



Telehealth Research & Reports: Early Findings from Use of Telehealth amidst a Pandemic

Wednesday, June 30, 11am-12pm EST

Presenters:

Jillian Harvey, MPH, PhD
Medical University of South Carolina

Michele Stanek, MHS, PCMH-CCE
SC Center for Rural and Primary Healthcare

This webinar is being recorded.

*The webinar recording and presentation
will be available after the webinar.*



Introducing: *Telemedicine Research & Reports*

- Bi-annual webinar hosted by PCC and co-sponsored by MUSC and SCTA
- Goal: Sharing innovative telehealth research and evaluation occurring across SC



This presentation was supported in part by the HRSA National Telehealth Center of Excellence Award (U66 RH31458), the Agency for Healthcare Research and Quality (1R01HSO28284), and the South Carolina Telehealth Alliance. The contents are those of the speakers and do not necessarily represent the official views of, nor an endorsement, by HHS or the U.S. Government.

Early Insights: Patient and Provider Telehealth Experiences During COVID-19



Amanda James, BSN

Kit Simpson, DrPH

Natasha Ruth, MD

Whitney Marvin, MD

Kathryn King, MD, MHS

James McElligott, MD, MSCR

Jillian Harvey, MPH, PhD



This presentation was supported by a grant from the
Agency for Healthcare Research and Quality
(1R01HSO28284)

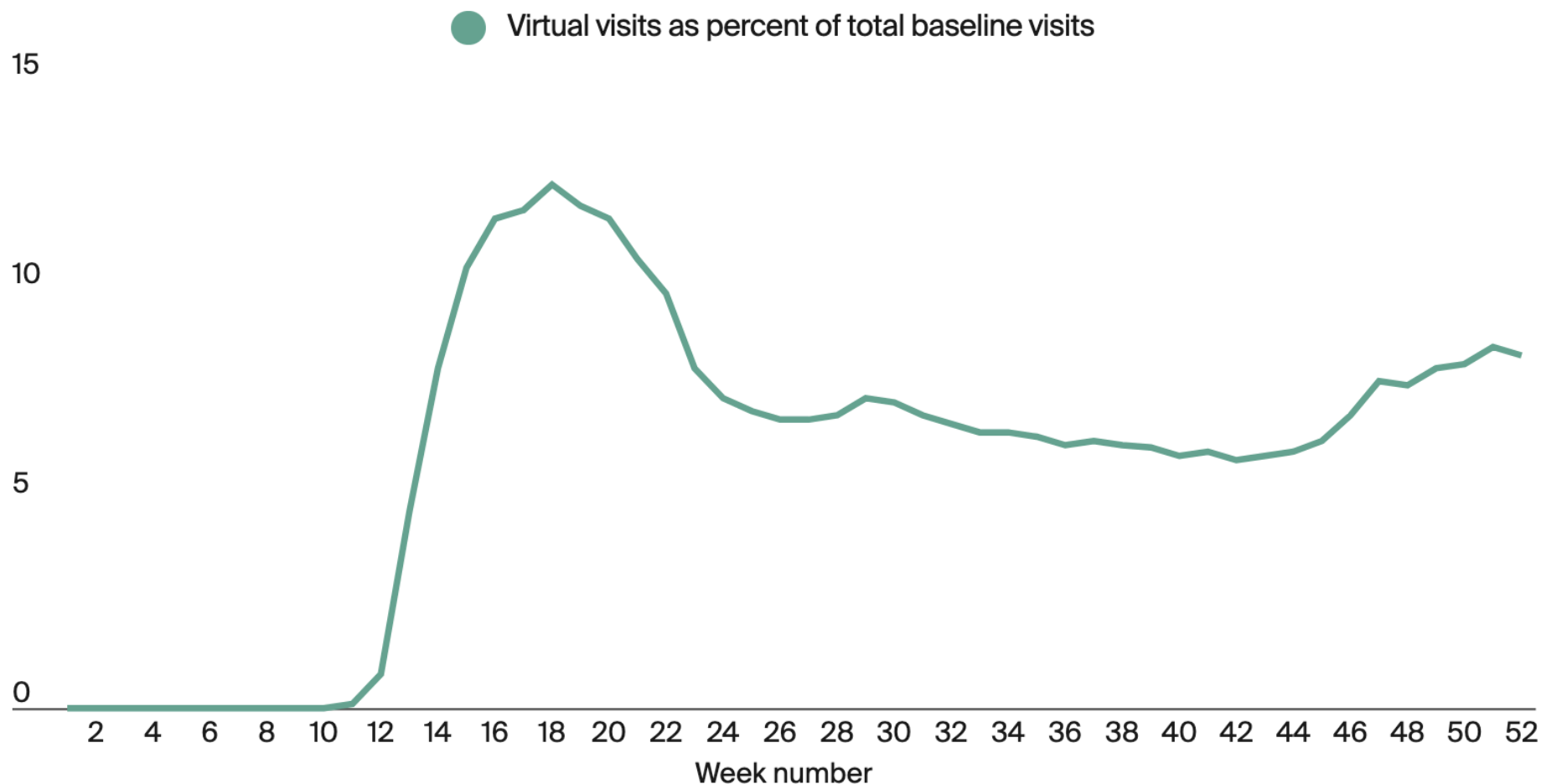
Background

- Prior to 2020, telehealth visits were commonly acknowledged as popular with providers and patients yet contributed relatively small volumes to overall care delivery.^{1,2}
- COVID-19 drastically changed how healthcare is delivered.^{1,2}
- Traditional outpatient appointments were rapidly converted to video visits to maintain the access and continuity of care.^{1,2}
- It is hypothesized that telehealth visits will find a new balance: lower than pandemic levels, but greater than pre-2020.
- It is important to understand the patient and provider experiences with telehealth services during this exponential growth and incorporate lessons learned.



National Telehealth Trends¹

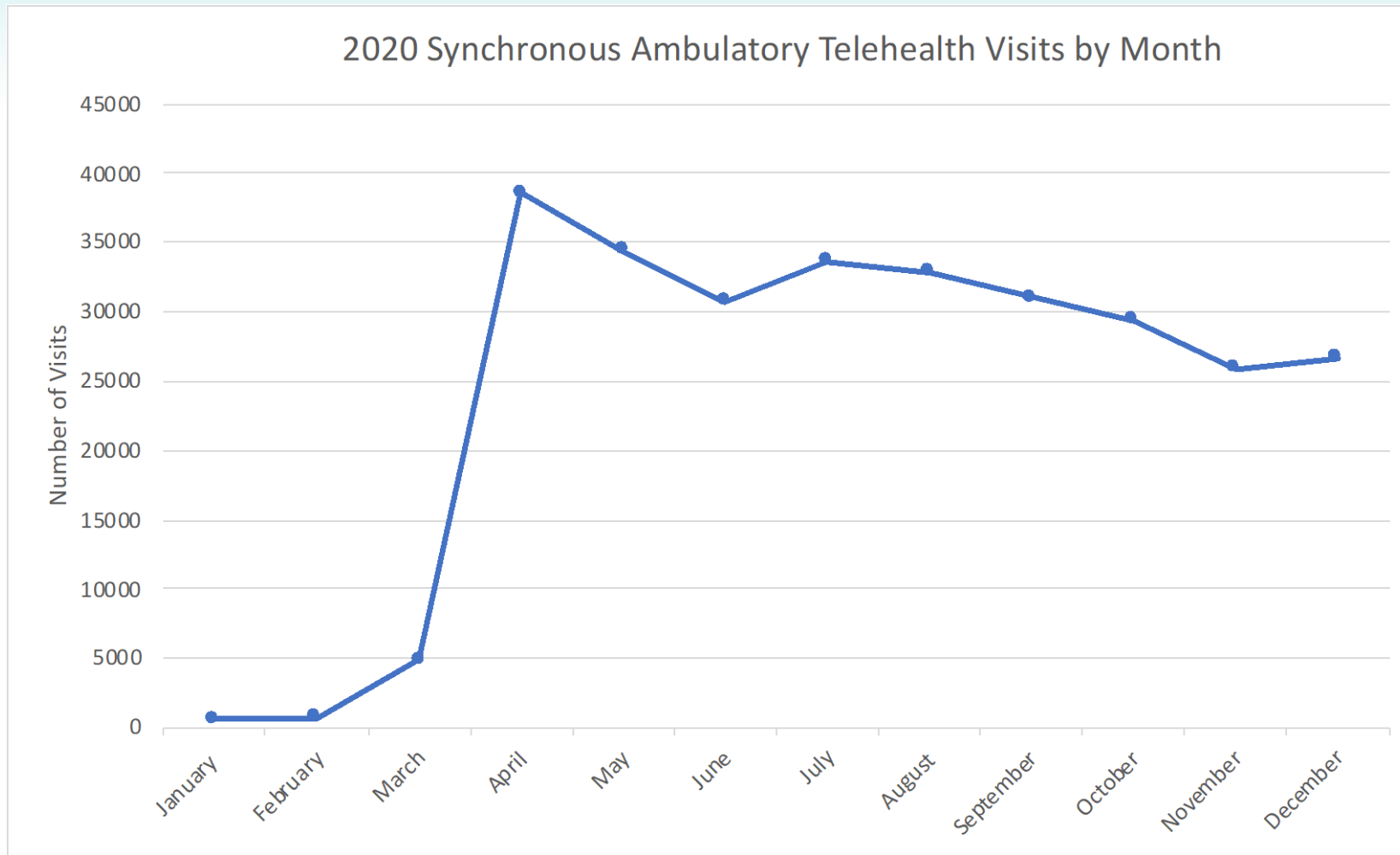
Percent change in visits from baseline



Note: Data are presented as a percentage: the number of telemedicine visits in a given week is the numerator, while the number of visits in the baseline week (March 1–7) is the denominator. Telemedicine includes both telephone and video visits.



MUSC Trends



Multi-Methods Examination of Patient & Provider Experiences

- Patient-level
 - Patient Visit Data
 - Press Ganey Patient Surveys
 - Pediatric Telehealth Visits October 2020
 - Pediatric In-person Visits October 2019
- Provider-level
 - 8 focus groups held via Teams with Pediatric Divisions (3 hours)
 - Held between 10/26/2020-3/30/2021
 - Discussion topics focused on factors that facilitate and enhance physician well-being
 - Recorded, de-identified and transcribed verbatim
- Content Analysis
 - Initial coding using pre-defined categories based on theoretical frameworks from the literature
 - New thematic categories created to capture emerging themes
 - Nvivo® for data management
- Descriptive Statistics to compare telehealth and in-person survey results





Results

Patient Feedback

- 100% of telehealth patients left written comments
- 79.5% of in-person patients left written comments



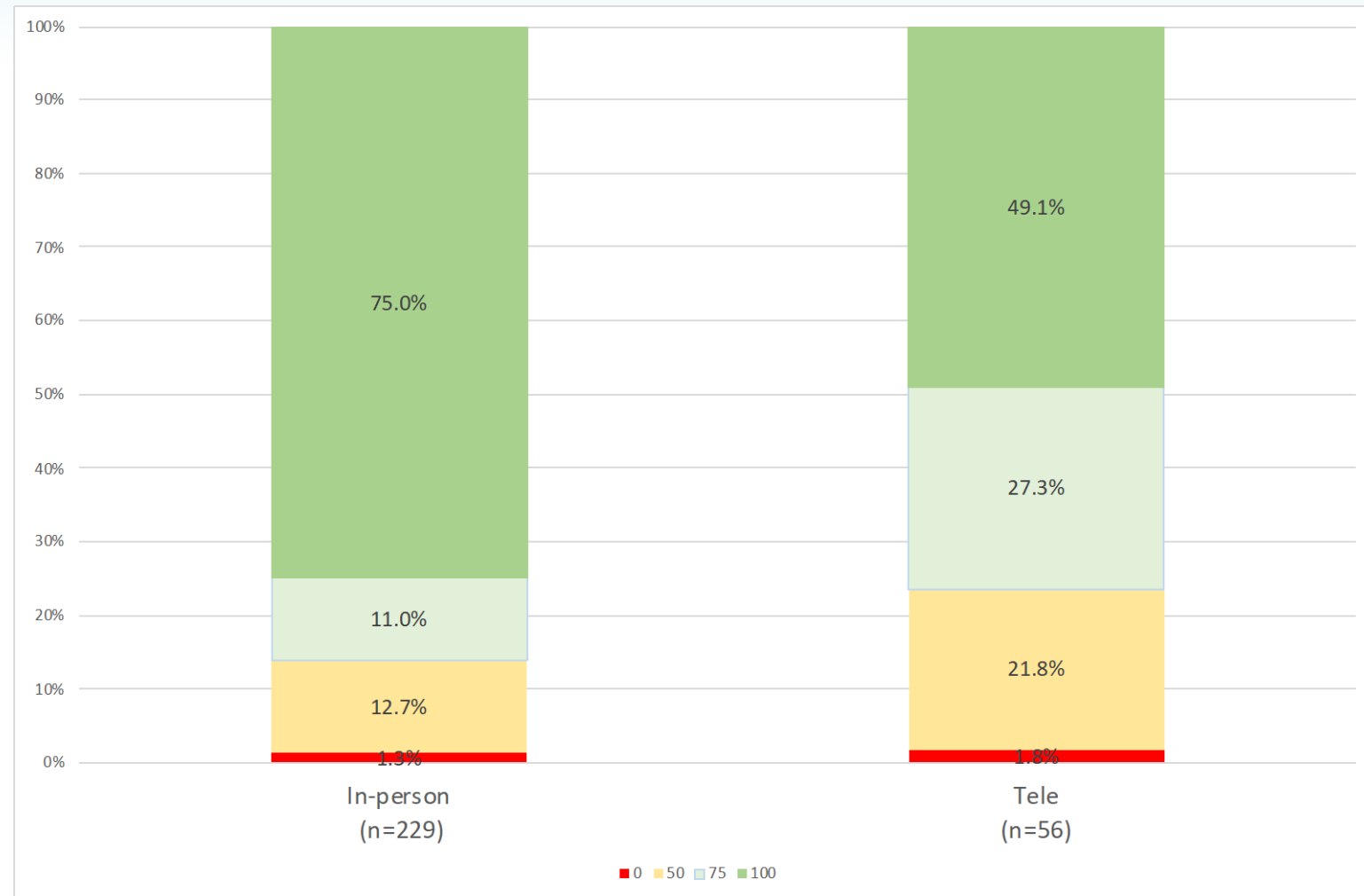
Patient Respondent Characteristics n=285

	In-person (n=229)	Tele (n=56)	p-value
Age mean(std)	9.0 (5.6)	9.4 (5.1)	p=0.6041
Sex			p=0.177
Female	113 (49.3%)	22 (39.3%)	
Male	116 (50.7%)	34 (60.7%)	
Race			p<0.0001
Black/African American	46 (20.1%)	16 (29.1%)	
White	155 (67.7)	24 (43.6%)	
Other	23 (10.0%)	6 (10.9%)	
Unknown	5 (2.2%)	9 (16.4%)	
Payor			p=0.002
Commercial Insurance	98 (42.8%)	12 (21.4%)	
Managed Care	33 (14.4%)	5 (8.9%)	
Medicaid	84 (36.7%)	35 (62.5%)	
Self-Pay	9 (3.9%)	0	
Tricare	5 (2.2%)	4 (7.1%)	

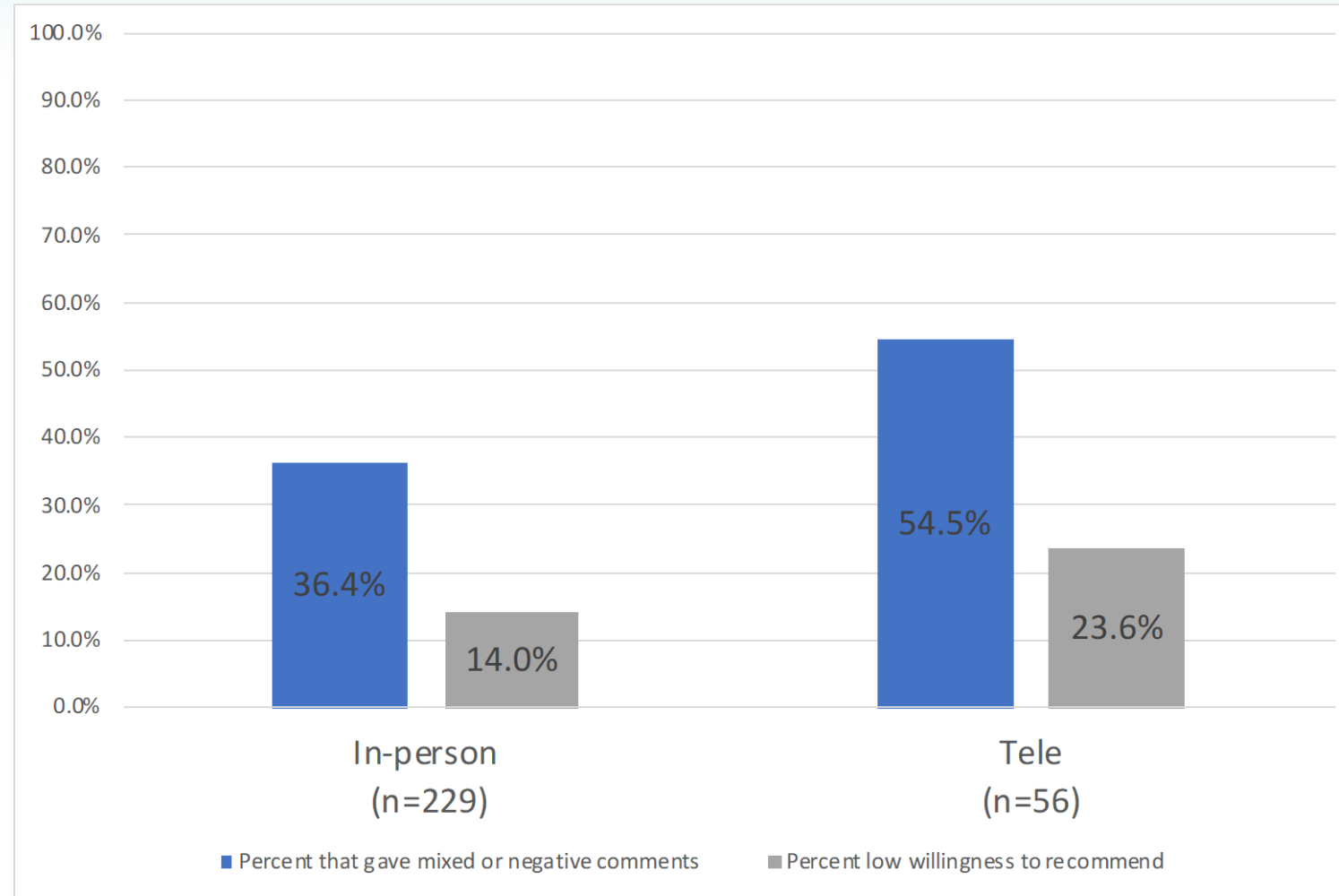


Patient Willingness to Recommend

p=0.002



Patient Comments Tell a Story-Not Observable in Survey Numbers Alone



Different Factors Driving Patient Experience Across Settings

In-Person Focus

Timeliness

- *6 months to get an appt is outrageous*
- *5 minute wait- excellent!*

Patient Centered Care

- *Very brief, dismissive, spoke over me when I attempted to bring up a concern with the treatment he suggested.*
- *Explains things well, and very caring towards my son.*

Telehealth

Efficiencies

- *Video connection worked, but audio with video did not work*
- *Wasn't intuitively obvious about how to log on. Had to call support. Our virtual appointment was interrupted in the middle of apt and had to reconnect.*
- *Everything was great and we were glad not to spend five hours driving back and forth that day!*



Telehealth: Enhancing Physician Well-being

I actually get to eat lunch because we have our Telehealth schedule. We actually have a break. When we are in person, we don't have a break. So, the fact that I can actually eat lunch. It's great, I think there's a huge benefit.

I have to say this - even the ability to put in a load of laundry. During the day. Or clean the kitchen. I mean, these are all tasks that literally just pile up...If my patient doesn't take as long as I think- to be able to run out there and do some housework is very helpful to me. Aside from just seeing my husband for which is lovely and my kids.

The fact that I get to actually have lunch and having lunch with my husband for the first few months of the pandemic was wonderful after never having lunch together...There's a lot of benefits, and then at the end of the day, because I'm not having to be in the car again, I can go for walks... I've had to really-make changes, so I go for walks, and I also bought myself a little mini trampoline. So that if all of a sudden, I have 15 minutes 'cause a patient cancelled.



Challenge: Finding New Norms and Balance

I like being at home for all of those reasons...I actually feel like my life is gotten more chaotic...Maybe because I'm just not good at barriers, but I think in COVID times that's been really difficult. Because technically, you can be on a zoom meeting, or you can be at doing a consult. Or you could be doing tele any day of the week. I feel like my days that I used to have dedicated to do like my academic stuff have been pretty much awash ... I feel like the barriers or the boundaries, rather of when you could be an academic person have shifted, especially for people like me who have children, who if I'm home then I'm my kids don't understand the difference between work life and me just being home.



Next Steps & Process Improvements

But currently as the structure stands, there are so many little impediments. I don't have control, I can't schedule patients. I can't arrive a patient. I can't. There's so many people I have to ask to help with those dumb little things. That if I had control over my schedule, I could make a schedule for Saturday. Right?

I love working from home, I love being able to come up with like new innovative ways to serve my patients. But at the same time, I do worry about what I'm losing in terms of connection to the people that I work with. I feel like I'm so much more productive now, but then those relationships are definitely disintegrating.



Discussion

- Different factors drive patient experience in in-person vs. telehealth visits
- The telehealth concerns were primarily related to technology and audio issues
 - Low hanging fruit?
 - After technology issues are resolved will patient satisfaction surpass in-person?
 - Or will patients move on to higher-order issues, such as patient centeredness?
- Telehealth is a promising way to improve physician well-being
 - How do we ensure healthy work/life integration?
 - How do we maintain interprofessional teams and relationships?



Conclusions and Next Steps

- Patient and provider qualitative data provide rich insight into the drivers of patient satisfaction-these data should not be overlooked.
- Due to the rapid transition to telehealth during COVID-19 there is a need for process improvement and standardization of norms for both patients and providers.
- Researchers, clinicians, and administrators should continue to monitor satisfaction and experience, to understand if drivers or outcomes change once the technological barriers are overcome.



References

1. Mehrotra, A., Chernew, M., Linetsky, D., Hatch, H., Cutler, D., Schneider, E. (2021). The impact of COVID-19 on outpatient visits in 2020: Visits remained stable, despite a late surge in cases. Commonwealth Fund. Available at: <https://www.commonwealthfund.org/publications/2021/feb/impact-covid-19-outpatient-visits-2020-visits-stable-despite-late-surge>
2. Ramaswamy, A., Yu, M., Drangsholt, S., Ng, E., Culligan, P., Schlegel, P., Hu, J. (2020). Patient satisfaction with telemedicine during the COVID-19 pandemic: Retrospective cohort study. *Journal of Medical Internet Research*, 22(9): e20786.



Telehealth Utilization in SC during COVID-19

Environmental Scan

Michele Stanek, MHS

Associate Director

SC Center for Rural and Primary Healthcare

Aims

- **Identify how the utilization of telehealth among rural health centers, federally qualified health centers, and other ambulatory care providers in SC has changed as a result of the COVID-19 pandemic**
- **Identify barriers and facilitators (policy, technology, workforce, etc.) to the successful adoption of telehealth among these clinics**
- **Determine differences in telehealth utilization between different types of providers, types of services and populations served**

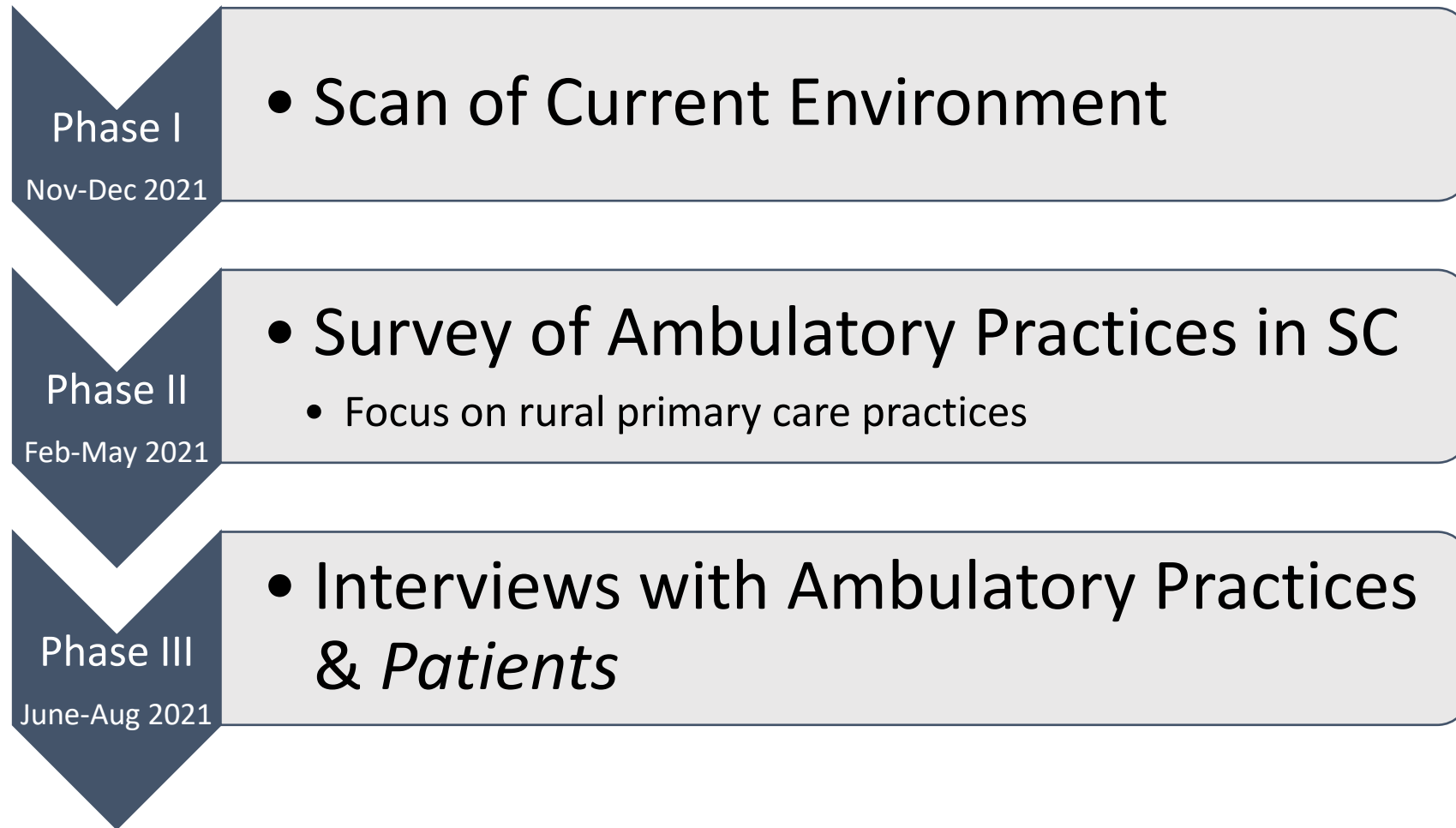
Partners

SOUTH CAROLINA
Telehealth
ALLIANCE



SOUTH CAROLINA OFFICE OF
RURAL HEALTH
Investment. Opportunity. Health.

Methods



Survey Methods

Survey developed from multiple existing telehealth-related surveys

Survey pretesting (expert evaluation & respondent debriefing)

- Comprehension, Logic & Flow, Length & Adherence

Domains:

- Practice Characteristics
- EHR & HIT Capacity
- Telehealth Adoption/Capacity
- Telehealth Utilization
 - Pre- and Post-Covid
- Facilitators and Barriers to Telehealth Utilization

Administered using RedCap Platform

Survey

Telehealth:

For purposes of this survey, telehealth is defined as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration

Telehealth technologies:

- Synchronous Video Visit through EHR platform or Telehealth platform
- Synchronous Video Visit through teleconferencing platform
- E-consults
- E-visit Asynchronous Evaluation
- Remote Patient Monitoring
- Remote Care Management/Health Coaching

Survey

Distributed in partnership with SC Telehealth Alliance, Palmetto Care Connections and South Carolina Office of Rural Health

Email sent to practices inviting them to complete the survey on three occasions

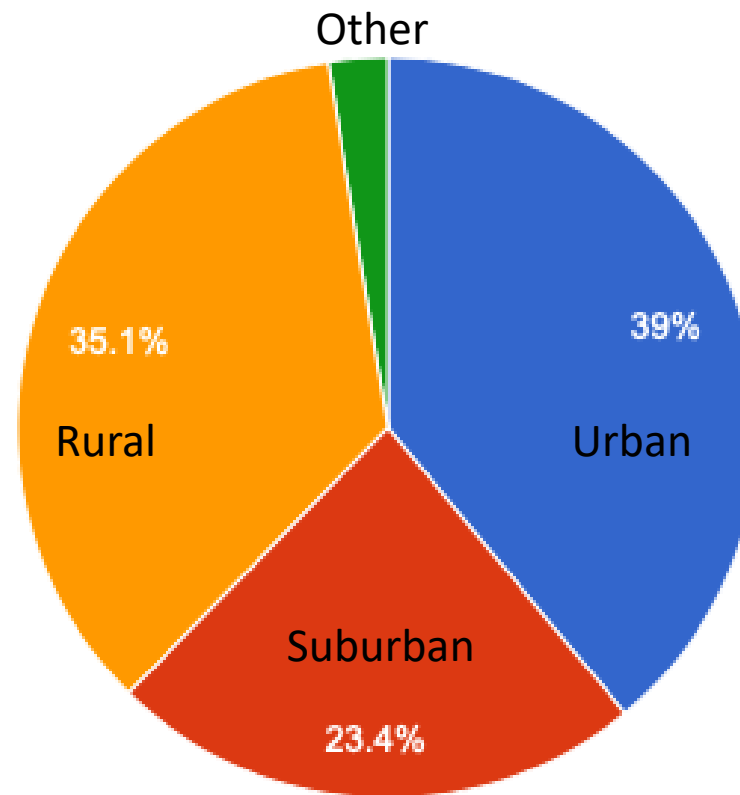
Targeted invitations sent to ensure representation of rural providers and known telehealth providers

\$30 raffle offered for participation

77 respondent practices; represents >1000 physicians or providers

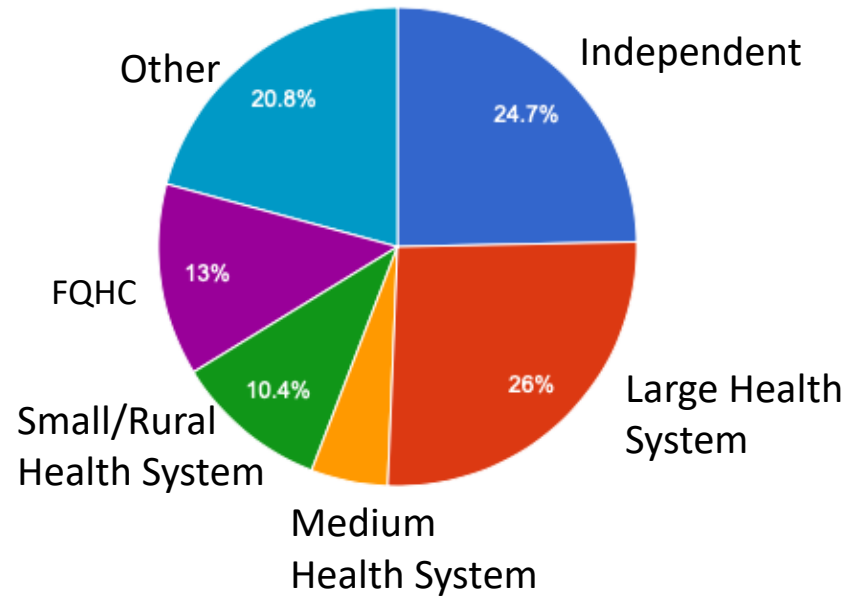
Exemption determination was received from the University of South Carolina Institutional Review Board for this study

Practice Location

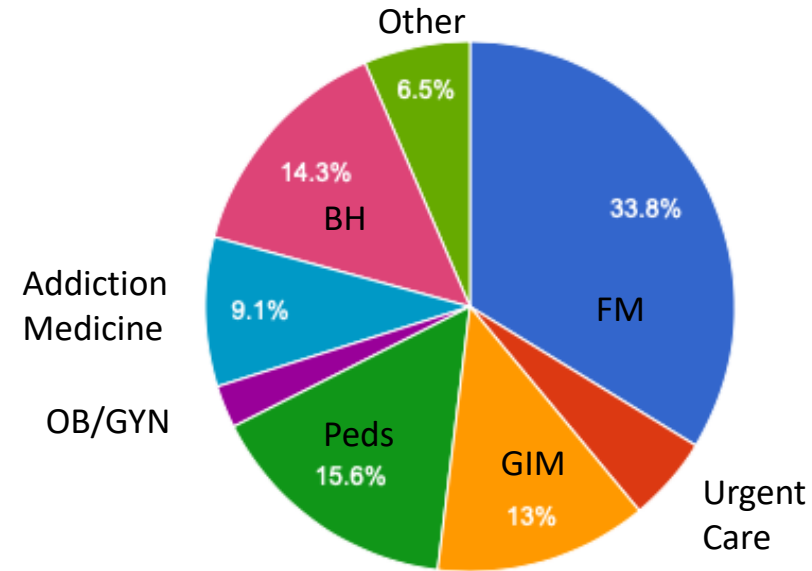


Results

Practice Ownership



Practice Specialty



Results

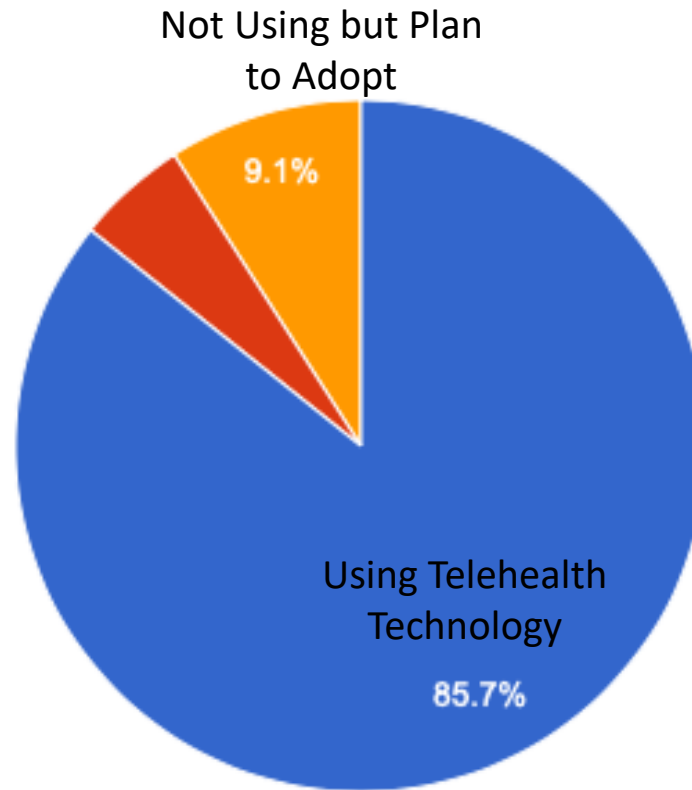
89.6% of practices had an EHR

EHRs:

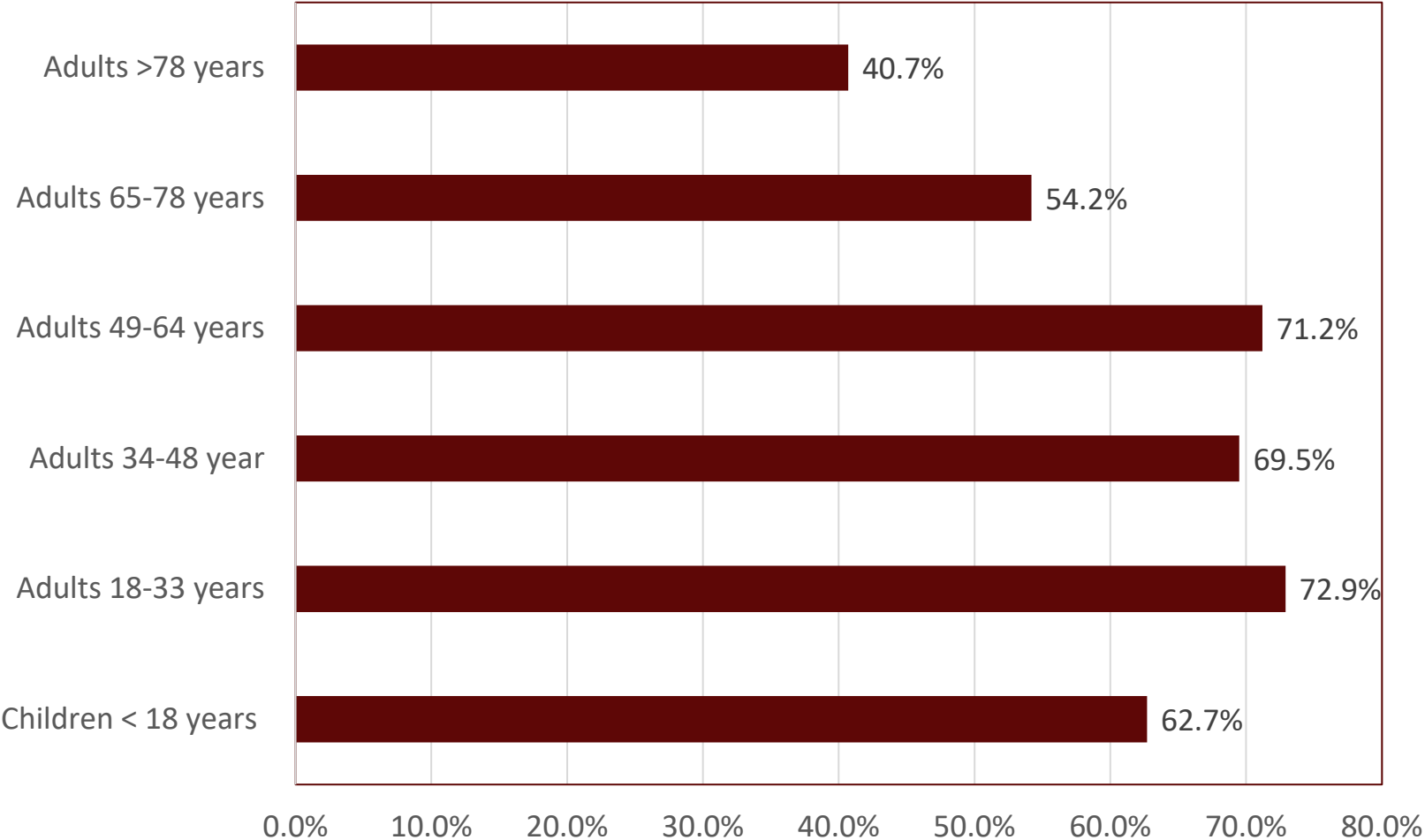
- **27.5%** **EPIC**
- **24.6%** **eClinical Works**
- **5.8%** **ATHENAHEALTH**
- **4.3%** **MediTech**
- **1.4%** **Azalea**
- **33.3%** **Other**

51.4% had EHR < or = 3 years

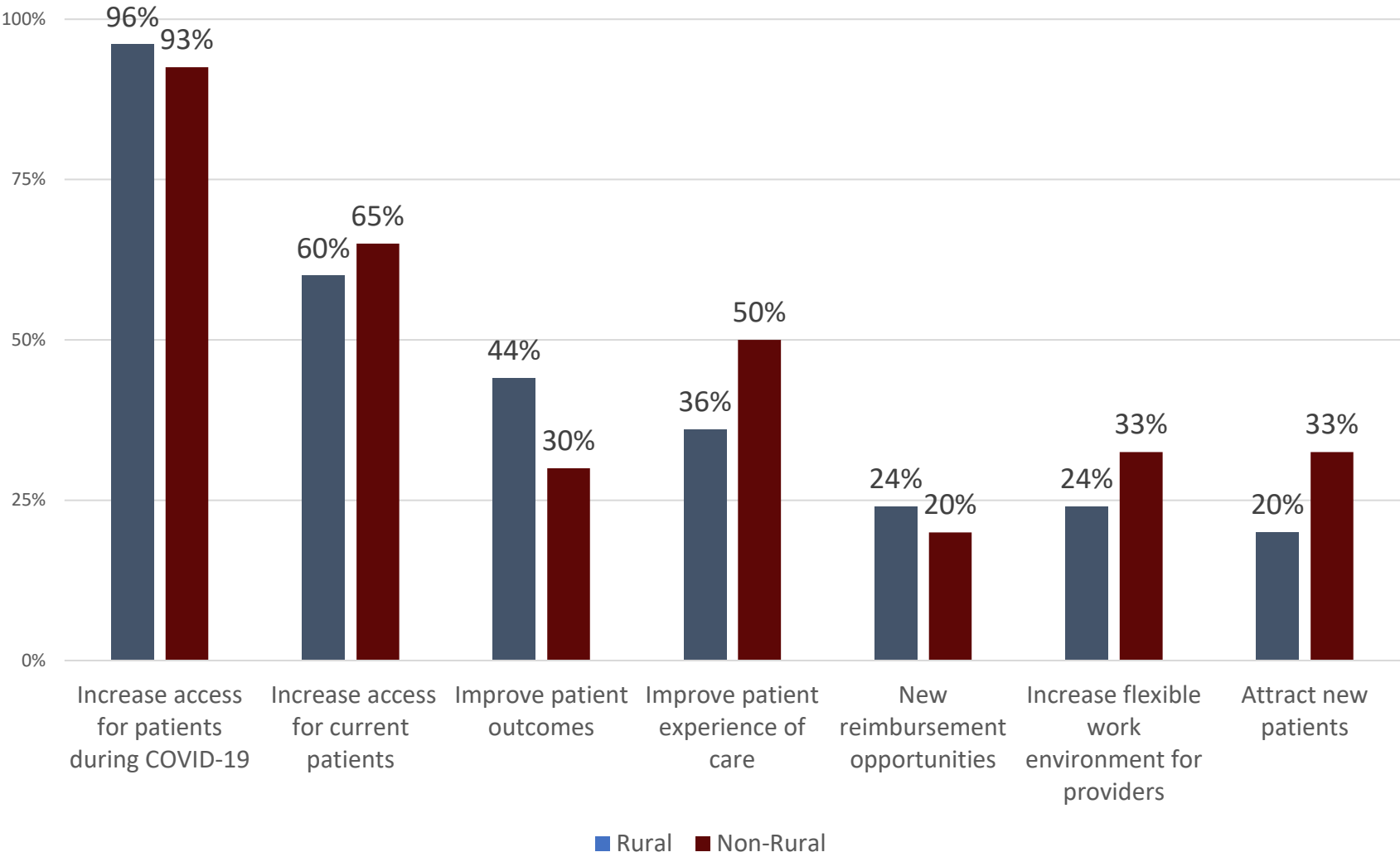
Using Telehealth Technology



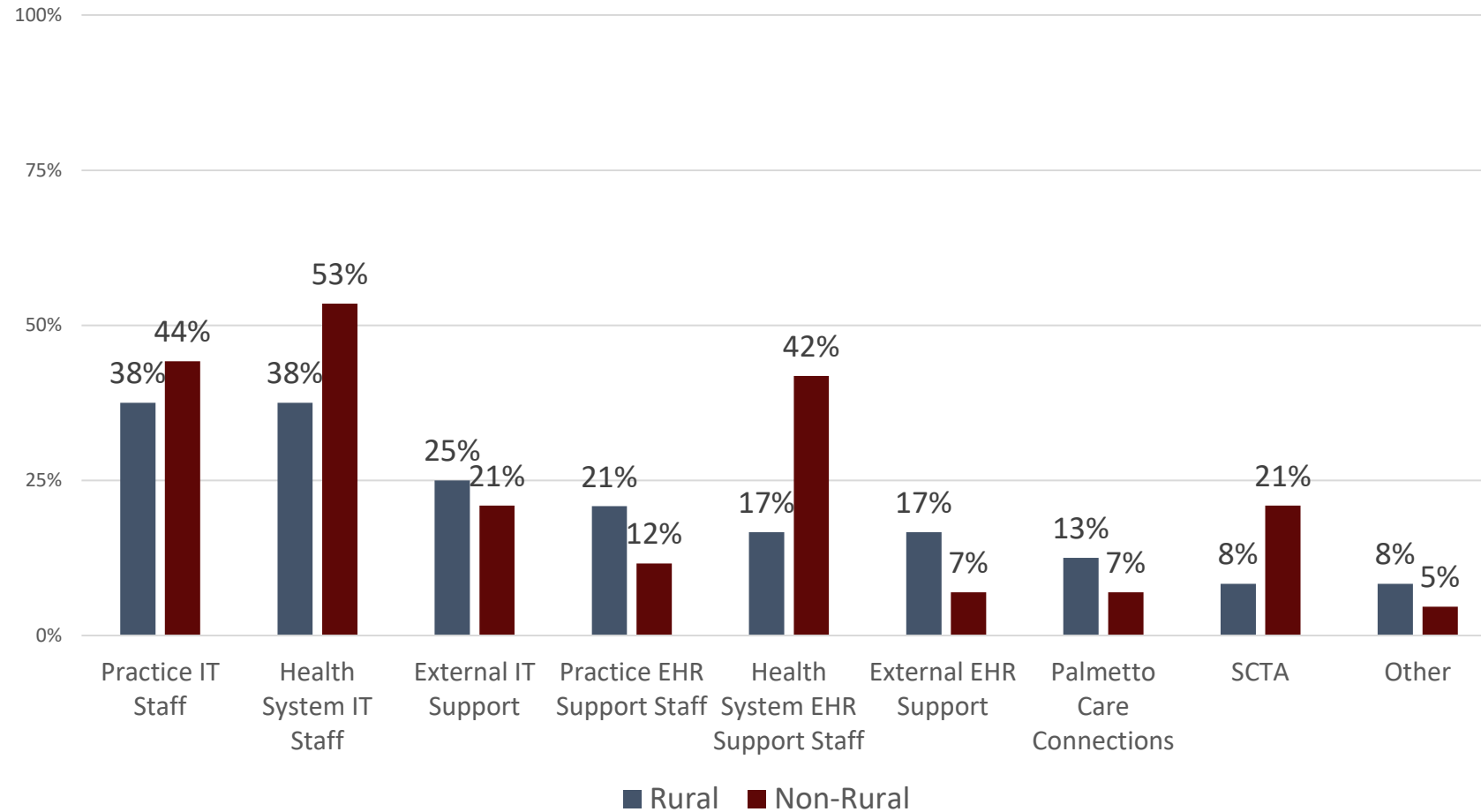
Patients participating in Video Visits



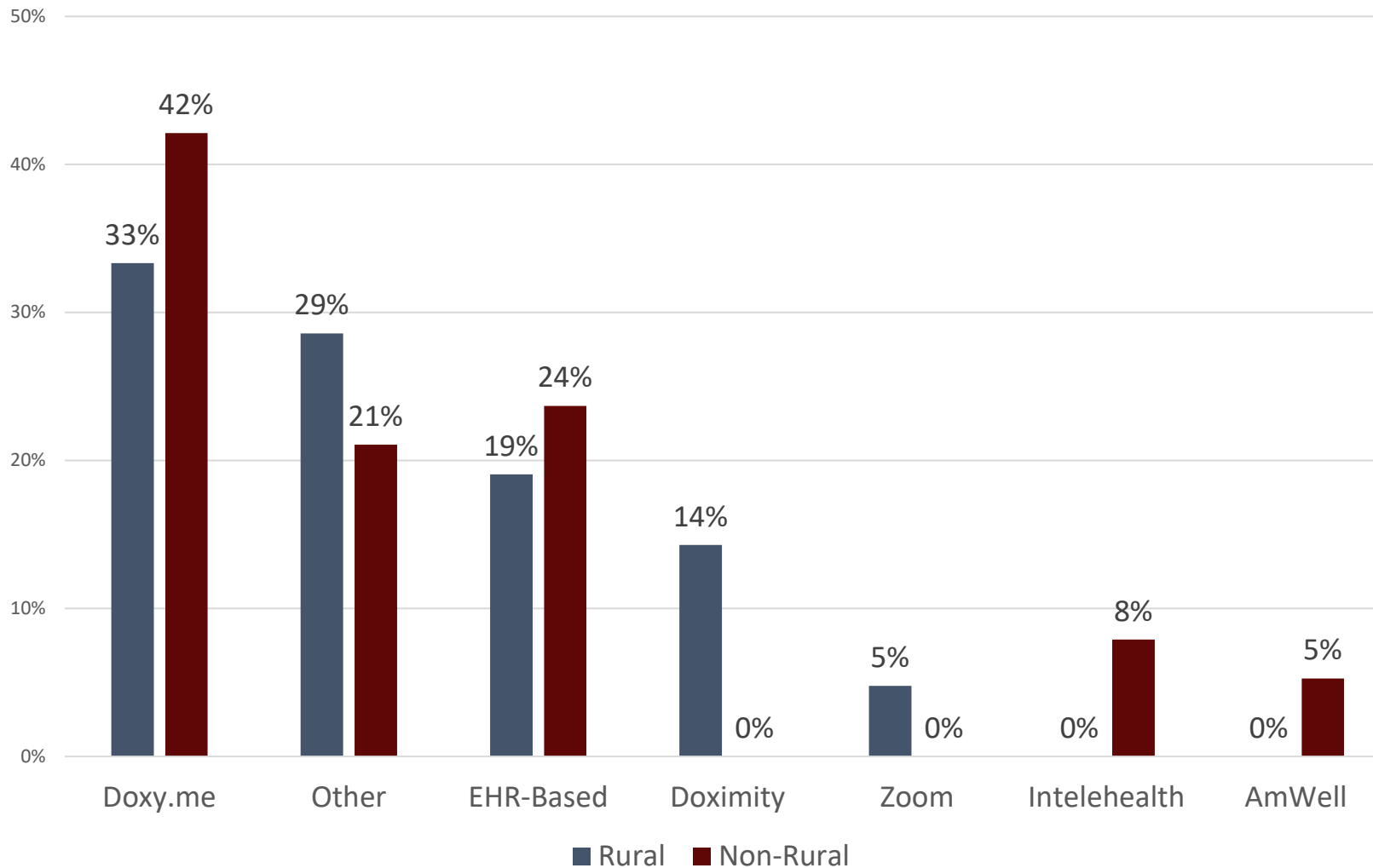
Reasons for Using Telehealth



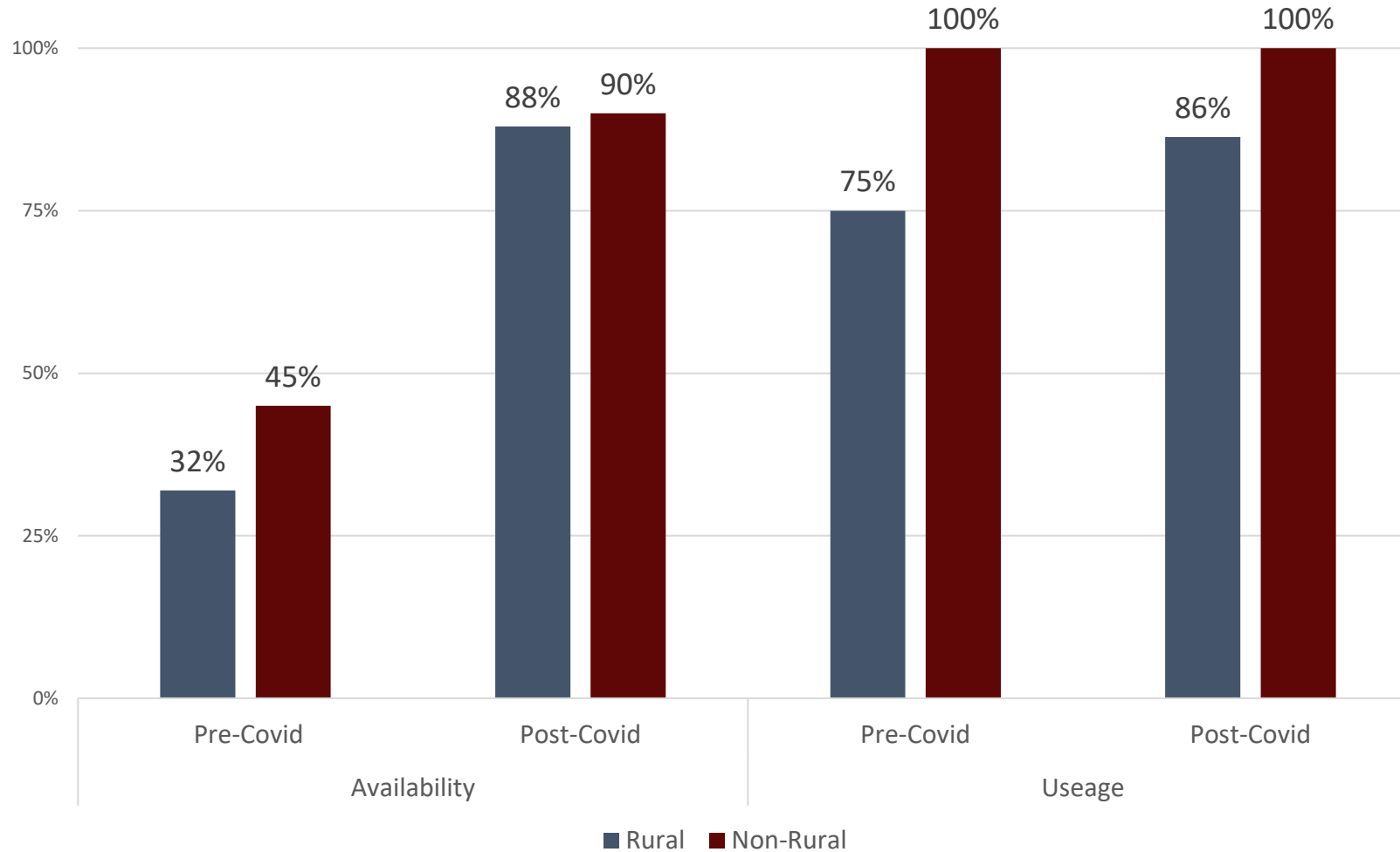
Support Available for HIT/Telehealth



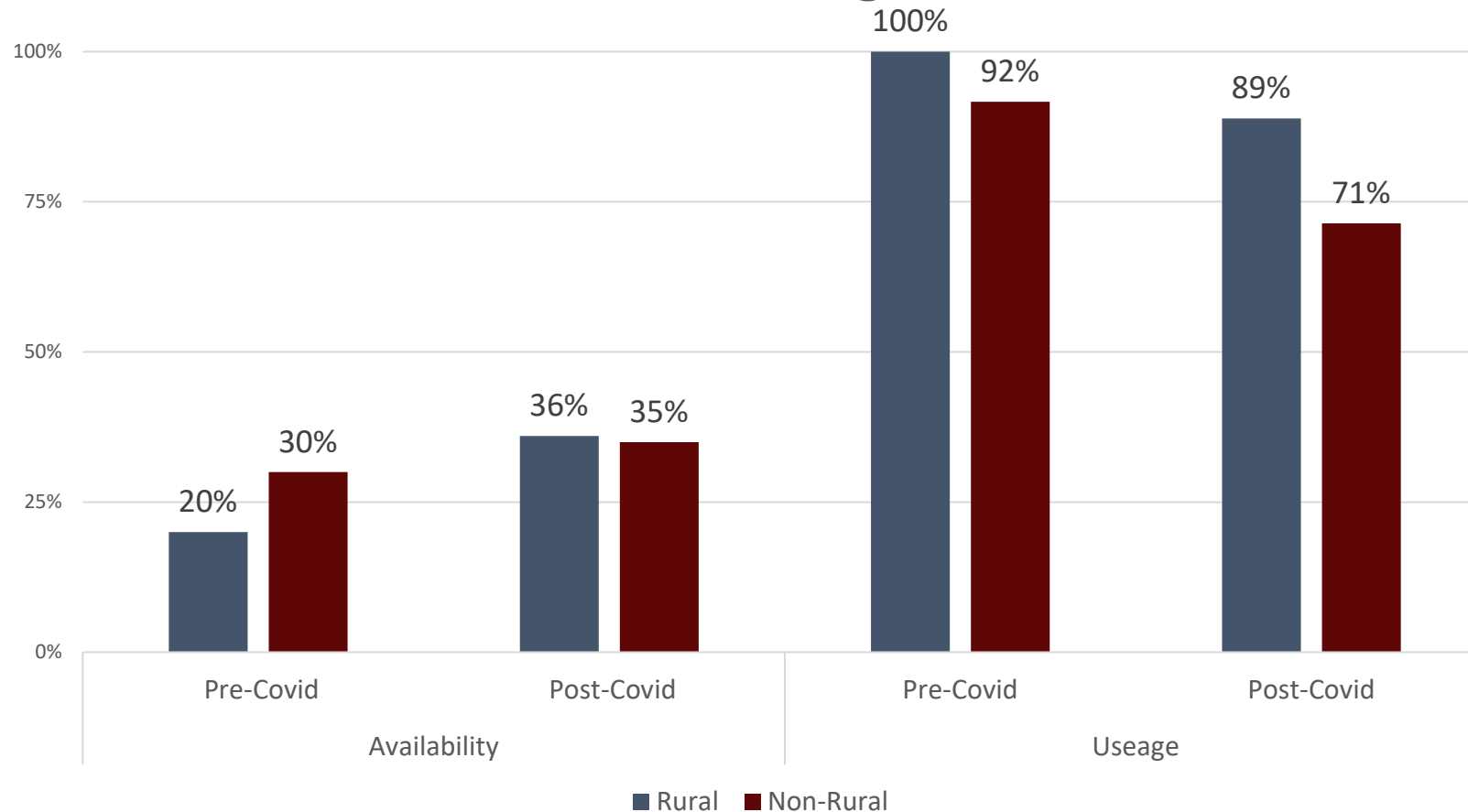
Telehealth Platform Used



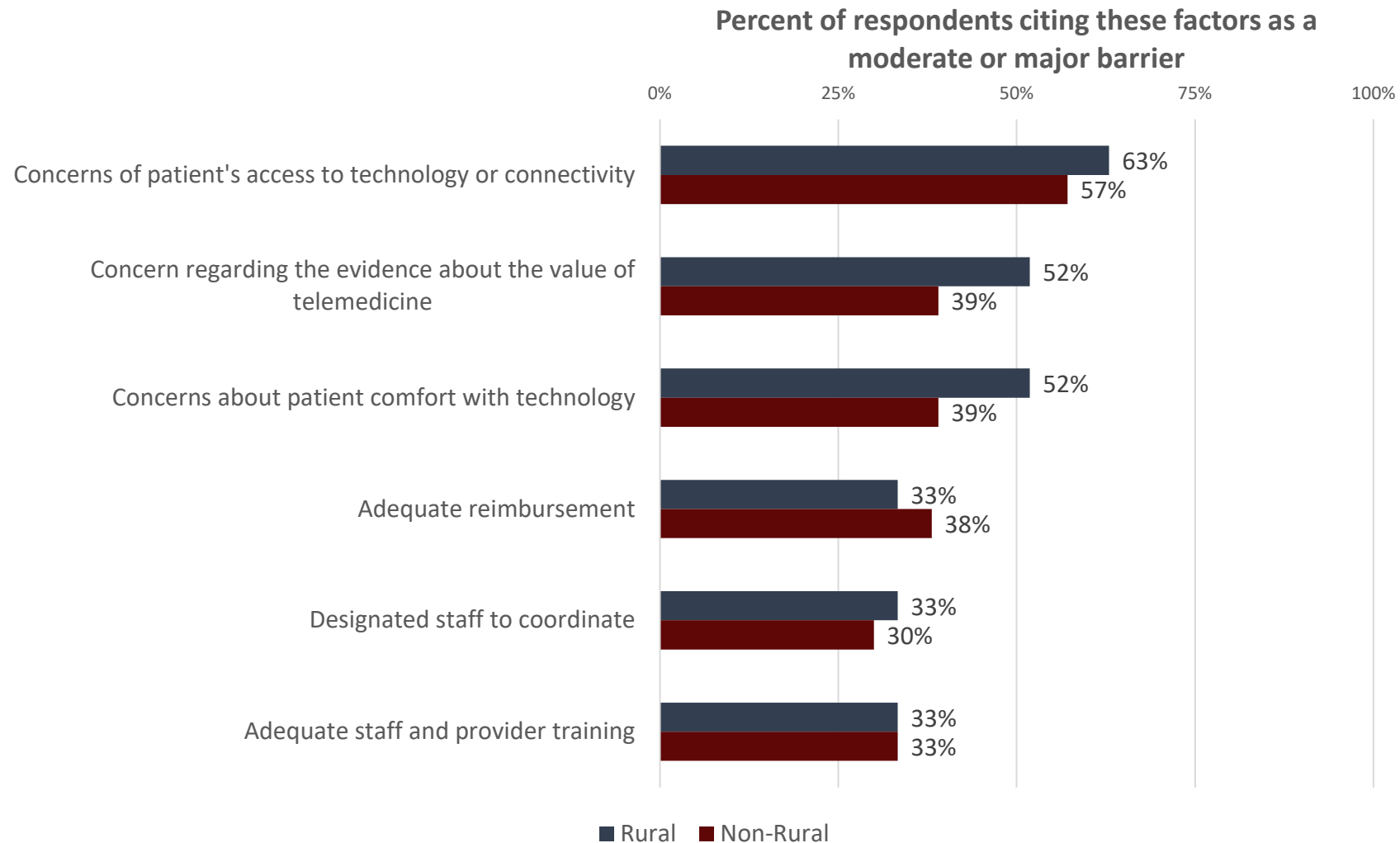
Synchronous Video Visits through EHR or Telehealth Platform



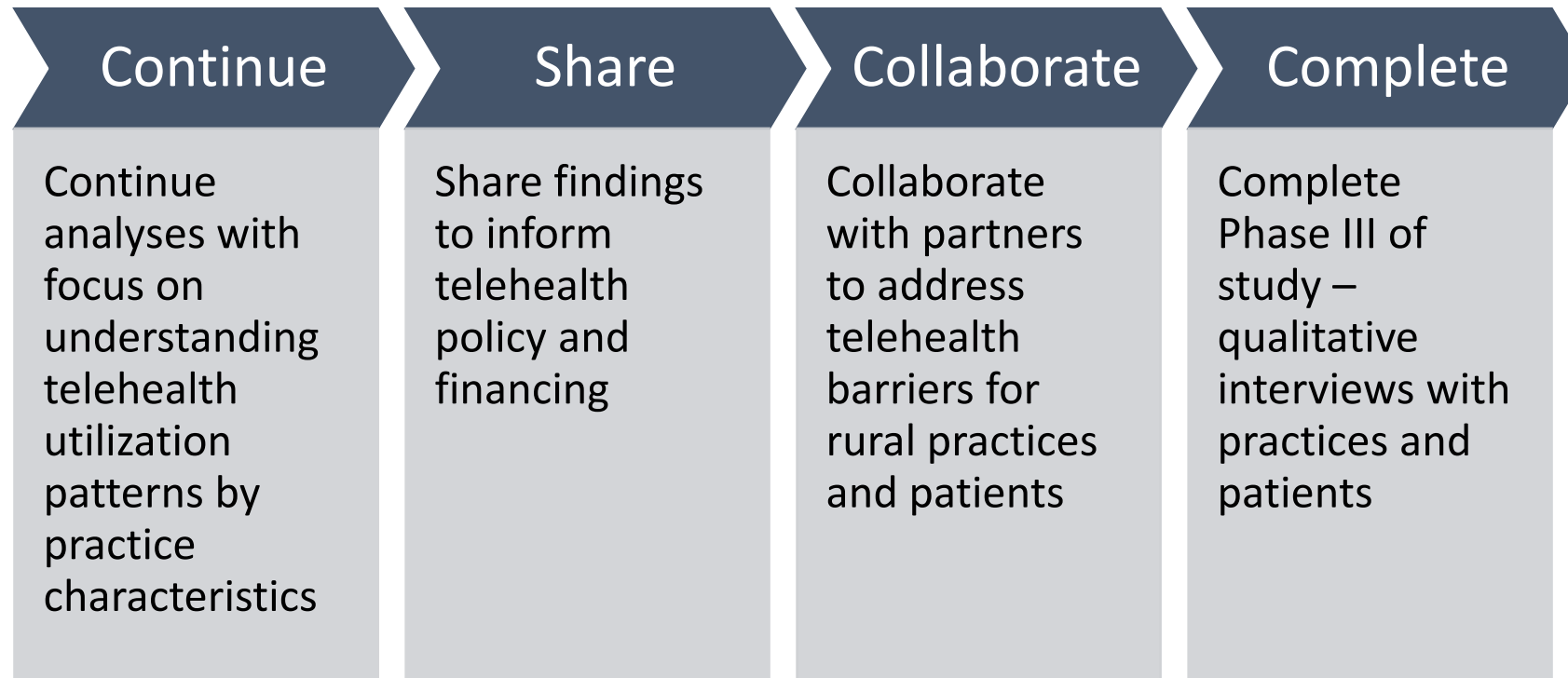
Synchronous Video Visits through Teleconferencing Platform



Top 6 Barriers to Telehealth Cited by Respondents



Next Steps



Contact Information

Michele Stanek, MHS
SC Center for Rural and Primary Healthcare
michele.stanek@uscmed.sc.edu