March 2023

Telehealth Experience Survey Issue Brief

PBGH Patient Assessment Survey

Background

Primary care visits via telehealth — both through telephone and video connections — grew substantially during the first year of the COVID-19 pandemic and have continued to comprise a significant portion of all primary care services.[1] Many studies have explored the degree to which different populations made use of telehealth visits and gained greater or less benefit from this mode of care. In general, economically disadvantaged populations make less use of video telehealth visits and rely to a greater degree on telephonic connections with their provider — presumably due to the availability and cost of broadband access and smart phones for less affluent patients, as well as supportive resources from their providers.[2, 3, 4, 5]

Variation in mode of telehealth visits becomes significant if the quality of care delivered via one mode is superior to another and if there are systematic differences in which patients can get access to the higher quality mode of care. There is some evidence indicating that video telehealth visits provide more value to patients than phone exchanges alone.[6, 7, 8] Since more vulnerable patient groups may have less access to video visits, providers will need to approach phone-based visits with particular attention to ensure that the quality of clinical care and service are of comparable quality as that delivered via video.[9]

There has been less attention to how patients perceive the quality and value of care delivered via telehealth and whether they are sensitive to the relative benefits of video versus phone communications with their provider.[10] This paper examines patients' perspectives on telehealth services, particularly from those patients who face potential obstacles to effective use due to language, economic, or structural factors.

In order to understand whether specific populations defined by participation in Medicaid, racial and ethnic identity, or primary language reported disparate experiences, PBGH surveyed California patients who had participated in primary care telehealth visits (both via phone and video) during 2020 and 2021 to examine their overall experience, their assessment of coordination and follow-through, the quality of communication with their provider, and the factors that lead to more successful telehealth visits.

About the Survey Development

PBGH developed the telehealth survey instrument through collaboration with health services researchers, providers, and payers.[11] The survey included 1,379 patients with commercial and Medicare Advantage insurance receiving care from thirteen provider organizations (POs) in California; the survey was fielded in October 2020. A second survey included 1,131 patients with Medi-Cal coverage (California's Medicaid program) seen by Northern California providers participating in the Redwood Community Health Coalition (RCHC) and 456 Medi-Cal patients seen at three Southern California community health centers affiliated with HealthNet of California; these surveys were fielded in April and August 2021, respectively.[12] Patients had telehealth visits with their primary care providers between one and three months prior to the survey fielding. These convenience samples were not constructed to be representative of all Medi-Cal patients. Compared to the Medi-Cal population, the survey sample underrepresents males, African-Americans and patients for whom Spanish is the primary language.[13]

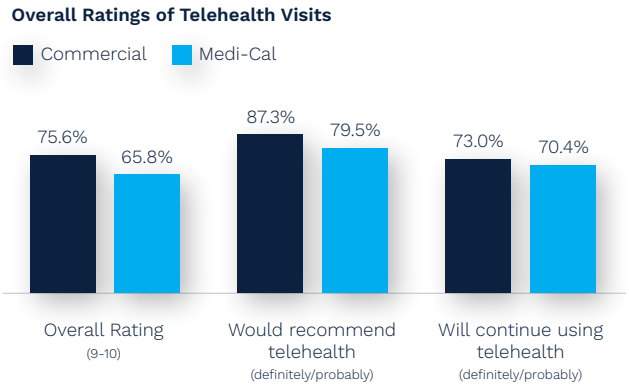
Summary of Key Findings and Trends

Key Findings

- Most users rated their telehealth experience highly.
- Patients using telephone rather than video rated all aspects of the visit less highly.
- Patients who were not meeting with their established provider for the telehealth visit also rated all aspects of the visit less highly.
- Medi-Cal enrollees rated their telehealth visit less positively than commercial and Medicare Advantage patients, particularly evaluating several aspects of provider communication less highly. These lower ratings are not explained by age, gender, race, ethnicity, education and language spoken at home.
- Medi-Cal enrollees were much more likely to use phone rather than video to connect with their provider for care. Other studies have shown that phone users face greater barriers to effective telehealth care than video users.[14, 15, 16]
- Medi-Cal enrollees who used video were more likely to report inadequate pre-visit preparation by their provider than commercial respondents.
- Medi-Cal enrollees — particularly those who had phone visits — reported far lower mental health scores than commercial patients, suggesting the need for mental health screening during these visits.
- The greatest clinical concern suggested by these data is the lower rate of completing recommended follow-up care for those enrolled in Medi-Cal. This lower follow-up rate seems to be associated with less effective communication between the provider and the patient. Phone users in general were also less likely to get follow-up care. And, Medi-Cal enrollees were less likely to access their test results.
- Patients with multiple confounding factors — lower health status, phone use, lack of continuity with an established provider — reported far less benefit from the telehealth visit.

Overall Ratings of the Telehealth Experience

Patients were asked to rate their overall experience, whether they would recommend telehealth visits to others, and if they would want to continue using telehealth in the future. Patient scores were generally favorable — over 70% rated their telehealth visit a 9 or 10 on a 10-point scale. Medi-Cal patients consistently reported less satisfaction with their telehealth experience — typically 8 to 10% lower than commercial and Medicare Advantage (henceforth termed "commercial") enrollees.



Since the lower ratings from Medi-Cal patients could be explained by social and economic factors associated with Medi-Cal insurance coverage, including race and ethnicity, primary language, and/or education level, we also risk-adjusted the results. The discrepancy in overall ratings persisted with risk adjustment, meaning that the lower ratings from Medi-Cal patients is not explained by these social and economic factors. Although both survey groups likely include respondents with lower household income, the survey did not capture data on household income; this analysis is not able to consider the role of income in explaining lower ratings by Medi-Cal insured patients.[17]

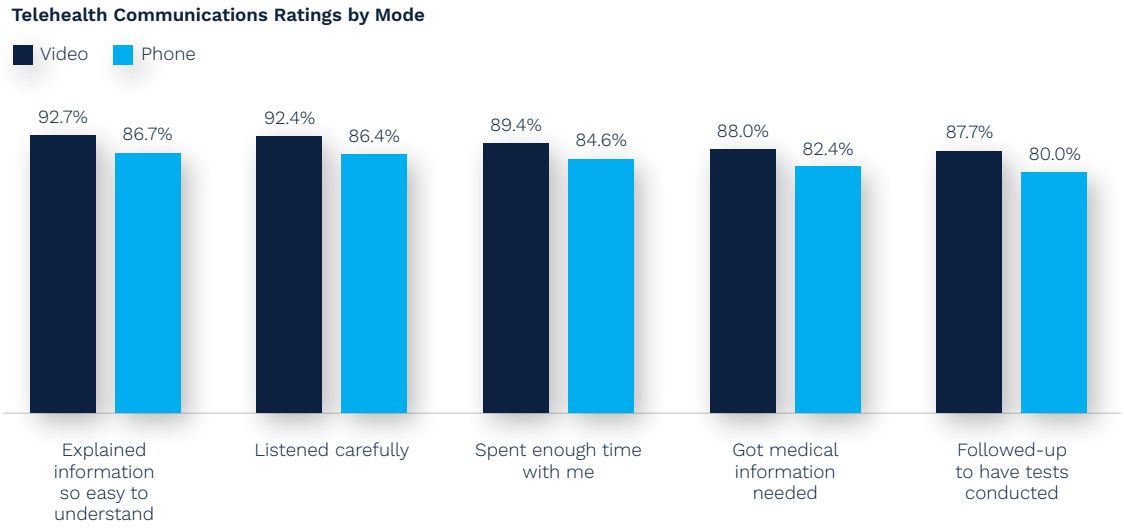
It is also possible that lower ratings by Medi-Cal enrollees are associated with the mode of telehealth care most commonly used. In these California patient samples, Medi-Cal patients were far less likely to use video (33.2%) than commercial patients (78.6%). In a similar analysis at the University of Pennsylvania health system, among Medicaid patients using telehealth visits between March and May 2020, 33.9% of Medicaid patients utilized a video rather than phone-based visit.[18] The Pennsylvania authors conducted a multivariate analysis to assess drivers of phone compared to video visit use. They found phone use much higher for those over age 75, blacks, Medicaid enrollees, and those with household income below $50,000 per year.

The Mode of Telehealth Visit is Important

This discrepancy in the use of phone rather than video-based telehealth care has several implications. First, prior research shows that phone users may receive less value from the telehealth visit than do video users.[5] Providers are less able to examine the physical condition of the patient, less able to take visual cues from the patient, less able to build trust, and less able to see the condition of the home environment. The quality of communication, in general, may be diminished.

Second, patients in this survey who used phone-only telehealth reported different levels of understanding and follow-through on care recommendations. Phone users, regardless of insurance type, rated all communications questions about 5% lower than video users and they were almost 8% less likely to get recommended follow-up care. Phone users with Medi-Cal coverage, however, were almost twice as likely to rate provider communications poorly than commercial patients — whereas video users did not vary by insurance type.

Third, providers may need to offer different kinds of preparation and support for their phone users than they do for video users. Most primary care practices understand that they must provide pre-visit education about how to use video and how patients can address technical problems that might arise; 91% of video users reported getting such help. But these data suggest that the phone visit modality may also need some type of support. Since there are greater challenges with phone visits, providers should consider developing protocols to support patients using the phone modality and train providers to ensure that their communications and interactions are as effective as possible over the phone.



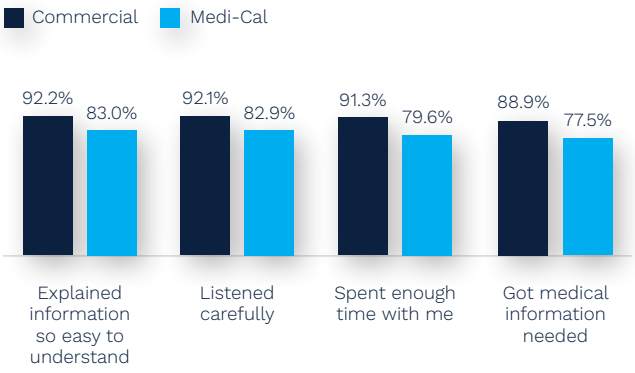
Quality of Communication is Key

Recent research has highlighted the importance of communications skills in achieving a positive telehealth result.[19, 20] The best telehealth experiences occur when patients and providers already have built trust in their relationship.

The California surveys asked four questions about the quality of communications with the provider during the visit, including whether things were explained well, whether the provider listened carefully, spent enough time with the patient, and had enough needed information available.

In every case, the Medi-Cal respondents reported less effective communication with their providers during their telehealth visits — typically about 10% lower ratings on average. As with the overall ratings, risk adjustment for social factors does not materially affect the disparities between commercial and Medi-Cal patient ratings.

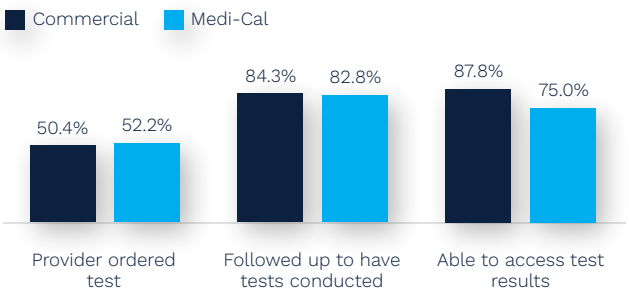
Telehealth Communications Ratings



Care Coordination

The survey asked three questions about the quality of care coordination following the telehealth visit, including whether the provider ordered any tests, whether the patient received any of the ordered tests, and if the patient could access any test results. Commercial and Medi-Cal patients reported similar rates of tests being ordered and completed, but the Medi-Cal respondents were significantly (13%) less likely to be able to access test results.

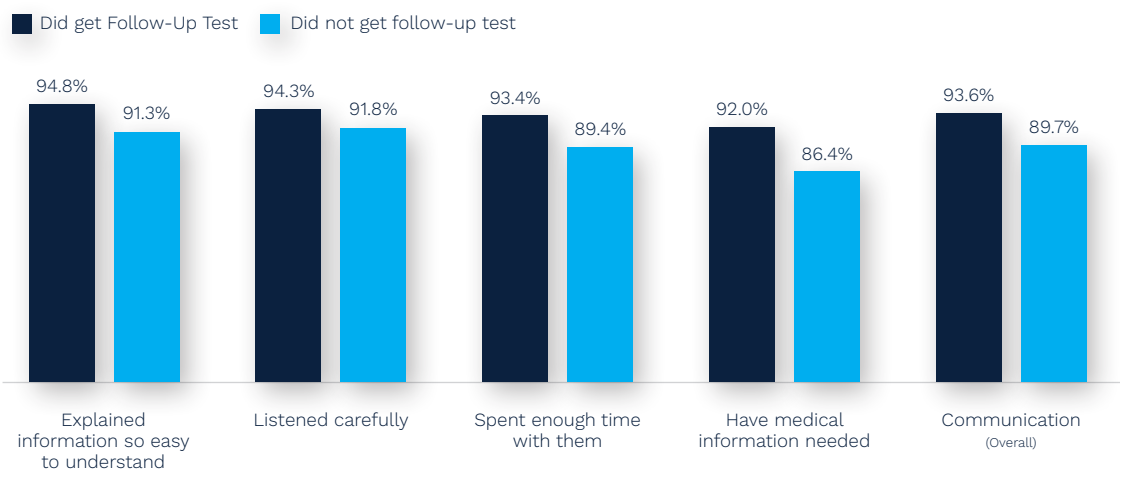
Ratings of Care Coordination after a Teleheath Visit



Completing recommended tests: Both survey populations were successful at completing tests following their telehealth visit. But across the entire survey pool, people who rated the quality of communication with their provider more highly were also more likely to complete a recommended test. How well a provider explains things to the patient and shares needed information has a significant influence on whether the patient will undergo ordered tests, increasing the likelihood of follow-up by 3-6%.

Accessing test results: The greater difficulty reported by Medi-Cal patients in accessing test results does not appear to be purely a consequence of their higher use of phone-based visits. The rate of getting test results for phone users across all respondents was 84.5%; the rate for video users was 85.1%. Instead, the lower access to test results for Medi-Cal users may be associated with the level of pre-visit preparation those patients were provided. Only 80.2% of the Medi-Cal video users reported that they received instructions about how to join the visits compared to 91.2% of the commercial respondents. Medi-Cal and commercial patients who said they received instructions prior to their video visit reported similar levels of ease of use — 93.7% versus 95.4% respectively saying it was easy to use. But those from both groups who did not receive pre-visit instructions rated ease of use far worse — 62.4% and 76.2%.

Care Coordination Ratings: Likeliood of Follow-up Testing



Continuity of Care

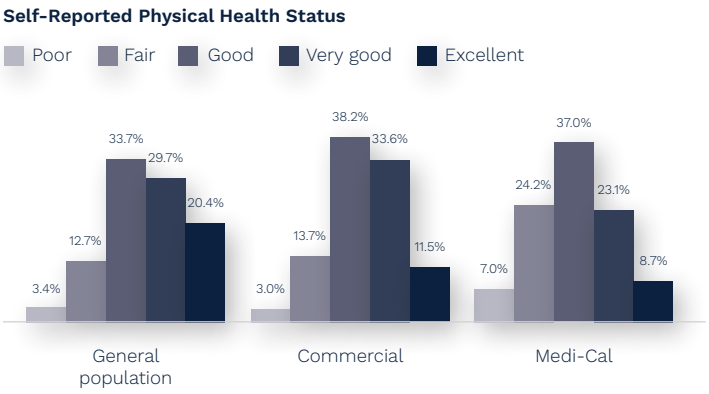
The value of the telehealth visit may be affected not only by the mode of communication but by the strength and history of the relationship between the provider and patient. Overall, patients who met with their established provider during the telehealth visit were 20% more likely to rate the visit highly than those who did not (74.5% versus 55.0%). This finding relates to insurance coverage: 73% of Medi-Cal enrollees met with their regular provider during the telehealth visit compared with 84% of commercial patients. Patients who saw their regular provider rated all of the communications questions about 15% more highly than those who did not. It is worth noting that there were no significant differences between the phone and video users with regard to meeting with their regular provider, nor did the two groups' health status differ. Continuity with an established provider seems to be an important and independent factor in the telehealth experience.

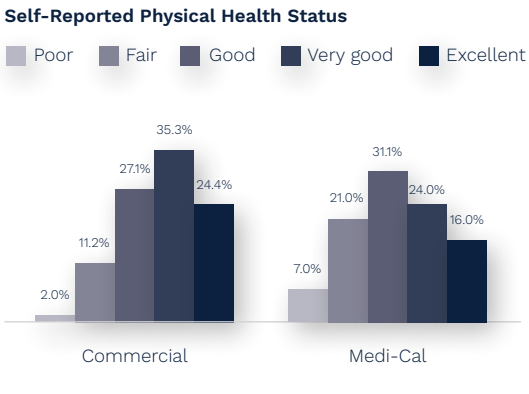
Telehealth is More Appropriate for Certain Visit Types

It is widely understood that telehealth visits are not appropriate for situations where a physical examination is needed, but many other occasions for primary care and behavioral health care are well-suited to telehealth visits. Overall, patients reported high levels of satisfaction across various types of visits, but providers should recognize somewhat greater difficulty communicating via telehealth regarding new or more complex patient concerns.

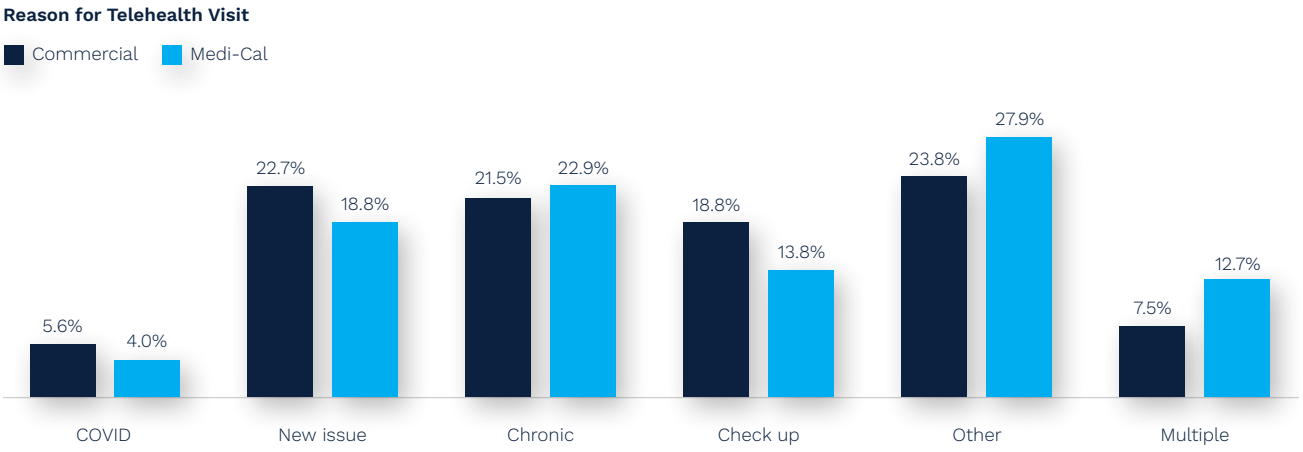
Among commercial patients, the highest ratings were achieved for routine check-ups and chronic care visits; slightly lower ratings were given to visits for COVID and other new patient concerns. Medi-Cal patients having a routine check-up also gave higher ratings (88.9% rating the visit 9 or 10) than when using telehealth for a new issue (82.2%). They also rated their provider's communication lower when having a visit for a new issue (85.1% rating 9 or 10 versus 91.7% of those having a check-up).

The next two graphs show survey respondents' self-rated physical and mental health; we also show the corresponding physical health ratings for the California general population.[21] Both survey groups rated their physical health more poorly than the general population — reflecting their need to seek medical care. The Medi-Cal population rated their own physical health more poorly than the commercial group, with 31% of Medi-Cal patients saying their physical health was "Poor" or "Fair" compared with only 17% of the commercial population. Similarly, 28% of the Medi-Cal patients rated their mental health "Poor" or "Fair" compared with 11% of the commercial group. These data imply that more Medi-Cal patients are coming into their telehealth visit carrying more physical and mental health burden, but not all are getting the level of support needed to get the most benefit from this mode of care. In particular, only 38% of Medi-Cal phone users rated their mental health as Excellent or Very Good, compared with 55% of commercial phone users.





This chart summarizes the self-reported reason for the telehealth visit for each insurance class. It suggests that more Medi-Cal enrollees used a telehealth visit for relatively complex needs — "other" and "multiple" — rather than routine check-ups.



Implications of the Surveys

Despite some important variations in how patients rated their telehealth visits, the great majority of both Medi-Cal and commercial patients expressed high satisfaction with this mode of care, whether delivered by video or telephone. They rated their providers' communications skill highly, generally followed-up on recommended tests and were able to get their tests results without difficulty. These very favorable results were found for all ages, genders, and racial and language groups, and across the range of visit types.

The survey identified some disparities, however, where some patients did not achieve as much of a benefit as others. Medi-Cal enrollees reported significantly lower satisfaction with telehealth care than commercial and Medicare Advantage enrollees. They were less satisfied with the quality of provider communications, were less likely to get follow-up tests and less likely to retrieve their test results. We attribute some of this disparity to the less frequent use of video visits for those with Medi-Cal coverage as well as lower likelihood of seeing their established provider. Medi-Cal patients also reported that they were less likely to receive preparation for video visits but there may be other reasons they are less likely to use video.

Limitations of the Surveys

- Both samples are convenience samples and may not represent the larger populations from which they are drawn.
- The Medi-Cal and commercial samples were taken largely from different geographic regions, so it is possible that some differences between the two groups reflect geographic rather than insurance variation.
- The Medi-Cal and commercial samples were taken at different times during the severe phase of the COVID-19 pandemic. It is possible that providers approached the telehealth service model differently during our second sampling period.

Patient Characteristics of the Samples

Risk adjustment analyses indicate that demographic factors do not explain the lower telehealth care ratings from patients with Medi-Cal coverage, but there are differences in the patient mix of these two samples. This table summarizes key demographic variables.

Demographic Data for Medi-Cal and Commercial Respondents

Response Options	Commercial	Medi-Cal
Total	1379	1591
Races		
White Only	70.2%	66.5%
Black Only	4.3%	3.3%
Asian Only	7.1%	5.8%
Pacific Islander Only	0.8%	1.1%
American Indian 0.5% Only	0.5%	1.2%
Other Race Only	12.4%	16.0%
Multiple Races	2.2%	3.4%
Gender		
Male	35.5%	28.6%
Female	64.5%	71.4%
Age		
18-24	1.8%	4.4%
25-34	6.5%	12.6%
35-44	9.6%	17.1%
45-54	15.2%	21.6%
55-64	30.2%	31.9%
65-74	23.1%	9.3%
75+	13.6%	2.9%
Education		
<=8th Grade	0.6%	3.4%
Some HS	1.9%	5.4%
High School	9.1%	21.8%
Some College	36.7%	40.9%
College	22.7%	15.4%
Post Graduate	29.1%	13.1%
Language spoken at home		
English	93.1%	82.3%
Spanish	2.9%	12.2%
Other	4.0%	5.5%

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About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

PBGH Purchaser Business Group on Health

Endnotes

1 U.S. Government Accounting Office. Telehealth in the Pandemic—How Has It Changed Health Care Delivery in Medicaid and Medicare? Posted on September 29, 2022. Accessed at https://www.gao.gov/blog/telehealth-pandemic-how-has-it-changed-health-care-delivery-medicaid-and-medicare on Jan. 23, 2023.

2 Lau J, Knudsen J, Jackson H, et al. Staying connected in the COVID-19 pandemic: telehealth at the largest safety-net system in the United States: a description of NYC Health1 hospitals telehealth response to the COVID-19 pandemic. Health Aff (Millwood) 2020;39:1437–42.

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5 Eberly LA, Kallan MJ, Julien HM, et al. Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic. JAMA Netw Open. 2020 Dec 1;3(12):e2031640. doi: 10.1001/jamanetworkopen.2020.31640. Erratum in: JAMA Netw Open. 2021 Feb 1;4(2):e211913. PMID: 33372974; PMCID: PMC7772717.

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10 Berry CA, Kwok L, Massar R, Chang JE, Lindenfeld Z, Shelley DR, Albert SL. Patients' Perspectives on the Shift to Telemedicine in Primary and Behavioral Health Care during the COVID-19 Pandemic. J Gen Intern Med. 2022 Dec;37(16):4248-4256. doi: 10.1007/s11606-022-07827-4. Epub 2022 Sep 27. PMID: 36167954; PMCID: PMC9514672.

11 PBGH is grateful for subject matter expertise from Hector P. Rodriguez, MD, MPH, University of California, Berkeley School of Public Health; Cheryl L. Damberg, PhD, RAND Center of Excellence on Health System Performance; Dale Shaller, MPA, Shaller Consulting Group and Consumer Assessment of Healthcare Providers and Systems (CAHPS) team; Stephanie Fry and Paul Weinfurter, Westat; Valerie Kong, MPH, PBGH; Chris Jaeger, MD, MBA, former lead of the California Quality Collaborative; and members of the PBGH Patient Assessment Survey Steering Committee and the team at Massachusetts Health Quality Partners.

12 All patients seen during these time frames received an email invitation to complete the survey. The overall commercial/MA response rate was 10.2%; the overall Medi-Cal response rate was 5.5%.

13 California Medi-Cal population versus survey sample population https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx:

	Statewide Medi-Cal Enrollment	Survey Sample
Male	47%	29%
African-American	7%	3%
Spanish-speaking at home	28%	12%
Asian/Pacific Islander	9%	7%

14 Hammersley et al. 2019.

15 Donaghy et al. 2019.

16 Rush et al. 2018.

17 See the attempt to ascribe the "Social Vulnerability Index" to provider practice locations based on zip code data in Chang JE, Lai AY, Gupta A, Nguyen AM, Berry CA, Shelley DR. Rapid Transition to Telehealth and the Digital Divide: Implications for Primary Care Access and Equity in a Post-COVID Era. Milbank Q. 2021 Jun;99(2):340-368. doi: 10.1111/1468-0009.12509. Epub 2021 Jun 1. PMID: 34075622; PMCID: PMC8209855.

18 See Table 2: Eberly LA, Kallan MJ, Julien HM, Haynes N, et al. Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic. JAMA Netw Open. 2020 Dec 1;3(12):e2031640. doi: 10.1001/jamanetworkopen.2020.31640. Erratum in: JAMA Netw Open. 2021 Feb 1;4(2):e211913. PMID: 33372974; PMCID: PMC7772717.

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