



short commentary

Age-Inclusive Telehealth: What is it? How can we achieve it?

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From March 2020, the COVID-19 pandemic ushered in a dramatic increase in utilization of telemedicine in the US. The rise in use was especially dramatic for older adults; while only about 13,000 Medicare fee-for-service beneficiaries had utilized telehealth prior to the pandemic, by late April 2020, nearly 1.7 million of them had experience with telehealth [1]. However, telehealth is not one thing for all people. Telehealth incorporates multiple modalities, for use in multiple specialties by a variety of clinicians for a variety of purposes. In our manuscript, we report the results of our survey of over 7,000 US clinicians about their views of using telehealth in the care of older adults [2]. With this survey, we hoped to garner a better understanding of how clinicians were incorporating telehealth with older adults and what they perceived as strengths or challenges in delivering age-inclusive telehealth.

Amongst survey respondents, telehealth was most commonly (56%) utilized by licensed independent practitioners in geriatric medicine (22%) and primary care (9.7%). Additionally, US clinicians were using telehealth in all types of care environments; including inpatient care (53%), long-term care facilities (47%), and outpatient (47%) settings. The majority of surveyed clinicians (55%) agreed that a top advantage of telehealth was that it “improves healthcare for older adults by enhancing engagement between stakeholders [2].”

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We have convened the Collaborative for Telehealth and Aging as a group of experts in the care of older adults and telehealth implementation to define “age-inclusive telehealth”, as well as the necessary components for age-inclusive telehealth programs. The Collaborative defined “age-inclusive telehealth” as a program focused on three core principles: technology-enabled care should be equitable and accessible, person-centered, and integrated and coordinated across people and systems. Nested under these three principles are 18 guidelines for delivering technology-enabled care to older adults in ways that are safe, equitable, accessible, and that account for older adults’ wants and needs. To read more about the principles and guidelines for telehealth and aging, please see our 2022 paper in JAGS [3].

In our survey, we also asked clinicians whether they were using telehealth in ways that are aligned with age-inclusive practices. The majority of clinicians reported utilizing 1 or more component of age-inclusive practice (40% often; 25% always) in their telehealth program; only 5% of respondents reported their telehealth program never utilized age-inclusive practices. This is a great place to start and we applaud the work clinicians have done to stand up telehealth programs quickly when the pandemic began, yet there is always room for improvement. Although the public health emergency ends in spring of 2023, we hope that clinicians will continue to use telehealth to deliver high-quality, high-value care to older adults. To ensure this bar is reached, clinicians should assess their telehealth programs to ensure that they are delivering age-inclusive care in that it accounts for older adults’ unique needs and is aligned with principles and guidelines for telehealth and aging. To support age-inclusive telehealth delivery, the Collaborative partners also launched the Center of Excellence For Telehealth and Aging (CE4TA), which provides free, practical tools, extensive, vetted resources, and a community of like-minded experts to help organizations enhance their telehealth offerings and showcase their achievements in improving telehealth care for older adults. We have much to learn as to how to best optimize telehealth in the care of older adults. The Collaborative and CE4TA serve as resources to focus on the need to develop systems that best suit the care of older adults. We believe that delivering age-inclusive telehealth is not only the right thing to do for older adults, but it also improves outcomes by enabling easier access to care [4-7]; care that can enhance efficiency [4,8] and communication with caregivers and patients [9-11], as well as facilitate health outreach and education [1,3]. When implemented appropriately, age inclusive telehealth programs can reduce wait times [8], cancellation rates [2] and potentially avoidable hospitalizations [8,12].

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Author’s Contribution

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Acquisition of data: L. Archbald-Pannone, L. Wardlow, K. Sanjay

Analysis and interpretation of data: L. Wardlow, L. Archbald-Pannone

Drafting of the manuscript: L. Archbald-Pannone, L. Wardlow, K. Sanjay

Critical revision of the manuscript for important intellectual content: L. Archbald-Pannone, L. Wardlow, K. Sanjay

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