. If these individuals were more readily able to access telehealth, they would benefit by being able to social distance themselves from others (University of Pennsylvania, 2020).

Telehealth and health insurance companies may argue using ethical egoism. Ethical egoism would state that how would the current practice in place benefit these companies. The company's jobs are to generate revenue by means of producing a useable service. The current practice in place is able to provide health insurance companies and telehealth companies with revenue. This current practice is able to benefit these companies, so one may argue that this is the correct action to take. These companies are also able to charge high premiums for patients who do not have coverage. Ethical egoism can also lend to these companies not being responsible for if everyone ultimately has equitable access to their services.

It is in the company's best interest to generate as much revenue as they can while creating a company that is able to produce effectively. The company would also need to keep its private investors and public investors in mind. These companies may have to drop their premium pricing

if legislation is passed that states that all patients need access to the services that they provide. These companies would also have to scale the companies at a rate that would result in them losing revenue, or the companies could scale in a way that would not make them profitable.

At stake for the telehealth companies and health insurance companies is the possibility in losing profit. If these companies are required to provide support for all the affected individuals who are currently not utilizing telehealth, it may result in many costly expenditures. These companies would potentially have to conduct research on how to better accommodate for all of the affected demographics. These companies could also potentially lose investors, business, and money.

Authors' Position

As the CDC has mentioned, telehealth could have many benefits during a pandemic. It allows for reducing exposure of diseases for both patients and staff, making health care more accessible, rationing supplies of personal protective equipment, and reduces the patient demand on healthcare facilities. Policy changes could also possibly support an increase in access to care after and during the pandemic (Centers for Disease Control and Prevention, 2020).

Legislation put in place would be the ideal option. It would allow for all individuals to gain access to telemedicine and help eliminate the inequity in telemedicine. Virtue ethics could be used to argue that providing telemedicine for all individuals is the right and just action to take in this situation. If telemedicine was being readily utilized by all, it could all have an effect on how infections are being spread. There are many infections spread via contact, droplet, and airborne transmission. Having allied health care services utilized to their potential via telemedicine could help lower community-acquired infections and nosocomial infections solely due to the social distancing that is being put in place because of telemedicine. The possible lower

rates of infections could potentially save time and money for many individuals. Health care providers and health care facilities could also possibly see less capacity due to less spread of infections. Once the infrastructure and the telemedicine companies have scaled to be able to provide services for all patients, providing telemedicine for all individuals of different demographics could potentially be profitable. This is speculative but a possibility. Legislation could also include possible funding to these telehealth and insurance companies to help expand their services.

Recommendations include that legislators review the peer reviewed medical journals and evidence that certain constituents are part of a documented inequity in modern-day medicine. Legislation should be written to help all individuals gain equal access to these modern-day telehealth services. Given the fact that legislators are already part of the effected demographic groups or will eventually age into one of the groups, legislators could potentially also be helping themselves. The effected demographic groups should also consider lobbying in and writing letters to the legislators to help get legislation passed. It is vital to voice such concerns in order to create a change in a system. Research being done from academic institutions and major health care systems should be provided to legislators as well. The evidence is clear that there is an inequity in place for telemedicine in today's society. Telemedicine could also help drive down the prices for many healthcare systems (Centers for Disease Control and Prevention, 2020).

Telehealth and health insurance companies could use their lobbying power to be sure that potential moneys are available to help them provide telemedicine for all if such legislation is passed. Telehealth and health insurance companies could also help by starting to create programs in place to help individuals from all demographic groups gain equal and equitable access to their services. This could potentially lead to an increase in profit and revenue as time goes on.

Telemedicine companies could also provide more education to health institutions and health insurance companies to help eliminate the equity in place. Health insurance companies could consider providing minimal coverage for telemedicine to start. Health insurance companies could then set a program in place to help provide all individuals with full access to telemedicine. Research from major health care systems and academic institutions could be done on how telemedicine could lower infection rates from providing telemedicine.

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