

TELEHEALTH IN KANSAS DURING COVID-19: A STATUS REPORT

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

Cross-Study Report

Connecting Provider/Administrator Survey Results, Consumer Polling, Provider/Administrator
Follow-up Interviews, and Consumer Focus Groups

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KEY TAKEAWAYS

- All types of providers and healthcare 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, and the same was true for providers. Patients, in particular those polled, 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 recognized the need for health information technology-related support, including the support of secure platforms.
- Patients and providers occasionally had doubts about the ability of telehealth to meet health needs. They knew in-person services were still needed.
- Providers and patients agreed that 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.

Suggestions from focus group participants:

- Make telehealth a more integrated part of healthcare
- 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 and provide tech support personnel
- Improve access to broadband internet for patients and providers alike
- Ensure greater standardization and certainty in terms of costs and payor policies

OVERVIEW OF PHASES AND METHODS

Phase 1: Provider/Administrator Survey

In Phase 1, in August and September 2020, United Methodist Health Ministry Fund (Health Fund) partnered with healthcare professional associations in Kansas and the University of Kansas Medical Center (KUMC) to survey providers and administrators about their experiences with telehealth services. The final report was issued in December 2020. The research sought to understand how providers and administrators characterized their experience in light of policy changes that sought to make telehealth service more broadly available. The domains explored were: utilization and reimbursement, payment parity, patient experience, and workforce issues.

We received 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 offer telehealth services, and 16 exited the survey almost immediately. For most calculations, we used 231 as our 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

During Phase 2, in February 2021, the Health Fund and REACH Healthcare Foundation partnered with GS Strategy Group to conduct a consumer poll about telehealth experiences, attitudes, and policies. The final report was issued that same month. It consisted of 600 likely voters and an oversample of voters of color.

There were 869 respondents in the consumer poll, 600 in the base sample and 269 in the oversample of non-white voters. 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

In Phase 3, from January to May 2021, KUMC conducted semi-structured interviews with 7 (50.0%) providers and 7 (50.0%) administrators. Interviewees were chosen from among survey respondents. The final report was issued in June 2021. We asked about the same domains as in Phase 1: utilization and reimbursement, payment parity, workforce issues, and patient experience.

We interviewed 14 individuals, 7 providers and 7 administrators. They were evenly divided between men (7) and women (7). 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. They were also evenly distributed across professional organizations, with two each from the Association of Community Mental Health Centers of Kansas, the Behavioral Health Association of Kansas, Community Care Network of Kansas, the Kansas Academy of Family Physicians, the Kansas Academy of Pediatrics, the Kansas Association of Osteopathic Medicine, and the Kansas Hospital Association.

Phase 4: Consumer Focus Groups

In Phase 4, from August 2021 to February 2022, we conducted 17 focus groups with 60 consumers (telehealth patients) across the state. 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. The final report was issued in May 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).

279 people started the English REDCap survey, and 210 provided valid contact information allowing us to follow up to schedule their participation in focus groups. In the end, 60 participated in a focus group. 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. 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.

RESULTS ACROSS STUDIES

Table 1 lists the topics explored and qualitative themes determined across this multi-phase study.

Phase 1 Provider and Administrator Survey	Phase 2 Consumer Poll	Phase 3 Provider and Administrator Interviews	Phase 4 Consumer Focus Groups
Topics Explored:	Topics Explored:	Themes Determined	Themes Determined
Utilization and Reimbursement	Healthcare Quality	Telehealth and Access to Care	The Future (of Telehealth)
Payment Parity	Rural Health	Barriers to Telehealth Implementation	Getting the Word Out (how they heard about telehealth)
Patient Experiences	Telehealth Access	Telehealth’s Role Post-COVID	Motivations for Choosing Telehealth
Workforce Issues	Telehealth Experiences and Opinions	What Can and Cannot Be Done Via Telehealth	What Patients Disliked About Telehealth
	Technology Use and Preferences	Parity with In-Person Visits	The Technical Side
	Broadband Access	Scheduling Logistics and No-Show Rates	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
- The future

Patient Access to Care

Patients found telehealth 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 said they would continue using telehealth and would like policymakers to focus on increasing access, including increasing broadband capabilities.

Nearly half of polled consumers (48%) reported having used telehealth at least once. The most commonly used services they reported were a follow-up after an in-person visit, a medication consultation, an annual/regular check-up, and mental health services. These were consistent with services surveyed providers/administrators reported offering and services focus group participants reported using.

The poll also found that, “nearly half (48%) of Kansans say they have used telehealth, and they

are using it for a wide variety of reasons and types of care.” Moreover, “86% of Kansans say they support expanding or maintaining telehealth options in Kansas.”

The majority of survey respondents were physicians, and most physicians were in primary care. Most respondents also represented outpatient organizations, and 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.

Patients chose to try or continue using telehealth because:

- They wanted to stay with a provider
- It was less costly
- It was easier or better
- They generally had a good experience with telehealth
- It meant less exposure to illness/disease

Staying with an existing provider was especially important for patients seeing mental health professionals, like therapists. Some participants said their specialists were not available to them in-person, only virtually. For these patients, telehealth gave them access to care they otherwise would not have been able to receive.

Telehealth allowed some focus group participants to save money through lower co-payments. For some, telehealth helped them overcome transportation barriers, including spending less on gas. They 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.

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.

Poll results were consistent with focus group results, in that approximately 1 in 5 consumers polled agreed that keeping patients and staff safe from spreading COVID was the number one benefit of telehealth. The second most frequently named benefit was allowing patients to access specialists quicker and easier. Third, consumers said telehealth eliminated the need for travel, and fourth, it saved time waiting in the doctor’s office.

A few providers echoed the same telehealth benefits stated during patient focus groups, such as telehealth saving patients from taking as much time off work. While patients reported the value of dialing in to telehealth visits from the comfort of their homes, a minority of providers indicated that “having the distant site be the patient’s home” was a top policy priority.

Patient Home as Originating Site

- Patients who dialed into telehealth visits from home often felt more comfortable there
- They associated being home with better access to care
- They felt better able to engage more with their care
- They felt being at home allowed them to open up to therapists more
- They reported being more willing and able to attend visits more regularly
- They felt better able to accommodate their and their children's needs

Particularly for mental and behavioral health services, patients reported telehealth visits gave them a greater sense of privacy. They said others could not see them arrive at a visit, and they felt more sure others could not overhear them.

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 healthcare providers.
- Often, patients used telehealth for the first time during the COVID-19 pandemic when in-person care was more limited.
- Some participants discussed their employers offering telehealth options, and others said their insurers offered it. In only two groups did participants mention they heard about telehealth through the media or word of mouth.
- Many provider and administrator interviewees discussed rapidly switching to offering telehealth because of the COVID-19 pandemic, consistent with patients' perspectives that existing providers and clinics reached out to offer telehealth. Providers and administrators emphasized that telehealth increased access to care for both new and established patients.
- As all types of providers and healthcare 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.

Technology

- Overall, most focus group participants had positive experiences with telehealth, usually using their smartphone or laptop and using videoconferencing.
- 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." The majority (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

- Importantly, 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 healthcare system overall.

When asked about patients' experiences, the majority of providers (80.5%) surveyed indicated they thought their patients were satisfied or very satisfied with telehealth. Similarly, most providers had positive or very positive experiences with telehealth (75.3%), and they thought their organizations had as well (77.5%).

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.

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." Others were able to use multiple devices on their WiFi without difficulty. A few people said they upgraded their internet during the COVID-19 pandemic because adults in their household were working from home while their children were also participating in online school.

Patient-Specific Barriers to Care

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

- It was harder to show providers visible health conditions on a telehealth video.
- They preferred in-person visits, even if they had good telehealth experiences; 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 healthcare 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.

Overall, patient dislikes related to telehealth seemed to be specific, rather than objections to telehealth as a concept. In some instances, patients had healthcare needs that required being seen, visually, in their entirety, and some had one-off experiences with inattentive providers or a time when technology did not cooperate. Issues of comfort and trust were less prevalent for those with already-established provider relationships.

In all focus groups, participants talked about using 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. Only two people specifically said they had no device preference at all. Many participants expressed, "I have used all of them," or a similar sentiment.

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%).

Far fewer who opposed telehealth cited “face to face interaction is better” and a lack of confidence in the provider’s ability to make an assessment over the phone or a videoconference. These “dislikes” were consistent across most focus groups.

Telehealth cannot do everything

- Some patients had telehealth visits where they received a tentative diagnosis and were told to seek in-person follow-up care.
- They understood that some healthcare services cannot be done via telehealth, such as blood tests and electrocardiograms.
- 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.

Telehealth from a clinic location.

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

Provider-Specific Barriers to Care

Provider and administrator concerns focused on payment parity, shifting telehealth reimbursement policies, and the need for HIT-related support. In interviews, providers sometimes echoed patient “dislikes” regarding technical difficulties or visits being impersonal or inadequate. Providers stated that when a service was not well-suited for telehealth, they would ask the patient to come in-person instead, hopefully mitigating patients’ concerns about not being able to show their condition well via video. Providers were also very clear that telehealth was not a wholesale substitute for in-person care, and 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 also occasionally found it difficult to communicate effectively with patients about telehealth, and some were concerned about technology-related costs to patients.

Some providers said they did not offer telehealth because their services were not conducive to telehealth. 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.

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. Suggestions were:

- Make telehealth a more integrated part of healthcare.
- 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 emphasized that options are important and said telehealth is valuable to people from many backgrounds. They 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.

Survey respondents (providers and administrators) were evenly split on whether they would need to grow their services to accommodate greater demand for telehealth services. Of those who anticipated greater patient demand, two-thirds were planning to increase their telehealth offerings.

Most consumer poll respondents (83%) wanted to expand telehealth, and 86% wanted telehealth to remain an option for patients. 79% planned to use telehealth for themselves or their families in the future. The greatest proportion of respondents (42%) said that 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.

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.

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