Evaluating telehealth adoption and related barriers among hospitals located in rural and urban areas

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Purpose: To assess telehealth adoption among hospitals located in rural and urban areas, and identify barriers related to enhanced telehealth capabilities in the areas of patient engagement and health information exchange (HIE) capacity with external providers and community partners. Methods: We used the 2018 American Hospital Association (AHA) Annual Survey and IT Supplement Survey. We applied state fixed effects multivariate analyses and Oaxaca decomposition to estimate the variation of outcomes of interest by hospital geographies. Findings: Our research showed substantial differences in telehealth adoption among hospitals located in rural, micropolitan, and metropolitan areas, where adoption rates increase with urbanicity. Rural hospitals were least likely to have telehealth systems with patient engagement capabilities such as the ability to view their health information online and electronically transmit medical information to a third party. They were also the least likely to report that clinical information was available electronically from outside providers. Our model explained 65% of the rural/urban difference in telehealth adoption, 55% of the number of telehealth services adopted, and 43%-49% of the rural/urban difference in telehealth barriers. Conclusion: Findings demonstrated significant barriers to telehealth use among hospitals located in rural and urban areas. For rural hospitals, barriers include lack of HIE capacity among health care providers in the community, and lack of patient engagement capability.

Telehealth in response to the COVID-19 pandemic: Implications for rural health disparities

Hirko, K. A., Kerver, J. M., Ford, S., Szafranski, C., Beckett, J., Kitchen, C., & Wendling, A. L. (2020). Telehealth in response to the COVID-19 pandemic: Implications for rural health disparities. *Journal of the American Medical Informatics Association*, *27*(11), 1816-1818.

Telehealth programs have long held promise for addressing rural health disparities perpetuated by inadequate healthcare access. The COVID-19 (coronavirus disease 2019) pandemic and accompanying social distancing measures have hastened the implementation of telehealth programs in hospital systems around the globe. Here, we provide specific examples of telehealth efforts that have been implemented in a large rural healthcare system in response to the pandemic, and further describe how the massive shift to telehealth and reliance on virtual connections in these times of social isolation may impact rural health disparities for those without access to necessary broadband to deploy digital technologies. Finally, we provide recommendations for researchers and policymakers to ensure that telehealth initiatives do not amplify existing health disparities experienced by those living in rural communities.

Telehealth-based creative arts therapy: Transforming mental health and rehabilitation care for rural veterans

Levy, C. E., Spooner, H., Lee, J. B., Sonke, J., Myers, K., & Snow, E. (2018). Telehealth-based creative arts therapy: Transforming mental health and rehabilitation care for rural veterans. *The Arts in Psychotherapy*, *57*, 20-26.

Arts programs are increasingly recognized for their ability to enhance healthcare and promote health outcomes such as improved quality of life, increased motivation and reduced levels of depression and anxiety. This manuscript describes a creative arts therapy practice known as the Rural Veterans TeleRehabilitation Initiative Creative Arts Therapy (RVTRI CAT) Project that was established to improve access to mental health care and rehabilitation for rural veterans. Entering its third year, the RVTRI CAT project has adapted the creative arts therapies for delivery using Clinical Video Telehealth (CVT). Insights, considerations and best practices are considered for art therapy and dance/movement therapy with implications for future application in music, drama and poetry therapy. In conclusion, the RVTRI CAT program demonstrates that creative arts therapy can successfully be adapted to CVT with some modifications by the creative arts therapist.