

Telehealth in Kansas During COVID-19

Consumer Focus Groups: August 2021 to February 2022

CONSUMER FOCUS GROUPS ILLUSTRATE TELEHEALTH INCREASED ACCESS TO CARE

A crisis demonstrated the value of telehealth, and that it is here to stay. Consumer focus groups illustrate increased access to care, room for improvement, and a desire to keep telehealth as a permanent option for patients.

The United Methodist Health Ministry Fund and REACH Healthcare Foundation commissioned research on telehealth use in Kansas. In late 2020, a [statewide survey](#) of providers determined telehealth use increased during the COVID-19 pandemic. In February 2021, a [statewide poll](#) of voters found 86% of Kansans support expanding or maintaining telehealth services post-pandemic. In early 2021, a [series of interviews](#) indicated that providers see the potential in continuing to offer telehealth services following the pandemic if their practices are fairly reimbursed compared to in-person services.

The University of Kansas Medical Center (KUMC) conducted statewide consumer focus groups to better understand Kansans' experiences with and perspectives on telehealth. Overall, focus group participants reported positive experiences with telehealth, finding it to be easy to use, convenient, and a time saver.

CONSUMER FOCUS GROUP PARTICIPANTS

KUMC interviewed 60 consumers across 17 focus groups. Each focus group lasted approximately 45 minutes. 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%). Only 5.0% of the sample identified as Black. 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 the sample, and 23.3% primarily spoke Spanish. Rural residents were oversampled, comprising 46.7% of the study population.

Disparities in health conditions and behaviors often exist amongst different racial and ethnic groups. Rural individuals often face difficulties accessing in-person care as they may live far from providers and health care facilities, and they may face barriers to telehealth depending on access to broadband internet.

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.

FOCUS GROUP RESULTS

Overall, focus group results reinforced the [2021 consumer poll](#)—participants had positive experiences with telehealth, found it to be an important option, and wanted policymakers to support telehealth by increasing access, including broadband capabilities. Several primary themes emerged from the focus group transcripts.

The Future

While some participants said they would only keep using telehealth if they were not able to access in-person services, many participants were enthusiastic about continuing to use telehealth—finding it easier, more convenient, safer and a time saver. 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]

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

Most suggestions for improvement focused on making

telehealth a more integrated part of health care through better care coordination and greater standardization of scheduling, processes, and platforms. Patients wanted to see certainty in terms of costs and payor policies. They also recognized the need for better broadband internet access, as illustrated in the following quote.

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]

Patients wanted policymakers to focus on making sure telehealth remains an option, promoting better access to broadband internet, and to consider people's varied circumstances, such as the fact that not everyone has access to transportation.

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.

For some patients, telehealth allowed them to receive care that was many hours away or that they otherwise would not have been able to access:

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]

There were several participants who did not have access to reliable transportation, and some who did not have access to transportation at all.

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]

Although translation services are not unique to telehealth, it is 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]

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, as illustrated in the following quote:

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]

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, or a visit interrupted by technical difficulties as the following quote demonstrates:

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. [E]*

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 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.

The most common platforms for telehealth services were Zoom and some kind of proprietary portal or app.

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.

Most participants had access to adequately reliable WiFi, though most also said they experienced periodic outages or variable signal strength. 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.

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 the 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.

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

Additional Note: Caregivers

Overall, caregivers of elderly parents and children alike found telehealth to be a convenient option that aided in better use of their time and generally lowered the burden of caregiving, as this quote shows:

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]

NEXT STEPS

This was the final phase of research into telehealth in Kansas during the COVID-19 pandemic. Since early 2020, telehealth utilization has increased and evolved. This research highlighted strong interest from consumers regarding continued access to telehealth, potential services better suited for telehealth, policy opportunities and concerns.

The research provides perspectives to policymakers, providers, and philanthropy on how to enhance telehealth experiences and raises additional questions that may warrant further study in the future such as telehealth utilization trends, differences in experiences between behavioral health services and physical health services, as well as lessons learned from providers that have long utilized telehealth. Ongoing research is also needed to inform key policy decisions around the payment and delivery of telehealth, which will determine its future utilization and sustainability.

[READ FULL REPORT HERE](#)

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