

Disability and Utilization of Telehealth and Traditional Medical Care Services Among Older Americans During the COVID-19 Pandemic

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Telehealth, defined as the use of two-way telecommunication technologies to provide clinical health care through a variety of remote methods, has been lauded as a way to improve access to and use of health care (Health Resources and Services Administration, 2021; Koonin et al., 2020). During the COVID-19 pandemic, when people – especially older adults and immunocompromised persons - were confined to their homes, reliance on telehealth increased dramatically. The number of Medicare fee-for-service (FFS) beneficiary telehealth visits increased an astonishing 63-fold, from 840,000 in 2019 to nearly 52.7 million in 2020 (Samson et al., 2021).

This increase has been attributed to pandemic-era barriers to seeking care in traditional office visits, as well as shifts in Medicare reimbursement policies that encouraged use of telemedicine. Heavy reliance on telehealth may continue post-pandemic, due to increased Medicare investments in its use. However, it is unclear if older adults with disabilities face obstacles to effective telehealth use. Despite mounting enthusiasm for telehealth, this platform may be neither desirable nor accessible to older adults, especially those with limited access to or knowledge of technology (Kim & Ang, 2022; Ng et al., 2022).

We evaluated how sensory, physical, and cognitive impairments affect older adults' use of telehealth only, traditional in-person care only, neither, or both (i.e., combined care); and whether these effects differ on the basis of socioeconomic and social resources that may facilitate telehealth use.

Data are from the 2020-21 wave of the Health and Retirement Study (HRS), a biennial nationally representative longitudinal survey of U.S. adults aged 51 and older. Analyses are limited to 4,453 individuals who were randomly selected to receive the Self-Administered Questionnaire (SAQ), which assessed telehealth use. We estimated multinomial logistic regression models to evaluate associations between impairments and health care service use patterns, and tested two-way interaction terms to evaluate moderation effects by socioeconomic and relationship status characteristics.

Our results yielded three key findings. First, particular impairments were linked with particular patterns of health care use. Persons without impairments were most likely to use combined care, considered the optimal form of care. Persons with vision and cognitive impairments have elevated risks of using telehealth alone or in-person visits alone relative to combined care. Conversely, persons with three or more physical limitations were least likely to use telehealth alone, relative to combined care. Second, older adults with vision impairment, dual sensory (vision and hearing) impairment, and cognitive impairment, no dementia (CIND) were at elevated risk of receiving no care during the prior two year-period, a particularly disheartening finding given their presumably greater need for care. Lastly, patterns did not differ significantly on the basis of any of the potential moderators.

Our results reveal the potentials and promises of telehealth for older adults with disability, particularly visual, dual sensory, and cognitive impairments. Titles II and III of the Americans with Disabilities Act (ADA) require telehealth platforms to be accessible for all patients, including those with particular disabilities (Friedman & VanPuymbrouck, 2021). However, our findings suggest more expansive or innovative efforts are needed for equitable telehealth access of disabled older adults. Also, our results have potential to inform current health care policy and practice, in light of reimbursement changes proposed by the Centers for Medicare and Medicaid Services (CMS) for telehealth services. Proposals include the elimination of voice-only services which may be particularly beneficial to vision-impaired older adults. As the CMS continues to invest heavily in the use of telehealth platforms for Medicare beneficiaries, it is critical that oversight continues as well, to ensure that these modalities are used effectively and strategically. These continued investments may help telehealth achieve its promise as an accessible, cost-effective way to deliver timely convenient care to underserved older adults with disabilities.

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