



Older Adults' Experience With Virtual Care Two Years Into The Pandemic: Action Steps To Increase Access And Equity

A Summary of the Playbook for Health Care Providers and Policymakers: Second Edition



Overview

In June 2022, United States of Care (USofCare) and West Health **published a playbook** looking at lessons learned from older adults' experiences of virtual health care two years into the COVID-19 pandemic.

The playbook examines:

1. How older adults' experiences with virtual care evolved,
2. What barriers and concerns older adults continue to encounter when accessing virtual care,
3. The approaches five organizations are using to integrate virtual care with their older adult population, and
4. Implementation and policy goals needed support older adults' access to virtual care going into the future.

In March 2021, USofCare and West Health published the first edition of the **Playbook for Health Care Providers and Policymakers** that looked at lessons for health care providers and policymakers from older adults' experience with virtual care during the first year of the COVID-19 pandemic.

Introduction

Older adults have historically faced barriers to accessing the health care they need as they age. Prior to the COVID-19 pandemic, virtual care usage was extremely limited and largely restricted to rural areas. The pandemic rapidly accelerated the expansion of virtual care, helping patients—including older adults—gain access to life-saving treatments and services. More recently however, virtual care utilization has leveled off while remaining integrated into the way many providers now offer health care.

Two years into the pandemic, older adults are still using virtual care as a tool to access health care. As we consider planning beyond the pandemic, virtual care has the potential to **increase access to health care services** and **reduce health care inequities**. However, a rapid expansion of telehealth without careful attention to health equity could exacerbate existing disparities. Looking to the future, while further research is needed to fully understand its long-term impact on care delivery to older adults, it is clear that:

- Virtual care is not a stand-alone solution or a replacement for in-person care for older adults.
- Health care providers and policymakers should strive to create a blend of virtual and in-person care by 1) identifying virtual care best practices, and then 2) expanding on them as part of a combined care approach

Our Research Methods

In search of opportunities to increase equity and access to virtual care through model design and policy development, we conducted research in three key areas between January-March of 2022:

1. **Conducted mixed method research** through national surveys, public opinion scans, gray literature reviews, and focus groups. As part of this research, West Health and United States of Care in partnership with Brandata, conducted a nationwide poll, from February 4-10, 2022 obtaining a total sample of 1082 older adult participants age 50+.

2. **Developed case studies** through interviews with five organizations on older adult care models that have integrated virtual care into their care delivery.
3. **Identified action steps** health care leaders and policymakers can take to close gaps in access and equity based on our research and policy activities from the past year.

Our Research Findings

OLDER ADULTS' EXPERIENCES WITH VIRTUAL CARE

Virtual Care Utilization Holds Steady Overall But Varies By Demographics

Based on the results of our most recent national poll, we found that **virtual care usage has held steady** among older adults throughout the pandemic. Our data show that **virtual care usage among older adults varies by geographic location, race/ethnicity, and income.**

OVERALL UTILIZATION

58% of older adults reported using virtual care at least once since the start of the pandemic.

GEOGRAPHIC LOCATION

More older adults in urban areas reported using virtual care services since the start of the pandemic compared to suburban and rural areas.

RACE/ETHNICITY

Among older adults in our most recent sample, greater proportions of Black, Hispanic, and multiracial participants used virtual care than other racial and ethnic groups.

INCOME

Older adults who have an annual income of less than \$50k use virtual care less often than those that make over \$50k.

Most Virtual Care Visits Occur with Primary Care Providers

Our poll found that the majority of older adults' virtual care visits occurred with their **primary care provider**. However, we found differences between age groups in utilization of telehealth for other types of providers:

**A GREATER PROPORTION
OF OLDER ADULTS AGED 50-64
saw a mental health professional
than those aged 65+.**

**A GREATER PROPORTION
OF OLDER ADULTS AGED 65+
saw a specialist virtually
than those aged 50-64.**

Patient Satisfaction with Virtual Care Centered on Convenience and Safety

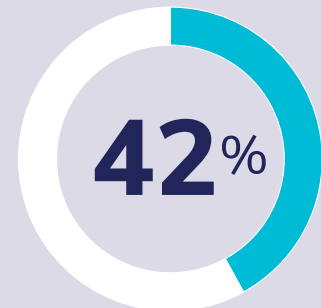
Older adults cited the following reasons for liking virtual care:



Not having to leave home to access care



Virtual care is safer, allowing people to avoid crowds, COVID-19, and other viruses



Virtual care is more convenient to fit into the schedule

Critical Barriers Impact Patients' Ability to Access Virtual Care

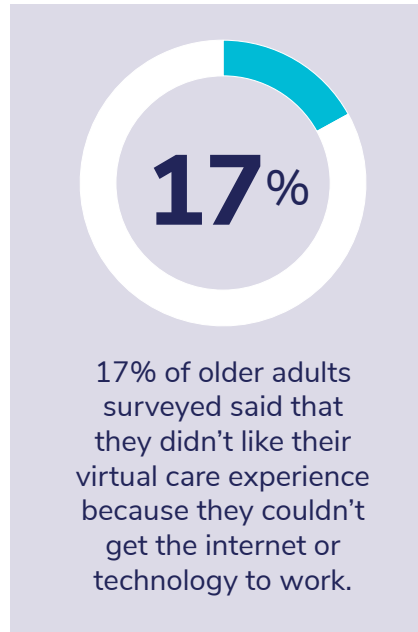
While our research shows that a majority of older adults have used virtual care at least once during the pandemic, barriers remain that impact older adults' access to virtual care. Two critical barriers we found listening to older adults include **lack of comfort using technology** and **lack of reliable and accessible internet**. A number of older adults do not have or are not comfortable with various forms of technology, and many older adults—especially those in rural areas—lack access to reliable internet for their virtual care visits.

“

Tablets, computers, internet, anything like that you can forget that, most of the people don't have it, and the only way the ones that do have it is through their kids.

~67, AFRICAN AMERICAN FEMALE
LIVING IN A RURAL COMMUNITY

”



“

The only problem that I had [with virtual care] was the internet service. The internet service works but sometimes I can talk and all of a sudden it goes out, then we have to keep calling each other back. That's the only thing I didn't like about virtual [care]. You gotta have a good internet.

~71, AFRICAN AMERICAN FEMALE
LIVING IN A RURAL COMMUNITY

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Patients Hold Multiple Concerns with Using Virtual Care

Across all findings, a majority of older adults who participated in virtual care liked their experience. However, older adults still expressed concerns with using virtual care, particularly regarding **quality and personalization**, **accurate assessment**, and **health data privacy**.

→ QUALITY AND PERSONALIZATION

15% of older adults surveyed expressed concerns that there was a lack of personalization with virtual care.

→ ACCURATE ASSESSMENT

26% of older adults surveyed had concerns that the provider might miss something, and 19% were concerned that the provider would not be able to get an accurate assessment via virtual care.

→ PRIVACY

Older adults that we polled who had not participated in virtual care expressed concerns about health data and personal health record privacy (44%) as well as concerns about the provider not being in a private location for their virtual care visit (35%).

Most Older Adults Prefer the Option of a Blended Care Model

We found that most older adults would like to continue using virtual care in the future as a part of a blended care model of in-person and virtual care. However, not all older adults that we polled expressed interest in continuing to use virtual care after the pandemic ends.

- **JUST OVER A THIRD OF OLDER ADULTS AGED 50-64 say they would use a combination of in-person and virtual care services—a blended care model—after the pandemic.**
- **ALMOST A QUARTER OF RESPONDENTS AGED 50-64 said that they would use virtual care more often to seek health care services if given a choice between virtual care and an in-person visit.**
- **ON THE CONTRARY, ABOUT A THIRD (32%) OF OLDER ADULTS AGED 65+ say that they would not continue to use virtual care services after the pandemic if they had a choice of in-person visits.**



Lessons from the Field: Health Systems Approaches to Virtual Care

Health systems implemented a variety of innovative approaches to delivering virtual care to older adults during the pandemic. Between January-February 2022, we conducted key informant interviews with **five case study organizations** that use **innovative virtual care models** to reach older adults: **Geisinger**, **Medically Home**, **Gary and Mary West PACE**, **Avel eCare Senior Care**, and **Landmark**. These organizations vary by care settings, geographic location served, and level of patient care needed, among other factors.

	PATIENTS	MODEL OF CARE	LOCATIONS	VIRTUAL CARE APPROACH
Geisinger	General population	Fully integrated health system, including 9 hospitals and multiple clinical facilities	45 counties in central and northeastern Pennsylvania, 31 of which are a part of Appalachia	Hybrid: In-Person & Virtual Care Geisinger at Home (video, audio, and remote monitoring) and On Demand Virtual Care
Medically Home	High acuity patients; average age is 81 years	"Hospital-at-home" model that delivers hospital-level care to high-acuity patients in the home	Operates in 9 states, with an additional 9 states expected to launch in 2022	Hybrid: In-Person & Virtual Care Multi-path redundancy model for patients to communicate with Command Center clinicians and remote monitoring capabilities
Gary and Mary West PACE	Nursing home eligible older adults aged 55+	Comprehensive, fully integrated, provider-based health plan	Northern San Diego, California	Hybrid: In-Person & Virtual Care E-consults, digital relationships platform, virtual artificial intelligence platform, tele-psych, audio-only
Avel eCare Senior Care	Older adults (primarily on Medicare) in skilled nursing facilities and senior housing	Comprehensive, fully integrated, provider-based health plan	Operates in 35 states overall, with senior care in 16 of those states. Significant reach in rural areas.	Virtual Care Only Telemedicine across a wide range of services for seniors
Landmark	Seniors with multiple chronic conditions	Comprehensive, fully integrated, provider-based health plan	Operates across 21 states	Hybrid: In-Person & Virtual Care Blended model with 25% of health care visits occurring virtually

Case Study Organizations: Innovative Solutions for Tackling Virtual Care Barriers and Concerns for Older Adults

Barrier: Comfort Using Technology

- ★ Use “tele-presenters” to visit patient homes and assist with facilitating virtual care visits (West PACE, Geisinger, Landmark)
- ★ Send patients a link via text or email to easily join the virtual care “room” with one click to see a clinician (Geisinger)
- ★ Provide patients with easy-to-use technology, including landlines, call buttons, and cellular-enabled tablets (West PACE, Avel eCare, Landmark, Medically Home)

Barrier: Reliable and Accessible Internet

- ★ Offer the option for patients without broadband to travel to the closest satellite clinic to their home and conduct a virtual visit with their provider of choice using their local clinic’s facilities and technology (Geisinger)
- ★ Utilize audio-only virtual care, especially in home health settings, to support patients who face technology constraints (West PACE, Geisinger, Landmark, Medically Home, Avel eCare)

Concern: Quality and Personalization

- ★ Offer specialized training for providers to help them provide high-quality medical care and maintain professionalism during virtual visits (West PACE, Avel eCare, Landmark)
- ★ Provide better continuity of care by integrating acute and post-acute care through the blended care hospital-at-home model (Medically Home)
- ★ Facilitate involvement of family members and caregivers in patient care by adding them to the virtual care video visits (Avel eCare, Landmark)

Concern: Accurate Assessment

- ★ Provide access to remote monitoring devices (e.g., blood pressure monitors) to assist with further assessing patient needs during video visits (Landmark, Avel eCare, West PACE, Medically Home, Geisinger)
- ★ Integrate virtual care into a blended care model (West PACE, Medically Home, Geisinger)
- ★ Use blended care for frail, high-need patients to supplement key in-person visits with virtual care (Landmark)

Recommendations for Policymakers and Health Care Providers

Based on our listening research findings, case study learnings, and survey of the virtual care policy landscape over the past year, USofCare and West Health **recommend the following policy actions**, with an emphasis on the importance of providing care to older adults via the most appropriate care modality:

1. Invest in **value-based payment models** that prioritize improved health outcomes while containing cost. When clinically appropriate, older adults should have the flexibility to choose whether to receive in-person or virtual care.
2. Remove **geographic and originating site restrictions** for virtual care visits so providers have the flexibility to promote continuity of care and offer necessary services that are clinically appropriate.
3. Meet individuals where they are by **providing flexible care** through video, audio-only, and/or with assistance from trained professionals to utilize virtual care technology effectively.
4. Promote data collection and measurement activities that **take into account existing disparities** in analyses of cost, quality, and virtual care outcomes.

To promote more equitable virtual care for older adults, health care providers should:

1. Adopt a value-based payment model.
2. Identify which older adults will benefit from virtual care.
3. Consider including a tele-presenter as part of the care team.
4. Educate patients and providers on virtual care services.
5. Participate in nuanced training on each virtual care modality (video vs. audio-only).
6. Include caregivers and family members in the care delivery plan.
7. Expand research and data collection.
8. Create transparency for a successful blended care model.



United States of Care (USofCare) is a nonpartisan, non-profit organization founded in 2018 with a mission to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income.



West Health is a family of nonprofit and nonpartisan organizations dedicated to lowering health care costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services.