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Patient Experience Using Telehealth During COVID-19

Investigating Key Success Factors and Obstacles

The Patient Assessment Survey (PAS)

PBGH Purchaser Business Group on Health

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EXECUTIVE SUMMARY

With the rapid rise in telehealth use during the COVID-19 pandemic, the Purchaser Business Group on Health (PBGH) developed and fielded a survey to gather patient feedback about experience with telehealth visits. Approximately 12,000 surveys were distributed by email to patients with commercial and Medicare insurance coverage who had a virtual visit (telephone or video) with a primary care provider in California; 1,500 email responses are reflected in the research findings.

Key Findings

- **Equal satisfaction between virtual and in-person care**: No significant differences were found in ratings of patient visits between telehealth and the regular PAS survey responses (which measure in-person care).
- **Telehealth was popular**: A total of 87% of survey respondents recommend telehealth; of survey respondents, 73% want to continue using telehealth in the future.
- **Video visits were favored over audio-only**: Ratings of visits and communications were nearly identical in video and telephonic visits, but patients who reported that they would likely recommend telehealth and engage in repeat telehealth visits significantly favored video appointments.
- **Provider communication was good**: Most patients said the provider with whom they met via telehealth methods explained information in a way that was easy to understand (92%), listened carefully (92%), spent enough time with them (91%) and had relevant patient medical history on hand during the visit (88%).
- **Most patients received medical tests**: Half of survey respondents had tests ordered by their provider. Most followed up to have the tests conducted (84%), and most patients were able to access their test results (88%). Patients were most likely to get the tests ordered on their behalf while being seen for COVID-19 concerns, whereas patients being seen for chronic health care or other health issues were least likely to have tests ordered for them (P=.08). Patients who did not receive ordered tests (16%) scored their health care provider lower on communication scores.

Implications

The findings of the PBGH Telehealth Survey are instructive for provider organizations, solution providers and health plans. The survey findings suggest the following four steps can make a meaningful difference in ensuring that patients have a positive experience with telehealth:

1) **Continue to offer telehealth**. Patients enjoy telehealth and want to continue using virtual care in the future.
2) **Offer video visits**. Satisfaction with telephonic and video care was high, but users of video visits were more likely to recommend telehealth and want to continue using telehealth.
3) **Provide instructions for video visits**. Patient satisfaction is highest when clear instructions are provided to the patient in advance of a video visit.

4) **Offer both virtual and in-person care options**. Patients indicated the need for in-person options to evaluate certain physical concerns, such as broken bones or rashes. Patients feel they can determine if an in-person appointment versus virtual care is appropriate for their unique health issues.

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BACKGROUND

The COVID-19 pandemic has led to a rapid increase in virtual care delivery that will likely be long-lasting. Now that telehealth has become increasingly mainstream, there is both an opportunity and a responsibility to better understand how patients experience virtual care and, with this information, how we can optimize the effectiveness of these visits. The Purchaser Business Group on Health (PBGH) developed a virtual care-specific survey instrument through collaboration with provider organizations, employers, payers and health services researchers. The PBGH Telehealth Survey measures five domains of care:

1) Recent visit
2) Experiences with video
3) Provider communication
4) Care coordination
5) Rating of experience

The PBGH Telehealth Survey was used to collect data from 1,500 commercial Health Maintenance Organizations (HMOs), Point of Service (POS) organizations, Preferred Provider Organizations (PPOs) and Medicare patients across 13 provider organizations (POs) in California. Patients were surveyed about their experience with a primary care encounter conducted by phone or video. The survey was distributed by email in October 2020 with three email waves.

Results from the PBGH Telehealth Survey were compared with results from the most recent PBGH Patient Assessment Survey (PAS). The PAS program is the nation's largest multi-stakeholder initiative to collect patient experience data statewide. Every year, feedback is collected from about 40,000 Commercial (HMO, POS) and Medi-Cal patients across 180 medical groups. The survey instrument is a modified CG-CAHPS[1] 3.0 instrument, with topics added at the discretion of the PAS Steering Committee.

METHODS

Survey Questions

Tables 1 and 2 summarize the questions included on the PBGH Telehealth Survey and the standard PBGH Patient Assessment Survey (PAS) instrument. For further information or to license the surveys, contact Rachel Brodie, Senior Director, PBGH.

Table 1: PBGH Telehealth Survey

Domain	Question (Abbreviated)
Your Provider	1) Screen: Confirm provider. 1a) If no → why?
	2) Previous in-person with provider?
	3) Usual provider?
Recent Visit	4) Reason for visit
	5) Wait time
	6) Private space

[1] The Consumer Assessment of Healthcare Providers and Systems Clinician and Group (CG-CAHPS) is the gold-standard survey instrument used to measure patient experience at the provider organization level nationwide.

Domain	Question (Abbreviated)
Experience with Video	7) Screen: Use video
	8) Instructions to join
	9) Instructions for tech issue
	10) Easy-to-use technology
	10a) If no → comments
Communication	11) Provider explanations were easy to understand
	12) Provider listens carefully
	13) Provider spends enough time
	14) Provider knows important medical history
Care Coordination	15) Screen: Provider ordered test
	16) Get the test
	17) Get results
Rating of Experience	18) Rate visit
	19) Recommend telehealth
	20) Continue using telehealth?
	21) First-time telehealth user
	22) Telehealth versus in-person — comments
Demographics	Overall health; mental health; age; gender; education; Hispanic or Latino; race; language

Table 2. PBGH Patient Assessment Survey (PAS) (Core Items)

Domain	Question (Abbreviated)
Access	1) Timely appointment for care needed right away
	2) Timely appointment for checkup or routine care
	3) Same-day response to office hours contact
Communication	4) Timely response to after-hours contact
	5) Wait time
	6) Provider explanations were easy to understand
Health Promotion	7) Provider listens carefully
	8) Provider shows respect
	9) Provider spends enough time
	10) Provider talks about healthy diet
	11) Provider talks about exercise
Care Coordination	12) Provider knows important medical history
	13) Office followed up on test results
	14) Discussed all prescription medicines
	15) Informed about specialists
Office Staff Rating of Care	16) Clerks and receptionists were helpful
	17) Clerks and receptionists were courteous and respectful
	18) Overall rating of provider
Demographics	19) Overall rating of care
	20) Overall health; mental health; age; gender; education; Hispanic or Latino; race; language

Study Design

Results from the PBGH Telehealth Survey were compared to results from the standard PAS. An outline of the data sets included in the analysis is provided in Table 3.

Table 3. Study Design

	Telehealth Survey	Standard PAS Survey
Survey Length	22 questions + 8 demographic items	38 questions + 8 demographic items
Patient Visit Type	Virtual (audio and/or video)	In-person
Type of Provider Seen	Primary Care	Primary Care or Specialty Care
Patient Coverage Type	Commercial HMO, POS or PPO; Medicare	Commercial HMO or POS[2]
Survey Fielding Mode	Email	Email, Mail, Computer-Assisted Telephone Interview (CATI)
Survey Fielding Period	Oct. 5 – Nov. 5, 2020	Dec. 7, 2019 – April 1, 2020
# of Provider Organizations Represented	13	158[3]
# of Respondents	1,455 (Breakdown: 1,000 Commercial HMO, POS or PPO; 455 Medicare)	~38,000 Commercial HMO or POS

Research Questions

Research questions for the PBGH Telehealth Survey included:

1) Which types of visits, concerns or components of care delivery are most appropriate for virtual and/or in-person care (e.g., preventive, acute, chronic)?
2) What are key success factors and obstacles for patients?
3) What are the differences in access and experience when we stratify the results by potential socioeconomic disparities?
4) How are patients experiencing the technology used for virtual visits? What can we learn about the differences between audiovisual versus telephonic only and how to optimize for these different modes?
5) How do virtual visits affect the patient-provider relationship?
6) Do patients want to continue using virtual care in the future, and for what circumstances?

[2] Note: The Patient Assessment Survey (PAS) includes Medi-Cal patients, but only Commercially insured patient responses were included in the analysis for the study.
[3] The PAS includes only provider organizations (POs) that participate in the PAS Commercial Survey; does not include Medi-Cal POs.

RESEARCH FINDINGS

How did the Telehealth Sample Differ from the Regular PAS?

The sample for the telehealth survey included patients with Commercial HMO, POS or PPO and Medicare Advantage coverage who had a primary care virtual visit; the regular PAS sample included only Commercial HMO and POS patients who had either a primary care or specialty care in-person visit. Compared to the regular PAS sample, the telehealth sample was younger (by 3 years on average), more female (by 4%), more highly educated and more Caucasian. These differences likely indicate greater comfort with social technologies and are likely to reflect greater use of telehealth rather than the inclination to answer the telehealth survey. Mental health was slightly worse, but general health was the same. The sample was drawn from groups that typically have higher PAS scores.

Patient Experience Variables

The telehealth survey contained three sets of patient experience domains. Questions 11-14 relate to communications with the provider. Questions 15-17 center on care coordination, and questions 18-20 are subjective visit evaluation questions. Question 22 contains a comment box that was heavily used and provides additional qualitative feedback.

The questions come from newly emerging Consumer Assessment of Healthcare Providers and Systems (CAHPS) work on telehealth; there is not guidance on norms at this time. The communication and care coordination questions are parallel to, but not exactly the same as, the CG-CAHPS visit-specific questions. These questions are more distantly related to similar-sounding questions on the PAS surveys.

Questions 11-13 have very high rates of agreement, with 92% answering Question 11 (explaining) and Question 12 (listening) as "yes, definitely" and 91% answering Question 13 (spending enough time) as "yes, definitely," respectively. Only 1% answered these questions "no." The scale reliability (Cronbach's alpha) for these items is 0.85. Values in the range of 0.7 to 0.9 indicate that the item set is good (but not excellent) for concept identification.

Question 14 (have medical information) was asked in the communication section but is similar to a care coordination question in the original CG-CAHPS. From a pure correlation standpoint, this question correlates with Questions 11-13 (explaining, listening and spending enough time) and raises the alpha slightly if included with them; however, it muddies some analysis described later. It is slightly less positive (88%, "yes, definitely" and 2%, "no") than Questions 11-13 (explaining, listening and spending enough time). It is only weakly correlated with Questions 15-17 (test ordered, get test and access test results).

Questions 15-17 (test ordered, get test and access test results) are listed in an ascending skip sequence so it is not appropriate to combine them into a composite. Question 15 is not an evaluation question; it asks if a test was ordered. Among the 50% for whom a test is ordered, 84% followed up to obtain the test, but 16% did not, according to Question 16. From Question

17, we learn that 88% of the 84% identified by Question 16 were able to access the test results. Normative data would help us evaluate these rates, and lacking that, our provider partners may have a useful perspective. Lacking both normative data and provider perspective, one might presume that 84% who follow up with a test that was ordered is low but that being able to access the test results 88% of the time is reasonable. In the office, one would expect this to be much closer to 100% because often the test is conducted and the results are available in real time, whereas there is an additional process for a person to go obtain the test after a telehealth visit. This could be a shortcoming of telehealth, but it could also be an efficiency boost if the avoided tests are not actually necessary (i.e., the provider's explanation sufficed).

To test this hypothesis, we performed a regression on the communication scale on Question 16 (get test); the result is that communication was significantly *worse* when the patient did not follow up with the test (scale value 1.06 versus 1.15, P<.01, where 1 is a perfect score and 3 is the worst possible score). A similar result holds for Question 17 (access test results). An alternative explanation of these results is that some patients may have a more positive relationship with their provider than others. The comments of those who did not follow up with an ordered test will need further study, but it is notable that there were a number of comments that mention the lack of customary measurements, such as blood pressure checks, in telehealth visits.

Question 18 (rate visit), a version of the 0-10 rating question, comes the closest to a question that is on the PAS survey, but it is not exactly the same. Before adjusting for each medical group, the scores on Question 18 (rate visit) were slightly, but not significantly, higher than the 2020 PAS (90.4% versus 89.7 for the 2020 Primary Care Physician survey). After adjusting for each medical group and other variables that differed in the sample, the scores were slightly but non-significantly lower (0.5 point).

The PAS survey does not include the analog of Question 19 (recommend telehealth). Eighty-seven percent answered "definitely, yes" or "probably, yes," suggesting that telehealth is popular. Seventy-three percent want to continue using telehealth in the future compared to 11% who are opposed (Question 20). Younger people (t=4.31) and women (t=2.30) were slightly more favorable of telehealth.

Reason for and Type of Visit

Patients were asked to indicate the reason for their visit. Most (92%) of the respondents mentioned only one reason for the visit. Thus, the reason was coded as the one mentioned, or if 0 or >1, then it was coded as "multiple." This led to the following means of scores by reason for visit:

Reason	Communication	Q14 (Have Medical Information)	Rating of Visit	Recommended Test Not Completed
COVID-19	1.13	1.13	89.3	5.7%
New Issue	1.09	1.11	89.6	15.3%
Chronic	1.09	1.14	90.4	19.0%
Checkup	1.05	1.09	92.6	9.5%
Other	1.11	1.17	89.5	20.6%
Multiple	1.14	1.17	89.5	16.9%

No significant differences were found by the reason for the visit with Communication, Question 14 (have medical information), rating of visit and recommended test not completed. Only marginal, but nonsignificant, differences were found for Communication (P=.06) and test not completed (P=.08). There is one possible explanation for why all types of visits were rated highly. The highest ratings (though nonsignificant) were seen for checkups, which are simpler routine visits. Prior to the pandemic, telehealth was typically used for simpler, shorter routine visits, and as such, preventive checkups may fit best with patient/provider expectations for telehealth.

No significant differences were found by the complexity of the visit. The CPT codes can be organized by type of visit (new, established or other); new patient visits have evaluation and management codes 99201 through 99205, and established patient visits have codes 99211 through 99215. The last digit (1-5) reflects the complexity of the visit, with 5 being a very complex, long visit billed at the highest rate. Most visits are coded as 3 or 4. "Chronic" is a summary of one of the choices for Question 4 (health problem you have had for a long time). More complex visits had marginally higher ratings (P=0.10) and better communication (P=0.04), although these differences were not statistically significant. Excellent values for all type of visits indicate that telehealth was successful across the board.

Key Success Factors and Obstacles

More educated and younger patients were less likely to engage in video telehealth (Question 7) compared with telephone, a finding that was statistically significant. Possible explanations for this finding are that patients with a higher education level could be more comfortable explaining their health issues verbally, and the health problems of younger patients also may be more amenable to be solved via the phone than the complex problems of older patients. No differences were found in use of video versus telephone use by race. Rating of visit and communication were close to identical in video and telephonic visits before and after controlling for these factors. However, those with video visits were significantly more likely to recommend telehealth visits (Question 19) and were more likely to continue using (Question 20) telehealth (76% versus 62% positive).

Ninety-one percent of video visits were preceded by instructions from the office (Question 8). When this was not done, communication and ratings were substantially worse, by .13 and 8.4 points, respectively. Sixty-eight percent of the time, instructions (Question 9) were also given of what to do if technical problems arose, and a similar impact on communication and ratings was observed. Providing these instructions also had a positive impact on the patient saying that video was easy to use and the patient recommending a telehealth visit versus an in-person visit (Question 19) or (to a lesser extent) wanting to continue using telehealth (Question 20).

We can conclude that, as expected, giving instructions on using and troubleshooting video use in advance of the appointment led to better experiences. And it is fair to say that these are "key success factors," though perhaps not universally necessary since even visits without prior instructions were rated more favorably than not (72% positive).

Patient Comments

Patients were asked for comments twice in the survey: 1) if the patient said the video technology was not easy to use, and 2) if they wanted to leave general comments about telehealth versus in-person care.

Patient Comments About Video (Question 10): *During your most recent video visit, was it easy to use the technology?* Yes/No → (If "No" to the prior question) Question 10a): *Do you have any comments about using video for your most recent telehealth visit?* [comment box]

The 55 comments provided about video (Question 10a) reflect a variety of preferences and experiences. In many (but not most) cases, a negative experience did not impact the desire to try telehealth again (Question 20 — continue to use telehealth). The comments testify to the need for staff to help patients set up the technology to use video at least once. Selected comments are provided below along with the patient's response to Question 20 (in brackets) about continuing to use telehealth:

- "Was able to see provider, but we could not hear each other. We had a regular telephone conversation as a result after doing the troubleshoots without any change." [would definitely use again]
- "The audio portion of the tele-visit did not work. I could not hear the provider, but he could hear me. So, I spoke while the provider typed his response in the chat." [would probably use again]
- "Tech crew needs to focus on problems of non-tech users and make everything as straightforward as possible. And don't change things just for the sake of change." [would probably use again]
- "As a health care provider for over 40 years, I prefer to speak with them face to face." [would never use again]

General Patient Comments: Question 22) *Do you have any general comments about using telehealth versus in-person care?* [comment box]

The 993 comments were classified as follows:

Comment Type	Percent	Meaning	Percent Reported Would Definitely or Probably Use Telehealth in the Future
No	33.6%	The respondent wrote "No" or "None" in the comment box.	80.2%
Dislike	21.5%	The respondent prefers in-person or mentioned only why it is needed.	29.1%
Praise	15.3%	Unqualified praise for telehealth	95.4%
Depends	12.4%	Said it depended on the reason for visit	74.8%
Safe	6.5%	Telehealth okay for safety reasons (implying in-person ordinarily preferred)	81.3%
Software	3.7%	Cited a software problem	56.7%

Comment Type	Percent	Meaning	Percent Reported Would Definitely or Probably Use Telehealth in the Future
Loyalty	2.9%	Would have any type of visit as long as it is with this provider	86.2%
NA	2.4%	Visit was actually not telehealth	87.5%
Other	1.7%	Some other comment, such as payment or insurance problems	64.7%

In general, the comments suggest that patients are discerning about when a convenient telehealth visit would suffice versus an in-person visit. Some patients will always want to be seen in-person because they feel that the doctor does not understand their health problem unless he or she examines the patient and takes his or her vitals. These patients were substantially older than any other groups. Other patients would always want telehealth; this was the youngest group, together with "NA/No." A substantial number of respondents would choose telehealth sometimes and in-person sometimes. A number of respondents would utilize the provider under any model [in-person or telehealth], and many comments yielded information that also applies to in-person care, such as providers making efforts to talk directly to the patient rather than their computer, allowing the patient enough time and interacting with a provider who knows them. When there were software problems, that sometimes overshadowed the value of the visit.

Selected comments are provided below along with the patient's response to Question 20 (in brackets) about continuing to use telehealth:

- "Doctor needs to see you in person when it comes to certain issues like your heart. Need to see doctor and this is my case." [Dislike; not sure use again]
- "Will consider telehealth appointments in the future when I do not need to have vitals taken" [Depends; definitely use again]
- "Telehealth must do for now, but I feel more confident seeing my medical professional in person." [Safe, definitely use again]
- "Based on the issue I'm being seen for, I would prefer to see this provider via videoconference as it is way more convenient for me to do so." [Depends, definitely use again]
- "Telehealth is the only good thing, since COVID came about." [Praise, definitely use again]
- "In-person care is more efficient and gives more details." [Praise, probably not use again]
- "I prefer in-person care." [Dislike, not sure use again]
- "Very useful if circumstances permit and when an in-person is not required" [Depends, probably use again]
- "Hard to show injury on cell phone" [Dislike, probably use again]
- "[Name] needs to work on it. Compared to Zoom, this video platform was pretty bad." [Software, not sure use again]
- "This telehealth visit didn't really work because it was too difficult to show the doctor the rash on my ankles or calf areas." [Dislike, probably not use again]

- "My problem with my medical provider is always billing and follow-up care. I get double billed all the time for copays and the place they sent me was a nightmare And I did not get my elbow problem resolved." [Other, probably use again]

Conclusions

Telehealth, as it has been used during the pandemic, was successful. Patients understand, and the data also suggest, that routine preventive visits, such as checkups, are better suited for telehealth than are visits that must address more complicated or chronic clinical needs. Therefore, there will continue to be strong demand for in-person visits in certain circumstances. Patients seem to be developing clear views about when telehealth visits are most appropriate. Video visits are preferred by patients as compared with telephone-only visits, but patients also require instructions about how to join the video conference and what to do if technical difficulties occur. Obstacles to efficient telehealth visits may include complicated video platforms and assistance to less advantaged patients on the use of technologies, amongst other factors. For example, many medical groups are using specialized technologies that patients are less familiar with than more common online tools, such as Zoom. In addition, less advantaged patients may need more help in accepting and understanding how to effectively use new technologies.

SUMMARY

Summary of Results

- **Sample**: The telehealth sample was better educated, younger and more female than the regular PAS sample, likely reflecting that the former has better access to technology.
- **Communication**: Scores were high — most patients said the provider explained things in a way that was easy to understand (92%), listened carefully (92%), spent enough time with them (91%) and had their medical information (88%).
- **Tests**: Half of the respondents had tests ordered, most followed up to get the tests done (84%) (which may be lower than test completion rates for in-person visits), and most were able to access results (88%). Patients were most likely to get the tests ordered for them when being seen for COVID-19 concerns, whereas patients being seen for chronic health care or other health issues were least likely to have the tests ordered for them (P=.08). Patients who did not have the tests ordered (16%) scored the provider lower on communication.
- **Satisfaction**:
  - There were no significant differences in ratings of the visit between telehealth and the regular PAS.
  - Telehealth is popular: A total of 87% recommend telehealth; in addition, 73% want to continue using telehealth in the future.
  - Ratings of visit and communication were nearly identical in video and telephonic visits, but patients who reported that they would likely recommend telehealth and engage in repeat telehealth visits significantly favored video appointments.

Summary of Research Question Findings

1) Which types of visits, concerns or components of care delivery are most appropriate for virtual and/or in-person care (e.g., preventive, acute, chronic)?
   - No statistically significant differences were found for different visit reasons (e.g., chronic care, COVID-19, new health issue, other), but scores were highest for checkups.
2) What are key success factors and obstacles for patients?
   - Success factors: For video visits, provide clear instructions on how to join and what to do if technical issues are encountered.
   - Obstacles: Injuries and other complaints that benefit from a hands-on approach, and cost to the patient.
3) What are differences in access and experience when we stratify the results by potential socioeconomic disparities?
   - Older adults and those with less education were more likely to use telephonic-only than video. No differences were found by race in the use of telephonic versus video technology.
4) How are patients experiencing the technology used for virtual visits? What can we learn about differences between audiovisual versus telephonic-only and how to optimize for these different modes?
   - Patients were satisfied with both video visits and telephone-only visits, with overall ratings close to identical. For video visits, satisfaction was highest when instructions were provided.
5) How do virtual visits affect the patient-provider relationship?
   - Communication scores for telehealth were high — most patients said the provider explained things in a way that was easy to understand (92%), listened carefully (92%), spent enough time with them (91%) and had their medical information (88%).
6) Do patients want to continue using virtual care in the future, and for what circumstances?
   - Telehealth is popular: A total of 87% recommend telehealth, and73% want to continue using telehealth in the future.
   - Users of video visits were more likely to recommend telehealth and want to continue using telehealth.

RECOMMENDATIONS

The findings of the PBGH Telehealth Survey are instructive for provider organizations, solution providers and health plans that provide patient care. The survey findings suggest that the following four steps can make a meaningful difference in ensuring patients have a positive patient experience with telehealth:

1) **Providers should continue to offer telehealth**. Patients enjoy telehealth and want to continue using virtual care in the future.

2) **Offering video visits is recommended**. Satisfaction with telephonic and video care was high, but users of video visits were more likely to recommend telehealth and want to continue using telehealth.
3) **Clear instructions for video visits are essential for a successful patient experience**. Patient satisfaction is highest when instructions are provided to the patient in advance of a video visit.
4) **Providers should continue to offer both virtual and in-person care options**. Patients indicated the need for in-person options to evaluate certain physical concerns, such as broken bones or rashes. Patients feel that they are able to determine if in-person versus virtual care is appropriate for their unique health issues.