SDOH, COVID-19 and Telehealth

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# Health Resources and Services Administration (HRSA) Definition of Telehealth

The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration.

Telehealth is comprised of two forms: 1) two-way, synchronous, interactive client-provider communication through audio and video equipment, and 2) asynchronous client-provider interactions using various forms of technology (e.g., web-based client portals, e-mail messages, text messages, mobile applications, symptom management tracking, sensors, peripherals, client education modules, or electronic medical record data)

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Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play and age. These conditions are separated into six distinct categories
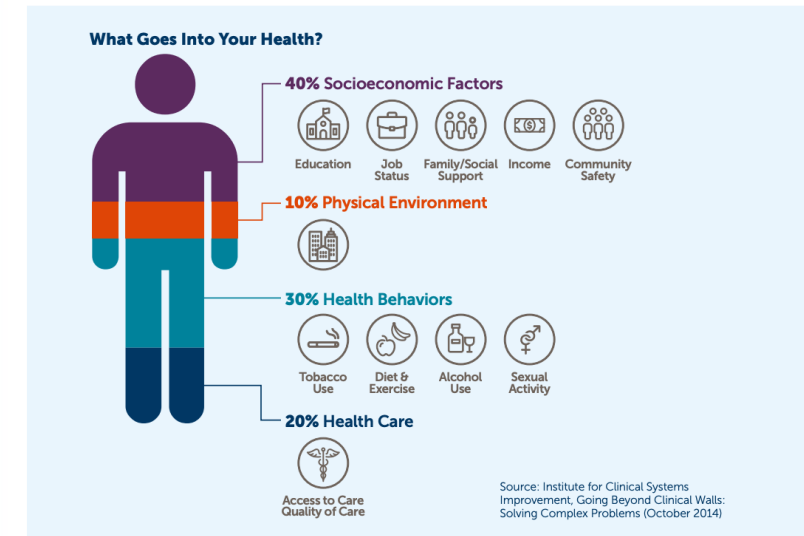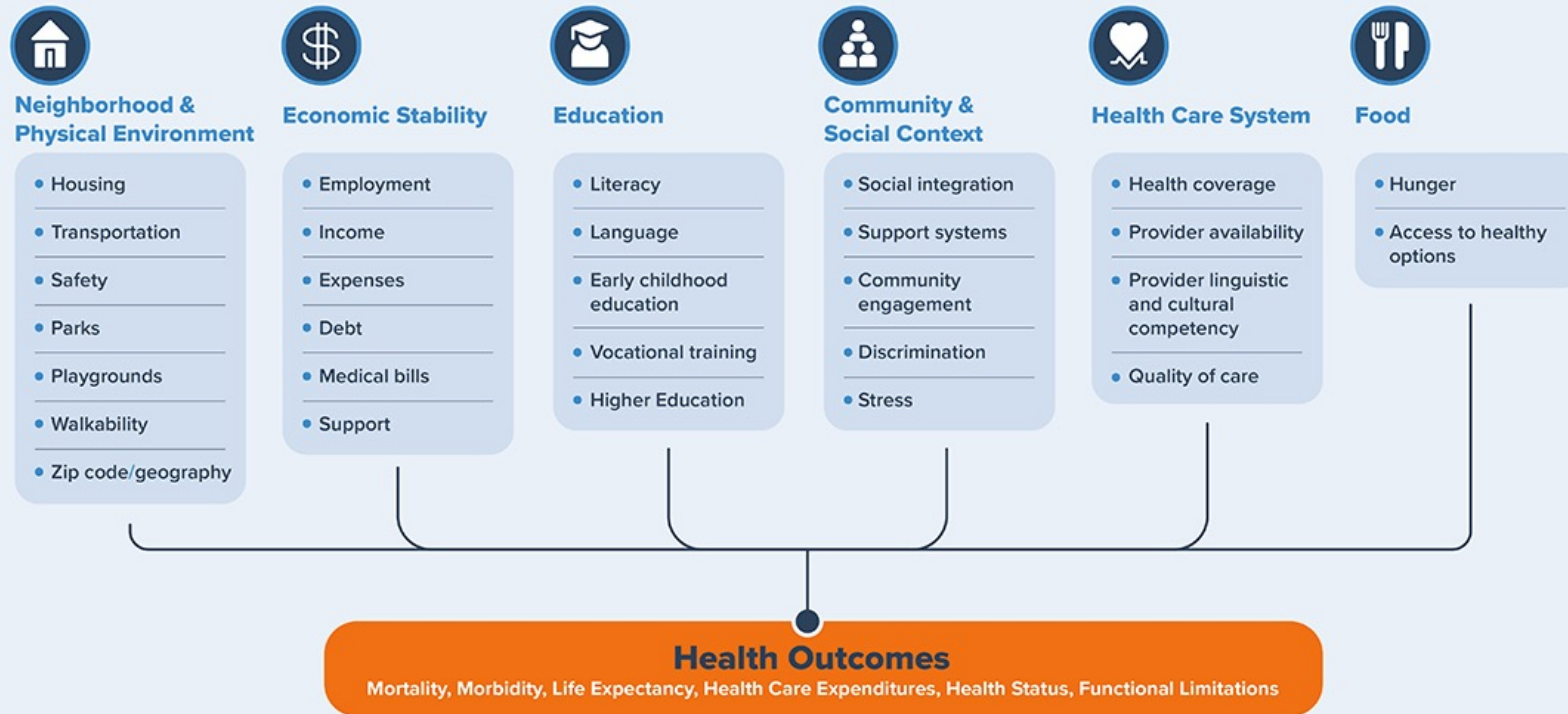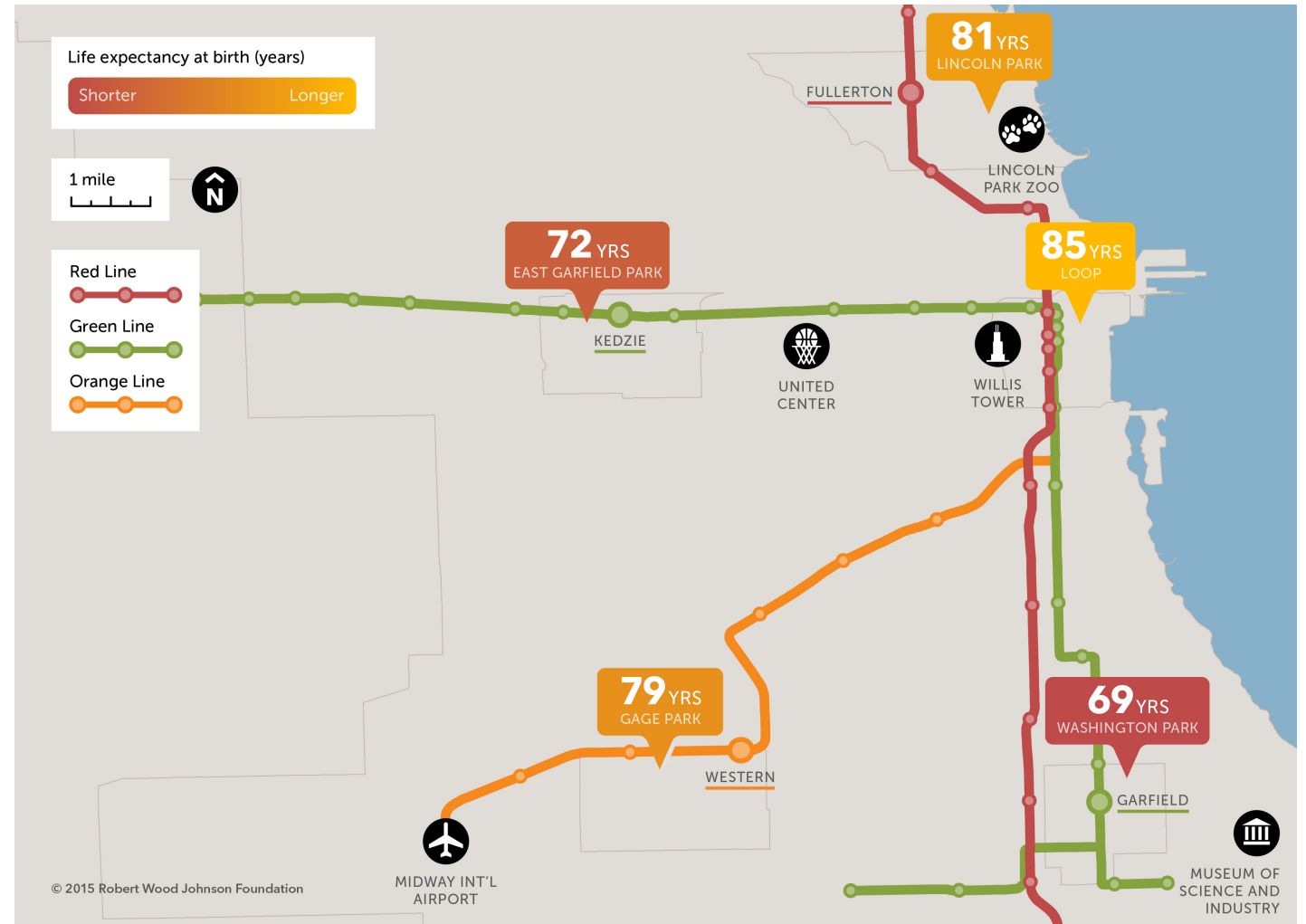

Access to broadband isn't included

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INEQUITIES IN LIFE EXPECTANCY
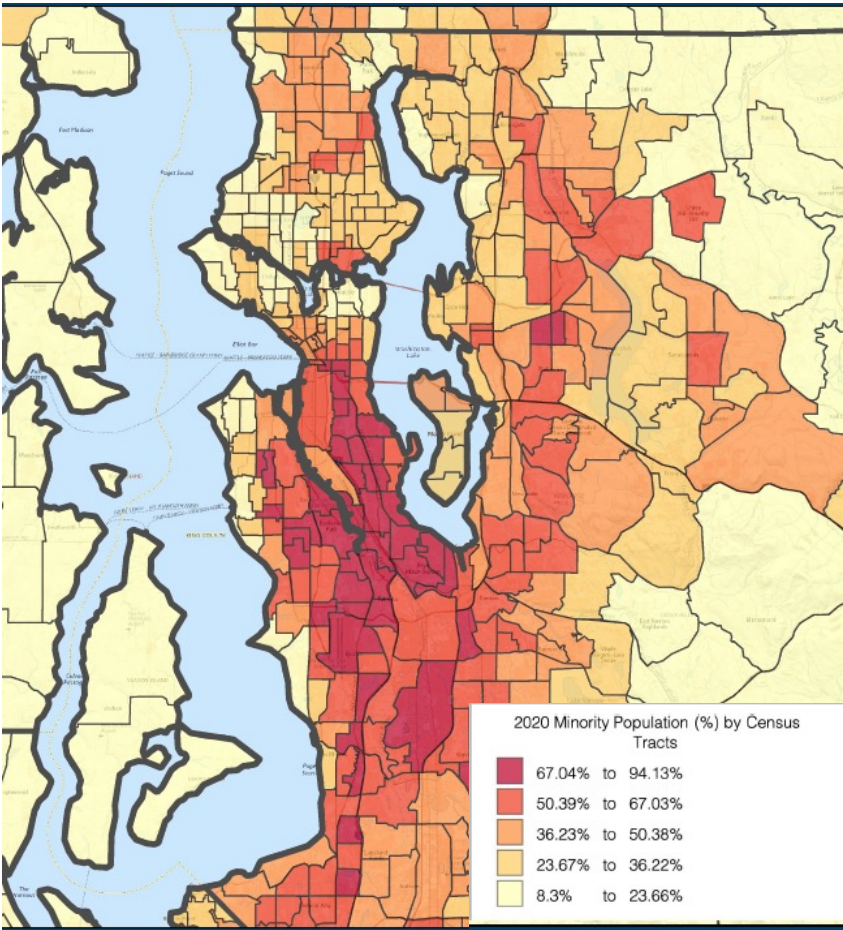
Short Distances to Large Gaps in Health

Life expectancy at birth (years)
Shorter — Longer

1 mile

Red Line
Green Line
Orange Line

81 YRS LINCOLN PARK

FULLERTON

LINCOLN PARK ZOO

85 YRS LOOP

72 YRS EAST GARFIELD PARK

KEDZIE

UNITED CENTER

WILLIS TOWER

79 YRS GAGE PARK

WESTERN

69 YRS WASHINGTON PARK

GARFIELD

MIDWAY INT'L AIRPORT

MUSEUM OF SCIENCE AND INDUSTRY

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▲ Chicago, Illinois

Overlap Between Social Vulnerability and Diversity

BIPOC Population, 2020

2020 Minority Population (%) by Census Tracts

- 67.04% to 94.13%
- 50.39% to 67.03%
- 36.23% to 50.38%
- 23.67% to 36.22%
- 8.3% to 23.66%

Social Vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss
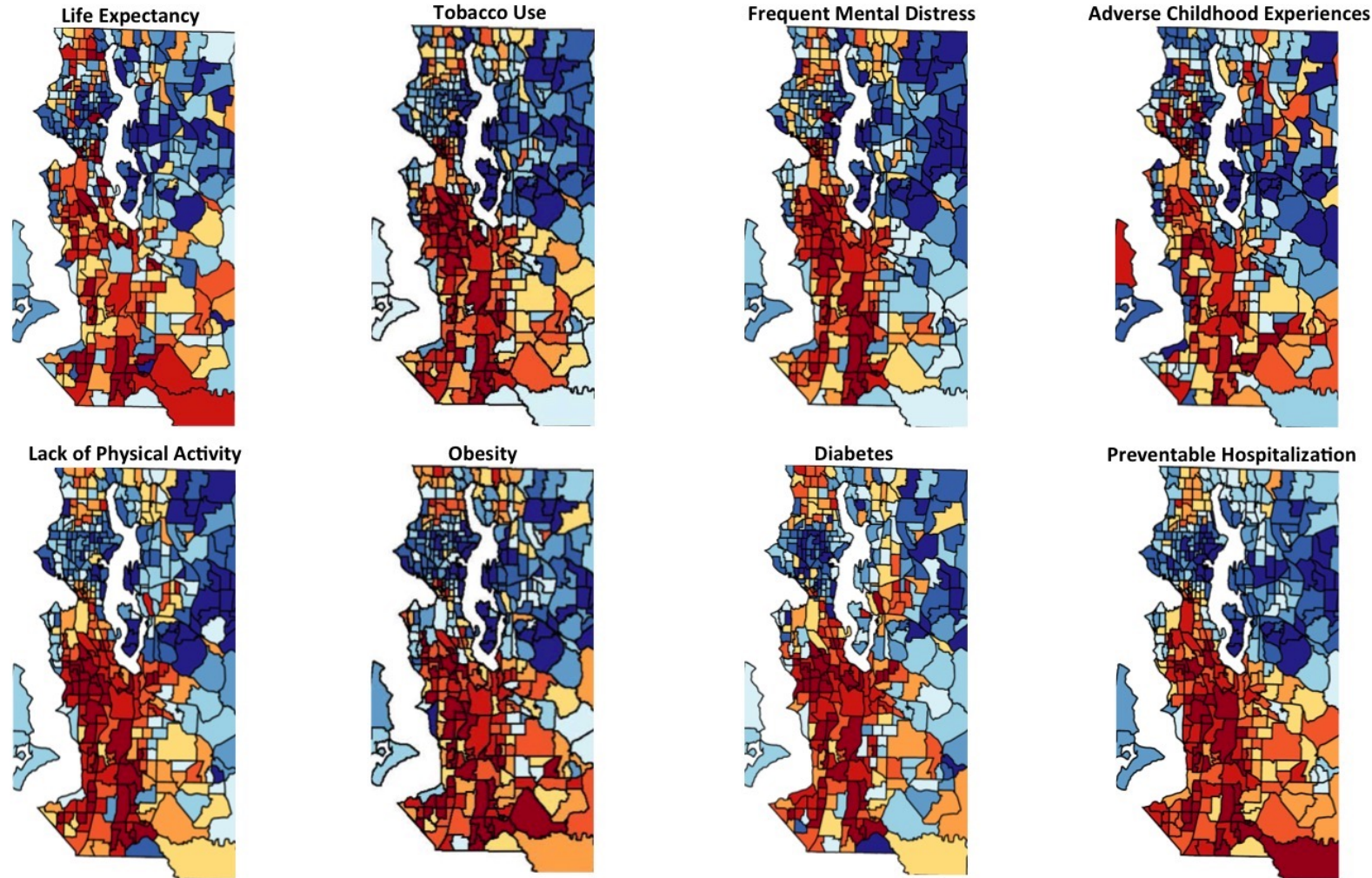
Social Vulnerability
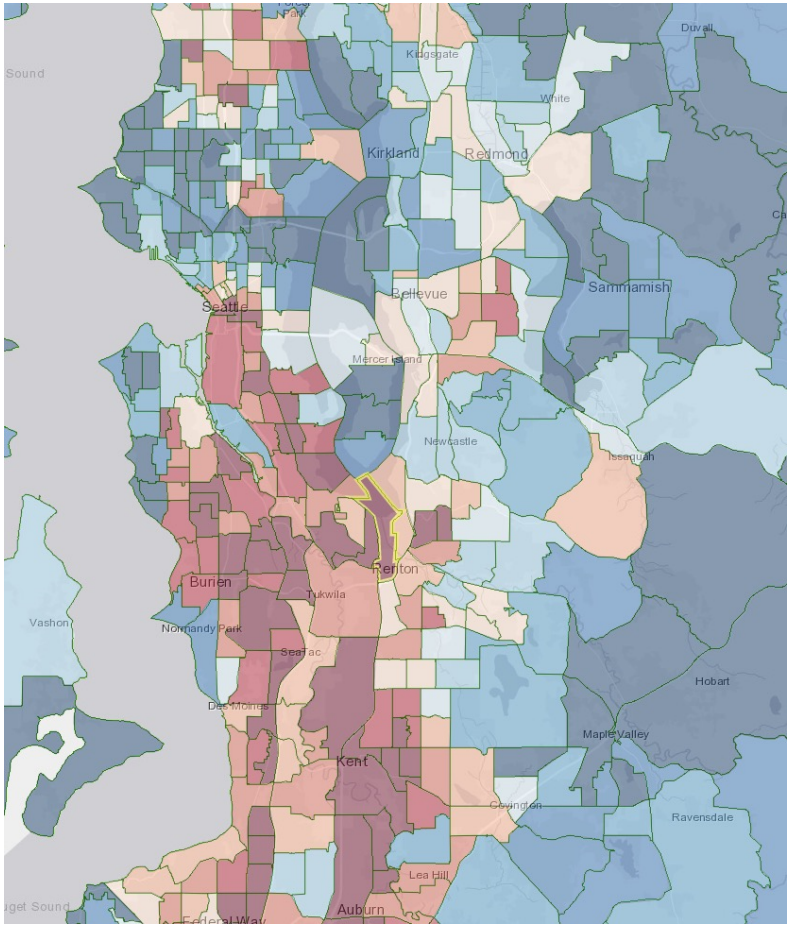
Source: Esther Min and Edmund Seto, UW

RESEARCH • PRACTICE • POLICY
LATINO CENTER FOR HEALTH
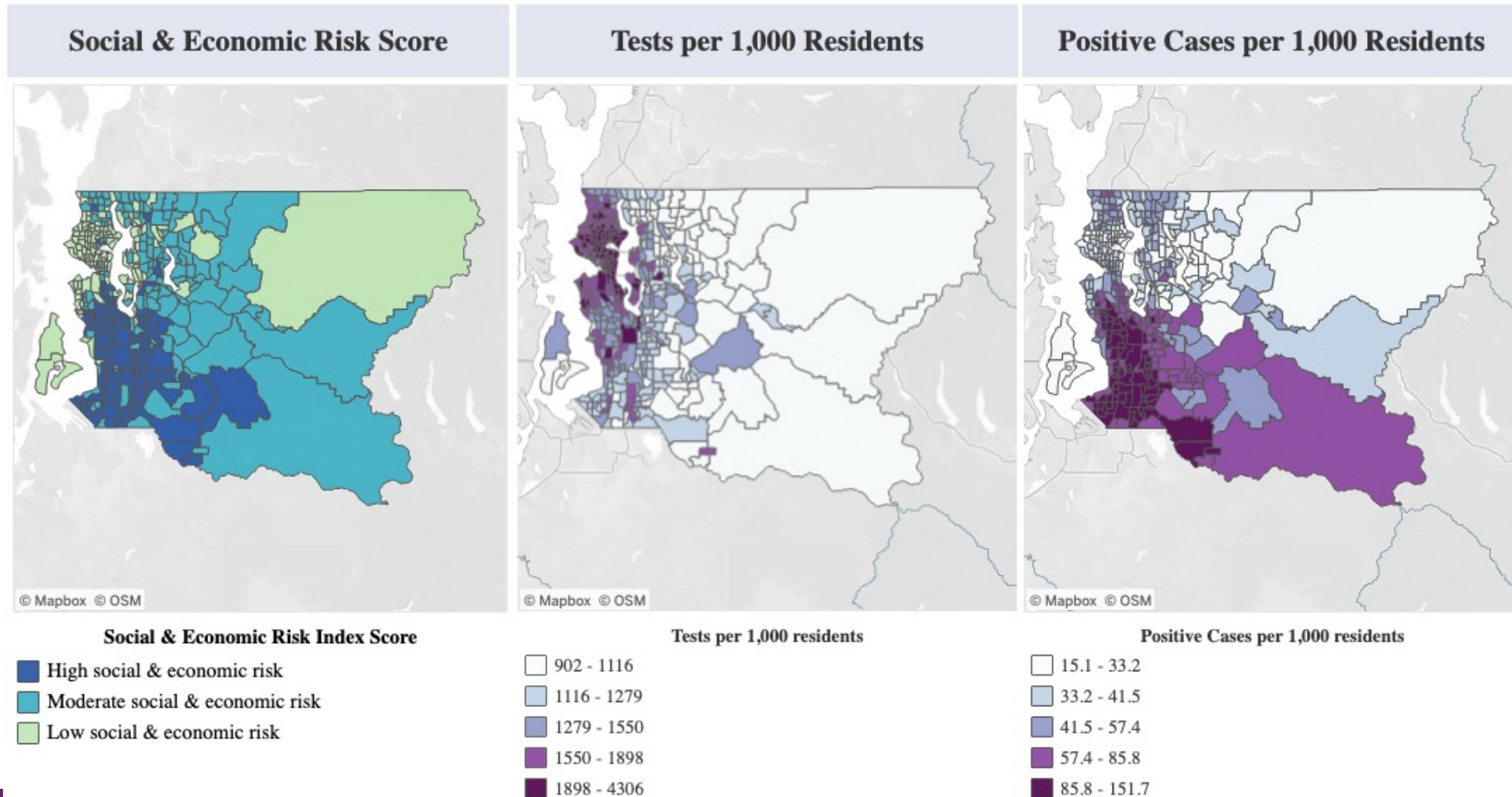ENGAGING LATINO COMMUNITIES

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Geographic Concentration of Social Disadvantage is Longstanding

To identify geographic areas of need, King County census tracts were rank-ordered from highest to lowest percent of adults by the areas noted above. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates (note: the Life Expectancy map ranks shortest in dark red to longest in dark blue).

# Relationship of SVI to COVID-19 Testing and Cases
3/1/2020 to 8/31/2021

Social & Economic Risk Score | **Tests per 1,000 Residents** | **Positive Cases per 1,000 Residents**

Social & Economic Risk Index Score
- ■ High social & economic risk
- ■ Moderate social & economic risk
- ■ Low social & economic risk

Tests per 1,000 residents
- □ 902 - 1116
- □ 1116 - 1279
- ■ 1279 - 1550
- ■ 1550 - 1898
- ■ 1898 - 4306

Positive Cases per 1,000 residents
- □ 15.1 - 33.2
- □ 33.2 - 41.5
- ■ 41.5 - 57.4
- ■ 57.4 - 85.8
- ■ 85.8 - 151.7

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Relationship of SVI to COVID-19 Hospitalizations and Deaths
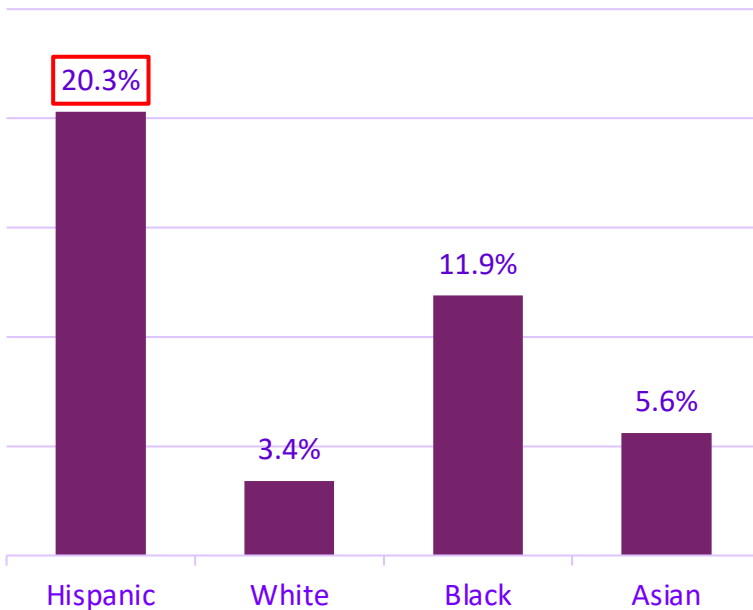# 3/1/2020 to 8/31/2021

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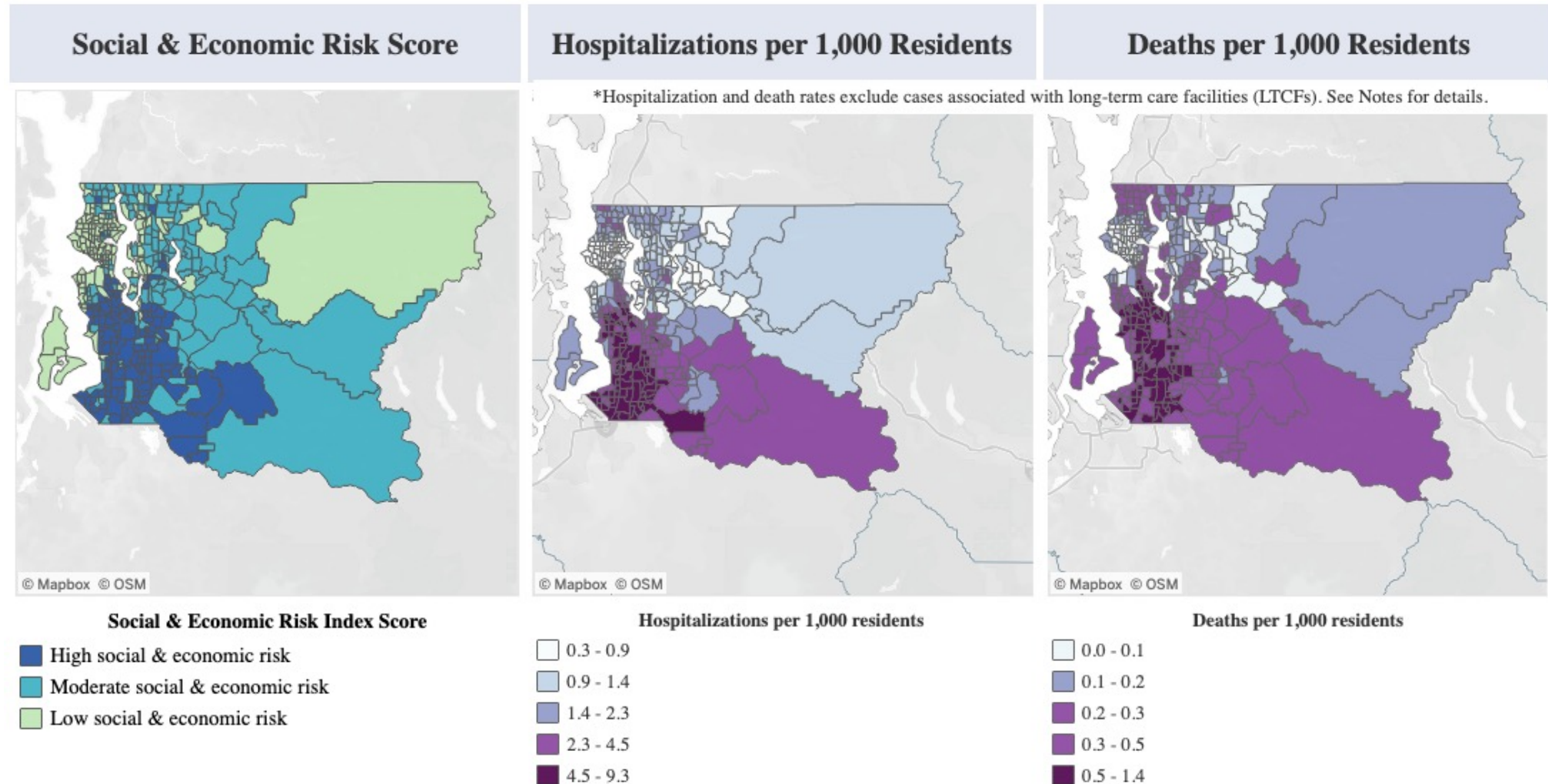
Up to Date Vaccination Rates by Zip Code (as of 5/9/2022)
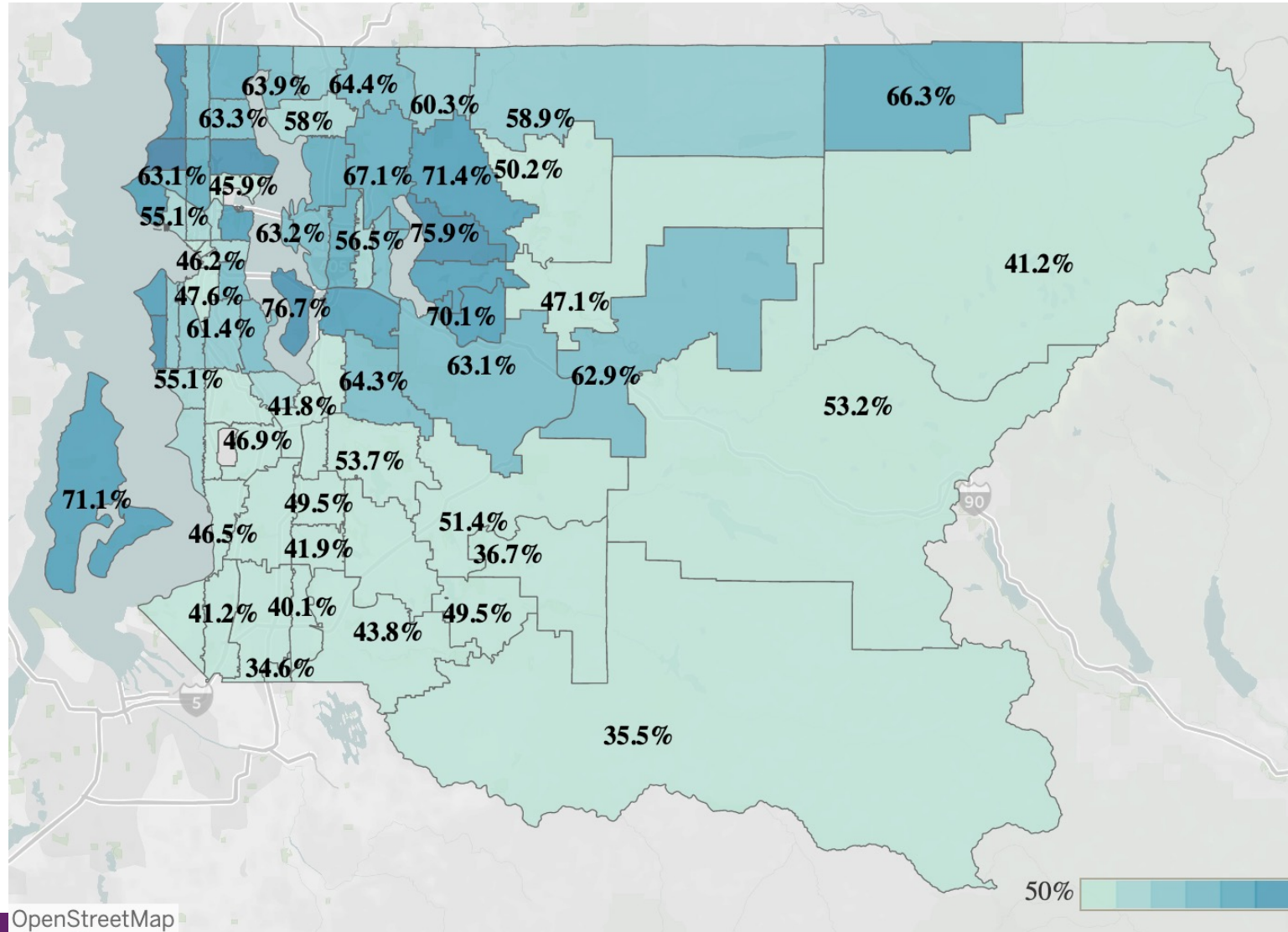
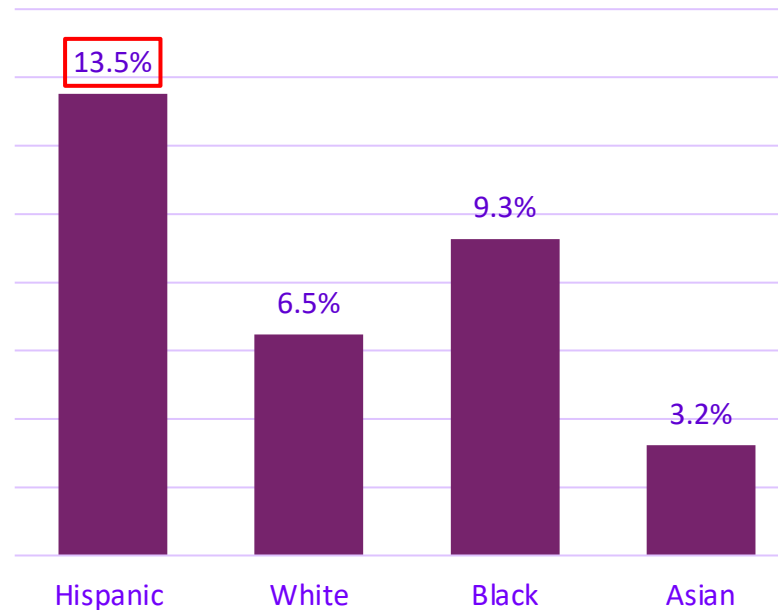# Results from Household Pulse Survey[1] for Washington State, December 29,2021-January 10, 2022

Access to Care
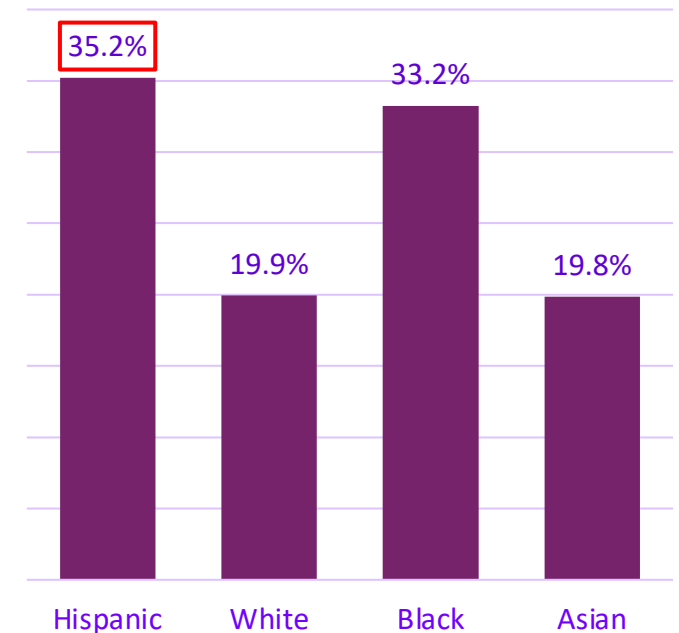
Current Insurance Status (Uninsured)

Hispanic	White	Black	Asian
20.3%	3.4%	11.9%	5.6%

Food Security

Sometimes or Often Not Enough to Eat Last 7 Days

Hispanic	White	Black	Asian
13.5%	6.5%	9.3%	3.2%

Financial Security

Somewhat or Very Difficult to Pay for Household Expenses Last 7 Days

Hispanic	White	Black	Asian
35.2%	19.9%	33.2%	19.8%

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Impact of COVID-19 on the Black and Latino Mortality and Life Expectancy
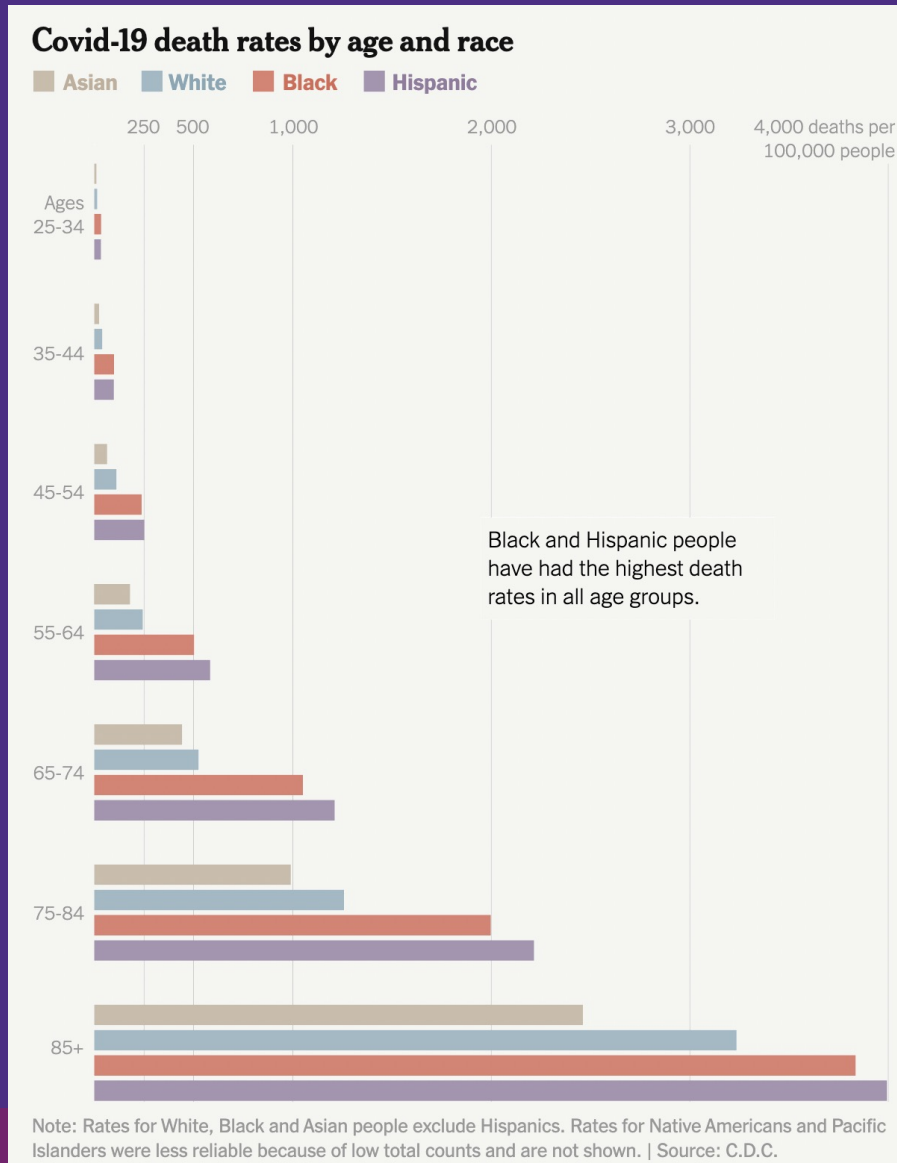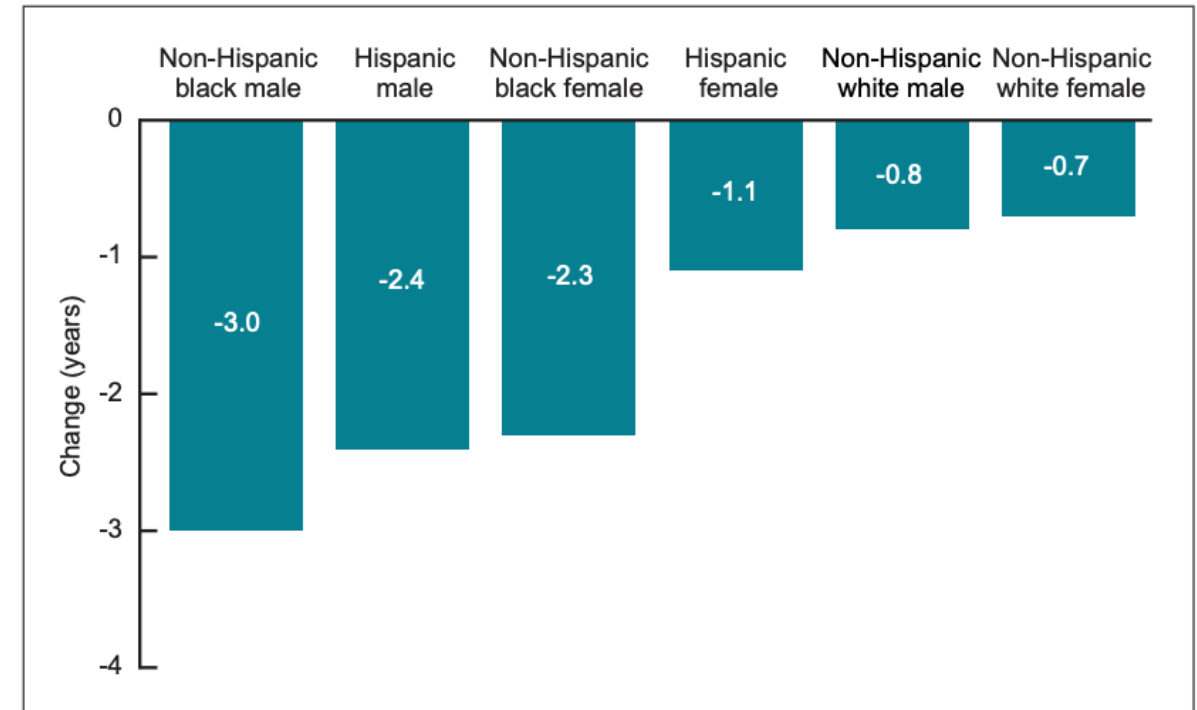
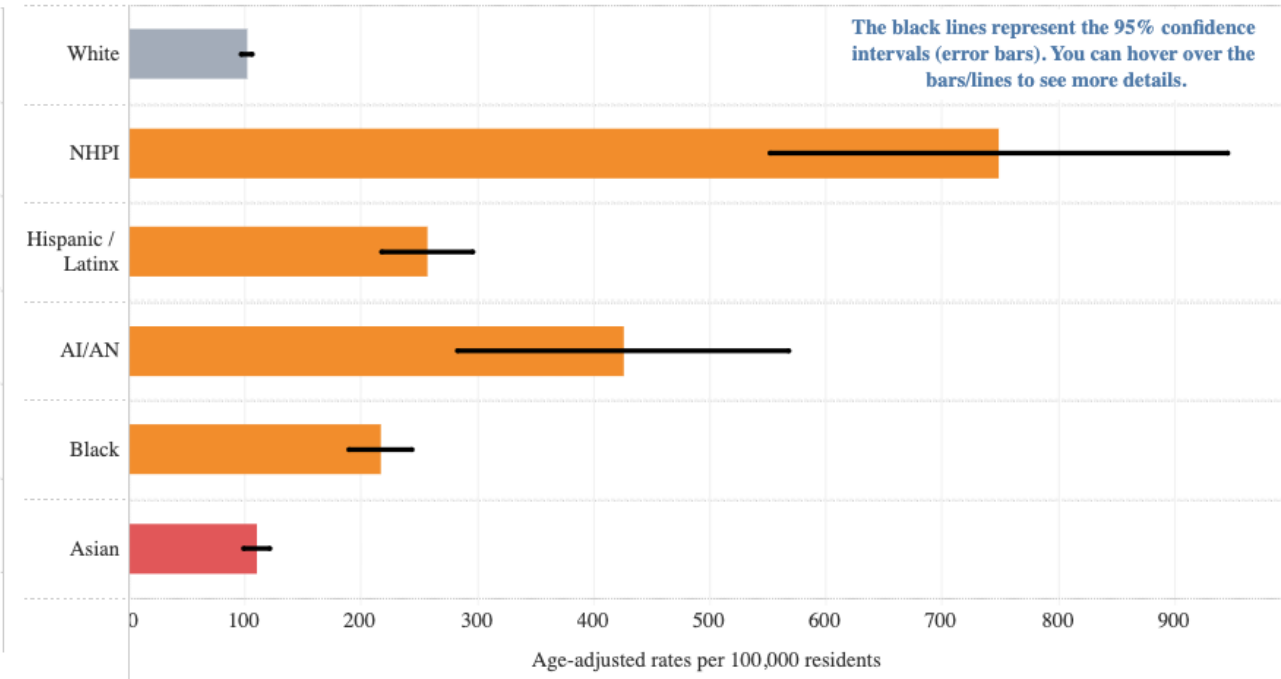Source: Arias E, Tejada-Vera B, Ahmad F. Provisional life expectancy estimates for January through June, 2020. Vital Statistics Rapid Release; no 10. Hyattsville, MD: National Center for Health Statistics. February 2021. DOI: https://dx.doi.org/10.15620/cdc:100392.

COVID-19 Cases and Deaths in King County as of 05/17/2022
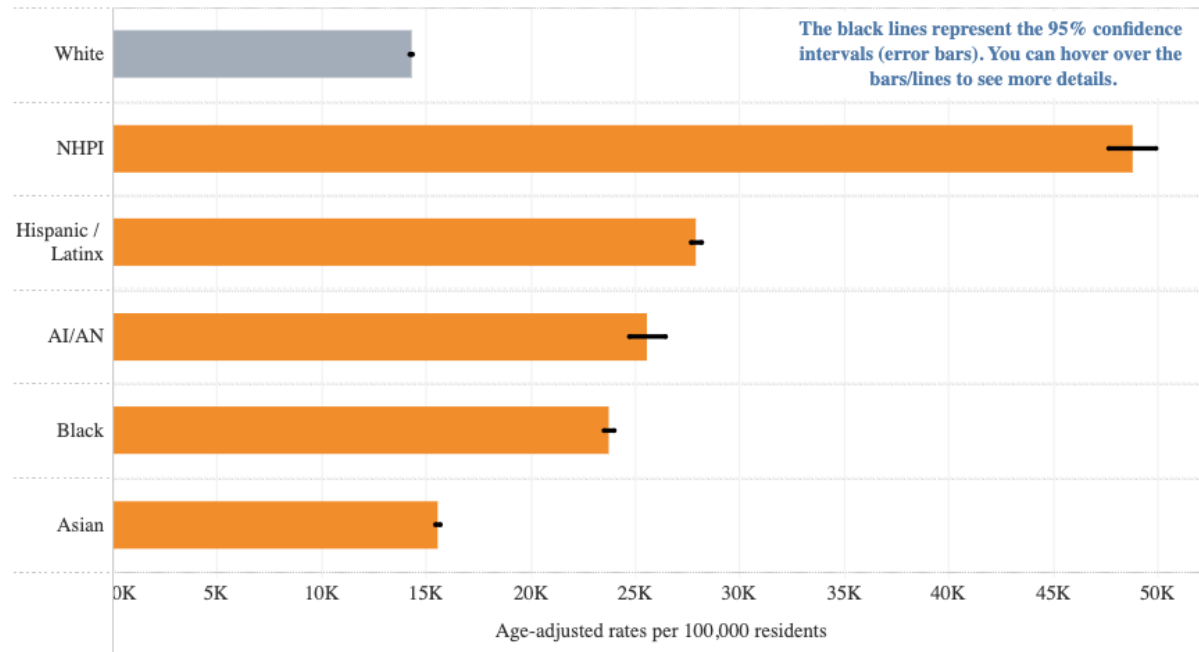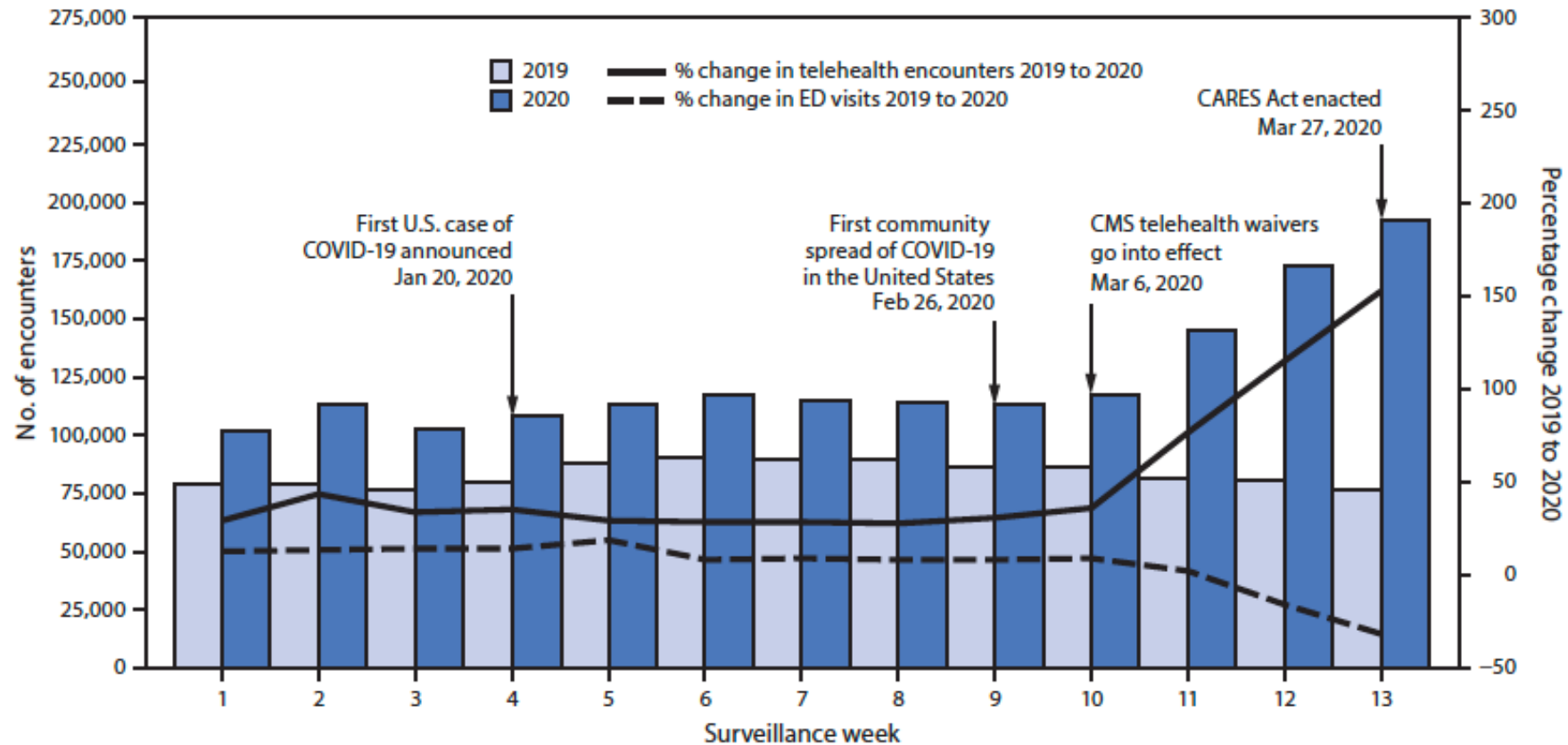
WA State data shows same patterns of disparities in COVID outcomes

Effect of COVID-19 on Telehealth Use

FIGURE 1. Number of telehealth patient encounters reported by four telehealth providers that offer services in all states and percentage change in telehealth encounters and emergency department (ED) visits — United States, January 1–March 30, 2019 (comparison period) and January 1–March 28, 2020 (early pandemic period)*

Legend: 2019; 2020; % change in telehealth encounters 2019 to 2020; % change in ED visits 2019 to 2020

First U.S. case of COVID-19 announced Jan 20, 2020

First community spread of COVID-19 in the United States Feb 26, 2020

CMS telehealth waivers go into effect Mar 6, 2020

CARES Act enacted Mar 27, 2020

Y-axis (left): No. of encounters
Y-axis (right): Percentage change 2019 to 2020
X-axis: Surveillance week

Abbreviations: CARES Act = Coronavirus Aid, Relief, and Economic Security Act; CMS = Center for Medicare & Medicaid Services; COVID-19 = coronavirus disease 2019.
* Unpublished ED visit data obtained from the National Syndromic Surveillance Program.

Source: Koonin LM, Hoots B, Tsang CA, et al. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020. MMWR Morb Mortal Wkly Rep 2020;69:1595–1599.

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Trends in Visit Type
# Medicare FFS Part B Visits from 2019 to 2020
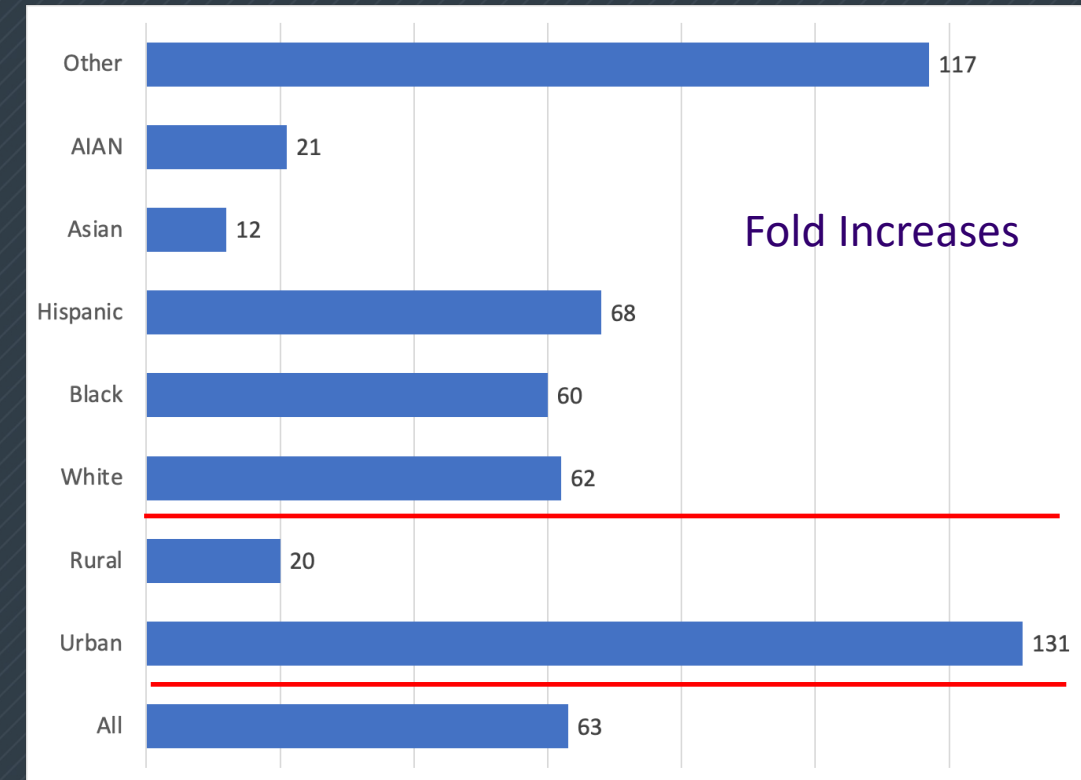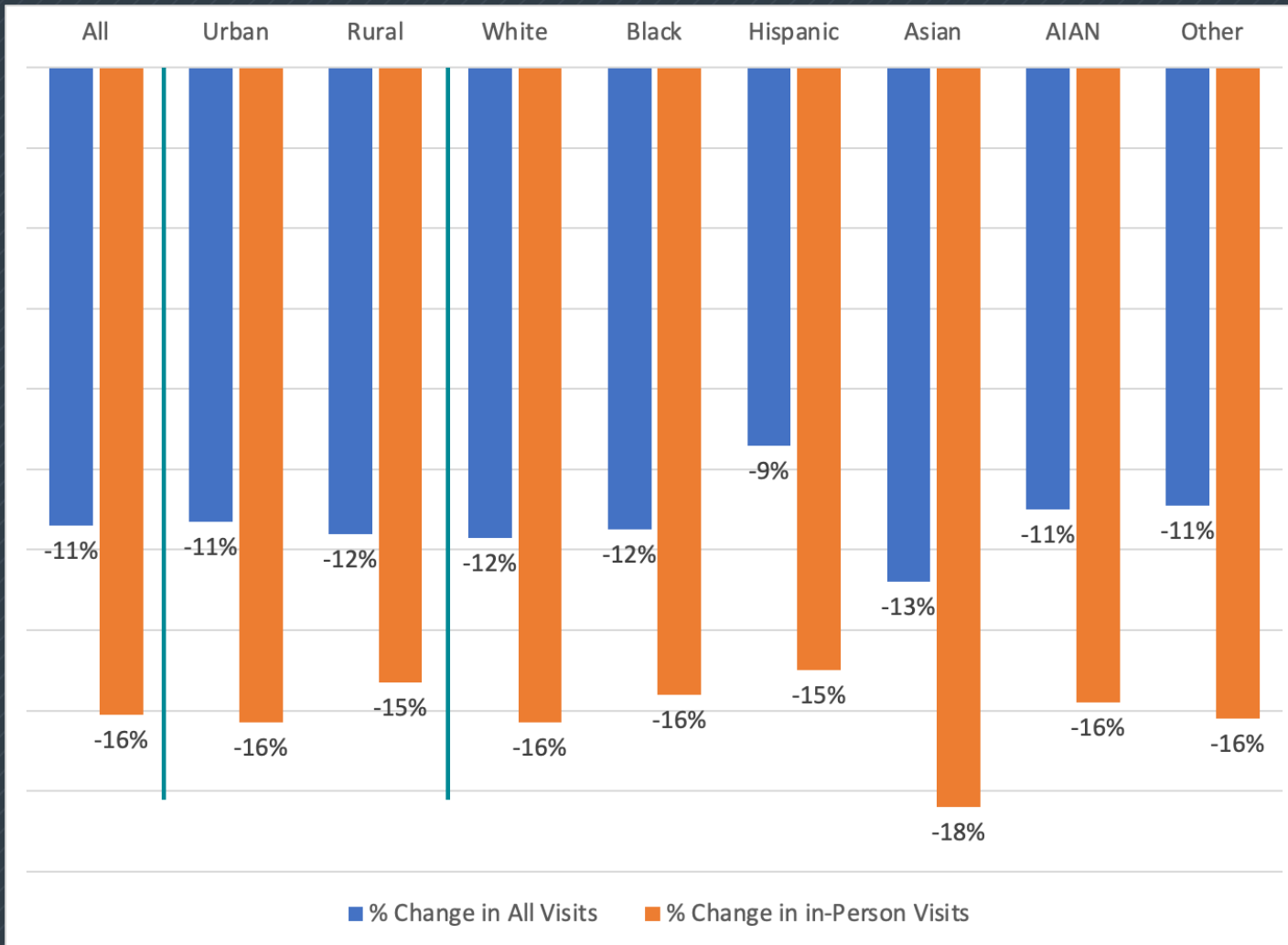
Source: Samson, L., Tarazi, W., Turrini, G., Sheingold, S., Medicare Beneficiaries' Use of Telehealth Services in 2020 – Trends by Beneficiary Characteristics and Location (Issue Brief No. HP-202127). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December, 2021.

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Telehealth Use is Uneven in US Population Sample

- Lowest Rates: uninsured (9.4%) and young adults (18-24) (17.6%)

- Highest rates: Medicaid (29.3%) and Medicare (27.4%), Black individuals (26.8%), and those earning less than $25,000 (26.7%).

Figure 1. Percentage of Adults and Children* Who Used Telehealth Services, April 14 - October 11, 2021

Trends in overall telehealth use
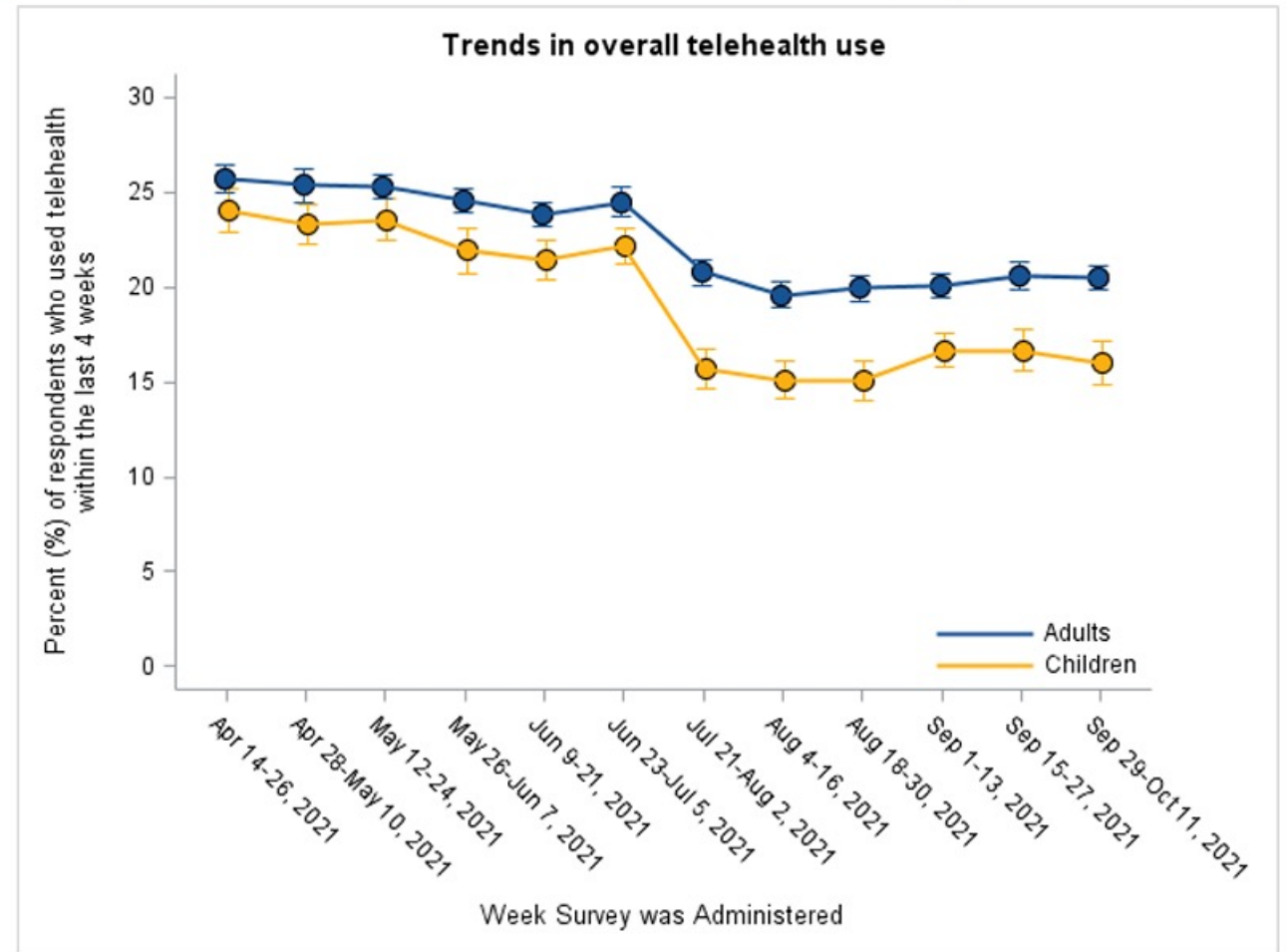
Note: *Reflects telehealth use reported by adult respondents for any child in the household over the previous 4 weeks.

Survey: April 14, 2021 and October 11, 2021, 808,368 adults across all 50 states and Washington D.C. responded to the survey. 267,106 (33.1%) were from households with at least one child under the age of 18

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Video versus Phone
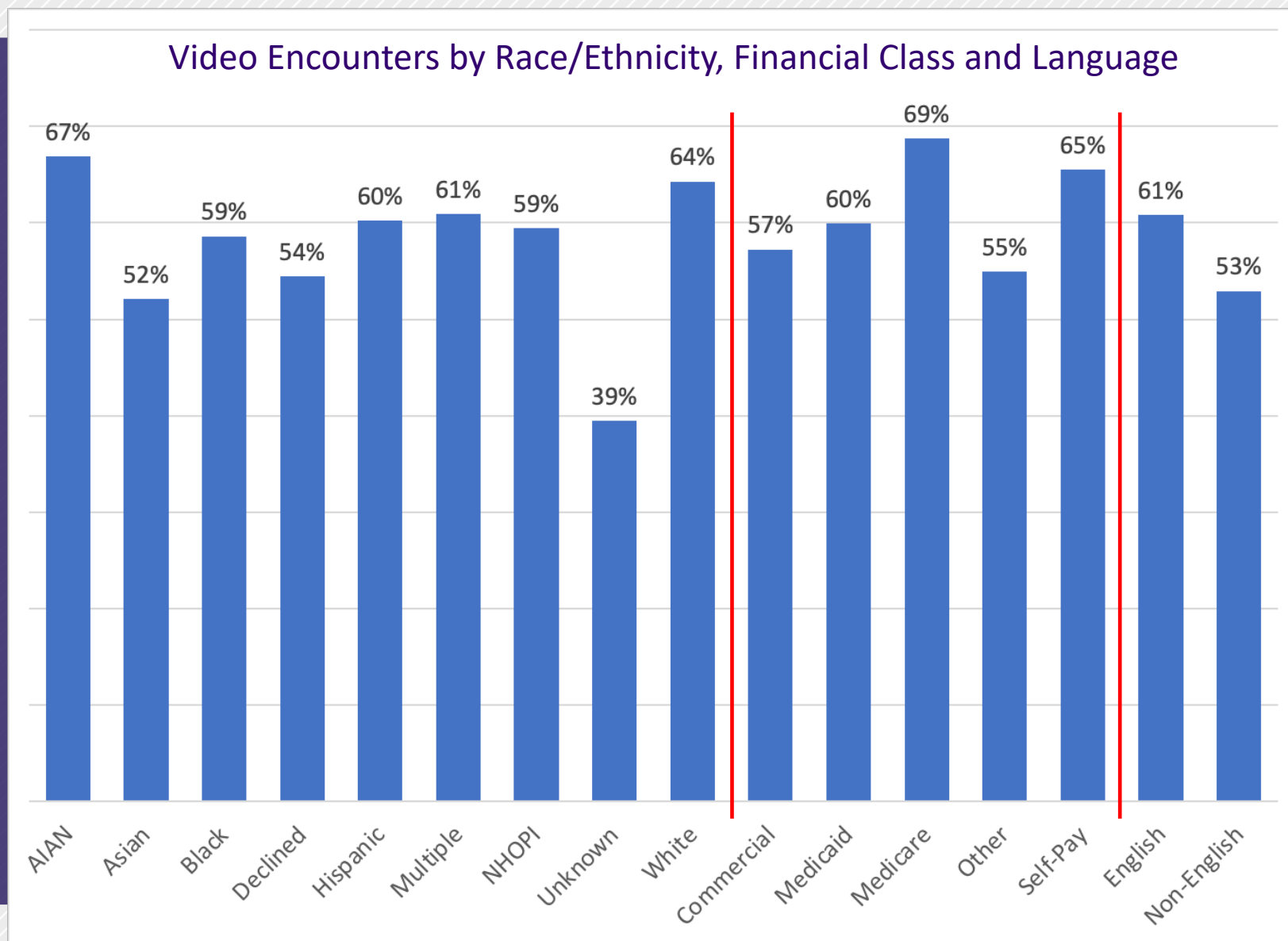
- Highest use of video: adults ages 18 to 24 (72.5%), income >$100,000 (68.8%), private insurance (65.9%), and White individuals (61.9%).

- Lowest use of video: <high school diploma (38.1%), adults 65 and older (43.5%), and Latino (50.7%), Asian (51.3%) and Black individuals (53.6%).

Figure 2. Telehealth Modality (Video vs. Audio) Among Telehealth Users, By Race/Ethnicity
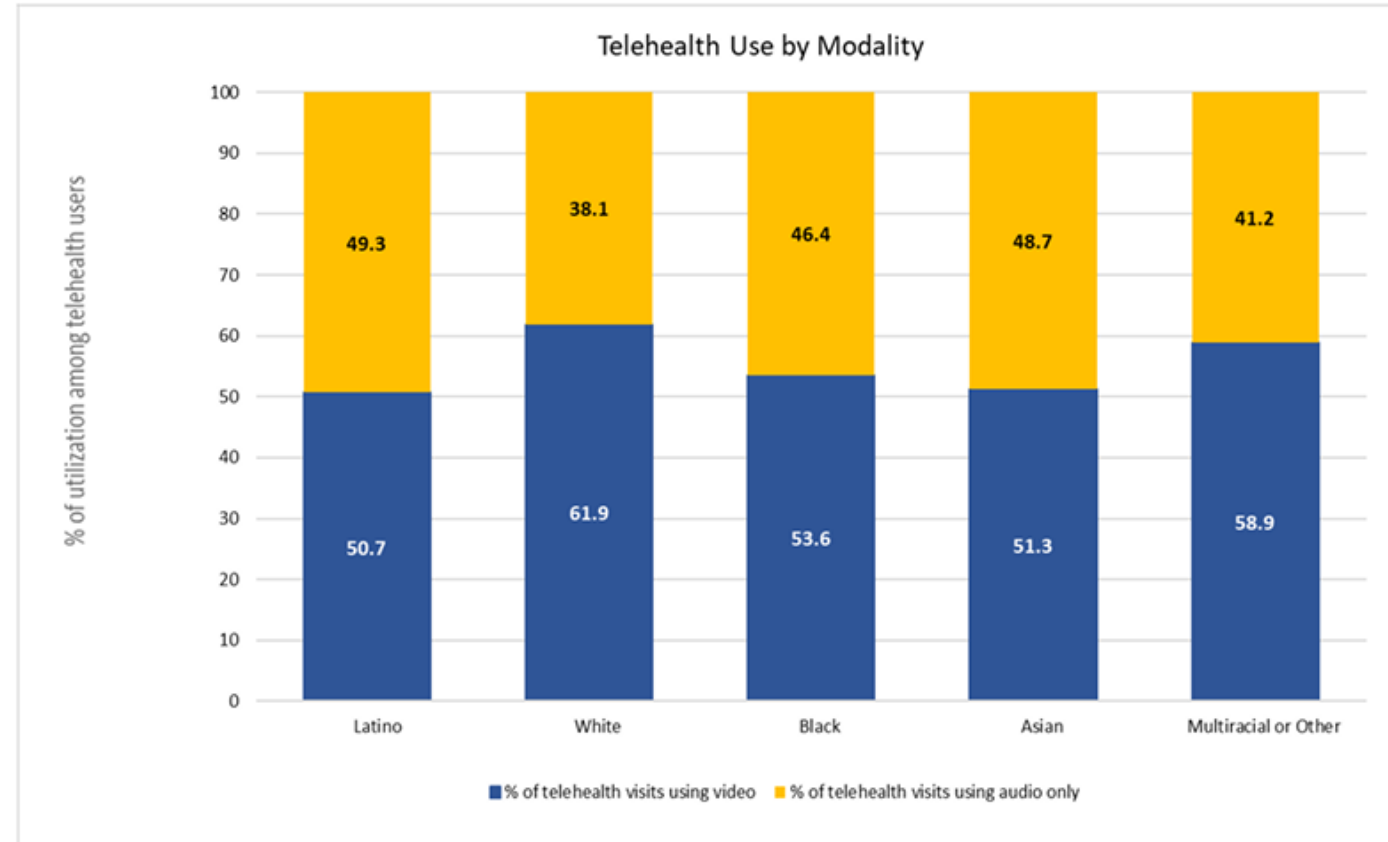
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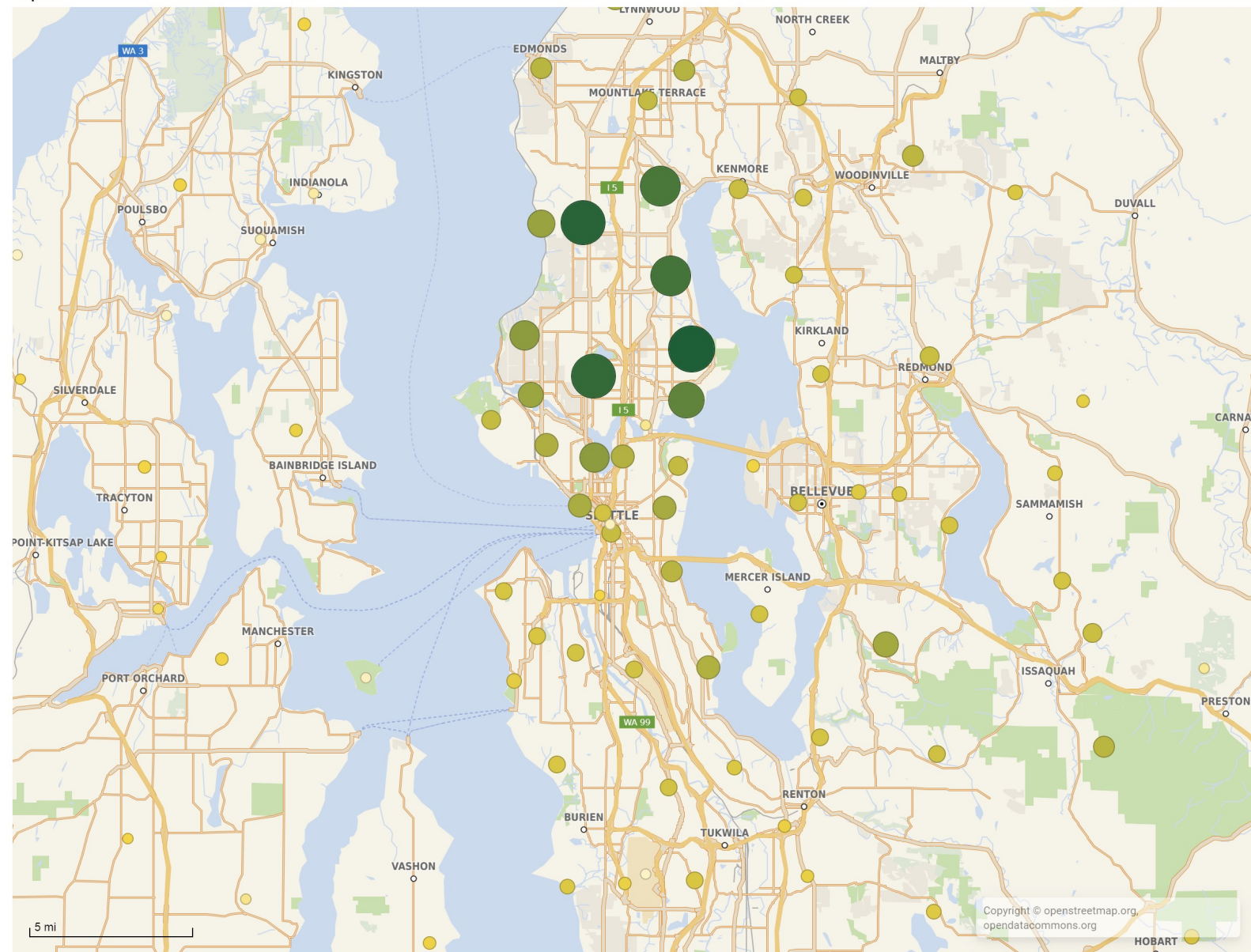# UW Medicine Telehealth Equity Dashboard

- Empaneled patients with 1+ office visit in past 2 years.
- Excludes VMC

Improve Health Care Outcomes by Integrating Social Care

Findings from Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health. - *National Academy of Sciences, Engineering and Medicine*

1. AWARENESS

Increase the Health Care Sector's Awareness of Social Risk Factors Their Patients Face (e.g., ask people about their access to transportation)

2. ADJUSTMENT

Use Information on Social Risk Factors to Inform Clinical Care Decision-Making (e.g., offer alternatives to in-person care, such as telehealth appointments)

3. ASSISTANCE

Link Patients with Social Needs to Community and Government Resources (e.g., provide transportation vouchers for ridesharing, public transit, or in contract with a community-based organization that provides transportion services, so patients can travel to and from health care appointments)

4. ALIGNMENT

Align Health Care Assets with Existing Social Care Assets (e.g., invest in community ridesharing)

5. ADVOCACY

Advocate for More Social Resources to Improve Community Health and Well-Being (e.g., promote policies that fundamentally change the community's transportation infrastructure)

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Health Systems are at Early Stages of Adopting Social Care (Bree Collaborative)

Advancing Equity: To improve equitable health care access, quality, and outcomes by collecting patient demographic data – reducing bias and stigma, identifying and creating new tools, developing partnership guidelines

Social Need Screening: To improve screening workflows to facilitate implementation of SDOH screening tools through ethical infrastructure and acting on that data to reduce inequities – who, when, how and where to collect data – synchronous and asynchronous apporaches

Storing and Sharing Data: To develop data storage and sharing strategies that protect patient safety and inform better care - privacy, intra-institutional data sharing

Social Need Interventions: To develop strategies to follow-up on patient social need that leverage resources from within and beyond the healthcare delivery system

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UW Medicine SDOH Workgroup

Mission: This workgroup seeks to ensure that UW Medicine captures information on SDoH across clinical settings in an evidence-based and systematic way. Further, this workgroup will develop a referral process and network to address identified social risks/needs. Our overarching goal is to improve population health through a comprehensive approach that addresses key social factors influencing health.

Objectives:

- Identify SDOH Screening Tools

- Implement SDOH Screening Tool Across Clinical Settings

- Create a Referral Process for Identified Needs

- Develop a Quality Improvement Process for SDOH Screening and Refarrals

Discussion

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