



Op-Ed: Access to internet and telehealth: Key to health equity for older Californians enrolled in Medi-Cal

June Simmons, Sunne Wright McPeak | Nov 23, 2021 | California

Last year, Sylvia, a low-income senior living with diabetes, faced a difficult choice. Experiencing a hyperglycemic episode, she weighed a costly trip to the emergency department against the risk of potentially exposing herself to COVID-19. She chose to get treatment, likely saving her life, but with proper diabetes management she could have avoided the visit altogether.

Today, Sylvia is enrolled in a care management program that helped her obtain, and learn to use, an internet-connected tablet. With it, she also gained access to a telehealth physician. Working with a care team to control her diabetes, she is no longer at a high risk of needing emergency services. She considers herself lucky, but most low-income seniors with chronic conditions lack the resources and knowledge to access telehealth services on their own.

Telehealth requires access to affordable internet, which is a 21st century civil right. As we've seen during the pandemic, telehealth can improve and save lives. But far too many seniors cannot afford to pay for internet service and a device, and often need computer skills training. Now is the time to fix this: California is embarking on a momentous effort to reform Medi-Cal and improve the delivery of services through the California Advancing and Innovating Medi-Cal (CalAIM) initiative. We urge the Department of Health Care Services and Medi-Cal Managed Care Plans to invest in long-term solutions that expand access to quality broadband and digital devices – a smartphone, tablet, or laptop – so older adults like Sylvia can better manage their health using telehealth options.

The pandemic highlighted profound health disparities that in part reflect limited access to the internet and devices required for robust telehealth services among California's 65-plus population, low-income communities and people of color. A recent survey by the California Emerging Technology Fund (CETF) and the University of Southern California revealed that less than half of Californians aged 65 and older (44%) had used telehealth services using a computer or smartphone, and another 24% had consulted health professionals on a landline phone without video capabilities. Further, telehealth access is disproportionately skewed toward white, non-Latino individuals. Over half of Asian and Latino respondents and 44% of Black respondents noted they had not used any telehealth services.

The lack of access is even starker for high-risk, Medi-Cal eligible individuals over 65. Partners in Care Foundation (Partners) found in a small survey that half of these Medi-Cal eligible respondents did not have access to the internet at home, 70% had no device that could connect to the internet, and 73% did not have a device with video capabilities. Underscoring the need for training, two-thirds of respondents did not feel comfortable using technology.

At the same time, many Medi-Cal patients are homebound, making it difficult to go to in-person appointments, and have complex and chronic medical needs. There is strong evidence that telehealth expands healthcare access and ease of care - making affordable internet and devices and training essential ingredients for health equity. Health care providers can message with patients through the on line patient portals and deliver video consultations, track vitals (e.g. blood

pressure) using remote devices, ensure patients are taking their medications, and check the home environment of their patients. During the pandemic, mental health services have been found to be particularly effective when delivered virtually. Behavioral health professionals reported that having an online option increased patient participation rates by 90%-100%, as detailed at recent Telehealth Fact-Finding Conferences co-sponsored by CETF, Partners, Corporation for Education Network Initiatives in California, and the California Primary Care Association.

We are appreciative that this Legislative session state leaders took important steps to increase the availability of broadband and telehealth to our state's low-income residents. Now, we need the state to leverage its commitment by working in concert with the newly signed Infrastructure Bill to provide additional subsidies for broadband services for this population. And, as California works to improve the delivery of Medi-Cal services, state leaders must include sustainable telehealth solutions. Access to broadband is a key social determinant of health equity that impacts the quality of care we receive. For Medi-Cal patients, often individuals with the highest medical needs, it's time to close the gap.

June Simmons, President and CEO of Partners in Care Foundation, has pioneered the development and scaling of evidence-based innovative interventions for the management of medications at home, self-management of chronic conditions, coordinated care to improve health outcomes, and care transitions.

Sunne Wright McPeak, President and CEO of the California Emerging Technology Fund, leads the statewide non-profit foundation whose mission is to close the Digital Divide by accelerating the deployment and adoption of broadband. CETF has helped position California as a national leader in advancing Digital Inclusion over the past 15 years.