The National Center for Primary Care (NCPC) at Morehouse School of Medicine is examining the adoption and use of telehealth by people with disabilities in Georgia to understand whether and to what extent telehealth has improved access to and receipt of quality health care services. More than 100 individuals in Georgia completed the survey, highlighting the challenges and opportunities they have experienced using telehealth before and during the COVID-19 pandemic.
Survey Participants Demographics

Personal Identification

- Person with a disability: 63%
- Family member/Caregiver: 37%

Caregiver Type

- 67% of respondents have a caregiver/support person
- 99% Family
- 32% DSP/PCA/Skilled nursing

Type of Disability

- Autism Spectrum Disorder: 26%
- Cerebral Palsy: 12%
- Deafness or Hard of Hearing: 28%
- Epilepsy: 10%
- Intellectual Disability: 18%
- Other disability: 52%

Public Benefits Received

- Medicaid waiver: 28%
- Medicaid waiver waiting list: 17%
- SNAP: 18%
- SSI: 22%
- TANF: 4%
- Other: 6%
- N/A: 34%

Primary Mode of Transportation

- Personal Vehicle: 79.8%
- Taxi/Rideshare: 13.8%
- Public Transportation: 6.4%

Age of Respondents

- 20 years and under: 9%
- 21-39 years: 61%
- 40+ years: 30%

Preferred Communication Method

- In Person: 65.7%
- Video Meeting: 58.8%
- Email/Patient Portal: 45.1%
- Phone Call: 44.1%
- Texting: 17.6%
- Other: 2.9%

Primary Care

Specialty Care

Speech Therapy

Occupational Therapy

Behavioral/Mental Health Therapy

Counseling

Habilitation/Rehab Services

Community Access Group

Work/Employment Supports

Other

Types of Services Used

This project was funded in partnership with the Georgia Council on Developmental Disabilities grant number 21PFS3.
Telehealth Access and Use

- **90%** of respondents said their provider offers telehealth services
- **88%** of respondents had a telehealth visit since the beginning of the COVID-19 pandemic
- **24%** of respondents require additional service or support due to difficulty hearing
- **14%** of respondents require additional service or support due to difficulty seeing
- **66%** of respondents were able to obtain support services during their telehealth visit

**Technology Type and Location During Visit**
- **75.6%** Computer (audio and video)
- **46.7%** Phone (audio and video)
- **34.4%** Phone (audio only)
- **93.3%** Home
- **3.3%** Doctor’s Office
- **1.1%** Hospital
- **2.2%** Other Location

**For the 12 participants who had not accessed telehealth services, their reasons were:**
- Their insurance would not cover the service
- Lack of additional services/supports (interpreter, ASL, audio/hearing services, etc.)
- Telehealth was not offered by the provider
- Did not have the right technology to connect to service

**Respondent Satisfaction with Telehealth**

- **83.3%** Satisfied
- **15.6%** Neither Satisfied nor Dissatisfied
- **11%** Dissatisfied

**Respondent Likelihood to Continue Using Telehealth**

<table>
<thead>
<tr>
<th></th>
<th>Unlikely</th>
<th>Unsure</th>
<th>Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent Likelihood to Continue Using Telehealth</td>
<td>11%</td>
<td>17%</td>
<td>72%</td>
</tr>
</tbody>
</table>

People with disabilities were mostly satisfied with their telehealth experiences. They felt:
- More engaged
- More heard and supported by their provider
- It was quicker and easier access to appointments
It’s a lot to get someone to an appointment... telehealth helps to take a little off.

-Focus Group Participant

It’s frustrating to come all the way to Atlanta - I live 45 min south of Atlanta, and we came all this way for you to see my child and not touch them.

-Focus Group Participant

[A mixed approach to care should be an option providing both telehealth and in-person services.]

-Focus Group Participant

[Telehealth] makes life easier for a parent of a child with so many needs... it’s one less thing I have to worry about.

-Focus Group Participant

Telehealth Visit Experience Since the Beginning of the Pandemic (Percent of Respondents who Agreed)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>My telehealth visit was not as impactful as meeting in-person</td>
<td>37.8%</td>
</tr>
<tr>
<td>During my telehealth visit it was difficult to use the program or video</td>
<td>23.6%</td>
</tr>
<tr>
<td>During my telehealth visit I did not have the right phone, computer, or program to connect</td>
<td>21.1%</td>
</tr>
<tr>
<td>During my telehealth visit took too long</td>
<td>18.9%</td>
</tr>
<tr>
<td>During my telehealth visit I did not get to see my usual doctor/provider</td>
<td>17.8%</td>
</tr>
<tr>
<td>During my telehealth visit I was uncomfortable meeting online</td>
<td>14.4%</td>
</tr>
<tr>
<td>During my telehealth visit I did not have the right phone, computer, or program to connect</td>
<td>13.3%</td>
</tr>
<tr>
<td>Other</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Visit Quality: Telehealth Compared to In-Person

- Scheduling an appointment
- Getting transportation
- Quality of care
- Privacy
- Costs
- Time needed
- Location of appointment
- Other

0% 20% 40% 60% 80% 100%
Worse The Same Better

Telehealth is a part of the healthcare experience but not to replace the healthcare experience - it works more as a supplement.

-Focus Group Participant

Relationships matter with your telehealth provider. The usage of patient portals to maintain health-related relationship is really important.

-Focus Group Participant

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Moving Forward with Telehealth

What do People with Disabilities Want?

**Continued Access**
to their PCP and not secondary personnel such as PAs, NPs, and other MDs/DOs

**On-Demand**
technical assistance in more accessible formats

**Toolkit**
for doctor’s offices and patients in requesting accommodations before appointments

**Increase**
in advertisement for telehealth services through provider offices and insurance

**Doctors**
in the same health system to use the same telehealth software to connect to patients

COVID-19 Impact on Telehealth Policy

89.6% of primary clinician survey participants in Georgia reported using digital health tools because of COVID-19

55% of these respondents who used telehealth because of COVID-19 reported it was their first time

COVID-19 provided opportunities to make telemedicine access more equitable and supported rapid uptake by clinicians and new access for consumers:

- Telehealth reimbursement for audio-only visits for Medicare beneficiaries
- Availability for clinicians to use their home as the presenting site
- Expanded geographic limitations

Policy and practice changes are needed to sustain and maximize equitable access to telemedicine:

- Permanent expansion of telehealth
- Reimbursement for audio-only visits for Medicaid
- Expanded broadband access to residents living in rural areas: Access to telehealth video calls
- Access to support staff (i.e., in assisted living environments such as nursing facilities, caregivers, and medical providers)
- Increase in digital literacy and updates in technology: Ensure providers and practices (and telemedicine platform vendors) are complying with the Americans with Disabilities Act

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