Telehealth Research Recap: People with Low Incomes

Telehealth Adoption for People with Low Incomes

Telehealth services were rapidly adopted during the COVID-19 pandemic, including among people with low incomes served by safety net providers.[1] Due to the continued demand for virtual services, federally qualified health centers and rural health clinics have continued to provide care using telehealth.[2,3] Figures 1 and 2 show that telehealth continues to be an integral tool for health care delivery, particularly for mental health services.[4] Audio-only visits are especially prevalent in low-income communities as patients with limited resources may not have access to reliable broadband services or digital devices, both of which are necessary to support video-based telehealth visits.[5]

Service Category	Proportion Virtual Visits	Proportion In-person Visits
Vision	0.28%	99.72%
Dental	0.46%	99.54%
Medical	13.2%	86.8%
Substance Use Disorder	27.9%	72.1%
Enabling Services	28.3%	71.7%
Mental Health	45.7%	54.3%

Figure 1. Percent of Virtual and In-Person Visits at Health Centers in 2022[6]

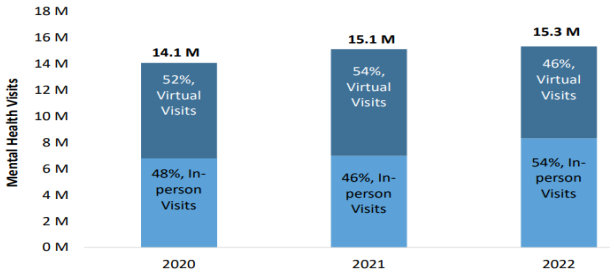

Figure 2. Percent of Virtual and In-Person Mental Health Visits at Health Centers in 2022[7]

Benefits of Telehealth for People with Low Incomes

Implementing telehealth services offers a number of benefits to patients, including those with low incomes.[8] One of the most notable benefits is increased access to health care for patients who might not otherwise have access to care.[9] In a study of community health centers, telehealth use was more common for patients with low health care utilization.[10] Another advantage of telehealth is the potential for better disease management. Telehealth is associated with improved continuity of care.[11]

Using Telehealth to Manage Chronic Conditions in People with Low Incomes

Telehealth provides access to necessary chronic care management, which is essential for maintaining the health of patients.[12,13] Additionally, the use of telehealth may indicate when an in-person visit is needed to prevent potentially worsening conditions.[14] Telehealth can help facilitate care continuity and A1c testing in patients with diabetes.[15,16] In Figure 3, patients with diabetes using a mobile health intervention had better hemoglobin A1c control within the first 12 months of the program compared to those receiving usual care.[17]

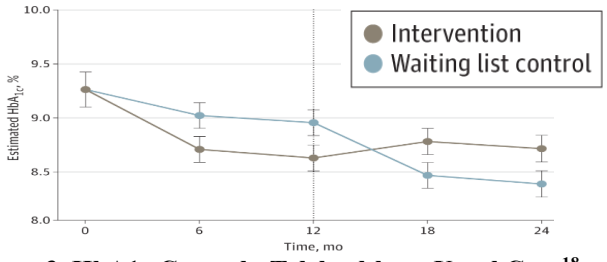

Figure 3. HbA1c Control - Telehealth vs. Usual Care[18]

Technological Barriers to Telehealth

A technological divide impacts the ability of people with low incomes to access telehealth services.[19] Disparities in telehealth use are exacerbated by the need for more reliable and affordable internet access, low levels of digital literacy, and the need for digital devices.[20,21] This divide limits the adoption of video visits for people with low socioeconomic status.[22] Innovative solutions are crucial for ensuring that telehealth delivers equitable health care, including for people with low incomes.

Resources

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