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Using Telehealth to Connect With Older Patients: Considerations for Health Centers

This publication will offer guidance for providers and staff on best practices for conducting age-friendly virtual healthcare visits with the older patients in their communities. For more information about the National Center for Equitable Care for Elders, please visit ece.hsdm.harvard.edu.



**NATIONAL CENTER
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Introduction and Overview

Telehealth is becoming an everyday norm for healthcare systems around the country. The modern form of telehealth can be traced back to various efforts, including those in the early 1900s by a missionary working in the Australian outback and the subsequent development of the Royal Flying Doctor Service.¹ But it was not until the COVID-19 pandemic that large numbers of providers and patients became aware of how the technology could help them connect with one another. From 2019 to 2020, there was a 63-fold increase in telehealth visits.² This equates to a change from less than one million visits a year to nearly 53 million. This increase was no doubt largely a result of waivers that allowed Medicare recipients to be in their homes during a telehealth visit. The number of telehealth visits for older adults doubled from before the pandemic to early 2021.³

Health centers (HCs) play a pivotal role in the health and well-being of older adults. Of HC patients, 10% are insured by Medicare and 39% are dual eligible for Medicare and Medicaid coverage.⁴ New Medicare patients are more likely to be a patient at a HC than at a private practice. While adults aged 65+ make up a smaller percentage of overall patients seen in HCs, they are the fastest-growing age group in HCs, with a 61% growth between 2013 and 2018.⁵

Health centers have reported numerous benefits to using telehealth, including improved patient access, ability to reach vulnerable populations, and decreased no-show rates.⁶ As more HCs explore using telehealth within their clinics, they should keep in mind that telehealth is for everyone, including their older patients. As of February 2021, 61% of Americans aged 65+ reported having a smartphone. In 2018, 80% reported having a computer (of any type),⁷ and 73% reported having a broadband internet subscription.⁸ However, since this age group was born before the widespread adoption of digital technology (referred to as "digital immigrants"), using this approach to connect with their providers may be a bit daunting. Therefore, when working with older patients, there are some important considerations to keep in mind.



Special Considerations for Using Telehealth With Older Patients

The first consideration when utilizing a telehealth program for older patients involves the chronic and acute health conditions that this population may experience.⁹ When chronic diseases are not properly managed or prevented, they can lead to worsened systemic conditions and reduced quality of life. In one of the most common chronic disease scenarios, adults aged 65+ have the greatest prevalence of diabetes among all age groups. Twenty-seven percent of older adults have diagnosed (21.4%) or undiagnosed (5.4%) diabetes.¹⁰ It has also been reported that individuals who have had type 2 diabetes for a longer period of time are more likely to have a higher HbA1c, increased cardiovascular disease, and are more likely to be taking several medications to control the disease. The impact of diabetes and other chronic conditions on the overall health and well-being of older adults cannot be understated, and the management of chronic disease is crucial as the population ages.

A second health consideration for older adults is falls or risk for falls, which in this population occur at nearly the same rate as diabetes.¹¹ In 2018, more than a quarter of adults aged 65+ reported at least one fall and 10% reported a fall-related injury. Despite common misconceptions related to physical frailty and fall risk, the majority of those who fell reported fewer functional disabilities and fewer challenges completing activities of daily living compared to other older adults who reported not falling. This data points to the need for evidence-based fall-prevention screenings and interventions to ensure that all underlying risk factors are identified. Telehealth can be an excellent tool for fall prevention, as it allows providers to see into the homes of their patients, assess risks, and provide guidance on how a patient can prevent future falls. At the very least, telehealth allows the provider to work with the patient to mitigate adverse outcomes from a fall.

A third consideration related to technology must be accounted for when designing a telehealth model for older adults: Does the community have access to the required technology, and do they know how to use it? In the case of telehealth, the technology requirements include broadband internet and related hardware. While three quarters of adults aged 65+ report using the internet, a smaller proportion have broadband services at home.¹² For video calls, broadband is the best way to achieve the recommended speeds of 1.5 mbps.¹³

Additional barriers to telehealth utilization include not having the knowledge and confidence to use the technology. Digital literacy, defined as “the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills,”¹⁴ may be lacking for many older adults. This is most likely due to a lack of computer training when in school or the lack of computer use in jobs that older adults once held. Nearly three-quarters of adults aged 65+ reported needing help with using new electronic devices.¹⁵ Enabling services staff should be aware of this issue and be equipped to help older adult patients with their telehealth visits, from setting up the technology to teaching them how to navigate it. These steps can improve the patient experience and ensure that providers and patients have successful telehealth visits.

The final consideration that must be taken into account when utilizing a telehealth model for older adults is accessibility, particularly for those experiencing language barriers or disabilities. Telehealth services must be able to incorporate translation services because, in the United States, it is estimated that nearly a quarter of households are made up of individuals with limited ability to speak English.¹⁶ Telehealth models must also be able to accommodate those with disabilities. Health conditions that lead to physical and cognitive disabilities increase with age and may impact a patient’s telehealth experience. Forty-one percent of adults 65 years or older have a disability, including hearing, vision, and cognitive disabilities.¹⁷ Without proper supports in place, those with sensory and cognitive impairments may feel less confident when using telehealth or may avoid it altogether.



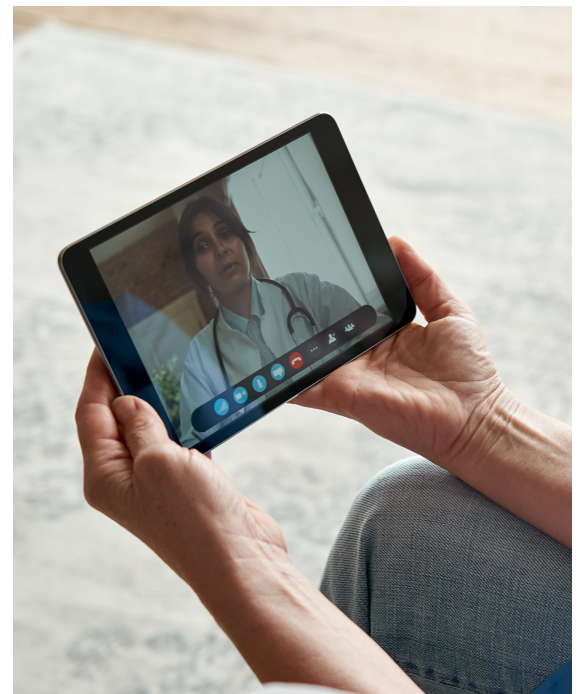
Readiness for Telehealth

In response to the COVID-19 pandemic, HCs were on the front line of telehealth use, with nearly 100% using virtual visits for medical appointments in 2021.¹⁸ Even when using audio-only technology, 92% of HCs reported improved patient access and 85% reported that it was easier to reach vulnerable populations.⁶ In a review of HCs in California, behavioral health, which primarily used audio-only visits, saw the greatest increase in telehealth visits during the pandemic.¹⁹ As the pandemic progressed, in-person visits were more common than telehealth visits in primary care, but telehealth visits remained the primary modality for behavioral health, with audio-only visits continuing to be the most common technology used.¹⁹

Even with most HCs using telehealth, however, the rapid implementation may well have left important steps on the design table. Successful telehealth visits are dependent on three variables: clinic readiness, patient readiness, and provider readiness.

Clinic Readiness

Before jumping into developing a telehealth model, it is critical to ask whether telehealth is going to solve a problem within the community. Telehealth is not a remedy that will address all access to care issues. However, it is a powerful tool when used for the right situations. There is no exact equation for what makes telehealth necessary, but general considerations can include difficulty with transportation, limited provider/staff numbers, and conducting visits that do not require an in-person visit such as reviewing medications/refills and checking on chronic disease management.



General clinic considerations for telehealth success can be gained from HCs that implemented the technology during the pandemic.²⁰ Their keys to telehealth success include:

Having a telehealth champion within the HC. A champion could be a patient, a provider, a community health worker, or anyone that is willing to help make telehealth a success within the clinic.

Identifying appropriate clinic staff to guide patients and prepare them for the telehealth visit. For example, community health workers or *promotoras* can prepare patients for their visits by helping them troubleshoot technology issues.

Having readily available information technology (IT) personnel on hand to help with equipment and technical support. One option is to schedule telehealth visits on certain days of the week when the IT team knows the visits are happening. Once any identified problems have been resolved, the visits could expand to other days.

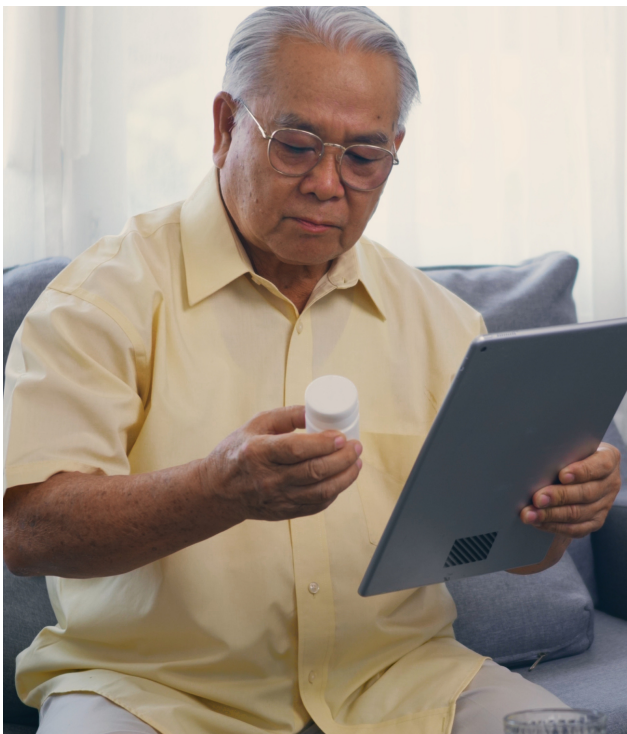
Having an appropriate interpreter available for patients whose primary language is not English. The interpreter can either be someone who joins a video call or someone who translates over the phone with the provider while the provider is on camera with the patient.

Having a quiet, designated space for telehealth visits so that staff can meet with patients privately. A small area is all that is needed. Clinics should avoid setting aside large spaces unless they anticipate that more than one provider will engage with patients at a time.

Patient Readiness

When working with older adult patients, HCs must remember that many, if not most, of them are going to be digital immigrants. Helping these patients navigate new technology and become comfortable with meeting a provider virtually is important for telehealth visits. This can be facilitated by clinic staff who are not overseeing direct patient care. The key to patient readiness is to facilitate a process that allows the patient to build trust and rapport with both the providers and the HC.

In 2018, data from the National Health and Aging Trends study revealed that over a third of community-dwelling adults have reported a general unreadiness for telehealth video visits.²¹ The level of unreadiness decreased if the individual had social support available to help them with the technology. When looking at some of the barriers to video visits, 30% of older adults felt that their unreadiness was related to inexperience with technology and 20% reported it was related to physical disabilities.²¹ But these barriers should not dissuade HCs from using telehealth with their older patients. These numbers simply show us that we must take extra steps to ensure older patients can use telehealth successfully.



Above all, patient readiness and patient trust require all necessary parties within the HC system to understand their roles and responsibilities as they relate to the telehealth visit. If patients experience too many barriers or problems, or if they get frustrated with the system and are unable to access help easily, they may lose trust in the providers and the HC. Running mock scenarios with the entire healthcare team, from scheduling and testing out the technology with the patient to the visit itself, will help the HC identify any potential challenges and resolve them before using telehealth with patients.

Provider Readiness

Without a well-trained workforce, telehealth visits will be underutilized, and patients and providers may find them to be more of a nuisance than a benefit. Therefore, training for all telehealth users is essential for the technology to be utilized efficiently within a HC. Training around the specific technology a HC uses will particularly benefit those on the healthcare team who will be scheduling telehealth visits and starting the telehealth visit/greeting the patient at the start of the visit, (e.g., front office staff and medical assistants).

Training community health workers or *promotoras* on the technology may also be necessary if these members of the healthcare team are going to help patients set up the technology and conduct mock visits with them. For providers who are administering medical care through a telehealth visit, the training should be focused on how to be on camera with a patient.

Finally, an important area to acknowledge when working with older populations is ageism. This can present explicitly; for example, only offering telehealth to younger patients. It can also present implicitly; for example, by communicating with a caregiver instead of with an older patient directly.



Suggestions for creating an anti-ageist healthcare system are offered by Dr. Sharon Inouye, Director of the Aging Brain Center at the Hinda and Arthur Marcus Institute for Aging Research, who notes, "Creating an anti-ageist healthcare system improves care for our current and future selves."²² **Advice from this article that has been adapted here for telehealth include:**

Collaborating with other providers, such as pharmacists or specialists, who all can be present for a virtual visit with a patient.

Helping older adults understand technology and working to build their "digital capacity."

Acknowledging patient concerns related to fear or distrust of new technology, reassuring those with concerns that help will be provided, and offering information about how the patient's privacy will be maintained.

Working with caregivers of more vulnerable older adults, such as those who are frail or have dementia, to assist them with communication, monitoring treatments, and improving adherence and follow-up. Utilizing a telehealth approach can offer significant help to caregivers, who may be working or have other responsibilities during the day, by limiting the number of trips that must be made to the clinic.

Focusing not just on addressing current problems but also on incorporating preventive strategies into a healthcare plan that could then be monitored or discussed virtually.



Tips for Telehealth Visits with Older Adults

While there is no “one-size-fits-all” approach, there are overarching themes that HCs should consider to conduct successful virtual visits with older patients. HCs will need to invest time in planning three phases of the visit—before, during, and after—to help make them as effective as possible.

Before the Visit

When developing a telehealth delivery system, it is important that HCs prepare their providers and staff. **Initial action steps may include:**

Providers should receive training on how to be on camera with a patient. A provider who is confident with being on camera can be more reassuring for a patient. The staff should also be trained, particularly in how the technology works and how to help patients troubleshoot technological issues that may arise.

Prepare resources that can be given to patients to help them get ready for a telehealth visit. These can include booklets, flyers, or internet-based resources.

Confirm the patient is able and ready to use telehealth during the initial intake, including confirming that they have the proper technology. This can be done by a healthcare assistant or front office staff.

Ask questions about the patient’s previous telehealth experience, being sure to identify challenges they may have experienced so that staff members are aware of opportunities for education.

Identify the need for a support person, such as a caregiver or family member, who can be with the patient during the visit to assist those who are uncomfortable with technology or who have visual, hearing, or cognitive disabilities.

Offer a patient a mock visit with a member of the enabling services staff (e.g., community health worker or *promotora*) one or two days before the scheduled telehealth visit to decrease the risk of encountering barriers that may result in a negative visit for both the patient and the provider.

Provide the patient with a direct line connecting them with a dedicated individual who is knowledgeable about the telehealth system. This can be used if the patient runs into technical issues and needs assistance.

Develop a Plan-Do-Study-Act (PDSA) cycle to aid in assessing telehealth implementation and rapidly addressing problems that may arise during the post-visit feedback sessions.



During the Visit

On the day of the telehealth visit, a general consideration is to allow for adequate time in case any challenges arise for the patient, particularly if it is their first telehealth visit. HC support staff—not the provider—should greet the patient and ensure they are ready for their visit. This includes checking sound and cameras to make sure both parties can be seen and heard clearly. Once any technical issues are resolved, the provider can be informed that the patient is ready. **Additional considerations for telehealth and older patients include:**

HC support staff should inform the provider if a caregiver will be joining the telehealth visit, including the individual's name, their relationship to the patient, and their role for the visit. Some supportive roles may include technical support or assistance with communication for a patient with hearing impairment.

If a caregiver is present but is not the patient's guardian, all questions should be directed to the patient. If the patient is not their own guardian and the caregiver is acting as a decision maker, the provider should continue to engage with the patient directly but inform the caregiver that they are welcome to ask or answer any questions the patient may not be able to ask or answer.

For patients with hearing loss, they can be reminded to turn up the volume on their device. Staff and providers can also consider speaking in a slightly deeper voice. Speaking louder can often result in higher pitches, which are more difficult for those with hearing loss to understand.

All communication should be conducted with clear enunciation and at a moderate to slower pace so that the patient does not miss anything important.

After the Visit

It is recommended that the HC, and not the patient, initiate steps to schedule any follow-up visits. This is particularly important for patients with cognitive disabilities or memory concerns. Feedback mechanisms, such as an online survey or phone call with the patient, should be conducted as soon as possible with the patient or the caregiver. While online surveys might be more convenient and cost-effective, a phone call to the patient may result in more feedback, as patients are less likely to respond to an anonymous survey.



Conclusion

Given that daily technology use is increasing across all age groups, HCs can ensure that telehealth is a robust strategy in their overall patient care approach. Health centers looking to develop a telehealth experience for their patients, including older adults, can be better equipped to tailor their programs to the unique needs of the population they serve. Understanding the special considerations that older patients may require or how their exposure to and awareness of technology may differ from that of other age groups will be paramount in ensuring successful telehealth visits. By meeting patients where they are, HCs can have a greater positive impact on health outcomes and the overall well-being of older adults in their community.





Definitions and Terminology*

Broadband internet: Any high-speed internet access and can include digital subscriber line, cable modem, fiber, wireless, satellite, or broadband over powerlines and must be at least 25 megabits per second for downloads and 3 megabits per second for uploads.

Digital capacity: The ability of individuals to effectively adapt to changes within a digital society.

Digital native: A person who is very familiar with digital technology, computers, etc. because they have grown up with them.

Digital immigrant: A person who started using digital technology, computers, the internet, etc. during their adult life, but did not grow up using them.

Remote patient monitoring: Personal health and medical data collection from an individual in one location, which is transmitted via electronic communication technologies to a provider in a different location for use in care and related support.

Teledentistry: The use of telehealth systems and methodologies in dentistry.

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

Telemedicine: The practice of medicine using technology to deliver care at a distance, i.e., a physician in one location uses a telecommunications infrastructure to deliver care to a patient at a distant site.

**State and territory rules and regulations may define these terms differently.*



Resources

- The National Consortium Of Telehealth Resource Centers
 - Guidance and support on implementing successful telehealth visits
- American Medical Association
 - Telehealth Implementation Playbook
- HHS Telehealth Information for Providers
 - Types of trainings
 - Preparing your staff
 - Telehealth and older patients
- National Association of Community Health Centers
 - Telehealth: What Matters to Health Centers
- HRSA Journey Map
 - Older Adults in Rural Areas Using Remote Patient Monitoring Technologies to Manage Chronic Conditions
- UCSF Center for Aging in Diverse Communities
 - Video Visit Elders Project
- AHRQ Health Literacy Universal Precautions Toolkit
 - Teach-back method to confirm patient understanding
 - Examples of Plan-Do-Study-Act method to guide changes within a clinic
- ASTDD Best Practice Approach: Teledentistry
 - Report: Opportunities for Expanding the Capacity and Reach of the Oral Healthcare System



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