

KEEPING UP WITH CLINICAL RISK MANAGEMENT

A QUARTERLY PUBLICATION | FALL 2021

ARE YOU ASKING PATIENTS ABOUT THEIR DIGITAL HEALTH CONNECTIVITY?

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Digital health technology, which includes the electronic tools, systems, devices, and resources that generate, store, and process data, exploded. COVID-19 pushed forward these digital tools that allowed patients to communicate remotely with healthcare providers in real time, wearable sensors that transmitted health information from the device directly back to a database, and apps that helped treat depression, promoted exercise and diet, managed medications, and increased diabetes self-care. However, efforts to reduce the digital health divide among certain populations were not matched. While patient portals and access to medical records have become easier than ever, it requires the access and skills to operate a computer or smartphone and a strong internet connection.

The digital health divide between older and younger populations is widening. In a study published in the Journal of Racial and Ethnic Health Disparities, significant differences in computer ownership, internet access, and digital health information use were found across older, less educated, lower-income ethnic minority groups. Economic, social, and cultural barriers can play a large role in digital connectivity. However, one of the biggest barriers that came to light during the pandemic was the lack of broadband internet access. According to the Federal Communications Commission (FCC), in 2019, an estimated 21.3 million people lacked access to a home broadband connection. During the beginning of COVID-19, those living in lower-income New York City neighborhoods (an initial hot spot of the pandemic) with poor internet access and high infectivity rates were left vulnerable and unable to access virtual care.

Role As A Healthcare Provider

Providers should not underestimate the impact that screening for digital health connectivity can have on a patient's ability to prevent and manage chronic disease, and improve overall self-care and shared decision making.

According to David C. Klonoff, Medical Director of the Diabetes Research Institute at Mills-Peninsula Medical Center in San Mateo, California, a patient's

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ability to connect with digital health platforms should be considered the “sixth vital sign” for healthcare providers, as it can be as valuable to predicting overall health.

As social determinants of health (SDOH) screening becomes a routine part of the patient intake process, providers should consider incorporating questions regarding digital health connectivity. Examples of questions include the number of devices available in the household, the types of devices, whether those devices can support video conferencing, and the availability of a strong internet connection. See the Agency for Healthcare Research and Quality (AHRQ) tool for identifying and addressing social needs in primary care settings and Dr. Klonoffs scale to assess digital connectivity.

For those patients who are found to have poor access and support for digital health, providers are encouraged to find ways to tailor the patient’s care that still promotes positive outcomes. This means finding ways to transform commonly printed materials, telephone calls, in-person group sessions, and mailings for those who are still experiencing digital disparities. There may also be organizations and resources in your community that can

assist with increasing access to computers and improve digital literacy. Aunt Bertha (findhelp.org) has a free online directory of community resources that is searchable by zip code.

As healthcare organizations continue to look for ways to develop new and exciting ways to make care faster, easier, and more connected, they must also continue to provide an equity lens to ensure that those populations that lack connectivity do not become further disenfranchised.

For more information on assessing digital health connectivity, reach out to the Parker, Smith & Feek’s Risk Control Team.



Danielle Donovan is Parker, Smith & Feek’s Clinical Risk Manager, dedicated to helping improve our healthcare clients’

operations and mitigate risks. She publishes regular articles to support this effort and provide unbiased advice on issues facing all types of healthcare organizations. Stay tuned for her next installment, and contact Parker, Smith & Feek’s [Healthcare Practice Group](#) if you would like to learn more.

References and Resources

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