



To: Members of the Energy & Commerce Subcommittee on Health

From: Andrew Schwab, United States of Care Director of Policy, Federal Affairs & Partnerships

Subject: Background Info for March 2, 2020 Energy & Commerce Subcommittee Hearing “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”

Date: February 26, 2021

As the Subcommittee considers the future of telehealth in the wake of the COVID-19 pandemic, USofCare wanted to provide members with what we have learned about people’s experiences with telehealth -- what people have liked, as well as barriers they have encountered and concerns they have about telehealth -- in order to inform discussions from the perspective of people.

At USofCare, we approach our work by centering people’s needs to drive action. To do this, we are leveraging our listening research to understand people’s diverse experiences with virtual care, and identifying policies and approaches for health care leaders and policymakers that reflect people’s priorities and close gaps in access.

On telehealth, we are examining the key question “Can virtual care be used as a tool to identify inequities and close gaps in access to care?” We define virtual care as: “health care services delivered remotely through digital technology including telehealth, telemedicine, remote monitoring, video, audio, and instant messaging (synchronous or asynchronous).”

Public Opinion Findings on People’s Experiences with Virtual Care

To inform our work, USofCare fielded a national survey at the end of November 2020 of 1,000 registered voters where we asked questions about people’s experiences with the health care system overall, as well as virtual care specifically. Our findings indicate:

- 44% of respondents overall had received virtual care, most doing so as a result of COVID-19.
 - About half of those who received it identified as Republicans and half as Democrats.
 - 59% of people with a disability said they had used it.
 - 73% of those who used it said they had a mental health disorder.

- Overall, there is wide support for the convenience of virtual care, especially during the pandemic. 87% had something positive to say about their virtual care experience, and 72% appreciated the convenience of not having to leave their place of residence to receive care and the ease of scheduling.
- However, many respondents had questions about the accuracy of care and concerns about the use of technology, which needs to be considered as virtual care policies are formalized.
- This aligns with what we have heard in our one-on-one interviews too. For example, one older adult we interviewed said:
 - *“I would NOT explore virtual care if I had to do it on a computer or any other way -- than a phone call -- because then I would need help from other people and I believe that health care appointments should be private.”*
- Additionally, of the 53% who HAD NOT utilized virtual care, 16% had not done so because they felt it wouldn't be personalized or meet their specific care needs.
 - In our focus groups, we also had several participants question whether they would receive sub-par or more impersonal care if not done in person.

Older Adults' Experiences with Virtual Care

USofCare also conducted targeted research on older adults (age 50+) and their experience with virtual care, including mixed method research through national surveys, public opinion scans, and focus groups, and a review of older adult care models that have integrated virtual care into their care delivery. Through this work, we found that:

- During the pandemic, virtual care has proven critical to maintaining the health of older adults. To access virtual care, older patients have had to adapt to online platforms.
- *Older adults who have participated* and have the resources to do so strongly support using virtual care. *Older adults who have not participated* primarily say they have not needed it.
- If given a choice, older adults would not replace in-person visits with virtual care. Instead, they would utilize a combination, or else return to in-person visits altogether.
- Barriers and concerns that older adults encountered when utilizing virtual care include:
 - Lack of Comfort Using Technology and Digital Literacy, meaning:
 - Lack of comfort or unfamiliarity with technology including computers, tablets, and remote monitoring devices
 - Lack of comfort or unfamiliarity with online platforms including

downloading software and online forums

- Reliable and Accessible Internet, meaning:
 - Limited, inconsistent, or no access to internet service
- Quality and Personalization, meaning:
 - Concerned there will not be a personal connection to a provider via virtual care
 - Concerned their unique health care needs will not be met
- Accurate Assessment, meaning:
 - Concerned their provider would miss something in an exam
 - Concerned their provider could not conduct a thorough physical exam

What E&C Members Should Know

- Our data shows that getting people the care they need when they need it, rather than waiting until it's an emergency, is critical. Whenever clinically appropriate, patients must have the flexibility to choose how they would like to receive their care whether it is in-person or through virtual modalities. Policymakers and health care providers should create a blend of in-person care alongside permanent virtual care policies that address barriers people experience in accessing virtual care so that virtual care is a viable option for everyone.