A central element of President Obama’s 2010 healthcare legislation offers healthcare coverage to millions of Americans. Under the legislation, the federal government will pay for the expansion through 2016 and no less than 90% of costs in later years. Still, 26 states rejected the opportunity to open coverage or to allow federal subsidies on the new health exchange “marketplaces” to individuals. Approximately 60% of the country’s uninsured working poor resides in these states. According to a census data analysis by The New York Times, two thirds of poor African Americans and single mothers and more than half of the low-wage workers who do not have insurance because they live in states that declined to participate in a vast expansion of Medicaid are left behind; “among those excluded are about 435,000 cashiers, 341,000 cooks, and 253,000 nurses’ aides.” These are the individuals you, your patients, and their caregivers depend on in various facilities throughout the vast healthcare delivery system.

We have a nation with persons who remain outside of the system. Some (ie, the poor and entirely disenfranchised) face financial barriers. Others have psychological barriers (lack of education, lack of self-worth, or stigma and embarrassment) that can interfere with proactive, health-seeking behavior. For others, causal factors (lack of time and convenience) prevent individuals from seeking diagnosis and intervention.

American ingenuity and technology have come to the rescue with “telehealth.” At American Well™ (Boston, MA), one of several companies to utilize the emergent technology, you go online (or call a toll-free number) to set up an account and select a local, licensed physician in your state of residence from a list of choices that includes backgrounds, ratings, and other important decision criteria. Using the web or a mobile app, you see and speak with a physician who will review your history, answer questions, diagnose, recommend treatment, and if necessary, prescribe medication and provide a referral to a specialist. Your prescription is immediately sent to your pharmacy for pick-up or delivery. The entire encounter is designed to be secure, confidential, and HIPAA-compliant.

The benefits for the budget- or time-constrained person are substantial, because telehealth, particularly for the individual without a primary care provider, offers privacy, convenience, easy access to clinician appointments, prompt (within 3 minutes on average) attention, immediate access to prescription medicine, and savings.

What are the implications of this new option for Americans with bladder and bowel control problems? The National Association For Continence’s (NAFC) nationwide survey of women ages 40 to 65 years, conducted 5 years ago, revealed that about one third with self-reported symptoms of overactive bladder (OAB) had never sought treatment. Specifically, nearly two in five women with nocturia (172 out of 478, 36%) surveyed had never sought treatment for symptoms of OAB, and 365 out of 478 (76%) reported they waited longer than they should have to consult a medical professional. With telehealth, meaningful numbers of patients will find immediate, private, cost-effective access to a quality doctor. For someone suffering with a painful urinary tract infection, this could mean the difference between an emergency visit to an urgent care center or hospital and a $50 login or call from home.

The opportunities for improved access could prove even greater for men. The Men’s Health Alliance has determined that men make half as many preventive care visits to providers as women and are far less able to identify their primary care provider. The gender gap widens for male racial/cultural minorities, men with lower incomes, and men without any healthcare coverage.

With Bladder Health Week celebrated November 11–15, 2013, the NAFC is enhancing its messaging (visit bladderhealthawareness.org) to help inform Americans that another pathway to affordable healthcare is available, thanks to technology and a spirit of innovation.

References