

All Americans should be able to use telehealth.

On March 17, the federal government removed restrictions on the use of telehealth, paving the way for virtual care to become an accepted (and covered) alternative to in-person medical visits, to mitigate the risk of COVID-19 infections. While this initiative is laudable, it exposes the unfortunate reality that a significant portion of the most at-risk Americans lack the means to effectively access telehealth. In fact, according to a study¹, 67% of low-income households lack broadband connectivity at home, and rely on wireless-only service for their broadband connectivity needs. This wireless connectivity is often accessed in the form of prepaid wireless service. Telehealth often relies on video communication, which consumes a lot of data. Those most at-risk lack the means to pay for this data; even without telehealth, they often run out of data in the middle of the month, and sometimes have to forego paying for groceries to pay for wireless service (which is increasingly an essential necessity). Furthermore, the mobile devices they use tend to be older and ill-suited for two-way video communication.

In effect, a well-intentioned initiative has the unfortunate side effect of exposing the extent of the digital divide in healthcare (the situation is not different in the case of e-learning).

The government, and a number of other organizations both public and private have stepped in to bridge this gap. For example, the [FCC](#) recently allocated \$200 million to enable health care providers to extend telehealth to the under-connected, at-risk population, and a number of eligible organizations have already been approved for funding.

To optimize the use of the available funding to improve telehealth accessibility, it should be used for the right telehealth enablement solutions; it should be used to fund devices that are adequate for telehealth delivery, and patients should have access to adequate amounts of free broadband dedicated (and restricted) for this use; this will encourage them to access telehealth, without making painful tradeoffs. At the same time, it is essential that these devices be restricted to telehealth access, and that the free broadband is not “squandered” on entertainment and other uses; these devices should be preloaded with the right medical applications and should be “locked” and tightly controlled by the healthcare provider. Furthermore, measurements and data collection are essential: the use of telehealth at a broad level is unprecedented, making it essential to learn about use in order to optimize future solutions and help shape policy; at the same time, since most of telehealth use by this population is funded by grants, the collection of metrics and other measurements is essential.

It is only when all Americans have the adequate means to access telehealth that virtual care will realize its potential to be transformative as an alternative care delivery paradigm.

¹ Deloitte Center for Health Solutions' 2018 survey of health care consumers