TELEHEALTH IN KANSAS DURING COVID-19: A STATUS REPORT

United Methodist Health Ministry Fund (UMHMF)
in collaboration with the University of Kansas Medical Center (KUMC)

Phase 3 Results: Consumer Focus Groups

Fielded: August 2021 to February 2022

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Report Date: May 9, 2022

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EXECUTIVE SUMMARY

Phase 3 of the "Telehealth in Kansas During COVID-19: A Status Report" study consisted of focus groups with consumers (telehealth patients) across the state. It followed Phase 1, a survey of providers and administrators, and Phase 2, interviews with providers and administrators.

A total of 60 consumers participated across 17 focus groups from August 2021 to February 2022. The number of consumers per group varied from 2 (in 2 groups) to 5 (in 2 groups), with 4 being the most common number of participants (7 groups).

Primary themes derived from focus group transcripts, and brief descriptions of each, were:

- **Getting the Word Out**
  Patients primarily heard telehealth was an option for them through their usual care providers or clinics. Often, they used telehealth for the first time during the COVID-19 pandemic when access to in-person care was more limited.

- **Motivations for Choosing Telehealth**
  Patients often chose to try telehealth because they were already comfortable with a specific provider or because a particular specialist was not available in-person. For some, telehealth was a less costly option, either in terms of copayments or other costs such as gas, transportation, or time off work. Many reported telehealth was easier or better than in-person visits, and they had generally had good experiences with care provided via telehealth.

- **What Patients Disliked About Telehealth**
  Patients did not like that it was harder to show providers injuries or other visible health conditions on a telehealth videoconference. Some reported preferring in-person visits even if they had also had good telehealth experiences. A few reported having had bad experiences in telehealth visits, such as having had a provider who was distracted and not paying close attention to the visit.

- **The Technical Side**
  Most participants reported using their smartphones for telehealth videoconferencing. Many also used laptops, and a few used iPads or other tablets. Most had access to adequately reliable WiFi, though most also said they experienced periodic outages or variable signal strength.

- **Concerns About Telehealth**
  For the most part, participants were not concerned about privacy or data security in telehealth visits. Those who had cybersecurity concerns generally said they trusted their providers and/or knew that telehealth links they had used were not scams. Participants also reported knowing when they needed to go in-person versus when they could use telehealth, and that knowledge seemed to counteract the potential for concern about the modality.

- **The Future**
  Many 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 focus on making sure telehealth remains an option and promoting better access to broadband internet.

Overall, most of our participants had positive experiences with telehealth, usually using their smartphone or laptop and using videoconferencing. They found it to be an important option that allowed them to save time and money, and it was especially important for those with little time off work available or with caregiving responsibilities. Most will continue using telehealth and would like policymakers to focus on increasing access, including increasing broadband capabilities.

STEWARDSHIP OF FUNDS

United Methodist Health Ministry Fund (Health Fund) and REACH Healthcare Foundation generously awarded this research team with $20,500 ($10,500 and $10,000, respectively) to complete this project. These funds were used in the following ways:

- $7,931 (38.7%) Faculty salary support*
- $6,048 (29.5%) JUNTOS Spanish-language translation, outreach, focus group facilitation, and transcription services
- $4,064 (19.8%) Graduate research assistant salary support*
- $1,800 (8.8%) Participant same-as-cash gift cards
- $657 (3.2%) English-language professional transcription services

**Salary support figures are approximate pending final institutional certification.*

We understand that the Health Fund and REACH were particularly interested in outreach to minority and minoritized communities. Efforts to achieve this goal are reflected in JUNTOS expenditures and the faculty and graduate research assistant support funds. Although faculty salary support was the largest expenditure, this includes work developing the focus group guide, assisting with recruitment, facilitating all 14 English-language focus groups, analyzing all transcripts, actively supervising two graduate students, and writing all reports.

We were able to work through a number of avenues to generate focus group participation, as detailed in the 'Study Design' section, and we are pleased with the diversity of participants' ages, genders, races, ethnicities, languages spoken, and geographies, as detailed in Table 1. While we did not collect data on participant socioeconomic status, our recruitment pathways and our observations of and interactions with participants lead us to be confident in stating that our participants represented a variety of socioeconomic backgrounds and current statuses.

STUDY DESIGN

This was a qualitative focus group study utilizing purposive and convenience sampling and inductive thematic analysis. The results of Phases 1 and 2 informed the development of the Phase 3 focus group guide. We asked participants a series of questions regarding how they heard about telehealth; what they liked and disliked about those experiences; the technical aspects of their telehealth visits, such as devices used and their internet connectivity; and whether they would recommend telehealth to friends and family. See Appendix 1 for the complete guide.

We created a REDCap survey for individuals to register their interest in focus group participation, provide demographic information, and let the research team know their general availability for a 45-minute Zoom focus group. Conducting the groups virtually not only allowed for safety related to COVID-19, but it also brought together participants from different areas of the state, creating more robust discussions of differences in telehealth experiences. We emailed the link to this REDCap survey, along with fliers about the study, to stakeholder organizations for dissemination via email and social media, and we created social media posts for the general public. At least two provider organizations were able to use their texting platforms to contact their telehealth patients about the study. This proved especially successful in southeast Kansas, generating over 150 initial responses from that region alone.

We partnered with the JUNTOS research group at the KU School of Medicine Department of Population Health, who translated the REDCap survey into Spanish and used it to reach out to communities in Johnson and Wyandotte counties who were primarily Spanish-speaking. They were also able to reach a Spanish-speaking individual from southwest Kansas.

Individuals and groups who forwarded the survey links to potential participants on our behalf included: David Jordan with United Methodist Health Ministry Fund, to Healthy Congregations participants; Community Care Network; Jennifer Findley with Kansas Hospital Association; Stephanie Wing Meyer, state of Kansas governor for Rotary International; Jamie Hicks with McPherson Hospitals' Patient and Family Advisory Committee; Broderick Crawford with the NBC Community Development Corporation; Community Health Center of Southeast Kansas; and the University of Kansas Health System's Patient and Family Advisory Committees.

All participants who started a Zoom focus group finished, none left early. All received a $30 same-as-cash gift card in the mail approximately a week to two weeks after their participation.

Focus groups were conducted on Zoom and recorded, then transcribed verbatim. The transcripts were analyzed inductively for common themes, meaning themes were allowed to emerge, rather than having a pre-set list of themes.

Results are descriptive in nature and due to the sampling strategy are not necessarily generalizable to the entire Kansas population. However, due to the wide variation in our participants' characteristics, we are confident we have identified an inclusive range of experiences and important circumstances that healthcare professionals, stakeholders in rural health and economic development, and policymakers should take into account when considering how to expand access to healthcare.

RESULTS

First, we detail the characteristics of our participants. Then, we describe the primary and secondary themes that emerged from the focus group transcripts.

We have described the "future" theme first, detailing reasons patients plan to keep using telehealth, their recommendations to friends and family, their suggested changes to telehealth, and what they want policymakers to know. The other primary themes were getting the word out, motivations for choosing telehealth, what patients disliked about telehealth, the technical side, and concerns about telehealth. We have also included a note about caregivers.

Participant Characteristics

279 people started the English REDCap survey, and 210 provided valid contact information allowing us to follow up and try to schedule their participation in focus groups. 24 people started the Spanish REDCap survey, and 20 provided valid contact information. This provided us with a total of 230 potential participants.

Among respondents speaking Spanish, 14 participated, for a response rate of 70.0%. Among English-speaking respondents, we only had the capacity to reach out to the first 95 who provided valid contact information. Of those, 46 participated, for a response rate of 48.4%. Combined, we had an overall response rate of 52.2%.

The average age of participants was 46.5, with a range from 18 to 73 years. The majority were women (76.7%), identified as White (75.0%), and identified as non-Hispanic (68.3%). Among participants in the Spanish-language groups, all identified as Hispanic, and 50.0% identified as White. Those who spoke English comprised 76.7% of our sample, and 23.3% primarily spoke Spanish.

In Kansas, 86.3% of the population identifies as White (both Hispanic and non-Hispanic), and 12.2% of the population identifies as Hispanic or Latino. Compared to the state, a smaller proportion of our participants were White, and a larger proportion identified as Hispanic. 3.3% of our sample identified as two or more races, which was close to the state percentage of 3.1%. However, only 5.0% of our sample identified as Black, whereas 6.1% of the state population identifies as Black. Women were over-represented in our sample, though it has been well-established that women are more engaged in their and their family's healthcare. That may explain their greater engagement with the study.

While about 20-30% of the Kansas population resides in rural areas (depending on the definition of rural used), 46.7% of our study population lived in counties considered non-metro using the Rural-Urban Continuum Codes (RUCC) classification. Rural individuals often face difficulties accessing in-person care as they may live far from care providers and healthcare facilities, and they may also face barriers to telehealth depending on access to broadband internet.

Table 1. Participant Characteristics

	All participants	Kansas*	Groups conducted in English	Groups conducted in Spanish
Age (mean (range))	46.5 (18-73)		45.9 (18-73)	48.5 (22-66)
Gender	N (%)		N (%)	N (%)
Female	46 (76.7%)	50.2%	35 (76.1%)	11 (78.6%)
Male	14 (23.3%)		11 (23.9%)	3 (21.4%)
Race**	N (%)		N (%)	N (%)
White	45 (75.0%)	86.3%	38 (82.6%)	7 (50.0%)
Black	3 (5.0%)	6.1%	3 (6.5%)	0 (0.0%)
Other	6 (10.0%)		0 (0.0%)	6 (42.9%)
Two or more	2 (3.3%)	3.1%	2 (4.3%)	0 (0.0%)
No answer	4 (6.7%)		3 (6.5%)	1 (7.1%)
Ethnicity	N (%)		N (%)	N (%)
Hispanic	17 (28.3%)	12.2%	3 (6.5%)	14 (100.0%)
Non-Hispanic	41 (68.3%)		41 (89.1%)	0 (0.0%)
No answer	2 (3.3%)		2 (4.3%)	0 (0.0%)
Primary language spoken	N (%)		N (%)	N (%)
English	46 (76.7%)		46 (100.0%)	0 (0.0%)
Spanish	14 (23.3%)		0 (0.0%)	14 (100.0%)
Rurality	N (%)		N (%)	N (%)
Metro (RUCC 1-3)	32 (53.3%)		19 (41.3%)	13 (92.9%)
Non-metro (RUCC 4-9)	28 (46.7%)		27 (58.7%)	1 (7.1%)

**Select statistics from US Census Bureau Quick Facts provided for comparison. https://www.census.gov/quickfacts/fact/table/KS,US*

***Participants were given the options of American Indian or Alaska Native and Asian or Pacific Islander as well, but none identified as either of those options.*

The Future

Reasons Patients Will Keep Using Telehealth

The reasons patients reported they will keep using telehealth followed a similar pattern to the "motivations for choosing telehealth" theme. They found it easier, more convenient, safer, and a time saver. Several said they would use it for routine care and medication follow-up appointments. Regarding saving time, one person shared:

> *At this point, you would have to really sell me on the need to come in, because I don't have to take off work for appointments now. Like, it's like a 15-minute phone call and I'm done, and everything in our area, it feels like, is really spread out. Like my doctor is maybe 30 minutes south. [E]*

Patient perspectives ranged from experienced healthcare professionals, like one who said, "for me, [telehealth] will probably be a good thing for the future and something I will opt in for" [E], to people with little experience in healthcare. A person who had only experienced one telehealth visit said:

> *I'm not really sure when I would use it. It would probably be if I'm really sick that I didn't even want to expose anyone to it, but […] I like the idea of it. But I, there are some things I want to see my doctor in person, and you know that would probably want to be my priority instead of wanting to do the telehealth, but I like the option of being available. [E]*

The potential cost savings related to spending less on gas and transportation and saving time, including missing less work (and therefore fewer lost wages), crossed socioeconomic backgrounds, genders, and parental or caregiver status.

Recommendations to Friends and Family

Most participants agreed they would recommend that friends and family try telehealth. Their advice was that potential patients should ask questions prior to agreeing to a telehealth visit. For example, they encouraged potential patients to ask whether their condition is truly suitable for telehealth and whether the provider anticipates asking them to come in-person for follow-up. They emphasized that not all health conditions are appropriate for telehealth. For example:

> *I would definitely recommend it in certain circumstances. […] [I]f you have, like, a certain condition in which it's not appropriate, or it's not useful, well then of course I'd go see a regular physician or doctor. But in other circumstances of uncertainty and just, you know, not having any providers near you at the moment, I think it's very useful. [E]*

While some were enthusiastic, others said they would really only recommend telehealth if going in-person was not possible. One said, "Yes, I would recommend it [telehealth] right now when you can't go in" [S] in reference to COVID-related limited access.

Participants also brought up the technical side, encouraging potential patients to have a reliable device and internet connection.

> *You'd only have to have a smart phone to make it work, plus your connection, […] either data if you're out and about or a good WiFi at home, or however you can make the connections work. It's a good thing, it's a good option. [E]*

In summary, one person said, "Give it a try. You know, there's nothing to be scared of, and if, you know, you don't like it, then you can always hang up" [E].

Suggested Changes

Our participants did have several suggestions about how to improve the telehealth experience for patients. Most of their suggestions spoke to making telehealth a more integrated part of healthcare.

Participants wanted to see better care coordination between providers that see them via telehealth and providers that do follow-up services such as lab tests or home health visits. Some even mentioned the importance of wearables and remote patient monitoring. For example:

> *Some of these apps for televisits are, you put in your blood pressure and your weight before you see the provider. […] There may be some way to connect that for everybody's visit. [E]*

They would also like to see better coordination across technology platforms and greater standardization in terms of scheduling processes, dial-in processes, and telehealth platforms. If processes cannot be simplified, they would like better instructions and would like tech support personnel they can call for help.

> *I would like to see a little bit of standardization. It seems like our experience has been clinic to clinic and month to month, "Oh, let's try this platform," and it's a constant juggle, and so we get, we'll get a link from a different platform. Some of which require a little more process to get in […] they're all not all the same on the user side. [E]*

In addition, they recognized the need for everyone to have better access to broadband internet, patients and providers alike.

> *If we're talking, like, pie-in-the-sky kind of DreamWorks picture type of deal, […] like, internet for everybody, where if you need WiFi, WiFi's available to you, and you can use it. […] that if they did have to do an emergency visit, and they live out in the boondocks, and they can't drive an hour to their doctor, that they have that reliable connection to do something like that. [E]*

Along the lines of standardization, patients would also like to see sameness and certainty in

terms of costs and payor policies. One participant with a background in law said:

> *Everybody got different rules about what they can cover and what coinsurance is applying to and what it's not applying to now, and it's just really difficult to know for any given patient if insurance is going to cover it via telehealth […] and kind of, the coverage parity and payment parity are really important things for provider peace of mind and patient piece of mind. [E]*

While overall patients had good experiences, they clearly saw ways telehealth could be better integrated into existing systems and ways existing systems could work better to provide a more optimal patient experience.

What Patients Want Policymakers to Know

In the words of one participant, "Full steam ahead. Have it covered" [E]. Patients wanted policymakers to know that telehealth is important to them, "I just think that the fact that it is important is, you know, really should be stressed" [E]. Overall, they want telehealth to be "more widely available" [E].

One person, when asked what policymakers should know about telehealth said:

> *I just really wish that whatever it is that gets conveyed […] conveys how important it is to have options. Not only because it's easy and it's convenient, but because sometimes it's the only option. [E]*

This participant and others emphasized that options are important, and also telehealth is valuable to people of many backgrounds. Participants asked that policymakers consider people's varied circumstances, such as the fact that not everyone has access to transportation. Another patient said:

> *This is complementary. Nothing gets 100% replaced, it's a complement. […] We have seen it with TV, movies, and reading. Like, people don't read books anymore, but there are a few people or households that still read a newspaper. They complement each other, right? More viable, more accessible, cheaper, less costs. [S]*

Our participants stressed that telehealth is a good alternative to in-person care, especially in rural areas. They asked that policymakers maintain rules about privacy and confidentiality, but one person added:

> *[Don't] get it all mucked up with these different legislatures trying to legislate what we can and can't do when so many of us have been able to get the quality of care that we want across the US. [E]*

Several participants stressed the need for rural broadband, and others went so far as to ask for "a free universal internet" [E].

Getting the Word Out

How Patients Heard About Telehealth as an Option

The most common way that patients heard about telehealth was through existing relationships with healthcare providers and clinics. Primary care and specialty care providers, including behavioral and mental healthcare providers, offered telehealth.

In six groups, participants discussed their employers offering telehealth as an option, and in three, participants said their insurers had offered it. In only two groups did participants mention they heard about telehealth through the media or word of mouth.

The Role of the COVID-19 Pandemic

In 11 groups, participants discussed finding out about telehealth during the COVID-19 pandemic, but in the same number of groups, participants said they had known about telehealth as an option before the pandemic. There was an overlap of five groups, in which participants discussed both timings.

Some participants perceived their providers started offering telehealth "because they had to" during the pandemic, while others characterized telehealth as a safer option, especially for those who said they had underlying health conditions. For example:

> *I was going to wound care in [town], and then with COVID hitting, and **I had underlying health conditions**, my doctor thought it would be best to do it through the telehealth. [E]*

Nine participants knew about telehealth prior to the pandemic because of their professions. They were in the fields of nursing, dentistry, health informatics, health law, and health insurance. One participant shared:

> *A couple of years ago, I was in the middle of a health information management degree, and I knew it that way […]. My first telehealth was February of 2020. So, my provider was working from home because she had toddlers and wouldn't go to the clinic. […] But I had already known about it, and when she, that was all she could offer, then **I accepted. I knew what it was**. [E]*

Three people had had providers offer them telehealth prior to the pandemic, and two had vague recollections of hearing about it as an option.

Motivations for Choosing Telehealth

Focus group participants cited a number of motivations for choosing telehealth the first time it was offered and why they continued to choose it for subsequent visits. Reasons have been sorted into the following categories: provider-specific, less costly, easier or better, and generally had a good experience.

Provider-specific Reasons

- **Already comfortable with provider**

In seven groups, participants said that they were already comfortable with their provider. One person shared, "For me it was, I had already met my provider in person, so I had already had a one-on-one relationship with her, so it was easier, easy to just switch over" [E]. Another person noted, "I liked it because the doctor […] he knows my child very well because he has seen him since he was a newborn, so I trust him" [S].

Staying with an existing provider was especially important for patients seeing mental health professionals, like therapists. Many did not want to have to establish a new relationship with a different therapist. Here are two examples:

> *I had a psychologist and it is the one that I have liked the most to have video calls and **I trust him a lot and he knows me** and I feel really comfortable talking with him in-person or through video call. [S]*
>
> *[M]y therapist moved from where I live up to a different city, and she said, "Oh, I can still practice in the state of Kansas. If you want to continue, **you can continue telehealth**," so I was like, "Yes! That sounds great." [E]*

- **Specialists not otherwise available**

In four groups, participants said the specialists they saw via telehealth were not available to them in-person. For these patients, telehealth allowed them to receive care they otherwise would not have been able to access. Two people shared:

> *I probably wouldn't be as active with my therapy [without telehealth] because, you know, **for me it'd be like a 10-hour commute** for a visit. [E]*
>
> *I also live in rural southeast Kansas, so […] **the kind of medical care I needed was not in my area**. The closest was Wichita. [E]*

For both physical and mental healthcare services, telehealth often expanded access, and it was important to many patients that they stay with providers with whom they had already developed relationships.

Less Costly

Many participants found telehealth to be less costly. For some, their co-payment for a telehealth visit was actually less than for an in-person visit. For others, they saved money on gas (there was some overlap here with saving time, which is explored in the next section, "easier or better"). Several participants cited being able to take less time off work, which saved them in terms of paid time off or saved them from losing pay.

- **Telehealth allowed patients to take less time off work**

Most of the time you have to make appointments during working hours and there are not many doctors that can do it later. In that way, I don't have to ask for the whole the day off or half a day, I don't have to stop working. [S]

I work 12-hour shifts at the hospital, so I can schedule [telehealth] in the middle of my day and still get, you know, get my refill and pick it up downstairs at the end of the day and not really have to take, use any PTO or anything like that. [E]

- **Telehealth was less expensive than in-person**

*[M]y health plan offers zero copay and zero dollar copay and zero dollar visits. Doesn't go toward your deductible, doesn't cost anything, and zero copay so **pretty big incentive** there. [E]*

*The **time and the gas, you can add them up**, and the numbers are huge, you are actually saving. [S]*

Easier or Better

Participants who said that using telehealth was somehow easier or better than going to see a provider in-person had a variety of experiences. The experiences categorized here included faster/wasted less time, more convenient/logistically easier, good way to avoid COVID exposure, and easier because telehealth did not require transportation.

- **Faster/wasted less time**

Telehealth saved participants time in several ways, most notably drive-time and waiting times. They experienced both decreases in time to get an appointment scheduled and, once at an appointment, shorter times between arrival and seeing the provider. Several participants had previously been seeing specialists in Kansas City or Wichita, which were several hours away from where they lived. Going to an appointment in-person often meant dedicating between 4 and 7 hours to the trip and appointment combined, more if the time in the waiting room was prolonged. Especially for participants with children, saving time was very valuable. Here are a few examples:

*I found myself going up to Kansas City **on one occasion waiting for three hours**, and the doctor came in for 10 minutes tops, maybe even five. And it was a huge waste of my time and my son is autistic, and at the time he was very young, and it was just a lot of work to put in for something like that. [E]*

*For me, when I had my [telehealth] visits, he [provider] was right there. I didn't have to wait at all. […] versus going there, wait time could be any time from 10, 15 minutes, and there's been times when they had new people come in—new patients—so they had to on-board them, and **I could be sitting there for an hour** or longer. [E]*

> *Being at home and being able to, like, cook dinner or work on homework or doing laundry or something rather than just going absolutely nuts in a waiting room thinking "why am I not being seen?" […]* ***It's less frustrating to do it through telemed****. [E]*

> *We called to the clinic, and they communicated to us that […] due to my husband's health status, that he needed to see the doctor, and* ***they said that the fastest way was through Zoom****. [S]*

- **More convenient/logistically easier**

Participants stated it was important to be able to access care outside business hours, particularly in the event of an emergency. They also valued having shorter (or no) drive-times, as they had limited spare time often due to competing obligations like work or studying. They also appreciated avoiding driving in bad weather or in situations where transporting children (for the child's appointment, or because they needed to accompany the adult patient due to lack of childcare) was burdensome.

> *The convenience of it is great. Being able to just have to, like, get on your phone and talk to someone instead of having to go in and then do the waiting […] And of course, like,* ***I have three kids and a job, so trying to schedule with everybody's schedule, and get everyone in to the doctor****, or get this person here, and then I can go to the doctor, it's just easier if I can sometimes just do it at home real quick. [E]*

- **A good way to avoid COVID exposure**

There were patients who had contracted COVID and who had not who agreed that telehealth visits were good in part because, "it's also safer because of COVID" [E]. One person said telehealth had been "essential" while they were sick with COVID. During a group in December 2021, a person shared, "with variants going on now, it's like, I really like staying safe in here […] I take medicine for rheumatoid arthritis, and it lowers, suppresses your immune system" [E]. One person who was still recovering from COVID said:

> *The truth is that I am scared of going out of the house because I was on a ventilator for three weeks, one month in the hospital with COVID, and I am scared of going out especially to overcrowded places. So, I told the nurse to make me an appointment with the doctor through video call. [S]*

Several patients were able to see both the positives and negatives of telehealth, for example saying, "It is a great thing right now during the pandemic," but then recognizing, "there are still some limitations." This person went on to say that telehealth made them feel safe, "especially since at the beginning we were scared. However, now with the protection that we have, I prefer to go and see the doctor" [S].

- **Did not require transportation**

There were several participants who did not have access to reliable transportation, and some who did not have access to transportation at all. A few did not have driver's licenses or did not drive,

some did not have vehicles, and some were in one-car families. For others, they had transportation, but driving long distances was a challenge. Here are three example situations:

> ***I don't have a car, I don't drive**, I have to ask for an Uber or that my family members take me. [S]*

> ***I don't have a license**, and so I don't drive, so it's very difficult for me to get transportation, or my husband sleeps during the day because he works nights and can't take me to all of the appointments that I need. [E]*

> *Our […] **car that works all the time is broke down**, and we have a pickup that is, you know, from 1983 and takes $10 to start it every day, and there are times when I would have to drive my husband all the way to work and come back and, you know, get the babies up, take them with me, come back in the cold and, just so I could have that vehicle since our extra, our good one's broke down. [E]*

- **More comfortable**

Patients were more comfortable with telehealth for a number of reasons such as: anxiety about going to an appointment; social anxiety; feeling safer at home; being more relaxed in their own environment; being physically more comfortable in their own furniture; having their pets with them; and allowing them or their children to avoid triggering bad behavior. For example:

> *I deal with PTSD, and I also have a lot of anxiety about going into appointments, and **I was cancelling a lot of my counseling appointments just because of the anxiety** of it. So, when we were forced to switch to it with COVID, it was actually great for me because I didn't cancel those appointments, because I didn't have to get out of the house and go somewhere and be around other people. [E]*

> ***My relaxation is with my dogs**. I have three dogs that are always right here up against me, and it is, it relaxes me. And I can be more open talking because I'm comfortable 100%. [E]*

> *Certainly for us, with a 15-year-old getting a med check and he gets angry when—he has ADHD—he gets angry when he's late for school, and then I have a 3-month-old and a 1-year-old, and **we are more comfortable at home**. [E]*

It is important to recognize that patients connected being comfortable with better access to care or engaging better with their care. Comfort was not simply about convenience but instead was about opening up to therapists, being willing and able to attend visits more regularly, and being able to accommodate their and their children's needs.

- **More private**

Particularly for mental and behavioral health services, several patients expressed that telehealth visits gave them a greater sense of privacy. They said that others could not see them arrive at a visit, and they felt more sure that others could not overhear them. These patients were mostly from rural areas, but one was from an urban area.

> *I feel like it's more confidential because, you know, you ain't even having to go into a doctor's office to be seen, you know? You're at home, nobody knows that you're actually going to see your doctor. [E]*

> *You know, I live in a small town, and yes, I know HIPAA, but I don't trust my people, […] so for me, the opportunity to have counseling services in, you know, in a town two-and-a-half hours away was very convenient, and it helped with my anxiety and sense of privacy. [E]*

> *Seeing [provider] in his little office with the headset on, knowing that nobody else is hearing what I'm talking to him about, and I feel like that's a big thing for me. […] especially small towns, people talk. And so, if I have a major issue or any kind of drama going on that I really feel like my doctor needs to know about […], nobody knows who he's talking to because they never saw me walk in. [E]*

Generally Had a Good Experience

In most focus groups, patients brought up good experiences with telehealth visits and specific instances when they experienced providers being attentive. One person said, "my experiences have been pretty much all positive" [E], while another said, "The service was really good, and we are happy with telehealth" [S]. Here are additional examples:

> *[Provider] wasn't distracted, so, because […] well, it's a busy clinic, so she's in a hurry to get to the next one, late coming from the first, previous one. And I thought **we had her undivided attention** the other day when we had our visits. [E]*

> *I got COVID, and the doctors called me. They were very nice people that called me every single day, and they were monitoring me every day by phone or video call by Zoom […]. My experience was good, it was good, **I didn't have them in person, but I knew that they were worried about me**, and they were interested about my well-being, how my treatment was going. [S]*

It is also important to note that several Spanish-speaking participants said they either had providers who spoke Spanish, or they were provided with translators. It is not clear, however, that every Spanish-speaking patient had access to a translator. One person shared:

> ***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. [S]*

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

What Patients Disliked About Telehealth

Patients shared not only what they liked about their telehealth visits but also what they did not like. Some simply preferred in-person visits and did not give a specific reason why. Others said that on telehealth, it can be harder to see the provider or show the provider what is wrong. Some patients had bad experiences with telehealth, in which providers were not attentive or they were uncomfortable. Some telehealth visits were too short or perceived as insufficient or not providing good continuity of care.

Harder to See or Show

Patients who expressed that it was harder for them or their providers to see on telehealth, or harder to show their provider what was wrong, valued their providers being able to see them in their entirety or be able to touch them. For example:

> *I mean they can't really have that hands-on experience, and I think sometimes the symptoms that people, you know, physical symptoms that we have, help them diagnose and treat the problem. [E]*
>
> *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? [E]*
>
> *I always prefer the personal part, like seeing the doctor eye to eye. They can examine you and you tell him it hurts here. You cannot do all those things anymore like if your ear hurts, the doctor cannot take a look with his tool and there are certain limitations. [S]*

Prefer In-person Visits

Several patients preferred in-person visits but could not pinpoint specific reasons why. Some who did identify specific reasons said they felt a "closeness" [S] in-person and felt more "trust" [S] with in-person providers.

Others liked the social aspect of going to healthcare visits, with one saying, "Doctor's visits are the only time I get out of the house" [E] and another sharing, "I've always been a people person" [E]. A couple patients who also cared for elderly parents highlighted the important social aspect of healthcare visits. One person said of their parent, "He lives alone, I think he misses the social connection that happens at those visits" and "he's one of those that talks to everyone as part of the process" [E].

Bad Experiences

Bad experiences with telehealth included providers seeming distracted or not attentive, visits being too short or not providing good continuity of care, feeling uncomfortable or impersonal, and visits in which patients or their providers had technical difficulties. Here are a few examples:

- **Visits with inattentive providers**

  I felt that she wasn't focused on what we were doing, like her mind was somewhere else, I don't know if she was taking notes or I don't know she didn't seem to be focused or to be focusing on what I needed in that moment. [S]

- **Visits uncomfortable or impersonal**

  I had another person as a psychologist and […] I didn't feel comfortable, and like, I didn't know her, so I didn't know how to express myself […] I didn't finish the session because I didn't feel comfortable. I don't know if it was because I didn't like her, or I don't know. I can't really explain. I told her […] that I wasn't comfortable, so, I didn't mean to be disrespectful, but I didn't like it. [S]

  I think that it's kind of more impersonal when you're doing it over the phone. I don't know that it's such a drawback, obviously, that I wouldn't do it, because I do it. But I think, like, if you're having to meet a new doctor, probably it would be easier just to go in, than having to try and explain everything on the phone […] it's more convenient, but there is the aspect of it not being so personable as the in-person is. [E]

- **Visits insufficient and/or not providing continuity of care**

  Well, my experience with my doctor wasn't very good because when I had my first appointment through video call it was very fast, too fast and I didn't have enough time to explain her because at the time one of the medications wasn't working well for me so I couldn't explain everything. [S]

  It's not seeing the same care provider every single time, so it is a rotation through providers and […] it's used mainly for urgent care or for very specific primary care needs that, you know, run towards urgent care needs. […] It's a niche type service and you know it is run more like a medexpress type urgent care visit. You are not going to see the same person every time over and over. [E]

- **Visits with technical difficulties**

  My biggest downfall was the technical side. The provider just, he couldn't figure out how to make it work, and so he'd get frustrated and he called me and he's like, "Can we just do this over the phone?" and I'm like, "Sure!" I mean, because you don't really need to see my face to tell me what was the matter with me. [E]

  What frustrated me was the internet connection. While I'm at my parents' I can FaceTime my son in Saudi Arabia, but I can't talk to a local doctor 30 miles away. It's not even 30, 15 miles away. So that is very frustrating to me to be talking to someone on the other side of the world and I'm not able to contact my local doctor. [E]

In only one group did participants raise the concern that telehealth policies seem payor-driven. For some, this was because a telehealth option was specifically offered by their insurer. For

others, they had a background in healthcare and therefore had experience with third-party payors. One person who worked in healthcare shared:

> *We have had our providers tell me how much they like telehealth and how much they are willing to keep doing it until the point of which [insurer] won't reimburse for telehealth […]. [T]hat controls all of what anyone wants to do, and I would want there to be some storming of the gates of influence, so the people who say they love it, and the providers who say they are able to offer good care, would get to sort of…with their own perspective on whether to keep offering telehealth. […] [I]n the conversation so often it's, "yup, we'll keep doing it until we can't anymore," and that seems to be payor driven […] it is just frustrating. [E]*

We should also note that while many patients found telehealth to be a time-saver, some had mixed experiences with wait times. One person said sometimes they waited for 20 minutes for their telehealth visits to start, while other times they've "been pulled right in" [E]. One person said their longest telehealth wait for an hour, but that was also when the provider "squeezed us in at the end of the day" [E]. Still others said it depended on the provider they were seeing, with some having "long wait periods" and others being "real quick" [E].

Overall, patient dislikes related to telehealth seemed to be specific in nature, rather than oriented toward their experiences with telehealth as a whole. Only in specific instances did patients have a healthcare need that required being seen, visually, in their entirety, or there were the one-off experiences with an inattentive provider or a time when technology did not cooperate. The one, more general dislike was the concept of comfort and being better able to 'be comfortable' and trust a provider. This was less of an issue for those with already-established provider relationships.

The Technical Side

Patients discussed processes such as scheduling, dialing in, starting their visits, speaking with their providers, and follow-up services. They also shared where and how they usually connected to their visits. Most patients dialed in from home and used smartphones. Most had fairly reliable internet, usually WiFi. However, even those with reliable WiFi had occasional gaps in service.

The Process Generally

Many participants accessed telehealth by calling their provider's office, asking for an appointment, and using the regular scheduling process. At the time of the appointment, they received a link by text message or email. Most had a one-tap link that put them directly into the telehealth visit. Even those who used Zoom or a proprietary portal said that links to those services were easily followed. As one person shared:

> *You'll get a text message when the doctor is ready, and then you'll just click on the link. So, as long as I've got my phone on me, I can sit and keep working or whatever until I get that message and then click on it, and we're right in the telehealth visit with the provider at that point. [E]*

Where Patients Connect

The majority of patients connected to their telehealth visits from their homes. In a distant second place for frequency, patients connected while in vehicles. Slightly less commonly, patients went to a clinic – usually a primary care provider's office – and dialed in to a specialist visit from there. Only a handful of people said they had dialed in from work or some other location. 'Other' locations included outdoor areas and schools.

It was clear patients preferred dialing in from their homes even if they had also done visits from other locations. They were more comfortable there, with some saying it allows them to "control my environment" or not have "as many distractions." Especially those who used telebehavioral health services said their homes were private.

What Devices Patients Use

In all groups, participants talked about using the smartphones for telehealth. The next most-frequently used device was a computer, usually a laptop but sometimes a desktop. A few people used an iPad or other tablet-type device. Only two people specifically said they have no device preference at all. Many participants expressed, "I have used all of them," or similar sentiments.

A few people preferred using a computer because the screens are larger than a phone. Others, though, said the size of screen did not matter to them. Still another person said they preferred the smaller phone screen because they did not have to look at themselves as much while on a visit. On the other hand, the larger screens were better for those with poor eyesight.

A few people commented on the fact that most people these days have a smartphone and so people are very comfortable using them and being on them a lot, even for something as personal as a health visit. One said, "I always use my phone because that is the thing that I have available. I just use it all the time" [E]. Another person commented that the device they use is related to the connection quality they experience:

> *I have in my home office a way to hardwire my laptop because I found that to be better […], I needed higher speed internet […] so that can sometimes be more reliable, but if I'm on my phone the video freezes up, and I, I think it's more on my end than the other end, and I don't know maybe if the, the neighbors are home streaming videos or something, it seems like my internet is slower for my medical visit. [E]*

Interestingly, one person brought up their hearing deficit and said that with headphones, using their smartphone worked well. Another person said the device they would use depended on where they were or which device had more charge. A few people mentioned that being able to use different devices in different circumstances was a nice convenience.

Platforms and Messaging

The most common platforms for telehealth services were Zoom and some kind of proprietary portal or app. FaceTime had been used by two people, and GoogleMeet had been used by only one. Several participants were unsure which platforms they had used. Since most accessed their visits through a link emailed or texted to them by their provider, the platform was not always obvious.

In this theme, it is important to note how family members sometimes assist one another with technology. For older individuals, sometimes they had their children or grandchildren assist them. Some were able to get technical assistance from their provider's office, usually from a nurse or similar staff person. Several participants mentioned the importance of providers having someone available to provide technical assistance.

Connectivity

Experiences with internet connectivity were close to 50/50 in terms of good connections (12 groups/28 comments) and less good (14 groups/28 comments). Slightly over half the groups had participants with WiFi. While most WiFi seemed to be high-speed, many people had variable experiences, calling their internet "spotty" or "laggy." Others said that they were able to use multiple devices on their WiFi without any trouble. A few people brought up that the COVID-19 pandemic caused them to upgrade their internet because the adults in their homes were working from home, and their children simultaneously had to do online school.

In four groups, participants specifically said they used cellular data. For rural participants, signal strength usually was strong inside city limits but was more variable outside. One person said they sometimes cannot pay their phone or internet bills, which makes telehealth much less feasible.

Audio-Only Visits

In 13 groups, at least one participant had experienced an audio-only telehealth visit in addition to having done videoconferencing. One person said, "They call me from the clinic, and I have an interpreter" [S]. Others did audio-only because they or their provider had experienced connectivity problems, so it was a backup method rather than primary.

Several people said audio-only was "fine," but others did not think these visits were on-par with videoconference visits. For example:

> *I feel like [videoconferencing is] pretty much the same as if I were in person doing it. As long as I can kind of gauge the doctor's reactions and see his body language, like from the different things that I'm telling them. Whereas, like, on a phone call, you can't figure any of that out, and sometimes you're sitting here wondering, "Do they think I'm just crazy, or, like, is this making sense? Am I, are they understanding where I'm coming from?" And if you can't see that, then that's hard to figure that out and you just kind of are left wondering, like, "Did I get my point across in the way I was trying to?" [E]*

In a few groups, like the quote above, people discussed being less comfortable with audio-only than with video because either they were less comfortable, they did not feel they communicated effectively, or they were unsure their health needs were fully addressed.

Concerns About Telehealth

Within the theme "concerns about telehealth," we included participants' statements about having concerns and not having concerns. Primarily these statements were about either privacy or having their health needs met. Participants also commented on when they needed to see a provider in-person, the ways in which telehealth was not as good as in-person visits, and barriers to using telehealth.

Needing to Go In-Person

As established, most participants were relatively positive about telehealth, seeing it as convenient and sometimes lower cost from a co-payment and/or transportation standpoint. Participants shared 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. One pregnant person had mixed feelings about the use of telehealth during her pregnancy:

> *That's something that worries me, that [OB/Gyn] is not able to see me right now, because I want to know if my baby is doing well. […] I think that the telehealth appointment is important right now because the doctor will know more about my pregnancy, but I think that I still need the check up in-person. It is something very important for me right now, and that worries me. [S]*

Some also experienced initial telehealth videos where they would receive a tentative diagnosis and be told they needed to see a provider in-person for follow-up care. For example:

> *So, I did have shingles this summer, actually. And I tried to treat it with telehealth. I thought I had a bad bug bite. And they had me send in photos, and they said, "You need to see a doctor. This looks like shingles," and they were right. [E]*

Patients also understood that some healthcare services cannot be done via telehealth, such as blood tests, electrocardiograms, and other tests. In addition, while they shared most medication refills could be done via telehealth, some had been told they had to be seen in-person for refills of certain medications such as controlled substances.

A few times patients were told they had to attend a visit in-person, but when they arrived at the clinic, they then had a telehealth appointment with a specialist who was located elsewhere. Patients found this very frustrating, as they did not understand why they had to dial in for the telehealth visit from the clinic instead of from their homes. For example, two participants had this exchange:

> *Participant 1: I drive to [clinic] and do a telemed appointment […].*
> *Participant 2: I had a provider they wanted me to do that with, and I said no. I just won't see them. Because, I mean, that's the whole point of me doing telehealth, is so I can do it in my pajamas, thank you. You know? […] I know that's kind of, I don't know, snippy about it, but I mean, having to drive and then dial in, that negates all the convenience, I think. [E]*

A couple patients shared that they trusted their own judgment, saying, for example, "I feel confident myself that if I felt like I needed to see a physician, I would go" [E].

Few to No Privacy Concerns

The majority of participants expressed they had no serious concerns about the privacy of their health information in the context of telehealth, either the audiovisual information transmitted during a telehealth visit or their health data stored in providers' electronic medical record systems.

Several participants stated they trusted their providers, for example, "They are professional, and they have everything under control" [S]. Another echoed that sense of trust stating, "I have a long relationship with most of my providers, so I'm not really too concerned about that [security, privacy]" [E].

One person said they felt a telehealth visit was more private than an in-person visit because:

> *[At clinic], you're not actually in a room. Everything is separated by a curtain. So, if the whole place was full, everybody could hear, you know, what the doctor said to you or whatever. On the computer, he was in his office, the door was shut, and it was just him. So even if people could hear him talk, they didn't necessarily know it was me. But in person, of course, they knew it was me. [E]*

Others made similar statements about feeling that their homes offered a more private environment from which to conduct a healthcare visit. One went a step further, saying they did not care about some information being shared, "If someone really wants to see my vitals, I don't see the harm or danger to me" [E].

Another person commented that other pandemic-related circumstances had made them more comfortable with videoconferencing, such as online school for children. For example:

> *I had to trust my kids with Zoom when schools closed, […] And so, by the time we started using telehealth, I had already entrusted my kids – with me present, of course; I would always be in the room for their Zoom classrooms. So, if I can trust my kids with them, I – which is, you know, they're our most valuable commodity, so – I can trust my health, too. [E]*

A few participants were aware of laws protecting health information, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), but most simply said they trusted their providers and/or were not overly protective of their health information. Those that did have concerns were aware of internet-based scams and were cautious with sharing information online. They stated that the telehealth links they received from their providers looked official, they were not concerned about scam risks, and some even said that cybersecurity is improving over time.

Barriers

Several participants noted specific barriers to utilizing telehealth regarding interpretation services, insurance coverage, and tech savviness.

- **Availability of interpreter**
  For Spanish-speaking participants, some had telehealth appointments canceled or rescheduled on the basis of interpreter availability.

- **Insurance information and coverage**
  One participant noted that he had recently turned 18, and he had to make sure his information as an adult was all correct to ensure insurance coverage of his telehealth services. Another participant who worked in healthcare stated that insurance reimbursement policies were a barrier because they dictated whether providers could bill for telehealth services.

- **Comfort levels with technology**
  Two participants talked about patients' levels of tech savviness and that their comfort levels with the internet, computers/mobile devices, and apps was likely linked to their ability to utilize telehealth. They posited that those with lower levels of comfort with technology would have difficulty accessing telehealth effectively.

Additional Note: Caregivers

Several participants discussed telehealth in the context of their roles as caregivers for children or elderly parents. Caregivers for elderly parents were dealing with Parkinson's, early onset Alzheimer's, living 30 minutes or more from physicians, other adult children living far away, and parents not being comfortable with technology. These caregivers often helped their parents dial into telehealth visits, and at times multiple adult children were able to join a single videoconference so they could all hear about their parents' care at once, directly from the provider.

For parents with school-aged children, telehealth was sometimes used at their schools, resulting in their children missing less class and still being able to receive care from their usual providers. For example:

> *I let my daughter do her mental health visits on Zoom […] she can stop in the middle of school and go to the counselor's office and sit down and have her visit with her doctor and then go back to class, and I'm not having to take her out of*

> *class, drive another 30 minutes, go to a doctor's office visit, and she's missing an hour-and-a-half of school. So, this way she only misses 20, 30 minutes, so I think it's a positive thing. [E]*

Sometimes parents found their kids got distracted on telehealth visits, and others said their children did not like telehealth, saying, "They just say it feels weird" [E]. Others, though, thought their children were actually more comfortable in telebehavioral health visits from home, like this parent's example:

> *The experience that we had was with my daughter's psychologist, and we really enjoyed it because I noticed that she felt comfortable talking. She was in her environment, and she could explain herself better, and she gave more details that maybe in-person she would have been more shy. [S]*

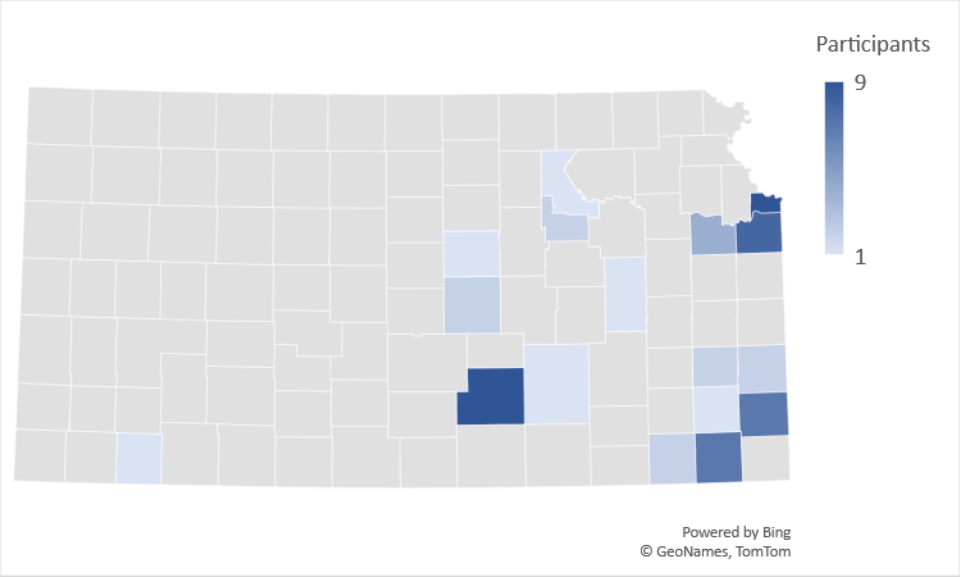
Caregivers of elderly parents and children alike overall found telehealth to be a convenient option that aided in better use of their time and generally lowered the burden of caregiving.

Table 2. Focus Group Participants and Counties Represented

Group Number*	Number of Participants	Counties Represented
E1	4	Geary, McPherson, and Saline
E2	4	Sedgwick
E3	2	Butler and Sedgwick
E4	3	Douglas, Johnson, and Sedgwick
E5	3	Johnson, McPherson, and Sedgwick
E6	3	Johnson and Lyon
E7	4	Douglas, Johnson, Riley, and Sedgwick
E8	4	Bourbon, Crawford, Labette, and Montgomery
E9	4	Crawford, Douglas, and Labette
E10	3	Allen, Crawford, and Labette
E11	3	Crawford and Labette
E12	3	Bourbon, Geary, and Neosho
E13	2	Allen and Crawford
E14	4	Labette and Montgomery
S1	4	Wyandotte
S2	5	Douglas, Johnson, and Wyandotte
S3	5	Johnson, Seward, and Wyandotte

*E signifies a group conducted in English, and S signifies a group conducted in Spanish

Figure 1. Participants by County



APPENDIX 1: INTERVIEW GUIDE

Telehealth in Kansas During COVID-19
Focus Group Guide

- **Introduction**

Hello everyone and welcome. [Introduce moderator(s)]. We want to thank you for agreeing to take part in this discussion about telehealth. This focus group is part of a research study being conducted by the University of Kansas Medical Center. Our goal today is for you to share your honest and open thoughts about your experience with telehealth. Your input is helpful as we work to better understand patients' needs and improve telehealth services in Kansas. The questions we ask today may be personal, but you do not have to discuss anything you are not comfortable sharing. Our conversation will be recorded, so in order to respect privacy as much as possible, we ask that everyone use only first names and not share individual comments outside the group. When the researchers write up or discuss the results of the study, we will not use any of your names.

A few items before we get started:

1. This focus group will last for about an hour.
2. You will receive $30 for your participation in the focus group. If you begin but do not complete the focus group, you will be compensated on a pro-rated basis. Your payment will be mailed to you on a pre-paid card.
3. We want this to be a respectful and safe space. Please give everyone the chance to express his/her opinion.
4. [Ensure that everyone on the Zoom call has given consent]

Are there any questions?
Let's get started….

- **Utilization**

1. How did you first hear about telehealth?
2. Why did you choose to use telehealth services?
3. Overall, how was your telehealth experience? Did you like it?
    a. Tell me more about that. What do you like and dislike?
        i. Probe for facilitators and barriers
    b. Has your perception of telehealth changed over time?
4. Will you continue to use telehealth?

- **Accessibility**

    1. How did you access your telehealth appointments?
        a. Device-did you use a phone, tablet, computer?
        b. Location-where were you when you accessed your telehealth appointment?
    2. What technical issues did you experience using telehealth?
        a. Availability of internet
        b. Quality of connection
    3. What concerns did you have while using telehealth?
        a. Probe for needs getting met, privacy

- **Experience**

    1. Would you recommend telehealth to your friends and family? Why or why not?
    2. If you could change one thing about telehealth for you, what would that be?

- **Wrap-up**

    1. Is there anything I haven't asked that you would like to tell me about your telehealth experience?

- **Final words**

    Those are all the questions we have for you today. We want to thank you again for taking the time to participate and talk about your experience with telehealth. If you have any questions, please don't hesitate to email me at [provide email address].
    Are there any questions before we leave?