Equity in Telehealth during the COVID-19 Pandemic: Semi-Structured Interviews with Primary Care Workforce

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The COVID-19 pandemic shifted the delivery of primary care, including a rapid transition to telehealth. While this shift provided critical access to services, not all patients have the capacity to optimally utilize telehealth, raising concerns for health equity during and after the pandemic. This study investigated the challenges of providing primary care services to vulnerable populations via telehealth during the pandemic. Cross-sectional, semi-structured interviews were conducted from May 2021 to August 2021 with 31 individuals working at 20 primary care practices (health-system affiliated, independent, and safety-net practices) in Massachusetts, North Carolina, and Texas, including medical directors, physicians, and medical assistants. Findings indicate that telehealth (both video and telephone-only) presented difficulties when communicating and building patient-provider relationships, particularly with new patients. Three specific populations were commonly identified as having increased difficulty in accessing telehealth services: elderly patients, rural residents, and patients with limited English proficiency. Barriers for these populations included a lack of phone or computer access, limited availability of linguistically diverse staff, broadband service issues, and a lack of social support from family and friends during the initial lockdown period of the COVID-19 pandemic. Thus, while the widespread availability of telehealth may have increased access in some populations, this study indicates that telehealth created new barriers to access for elderly, rural, and limited English proficiency patients. Without proactive policy efforts to address barriers associated with age, residence, and language, the wide-scale use of telehealth services during and beyond the pandemic may perpetuate disparities in health access and quality in already vulnerable and marginalized communities.

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