**Abstract**

**RS-127**

Title: "Opportunities and barriers for the development of telemedicine in Russia and its relationship with social inequality"

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1. **Goal of research:** The study aims at conducting a qualitative sociological study that to characterize the potential impact of telemedicine development on the emerging gaps in access to medical services and on other types of social inequality in Russia, taking into account different forks in its development, determined by combination of opportunities and barriers.
2. **Methodology:** in-depth interview, expert interview, focus group discussion method, axial coding of qualitative sociological data.
3. **Empirical base of research:** 15 expert interviews with representatives of telemedicine platforms, health authorities and medical organizations in regions implementing the technology, representatives of the academic community, as well as 14 in-depth interviews with telemedicine users and 8 focus groups with the population of Moscow and the Sakhalin region. Several interviews were also conducted in the Kursk and Samara regions. The participants of the focus groups were individuals with different socio-economic status (with higher and secondary levels of education, high and low income levels), different age (persons under 50 years of age and over 50 years of age), men and women - as representatives of social groups, between which the digital divide may emerge when using telemedicine. With the exception of individual interviews with low-resource citizens over the age of 50, communication with informants was in online format.
4. **Results of research:**

Expert interviews have shown that, despite the large number of initiatives to introduce telemedicine in the regions, the technology is not yet being implemented quickly enough. Telemedicine can still be described as a fairly new technology, both for healthcare providers (especially in the public health sector) and for consumers. It has hardly left the stage of technology adoption, in which it is accepted only by early adopters who show interest in all technological innovations, Telemedicine is not in the stage of mass use. Representatives of telemedicine platforms, as well as healthcare executives from some regions, can even find some regret about the insufficient motivation of the federal authorities to implement technology for connecting a doctor and a patient. A priority in public healthcare now is the development of doctor-to-doctor telemedicine. After increased interest in technology during the pandemic, there has been some setback in efforts to implementation of technology. After a decrease in the incidence of coronavirus, remote consultation of primary care patients in some regions was curtailed. In other regions, technology is used only to solve technical problems - issuing or renewing prescriptions for drugs, issuing or closing sick leave. Representatives of the regions report that there are still no technological capabilities for these services, as the operation of digital platforms and medical systems in which doctor and patient communicate and medical data of patients is stored is not well debugged. Remote monitoring of chronic patients has so far only covered small groups of the population, which may be due, among other things, to the inability to provide a large number of patients in public clinics with digital monitoring devices.

There is greater adoption of technology in the private sector. But since younger and healthier patients are concentrated in this part of the healthcare system, the platforms so far provide more convenient episodic interaction with a doctor (obtaining a second opinion, transferring test results) rather than provides regular monitoring of patients with chronic diseases. The most significant potential of “doctor-patient” telemedicine is not used. The technology is not for those who needs it most.

According to experts, the development of telemedicine in both public and private healthcare is held back by the lack of ability for doctors to make diagnoses during telemedicine consultations. An experimental legal regime introduced this year has slightly expanded the rights of healthcare providers using telemedicine platforms. In the public sector, the problem is also the lack of funding - the development of tariffs for paying for care using telemedicine, according to informants, will require an increase in the compulsory medical insurance budget.

During interviews and focus groups, no signs of high significance of the first level gaps and partly of the second level gaps in the use of telemedicine have been found. At the current stage of technology implementation, it is offered mostly to high-resource population groups who generally show greater interest in technology. This situation is partly explained by the fact that providers of telemedicine consultations (formal - telemedicine platforms, and informal - doctors consulting remotely using improvised means) do not impose special technical requirements on users; in some cases (this was practiced during the pandemic) they are ready to replace video phone call. Representatives of the regions only report the difficulties in using public telemedicine platform connected with personal data confidentiality requirement. Some study participants expressed doubts about the ability of older patients to use telemedicine, but there were also opposing opinions: older people have already fully mastered the simplest digital services (for example, making an appointment with a doctor online) or can count on the help of loved ones. According to study participants, people aged 80 and over may simply not have a mobile phone - the oldest citizens may become a vulnerable group to the first level of the digital divide. The disruption of one of the online focus groups in the Sakhalin region due to bad weather have shown that there may be a gap in the availability of telemedicine between residents of large cities, the “center” and small settlements, the “periphery” of the country due to varying quality of communication.

The study as a whole did not find any arguments in favor of the fact that the motivation to use remote medical consultations depends on resource availability. However, it is likely that individuals with high incomes and higher education may be less trusting of telemedicine because they are more interested in their health and are not inclined to view it as an area of life where they can save time, which is now primarily offered by telemedicine in the private sector. Those with high resources more actively expressed concerns about the liability of a doctor conducting an online consultation and the possible risks of gradually replacing all face-to-face consultations with remote ones. These population groups have less trust in public health care (they believe that no good initiatives in this sector will succeed), and therefore will likely not be ready for remote monitoring if it is provided only by private clinics. On the other hand, high-resources may have a higher demand for alternative opinions and use telemedicine for such additional consultations.

If we talk about the third level gap in the use of telemedicine, which can be recorded during a sociological study, then it can presumably arise between residents of large cities and rural areas, high-resource and low-resource citizens. According to study participants, a telemedicine consultation requires preliminary preparation from the patient (how to describe their complaints, what to ask the doctor), and when communicating with a doctor remotely, some patients may forget about part of the plans. Individuals who pay less attention to their health and have less experience communicating with doctors, including due to the low availability of care, may have a greater predisposition to such problems and, as a result, to more significant losses with the transition to remote consultations. Non-medical benefits from the use of telemedicine (reduction in lost work time and earnings, as well as time to communicate with family and children) are more likely to be noticed by representatives of high-resource groups.

Today, telemedicine is developing more actively in the private healthcare sector and often provides service benefits rather than effective management of patients with chronic diseases. As a consequence, citizens who could benefit most from the development of technology for health reasons (chronically ill people, older people) do not recognize the technology as addressed to them. Telemedicine creates a digital divide, primarily at the second level – in motivation to use technology. To overcome this gap, experts consider it appropriate: (1) conducting educational work with patients about the essence and objectives of telemedicine consultations, (2) motivating doctors to connect to telemedicine consultations, forming a positive image of telemedicine “doctor-patient” consultations among the medical community, influencing Patients' perceptions of telemedicine through their physicians. (3) To increase citizens’ trust in technology, we consider it advisable to develop transparent quality signals for telemedicine consultations for patients. In conditions of reduced trust in the healthcare system, patients have developed some rituals, “rules”, the observance of which allows them to reduce anxiety when visiting a doctor. Experts note that when moving from face-to-face consultations to remote ones, some of these rituals do not work, which reduces confidence in telemedicine. There is a request for new "rules".

1. **Level of implementation, recommendations on implementation or outcomes of the implementation of the results**

The results obtained during the project can be used by researchers in the field of social consequences of transformation, sociology of medicine, as well as by decision makers and practitioners involved in the process of digitalization of Russian healthcare.