Teladoc HEALTH

VIRTUAL CARE CONNECTIONS

Health equity and the impact on care delivery

Highlights from our interview with Shirisha Avadhanula, MD

Shirisha Avadhanula, MD

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Dr. Avadhanula focuses on the development and implementation of virtual inpatient programs across the Cleveland Clinic enterprise and is an associate staff endocrinologist at the Cleveland Clinic in Cleveland, Ohio. She is also a clinical assistant professor of medicine at the Cleveland Clinic Lerner College of Medicine, the co-founder and CEO of whitecoatremote.com and senior consultant for Dr.A1c.com.

Far too often, healthcare equity is the exception and not the rule. The fact that up to 60% of a person's healthcare is determined solely by zip code has created a healthcare system that is the least accessible to the patients who would benefit from it the most.[1] Dr. Shirisha Avadhanula from the Cleveland Clinic explains the inherent equity issues of our current system and addresses what we can do to make it work better for everyone.

Q: What are the discrepancies between our healthcare spending and healthcare system performance?

If we look at the United States from a global perspective, we spend more money on healthcare than any other developed country on the planet. In 2021 we spent $4.3 trillion—that's about $12,000 per person that year—but our health outcomes are the poorest.[2]

> The reason we see this discrepancy is because the healthcare system, as it stands today, is designed to easily accommodate only the most connected. The patients suffering the most, and who need healthcare the most, are being underserved.

Q: What is the health impact on those in underserved populations?

What we see at our organization is that individuals in underserved communities have higher rates of chronic diseases, cardiovascular disease and diabetes—all of which can lead to end organ complications. Overall, patients from underserved communities have poorer outcomes. It's important for organizations like ours to focus on these communities and to help fill these gaps in care. For us here at the Cleveland Clinic, that certainly involves using digital tools to positively impact this patient population.

Rural residents were found to have poorer health, with rural areas having difficulty attracting and retaining physicians and maintaining health services on par with their urban counterparts.[3]

Q: What does it mean to increase access to care?

Access is such a broad term and is largely attributed to "entry into the medical system." But, of course, there's much more to it: It's one thing to implement a digital health tool, for example, and quite another to also ensure patients have access to reliable internet and have the digital literacy to use the tools. When I think of increasing access through digital health, organizations need to also make sure they are educating the patients and providers on the technology for the best possible outcomes.

As we move forward, we have a responsibility to come together both in the academic and private healthcare sectors to innovate for those who would benefit from the system the most.

Cleveland Clinic had around 15% of providers delivering care virtually in January of 2020. In April of 2023, **94% of their providers** delivered care virtually.[4]

Listen to the entire discussion

with Dr. Avadhanula to hear more about how healthcare organizations can ensure they are delivering accessible, equitable care.

[1]Orminski, Emily. "Your Zip Code is More Important than Your Genetic Code." June 30, 2021. National Community Reinvestment Council. https://ncrc.org/your-zip-code-is-more-important-than-your-genetic-code.
[2]American Medical Association. "Trends in health care spending." Updated March 20, 2023. https://www.ama-assn.org/about/research/trends-health-care-spending.
[3]Douthit, N., Kiv, S., Dwolatzky, T., & Biswas, S. (2015). "Exposing some important barriers to health care access in the rural USA." Public Health, 129(6), 611–620. doi: 10.1016/j.puhe.2015.04.001.
[4]Cleveland Clinic data.

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