

Telehealth in Kansas During COVID-19: Provider and Patient Experience

MULTI-PHASE RESEARCH ILLUSTRATES GROWING ROLE OF TELEHEALTH IN HEALTH CARE

Patients, providers, and administrators expressed that telehealth increased access to care and saw benefits beyond expanding access during the pandemic.

Prior to the COVID-19 pandemic, [just 11% of US consumers were using telehealth](#). In 2020, the federal government, states, and private payors lifted previous restrictions on the use of telehealth to enable safe access to health care during the pandemic. Telehealth use increased dramatically.

The United Methodist Health Ministry Fund commissioned research on telehealth in Kansas to understand how it was being used by consumers and providers, and to gain perspectives on areas for improvement.

The research included a statewide survey of health care providers and administrators, as well as in-depth follow-up interviews. In partnership with REACH Healthcare Foundation, the consumer perspective was explored through a statewide voter poll and consumer focus groups.

Disparities in health conditions and behaviors often exist amongst different racial and ethnic groups. Rural individuals often face difficulties accessing in-person care. To better understand these disparities and to produce sufficient sample sizes of minority populations to inform this research project, the funders requested an oversampling of Black, Hispanic, Spanish-speaking and rural consumers.

The University of Kansas School of Medicine (KUMC) conducted the provider/administrator research and the consumer focus groups. The statewide voter poll was conducted by GS Strategy Group.

KEY TAKEAWAYS

- All types of providers and health care organizations rapidly adapted to offering

more telehealth options during the COVID-19 pandemic.

- Patients, providers, and administrators all expressed that telehealth increased access to care and saw benefits in telehealth beyond just expanding access during the COVID-19 pandemic.
- While providers were attuned to access and continuity of care, patients were attuned to benefits like convenience, savings of time and money, and the importance of choice between telehealth and in-person services.
- Overall, patients and providers were satisfied with telehealth, though some reported specific bad experiences. Providers and patients agreed not all health services were suitable for telehealth and believed they knew when it was time for an in-person visit.
- Patient access to devices and internet connectivity was generally good; the same was true for providers. Patients, particularly those who participated in the consumer poll, wanted rural broadband access to be increased to improve access to telehealth and improve health.
- Although patients had few concerns about cybersecurity and privacy, providers highlighted the need for health information technology-related support, including the support of secure platforms.
- Providers and patients agreed telehealth will continue to be used into the future.
- Both providers and patients would welcome more standardization, certainty in public policy, expansion of rural broadband, flexibility in choosing telehealth or in-person services, and respect for clinical judgment.

OVERVIEW OF PHASES AND METHODS

Phase 1: Provider/Administrator Survey

KUMC surveyed providers and administrators in August and September 2020; a [final report](#) was

issued in December 2020.

There were 247 responses to the online survey, and 228 (92.3%) indicated they or their organization offered telehealth services. 17 (6.9%) indicated they did not, and 16 exited the survey almost immediately. For most calculations, 231 was used as the number of total respondents. Responses came from 62 (59.0%) of Kansas's 105 counties. Most (86.1%) were from outpatient organizations, and most (60.6%) were physicians.

Phase 2: Consumer Poll

In February 2021, GS Strategy Group polled consumers about telehealth experiences, attitudes, and policies. The [final report](#) was issued the same month.

There were 869 respondents in the consumer poll, 600 in the base sample and 269 in the oversample of voters of color. High-level results were shown by geographic categories of rural, suburban, and urban and by race categories of white, Black, and Hispanic.

Phase 3: Provider/Administrator Follow-up Interviews

From January to May 2021, KUMC conducted semi-structured interviews with 7 (50.0%) providers and 7 (50.0%) administrators from among survey respondents. The [final report](#) was issued in June 2021.

Six (42.9%) interviewees were from urban counties, 5 (35.7%) from rural, and 3 (21.5%) represented multi-site organizations with locations in both urban and rural counties.

Phase 4: Consumer Focus Groups

From August 2021 to February 2022, KUMC conducted 17 focus groups with 60 telehealth patients across the state. The [final report](#) was issued in May 2022.

English speakers comprised 76.7% of the sample, and 23.3% primarily spoke Spanish. While about 20-30% of the Kansas population resides in rural areas, 46.7% of the study population lived in counties considered non-metro using the Rural-Urban Continuum Codes (RUCC) classification.

RESULTS ACROSS STUDIES

The table below lists the topics explored and qualitative themes determined across this multi-phase study.

TOPICS EXPLORED AND QUALITATIVE THEMES DETERMINED ACROSS MULTI-PHASE STUDY	
Phase 1 Provider and Administrator Survey	<ul style="list-style-type: none"> Utilization and Reimbursement Payment Parity Patient Experiences Workforce Issues
Phase 2 Consumer Poll	<ul style="list-style-type: none"> Health Care Quality Rural Health Telehealth Access Telehealth Experiences and Opinions Technology Use and Preferences Broadband Access
Phase 3 Provider and Administrator Interviews	<ul style="list-style-type: none"> Telehealth and Access to Care Barriers to Telehealth Implementation Telehealth's Role Post-COVID What Can and Cannot Be Done Via Telehealth Parity with In-Person Visits Scheduling Logistics and No-Show Rates
Phase 4 Consumer Focus Groups	<ul style="list-style-type: none"> The Future (of Telehealth) Getting the Word Out (how they heard about telehealth) Motivations for Choosing Telehealth What Patients Disliked About Telehealth The Technical Side Concerns About Telehealth

These topics and themes can be condensed into patient access to care, barriers to care (both patients and providers), patient-specific barriers to receiving care, provider-specific barriers to delivering care, and the future.

PATIENT ACCESS TO CARE

Nearly half of polled consumers (48%) reported having used telehealth at least once, and 86% said they support expanding or maintaining telehealth access in Kansas.

Surveyed providers and administrators reported that the most commonly offered services via telehealth were primary care, patient education, chronic care, counseling/therapy, and psychiatry.

This is consistent with the patients' perspectives, being offered telehealth as a service through existing provider relationships. Staying with an existing provider was especially important for patients seeing mental health professionals, like therapists.

In focus groups, some telehealth consumers said telehealth allowed them to save money through lower co-payments. Telehealth helped some overcome transportation barriers, including spending less on gas. Consumers valued that telehealth appointments allowed them to take less paid or unpaid time off work. Telehealth appointments were often faster, wasted less time, were more convenient or logistically easier, were a good way to avoid COVID exposure, and generally did not require transportation. Patients experienced these benefits, as did caregivers.

"A real plus with the telehealth stuff is it allows us to engage people who can't get here. I mean, you can imagine in a rural seven-county area, a lot of people we serve don't have driver's licenses or cars. A lot of times no income, so it's hard for them to get here. But almost all of them have a smartphone."

-Rural SUD administrator

Patients and providers alike saw benefits in telehealth, beyond just expanding access during the COVID-19 pandemic. While providers were attuned to access and continuity of care, patients were attuned to benefits like convenience, savings of time and money, and the importance of choice between telehealth and in-person services.

Focus group participants said they thought telehealth

was good for monitoring chronic conditions, and even monitoring a mother's health during pregnancy, but they also understood the need to go in-person periodically for those same conditions.

Patient Home as Originating Site

Patients who dialed into telehealth visits from home often felt more comfortable there, associated being home with better access to care, and felt better able to accommodate their and their children's needs.

While patients reported the value of dialing in to telehealth visits from the comfort of their homes, only a minority of providers indicated that "having the distant site be the patient's home" was a top policy priority.

How Telehealth Was Offered

Patients reported hearing about telehealth as an option through their usual care providers or clinics—not only primary and specialty care providers, but also behavioral and mental health care providers.

Often, patients used telehealth for the first time during the COVID-19 pandemic when in-person care was more limited.

Many provider and administrator interviewees discussed rapidly switching to offering telehealth because of the COVID-19 pandemic. Providers and administrators emphasized that telehealth increased access to care for new and established patients.

Technology

Consumer poll results were consistent with the focus groups, showing that patients accessed telehealth from a wide variety of places – smartphone video, computers, tablets, and phone calls. Most (84%) wanted Kansans to be able to use their personal devices to access telehealth, and 85% stated access from home should be allowed.

Nearly three-quarters of poll respondents believed broadband access was worse in rural areas, and 88% agreed that "increased access to reliable high-speed internet will help provide at-risk Kansans greater access to telehealth services."

Language Interpretation Services

Several Spanish-speaking participants said they had providers who spoke Spanish or were provided with translators. It was not clear, however, that every Spanish-speaking patient had access to a translator.

While translation services are not unique to telehealth, it is worth noting the positive effects of good translation, making patients feel more confident about care quality and improving their experiences with the health care system overall.

“It made me feel confident, and the other thing was that the nurse’s Spanish was very good. I speak some English, not a lot, but I understand enough, and I noticed that she was translating exactly what the doctor was saying. It was a good translation. Because in past experiences with other people, like, the translators have been really bad, like it’s hard to understand them.”

–Spanish-speaking consumer focus group participant

BARRIERS TO CARE (PATIENTS AND PROVIDERS)

Experiences with internet connectivity were close to 50/50 in terms of good and less good connectivity. Most participants had WiFi, and though most WiFi was high-speed, many had variable quality, calling their internet “spotty” or “laggy.”

“But the biggest thing for us on the technical difficulties has just been internet connection problems. People’s houses. Even in our building every once in a while, it’s just bad.”

–Urban outpatient pediatrician

PATIENT-SPECIFIC BARRIERS TO CARE

Overall, patient dislikes related to telehealth seemed to be specific, rather than objections to telehealth as a concept.

Patients who expressed a dislike for telehealth gave the following reasons:

- It was harder to show visible health conditions.

- They preferred the “closeness” of an in-person visit and felt more trust there.
- They valued providers’ ability to see them in their entirety or touch them.
- They valued the social aspect of attending health care visits in-person.
- They had negative experiences in telehealth visits, such as providers who were distracted and not paying close attention or providers who had frustrating technical difficulties.

“Like, I have asthma. I have respiratory issues. So, they can’t really tell how my lungs are sounding over the, a telehealth visit. They can’t, you know?”

–Consumer focus group participant

Approximately half of providers thought that at least some of their patients had difficulty accessing telehealth. Provider-perceived access barriers were difficulty using technology (37.6%), insufficient access to devices (31.2%), and insufficient access to broadband (29.9%).

PROVIDER-SPECIFIC BARRIERS TO CARE

Provider and administrator concerns focused on payment parity, shifting telehealth reimbursement policies, and the need for health information technology (HIT) support. In interviews, providers sometimes echoed patient “dislikes” regarding technical difficulties or visits being impersonal or inadequate. Providers were very clear that telehealth is not a wholesale substitute for in-person care, and that they value the in-person relationships they have built with their patients.

Providers discussed difficulties with telehealth platforms and other HIT, internet and web-enabled device struggles, and costs of providing telehealth.

Some had concerns about patients’ varying levels of “tech savviness.” Providers occasionally found it difficult to communicate effectively with patients about telehealth, and some were concerned about technology-related costs to patients.

During interviews, most providers shared how their services are suited for telehealth, while noting it cannot

replace all in-person visits. For a few providers, telehealth was not offered as it was not conducive to delivery of their types of services.

POTENTIAL TELEHEALTH SERVICES	
Well-Suited	
<ul style="list-style-type: none"> • Initial, brief assessments • Chronic care management • Basic triage, including emergency dental and optometry services • Transitions of care, post-hospitalization • Quick follow-ups • Review of laboratory or radiology results • Patient education • Medication follow-ups • 1-on-1 counseling by mental health and substance use disorder (SUD) providers • Mental health follow-ups by primary care physicians • Reviewing care with family members who could not be present with the patient • ADD check-ups 	
Not Well-Suited	
<ul style="list-style-type: none"> • Anything that needs to be a physical exam • Procedures • Detox services • Residential services • Injectable medications • Wrap-around services like an employment support program • Group therapy (usually not as productive) • Hospital-based specialties • New complaints that have the potential to imminently become emergencies 	

A few stated concerns with the quality of care they could deliver via telehealth versus in-person. One-third thought their patients had concerns about telehealth, including health information privacy, not getting health needs met, and being too impersonal. However, patients had few concerns about cybersecurity and privacy.

THE FUTURE

Many focus group participants were enthusiastic about continuing to use telehealth. Others said they would only

keep using it if they were not able to access in-person services. Patients wanted policymakers to make sure telehealth remained an option and wanted better access to broadband internet. They agreed they would recommend that friends and family try telehealth. Their advice was that potential patients ask questions prior to agreeing to a telehealth visit. For example, they encouraged potential patients to ask whether their condition was truly suitable for telehealth and whether the provider anticipated asking them to come in-person for follow-up.

Focus group participants had several suggestions about how to improve the telehealth experience for patients, as illustrated in the following table.

WAYS TO IMPROVE THE TELEHEALTH PATIENT EXPERIENCE
<ul style="list-style-type: none"> • Make telehealth a more integrated part of health care. • Improve care coordination between providers seeing patients via telehealth and those doing follow-up services like lab tests or home health visits. • Integrate wearables and remote patient monitoring into regular patient care. • Better coordinate across technology platforms and implement more standardization in scheduling processes, dial-in processes, and telehealth platforms. • Give better instructions for telehealth (if complex processes cannot be simplified) and, if possible, provide tech support personnel whom patients can call for help. • Improve access to broadband internet for patients and providers alike. • Ensure greater standardization and certainty in terms of costs and payor policies.

Focus group participants asked that policymakers consider people's varied circumstances, such as lacking access to transportation, and asked that they maintain rules about confidentiality and privacy. Participants stressed that telehealth is a good alternative to in-person care, especially in rural areas.

The greatest proportion of consumer poll respondents

(42%) said insurers have the most responsibility to keep telehealth services available, while 24% placed this responsibility on providers and 23% on the government. Respondents were overwhelmingly supportive of greater telehealth access, better rural access to broadband internet, and a larger focus by the Kansas Legislature on broadband internet.

Survey respondents (providers and administrators) were evenly split on whether they would need to grow their services to accommodate greater demand for telehealth services.

Providers believed that telehealth was here to stay, and most planned to continue offering telehealth services even once the pandemic was considered “over.” They reported that telehealth had increased access to care for many patients, and they valued that. They shared that they would like ongoing attention to the costs of providing telehealth and policy work on payment parity.

LESSONS LEARNED FOR POLICYMAKERS AND FUNDERS

This is the culmination of four phases of research into telehealth in Kansas during the COVID-19 pandemic.

The research provides perspectives to policymakers, providers, and philanthropy on how to enhance telehealth experiences for patients and providers.

It is clear from both provider and patient responses that telehealth will continue to be used into the future.

Patients would like policymakers to ensure the ability for the distant site to be the patient’s home, as well as to maintain rules for confidentiality and privacy.

Providers made it clear that for telehealth to remain viable, future financial support is needed for system upkeep and visit reimbursement.

“It would be pretty tragic if we set up this entire infrastructure and then people change the way that they reimburse or said that this was no longer allowed.”

-Urban CHC administrator

Both providers and patients would welcome more standardization, certainty in public policy, expansion of broadband internet (especially in rural areas), flexibility in choosing telehealth or in-person services, and respect for clinical judgment.

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