

Patient & Provider Perceptions of Rapid Telehealth Implementation During COVID-19

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INTRODUCTION: Background

- COVID-19 has forced rapid implementation of telehealth to safely continue care for patients and providers
- **Reported historical barriers to telehealth utilization:** Limited reimbursement, clinician unwillingness, and org-redesign¹
- Studies have explored telehealth implementation strategies and characteristics of users; little is known about effectiveness to address COVID-19 from patient and provider perspectives in a variety of ambulatory settings.²



Aim Statement

To assess patient and provider perceptions after rapid telehealth implementation during the COVID-19 public health emergency.

METHODS: Interventions

Provider & Patient Surveys: April-May 2020

- **Physicians:** Electronic-based surveys
 - Eligibility: conducted 1+ telehealth visit during COVID-19
- **Patients:** Telephone-based survey conducted by 6 surveyors
 - 2,400 randomly selected from 45,225 patients who had 1+ telehealth visits between March 21-April 20, 2020
 - Stratified: 1,200 video visits, 1,200 telephone visits

Survey Domains: 5-point Likert scale

Relationship-based care, technical and operational considerations, COVID-19- related issues, overall satisfaction, willingness for future telehealth visits, open-ended questions about visit experience

Subanalyses

- Explored differences based on age, gender, race/ethnicity, and modality (telephone v. video)

Qualitative Data

- Inductive, semantic approach for thematic analyses

METHODS: Measures/Metrics

Statistical Analysis:

- Continuous variables tested using Shapiro-Wilk test
- Skewed data tested using Wilcoxon Rank-Sum test if data distributed within two groups; ANOVA test if data were distributed among three or more groups
- Categorical variables tested using Fisher's Exact test if variables were dichotomous or Chi-Square test if variable had more than two categories
- Analysis generated using Statistical Analysis Software (SAS)

IRB Submission

- Deemed exempt by IRB at Lahey Hospital and Medical Center

RESULTS

Patients: 1,729 were called, 969 were reached and 778 participated (80.3% response rate for those contacted)

Demographic data: 59.1% female, 94.9% White/Caucasian, 60.6% telephone-only visit

Providers: 348/753 (46.2% response rate).

- 73% MD/DO, 27% APs.

Subanalyses:

- Older patients more likely to use telephonic visits (72 phone v. 63 video median age, $p=.001$)
- Video visits had more satisfaction than phone (94.4% video v. 88.4% telephone, $p=.0097$)

Qualitative Data- Themes in both surveys:

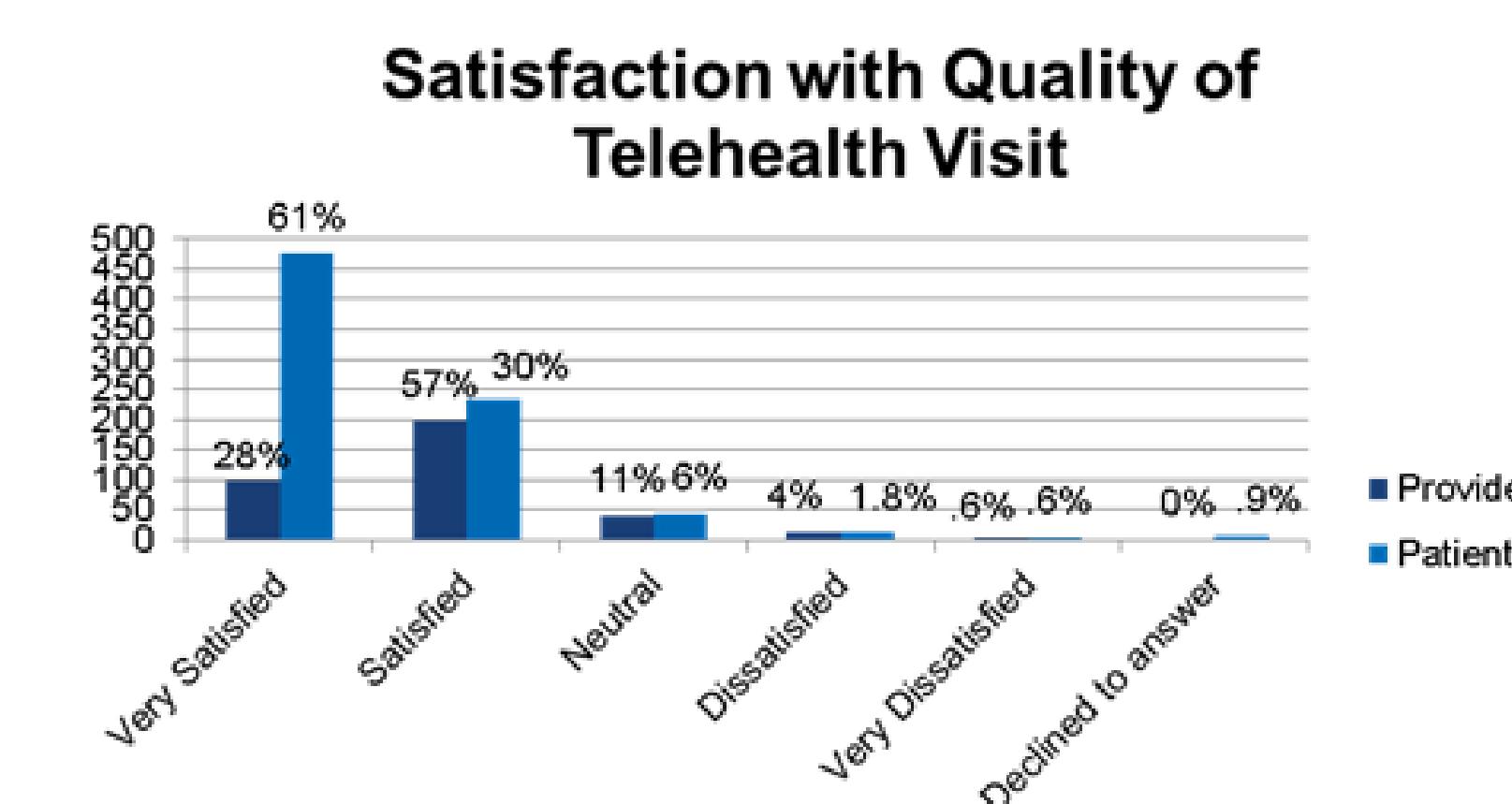
1) Care continuity, 2) Flexibility/convenience, 3)Technology, 4) COVID-19

"Logistics were better. I didn't have to worry about the 25 min. commute or get daycare for my kids". -Patient

"The most important positive of telehealth is that it decreases isolation in this public health crisis. My patients have been profoundly grateful for my being there for them at a time when they feel alone and disconnected in so many other ways". -Provider

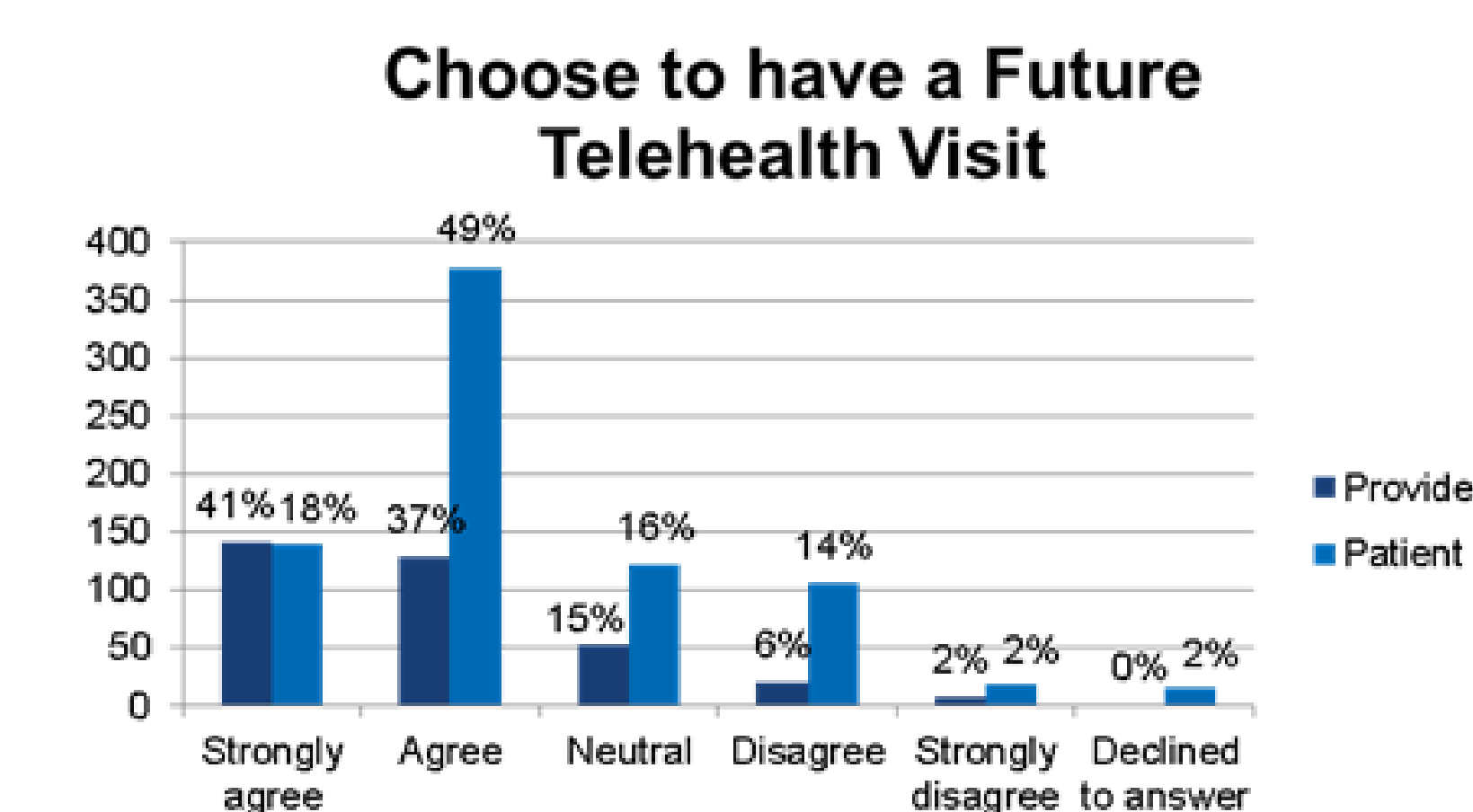
RESULTS: Continued

Primary Outcomes: Overall Satisfaction & Future Visits



Provider n=348
Patient n=778

91.1% of patients and 84.5% of providers reported overall satisfaction



Provider n=348
Patient n=778

66.6% of patients and 77.3% of providers would choose telehealth appt. in the future

Discussion: Barriers & Strategies

Key Findings

- High levels of satisfaction, acceptance, convenience and overall positive perceptions
- Supported relationship-based care
- Telephone used more by older patients and still highly effective in providing quality continuation of care

Limitations

- No information on provider demographics and missing demographic information on subset of patients
- No robust data on "opt out" patients for reasons not engaging in telehealth

Next Steps and Sustainability

- Desire to continue past COVID; continue to support financially
- Implications for clinicians and policy makers-understanding of mechanisms to make program even more successful

References

1. J Telemed Telecare. 2020 Jun; 26(5):309-313. doi: 10.1177/1357633X20916567. Epub 2020 Mar 20.
2. JMIR Public Health Surveill. 2020 Jun 25; 6(2): e19045. doi: 10.2196/19045. Telehealth as a Bright Spot of the COVID-19 Pandemic: Recommendations From the Virtual Frontlines ("Frontweb").