Season 3 Episode 3
Digital Health Equity: Bridging the Divide
Transcript

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Learning objectives

1. Define digital health equity and the digital divide.
2. Give examples of telehealth technologies used for patient care.
3. Recognize how telehealth can help overcome health disparities.
4. Recognize how telehealth can contribute to health disparities.
5. Identify opportunities to mitigate health inequities attributable to telehealth.

Takimoto: [00:00:11] Welcome to The DEI Shift, a podcast focusing on shifting the way we think and talk about diversity, equity and inclusion. I'm Sarah Takimoto, an internal medicine resident in Southern California.

Leung: [00:00:23] And I'm Tiffany Leung. We'll be your co-hosts for this episode. Today, we're talking about a super important and interesting topic: digital health equity.

We want to welcome our guest for this episode, Dr. Jorge Rodriguez. He's a health technology, equity researcher, a hospitalist, and an instructor of medicine at Brigham and Women's Hospital and Harvard Medical School. He's passionate about achieving digital health equity. His research interests include exploring the meaningful intersections of medicine, social justice, and technology. I've also had the pleasure of meeting Jorge when we were also Clinical Informatics fellows, so I'm super excited to have you join us on this episode.

Rodriguez: [00:01:04] Hi Sarah and Tiffany. Thank you so much for having me. Looking forward to a great conversation.

Takimoto: [00:01:08] We're so excited to have you here. And before we dive in, we'd love to get to know you a little bit better. So we always start our episodes off with a segment called "A Step in Your Shoes'' where we ask our guests to share an element of their background or culture that has been important in your life. And then we, as the listeners, get to flex our muscles in the realms of cultural competency and humility.

Rodriguez: [00:01:39] In terms of my cultural background, having a large family and I think being an immigrant to this country has really influenced my overall career path. A lot of the things that I continue to do today are really influenced by my experiences and my family's experiences. I was born in Columbia and I came to the US when I was fairly young at two. I've seen a lot of my family and myself go through a lot of the challenges and a lot of disparities and inequities that our healthcare system presents. A lot of the work that I do is very personal for me. And that's what keeps me going. So that's what I would say.

Takimoto: [00:02:13] Thank you for sharing that. I'm really excited to not only hear more about your research, but I think it's so important understanding what drives us to do that. And as a resident, and even as a medical student, sometimes you don't get that opportunity to learn about why professors have chosen the research interests that they have, or really pursued the work that is their life's work.

Rodriguez: [00:02:38] I think it's really important, especially in the context of academia where I am, where there's a lot of highs and lows in academia. And so I think sometimes when you hit the lows and things are not going well, it's always good to take a step back and remind yourself why you're doing what you're doing, what your ultimate goal is. Remembering that always keeps me grounded and keeps me going and really is fulfilling to me in the long run.

Leung: [00:03:03] We're going to go ahead and dive right into this topic that we have at hand. During the past year -- year and a half almost at this point -- during the COVID-19 pandemic, we've seen this humongous expansion in the use of telehealth services, specifically video and telephonic visits in order to be able to access medical care. Jorge, can you tell us a little bit about your experiences and maybe even just start with something simple? Like what is telehealth?

Rodriguez: [00:03:33] Yeah, that's a great question. So, telehealth, telemedicine, virtual care are terms that are used somewhat interchangeably throughout. They have slightly different meetings depending on the context. Our group here with Dr. Licurse and Dr. Schwamm who had a nice paper that divided this up into synchronous and asynchronous forms of telemedicine. The synchronous versions, which I think are the ones we usually think about in this context, or the ones that are real-time video or telephone visits. But there are the other form of synchronous visits. It's when you have clinical team to clinical team discussions around a consult or something along those lines. Then there's the asynchronous versions of telemedicine, which include things like remote patient monitoring, or you could even throw patient messaging across a patient portal in that context. And the other form of the asynchronous one is eConsults where you might consult an endocrinologist or hematologists to take a look at either the blood glucose control or take a look at someone's complete blood count and make an assessment. But I think in our current context during the pandemic, the

one that we've been mostly thinking about has been a synchronous version where you're having a real-time interaction with the patient, either across video or telephone.

Takimoto: [00:04:43] And I know when I started residency, I started in June of 2020. So most of my experiences, at least in the outpatient setting, were telephone or video visits. I actually think if you look at my first nine months in an ambulatory setting, I've probably done more telehealth appointments than in-person visits so far. Although now I think we're shifting back a little bit. And I know for today, we're going to be focusing on the tele-health visits that are telephone and video visits, but I'm wondering if in light of the COVID pandemic, have we seen an expansion in all forms of this synchronous and asynchronous tele-health?

Rodriguez: [00:05:19] Yeah, I think you're exactly right. There's been a lot of great work done looking at following up on COVID patients after discharge and remote monitoring, whether it's through pulse oximetry or patient reported outcomes or surveys. They really quickly developed algorithms where if your blood oxygen level drops toward a certain point, you get a call from a nurse. And if that nurse determines that you need to come back in then. So it's that form of remote patient monitoring. There's also been a lot of great work on the inpatient setting, whether it's in the emergency department to minimize exposure for healthcare workers -- has been a big part of it. It's really facilitated the concept of an eConsult or virtual consult. And a lot of my specialist colleagues ended up doing a lot of work where they were seeing either the patient over video or just made determinations or recommendations just based on looking at blood glucose levels. You're looking at someone's complete blood count and making determinations there. Even beyond just the classic, clinician to patient, video or telephone, there's been this rapid expansion of overall those metrics. And I think time will tell how much of those will stick around and how much things will get peeled back. But I think people the instant benefit of a lot of these potential tools.

Takimoto: [00:06:33] I think this goes into one of the questions that I was going to ask you is actually, what do you anticipate care looking like? It may be too early even to ask after the end of the COVID pandemic, but really how does this rapid expansion and what we've been doing, how do you think that's going to affect care in the future? At least with respect to telehealth?

Rodriguez: [00:06:54] Yeah. That's a great question. I think a lot of it, you have to think back about how this quickly expanded. I think one was the need for social distancing and keeping people safe prompted this quick transition to telehealth, while the other, the thing that really facilitated this was reimbursement. And two was the relaxation of a lot of our usual privacy laws. And while some of the privacy laws may adjust to allow for telehealth to continue, I think reimbursement is going to be such a big part of this. I know there's ongoing discussions about what to do, for example, around in-person versus video versus telephone visits and how do you reimburse those? Do you reimburse those all the same? Are in-person and video visits, should they be reimbursed more than telephone visits? I think that's a big part of it. I know recently, for example, Medicare seems to be suggesting that they're going to, at least for a while, reimburse things at a similar rate whereas some commercial payers are already talking about peeling back how they reimbursed telephone visits and preferring video and in-person. So I think that's going to be one key part of it.

I think the other key part of it is really going to be how well we did on establishing workflows that support clinicians and patients in using telehealth. We had to quickly get stuff going, and as Tiffany well knows, when you do an electronic health record “Go Live,” the first few weeks to months are just getting stuff up and running and making sure stuff is soaring. And then you later go back and do an optimization phase. And I think we'll enter that optimization phase for telehealth. So depending on how well we do that will determine what the uptake looks like. I think we won't ultimately won't return to pre-pandemic levels, but I don't think we'll be at the point of the peak of the pandemic where most of it was telehealth. We'll find some medium place there. And about how much above or below that will depend on all the factors.

Leung: [00:08:43] This is helpful thinking about looking back where we were with telehealth before the pandemic and where we're going to go potentially in the future. I'd like to come back to your area of expertise specifically, Jorge. You study digital health equity and have certainly published quite a lot about it already. Can you tell us a little bit more about how there may be health disparities that are perhaps exacerbated by tele-health or some of the risks potentially in telehealth usage?

Rodriguez: [00:09:16] If we take a step back and we look at even pre-pandemic. So pre-pandemic, we started looking at a lot of the “sell” of digital health in general was the fact that we were going to increase access to care. We were going to decrease costs, increase quality. It's going to be great! And if you look at the patients who often struggle with that, for older patients, those of lower SES (socioeconomic status), limited English proficient patients, patients with disabilities, racial and ethnic minorities—those are often the patients who had the worst health outcomes.

If you follow the logic, you would say, well, if you had these digital health tools, you have these patients who are really struggling with their care. Clearly, I presume if you looked at the numbers, the patients using those digital health tools would be exactly those patients. You would want to match up the tool that you have, where with the problem you're trying to solve. But we knew, unfortunately, even before the pandemic, that wasn't the case.

For example, patient portals are the classic and most common way that patients were accessing care digitally prior to the pandemic. And we knew that there were significant disparities in who was signing up for the portal, who was using them. And I think that it's going to set us up for some of the things we saw during the pandemic in terms of telehealth, because a lot of the platforms that were being used relied on getting onto a portal, for example, or at least having the digital literacy and the digital access to be able to engage with whatever platform you were deploying.

And so I think a lot of them, even though a lot of the sell is around access and meeting patients where they are and adjusting to patient's lifestyle, we risk not being able to do that because it's assumed some level of digital equity at baseline in order to be able to take off. And we haven't reached that marker of digital equity to start with. So I think that's where the risk lies and that's high potential, definitely, but there's this big risk that will create this multi-tiered health system where some patients are really connected and rocking and rolling and other patients are still remained in this episodic in-person care.

Leung: [00:11:14] This is what that digital divide is. Is that right?

Rodriguez: [00:11:19] Yeah. That's a digital divide. I think, broadly, it can be defined as a gap between those who can meaningfully engage with digital health tools and those who can't. I think for a long time, it was very much binary. It was very much like you either have access or you don't and that's the digital divide. But if you think about it, the digital divide has multiple pieces to it. I think the one we often think about right off the bat is access to the internet and a device.

But even when you jump into that, even if you think, all right, this person has access to the internet. Well, what kind of internet do they have access to? How fast is it? Will they be able to even how we're doing now, transmitting audio and video? Will it be able to have the bandwidth to do that? Like, okay. Yeah, it does. Well, how often can it do that? Does it have data caps that will slow it down eventually? So you start getting into this nitty gritty of really what the digital divide means, what digital equity looks like. And that's just looking at internet access and that not to mention some of the other pieces which include device access, or if you have a device, but even if you have a device and internet access, can you actually engage with this tool and use it meaningfully?

One of my favorite studies came, my mentor Dr. Bates and the folks over at UCSF, Dr. Sarkar as well, where they gave patients in a safety net setting, they gave them a series of mobile apps. Mobile health apps are available on the app store, and they were like, all right, well, we want you to perform data retrieval and data entry tasks. All right, here are the apps. Go for it. And the patients were only able to complete about 40 to 50% of the tasks. So, if you can imagine if I gave you an app and you can only perform through 40 or 50% of whatever you're doing, it's not going to be particularly useful I suspect. And so those are the kinds of gaps where the patients may have had the device, they may have had internet access, but the way the actual app was built just didn't allow them to engage with it. And so I think that there's all these different steps that you have to meet in order to really bridge that divide.

Takimoto: [00:13:12] And I think what's so powerful is to really see how this how disparities in digital health literacy leads to worse outcomes. And it's something that we have always known and I think it's so powerful to now see your articles and see that play out in the data, something that anecdotally you see so often on the inpatient setting or in clinic.

Rodriguez: [00:13:36] I often talk about this and I've written about it recently, but a lot of this stuff, as I said, we've known from before a lot of my mentors, like Dr. Courtney Lyles, for example, has worked on this for a long time as well. And highlight a lot of the gaps in patient portal access. I think it's just became relevant in the context that we now, before we were playing this long game to some extent. We were like well, we'll eventually get things up and running.

We're testing it out. And as we all know, like with many things in the pandemic from one day to the next, it's like what we got to get this going. And I think it just reflects things that were there before. A lot of the unfortunate outcomes in terms of COVID specifically where we saw a lot of our racial, ethnic minority populations being affected by COVID more so. And so it's the same thing. It's like it was there before from a public health perspective and it, we just

saw it worsen now. And I think similarly from the one paper that we looked at California data, that was all data prior to the pandemic. And even in that context, we saw that limited English, proficient patients were less likely to use telehealth for example.

And so we knew the things were there. And then when the pandemic hit that. I think you're right. I think we knew this was a thing, but I think it just hadn't been part of our healthcare systems way of doing things.

Takimoto: [00:14:53] Can you share some examples of programs or initiatives that you're aware of that are potential role models for addressing tele-health inequity?

Rodriguez: [00:15:00] Yeah, that's great. So I'll share some local examples first, and then maybe highlight some more national examples. First so, locally here, one program, for example, that I'm involved in has been the role of the digital health navigator, a person who basically helps people get involved and engaged with a lot of the digital health tools that we have in our program. For example, we have two people. In this case, we're targeting English speakers and Spanish speakers who have diabetes. And so the way we're running the program is basically looking at people who have upcoming visits. And if they have, for example, a telephone visit set up, can we get them to become a video visit and help them navigate that? I'm doing the first checkup like you have internet and device access is the baseline for it. And in a future state, you can imagine -- and some other people are doing where they're actually giving people internet and devices to start with.

But in this case, we're assuming you have an internet and device. And so we help run you through and set you up for that video visit, which is one piece to it. And two is also signing patients up for the patient portal and really trying to engage patients. One of the things that always jumps out at me from a lot of these tools is that you have to really meet patients where they are.

I did some work where I talked to some patients at a community health center. They're primarily Spanish speaking. And I was telling them all about the portal. And I was like, the portal is great, that the clinic had just done this big marketing campaign to get the portal going. And it was fascinating to talk to the patients.

They were just like, yeah, this sounds cool and all, but how does this help me with my food insecurity or my housing instability? And it was a very big mismatch between, like I was saying like, oh, you can message your team and review your medical record. And they're like, ah, it doesn't really mean really important to me in my life. And I think that always sticks with me as some of the challenges we've faced. And so in this context, digital health navigator. We're really trying to meet patients of like, oh, you have an upcoming visit. Presumably, that would be pretty important, so that way we can help you meet your needs and meet you where you are. That's one example.

There are other examples within our organization as well, where they're small pilots looking at -- working with nonprofits to give people not only devices, but also some digital training as well, even beyond the scope of health. Like, can you just do online banking, online application? This is a health-focused podcast, but we know that digital equity really extends

even beyond health. Right? This is just the way we do many things. If you want to get a job, you often need to apply online as often seeing the signs. So I think that's one example. There are larger efforts creating collaboration between larger tele-health organizations and community clinics where they're trying to work through some of this and really develop a lot of the similar concepts that I've mentioned. So far, and that's been really great to see in terms of really embracing the power of -- to some extent as a healthcare system, we have to step back and say we won't be able to solve this. Right? Ideally you would have a world where I show up at your door as a hospital healthcare system. I don't have a device or internet access, and here's your device, here's your internet access. And off we go, but in reality, that's tough. The healthcare system has limited resources. So it really steps back and says this is another thing that goes into the social determinants of health, which is really a larger issue that we need to address.

And so a lot of those programs have done a really nice job in trying to engage with community organizations to drive this and folks that frankly probably do a better job of digital health training than the healthcare. Like the healthcare system is just getting into it.

Libraries, a lot of these nonprofits have been doing it for so much longer. So that's been a really nice example. One very tangible tool is the Center for Care Innovations has a really great telemedicine health equity toolkit that has very practical information, and it's easily accessible. I often cite it, and it's done really great work. So I think that's a little more tangible for folks listening if they want to take a look at things.

Leung: [00:19:10] Thanks for Jorge. It's really interesting. Is this something that we should be asking our patients about? Asking them what kind of device they have or devices if applicable? Do they have to be able to engage in healthcare? Or what is their internet access like in order for them to be able to do that? Is that something that we should be doing or consider doing in just routine practice?

Rodriguez: [00:19:37] The way social determinants of health had been done--the structure had been a screening and referral piece, right? And so I think right now, as part of just delivering telehealth, there's probably some level of screening that's going on in each organization. And just like you're saying, asking around their internet access, do they have a device? Are the key pieces and then the other part is getting a sense of how much can they engage with when they use their device? And the other key piece of this is if they're not able to...either a caregiver or a proxy that might be able to help them with this, I think a big point to include as part of that screening process. I think the areas that we are still working on to some extent are really the referral piece. So right, you've just identified a patient who says, “I don't have internet access” or “I don't have an email to sign up for the portal”, the tele-health platform that you're using. Like what do you do there? And some of that is really around what resources are out there. I like, for example, if you have the often, if you have food insecurity, you might be like, oh, I've identified someone with food insecurity. I'm going to refer them to the food bank. So it's a clear connection. Things are developing, but we don't quite have that right now where like, oh, you have digital insecurity or something. You know, it's short term, but something along those lines and like, I'm going to refer you to an internet bank or device bank.

So there is no equivalent right now. Even though there's some great policy pieces coming up, but I think the screening piece is key. And then even taking beyond the screening piece, reporting out your -- what those metrics look like at the organizational level of the leaders of your healthcare system can actually see that and be like, oh, we need to address this. Or even just reporting I think your usage, telehealth usage, video versus telephone across race, ethnicity, age, language I think really could benefit and people will be at least it will be in people's mind and to borrow from the quality and safety world. Right? In order to change something, you really need to measure it. If we don't measure it and people don't see it upfront for a long time, it was just like, all right, how many portal users do we have? And I was like, oh, this many. You're good to go. We're good to go. But in reality, it needs to be a little bit more nitty-gritty, and have those breakdowns for us to really make that make a difference.

But yeah, I think the screening process is a great first step for everyone to engage in. And also just getting a sense of what their population looks like. There's a lot of great data and like the census, for example, they have some great questions around broadband access and you can get a sense, at least broadly of whatever city you're providing care in of like, okay, there's these neighborhoods or this areas that will actually lack broadband access. And so there's a few different ways to look at this. It's more of a more macro level and then get more nitty gritty to the patients themselves.

Takimoto: [00:22:12] I actually think it's really important that you acknowledged the idea that we are ahead of the game. And we're at the point, depending on what system you practice in, where you may have that resource that's being piloted with a digital health navigator or you may be at the state where you don't even know what the disparities are within the patient population or within your patient panel. And I remember learning about the social determinants of health and feeling this call to action, but I also acknowledge for myself as a trainee and for other practitioners that there is a lot of burnout when you feel a call to action and you see disparities and problems within how you deliver care and feel that sense of helplessness or feel that sense of being overwhelmed and not knowing the next step. So I really appreciated how you outlined depending on where you practice, and I know we have listeners from all over the world. It may be one, measuring that data and identifying it and escalating it to the people who can do change. Two, really building some whether that's another position with a health navigator or looking at different tool kits that are available. And three, I think we'll get into shortly some changes that can happen on a policy or wider level.

Leung: [00:23:30] You're so right in that we don't really have that referral part for people who don't have these resources. What are some of the policy changes or reforms that are needed to drive telehealth equity?

Rodriguez: [00:23:45] In the ideal world, I think you would take the approach of some level of universal broadband and device access. I think if you're really committing to this as a healthcare system and as a society that this is a way we're going to deliver a care, that's where you have to go. For example, in our digital health navigator program, they were plenty of patients that we’re like, Hey, we're going to help you set up email. This is going to be

great. And the patient's like, you know what? I don't have email. And I like it that way. And you have to be like, okay, that's fine. Like, this is not going to work for you. It's not like this is the panacea of the world that's going to solve all the problems. Let's take a step back there, but I do think that, in order for those patients who are interested in and may benefit from it, at least giving them a chance by having access to that. I think, in the US for example, one of our last COVID release bills has a piece of it called the Emergency Broadband Benefit through the FCC (Federal Communications Commission).

And the emerging broadband benefit starts working on subsidizing and providing support for internet access. For example, it provides $50 towards internet access for certain eligible populations and about $100 for a device access for certain populations. And that's still in the midst of being rolled out.

And, it builds off a little bit around a similar program called Lifeline Program that for a long time, which actually the lifeline program, interesting, initially started to help people connect to telephones. So you think of how our communication has changed over time. Initially it was like, it was trying to get, telephone to everyone. So the lifeline program then in subsequent years started making internet as part of it. And so their lifeline program for a long time is also provided some level of subsidized internet access to folks who builds off of that.

There's a lot of interesting, less policy, but more just from the private sector things. During the pandemic, there was some focus on certain internet service providers providing essentials program or discount programs of their tools. The challenge, I think with those has been that they're often time limited, so it's been like how about discounted internet access for like six months? Oh, great. That's wonderful. What happens after six months? There's that component . And I think the other thing, so that we often focus on the patient's side of the world and make sure they have a device, they have internet, but there's a big component around the clinician and health system side. Like you have the infrastructure, you have the telehealth platform to be able to deliver this care. And again, the FCC, during the pandemic, I think it was around $200 million that they dispersed the various groups to help build on that. And I think recently they have a round two coming up around that to help support a lot of our smaller community health clinics where a lot of our underserved populations get their care, at least build that infrastructure to make sure that they have enough computers. The clinic itself has enough bandwidth and internet service to be able to deliver it. We often talk about digital divide in terms of the patients, but internet costs money to have, especially if you're a large clinic and you're doing all sorts of things on your EHR and doing a lot of tele-health. So I think that component of it will really help. So I think those two pieces, I think can then drive us towards some more policy-focused efforts around health.

Leung: [00:26:50] Yeah. Actually one of the things that I also wanted to bring up, which I found really interesting from, I think it was your JAMA editorial or letter that you had written sometime last year, I think you also mentioned something about the design of digital devices and tools for patients to use. Do you see that as something that is also a part of this policy change or scope as well?

Rodriguez: [00:27:13] One way we've thought about this has been at least for limited English proficient patients have been we have these national standards that say we need to provide

culturally appropriate care. They exist in a few different places. There's the class guidelines, there's the Affordable Care Act also has some information around limiting this proficient patients and just providing equitable care. One area where that could help is making that more explicit in the context of digital health or telehealth. I think that would be really beneficial and might push, especially some of the vendors to be like, okay, we need to meet a certain level, a certain metric, certain criteria to be our tool will engage patients of all sorts.

So I think that one layer from the policy piece, I think the other place that I think a lot of healthcare systems have been able to promote this and advocate for this is when you're engaging with a vendor, asking a lot of those equity questions upfront, right. Like oftentimes when you have your call for proposals or request for proposals for a lot of vendors, you have a big healthcare system may have a series of questions whether or not we want you to build this, does it have this? Does it have that? And so as part of that include did you develop your platform in a few different languages? What was your user testing like? Did you test across people of different literacy levels? One big challenge with limiting the proficient patients has been the integration of interpreters is how easy is it to integrate a third party or integrate with my interpreter services that I have here. And I think having some of those questions upfront will really push vendors to be like, oh, I don't have that. I should have that. And I think healthcare systems have that power. And I think that clinicians have that ability to advocate within their own health system as well if they're really seeing this as an issue and also really engaging patients as well. There's plenty of healthcare systems that have patient and family advisory boards. I think engaging that group, and in even choosing that, I think that'd be interesting in choosing the tele-health platform like, oh, here's a few we're considering. Does this connect with you? Would you use this? I think it would be interesting to have that discussion, especially in the context of equity to make sure they're making purchases that align with their broader goals.

Takimoto: [00:29:18] We wanted to wrap up our conversation today by asking if you have any recommendations on how the individual can make an impact on digital health equity in their practices or in their systems of care.

Rodriguez: [00:29:30] Yeah. I think there's a few different ways. I think one, I think is, keeping track and noting the challenges that you face and reporting those back or communicating those back to leadership, I think is key. Right? Cause you're on the front lines and can either say the positives or some of the challenges. I think one of the anecdotally, one of my favorite stories that I heard during the pandemic in terms of the power of tele-health and the power of the individual clinician really was around, there was one of my colleagues who said that he had an appointment with a patient coming up. It was supposed to be a virtual visit or a telehealth visit. And he was five minutes in and the patient hadn't arrived yet. And he was like, oh man, this is not good. And so the platform we were using was one where you were able to text the patient and the patient would click a link and then the patient would be able to join the visit.

And so he was like, all right, I'm going to try this to see if I can get the patient. And so he sent the patient the link. The patient clicked and then showed up. He's like, you know what? The patient was like, I had forgotten about this appointment, but thank you for the reminder

here I am. And so that was one where usually in the in-person world that would have been a no-show, so-called no-show or missed appointment. But in this case, we were able to engage and meet patients where they were. So I think that's one area where the individual clinician can really make a difference in terms of harnessing the tool to deliver care. As I said to communicating back. The third one I often mentioned is around the component of bias and really making sure that we're offering these tools to all patients or at least having the conversation about it

So I think taking a step back and having a conversation with the patient about here are the different tools that you have available, here are the different ways we can interact. Which one of these worked well for you, and I think that in the literature, there's some data to suggest that the clinician recommendation to use, I think in that case it was patient portals, patient portals was a really powerful driver for patients to uptake portals.

I think there's a lot of power there to be like, I really like using telehealth. I really like using video visits. I'd like to get you set up so that you can go ahead and take advantage of this. Having that conversation with patients I think is really powerful from an individual clinician level because you ultimately, as clinicians, we have that deeper connection with patients and can really make a difference in how we engage in care. I think those are the few things I would mention.

Leung: [00:31:31] Thank you so much again, Jorge, for your expertise and for taking time to talk to us about digital health equity and telehealth equity. I think this has been a really informative conversation we've had, and surely we could continue, but we'll wrap it up there. Thank you Jorge.

Rodriguez: [00:31:48] Thank you so much, Sarah, Tiffany, for having me. As you said, I could go on forever. I could take off on this, but the last thing I say, I think are ultimately, one thing I think about is our end goal here, and my end goal here is really health equity, right? That's what I'm trying to achieve. I always say, like, I care about digital health equity in so much as it gets me to health equity. So I think if everyone had access to devices or internet, whatever it was, and our health was terrible, then that wouldn't make much sense. So I think it was just taking a step back and being our end goal is health equity, digital health equity. I think it is a powerful way to get there, but I also like to take a step back and remind myself of that.

Takimoto: [00:32:27] Thank you. I really enjoyed our conversation today, and I think it's always a reminder of what is our goal and why do we do what we do?

So, thank you so much. And to our listeners, remember that you can go to our website for the episode show notes and a lot of the resources and articles that we referenced today are also available there. You can follow us on Instagram and Twitter @thedeishift, and thank you for tuning in. We hope you join us next time.