KEY FINDINGS

- Health Center providers from 16 Health Centers, reported that during the height of the COVID pandemic, the option to provide telehealth visits facilitated access to care for patients.

- Providers recognized that limited or no broadband access, access to technology (device with a camera), and patient technology knowledge, affected patient engagement through audio + video platforms.

- While providers generally preferred to utilize audio + video virtual visit platforms, having the option to utilize audio only or audio + video was an important factor in meeting patient’s needs and preferences.

- Most providers felt comfortable using the virtual visit platforms provided by their Health Centers and would recommend the use of virtual visits to their colleagues.

- Providers recognized that patients needed additional support in order to effectively participate in virtual visits.

WHY?

The onset of the COVID pandemic forced Wisconsin Health Centers to rapidly implement telehealth or virtual visit technology in order to provide patients with a remote access point to health services, while keeping their patients and community safe. Between March 16th, 2020, at the start of Wisconsin’s “Safer at Home” Executive order and the end of May 2020 Health Centers purchased and implemented a variety of telehealth platforms – some were audio-only, some were video + audio.

Many Health Centers began a ramp up starting with certain service lines and/or using telephone visits and moving to audio + video platforms. Within a few months, medical, mental health and substance use disorder providers were using some form of telehealth to reach patients amid the pandemic. Dentists started using audio and store and forward options (e.g. patients taking pictures of affected areas an emailing or texting the picture to the provider) to help triage dental patients who may need emergency services.

These services continue even as the Health Centers slowly ramp up their in-person services, and as the state and federal government assess administrative rule changes to either extend or make permanent many of the changes and flexibilities in policy and reimbursement for telehealth services that were made in the first few months of the pandemic.

The Wisconsin Primary Health Care Association (WPHCA) is working with Wisconsin Health Centers to administer a 3-part survey to gather baseline information on provider and patient perceptions regarding telehealth visits and Health Center visit data and operational perceptions regarding the use and
implementation of telehealth visits. This report outlines the findings from the first survey, which sought information on Health Center provider feedback on both provider perceptions on:

1) Provider comfort with and use of virtual visit modalities and technology
2) Provider perception of patient comfort with virtual visits and barriers to utilization of virtual visit modalities and technology

Through the information collected from this survey (and subsequent findings from patient surveys), along with Health Center encounter and operational data our goal is to establish baseline data on the perception and utilization of telehealth in Wisconsin Health Centers. We also hope to gain insight on the Health Center experience with a new technology and service line for patients that will help inform policy decisions at the state and federal level and on operational enhancements to improve telehealth services for both providers and patients at Health Centers.

HOW?

Survey Design: WPHCA, a small group of Health Center staff, and researchers from the University of Wisconsin-Madison’s Collaborative Center for Health Equity worked collaboratively to design an online survey tool (hosted through Survey Monkey) to quickly and easily gather Health Center provider input on telehealth/virtual health services at their Health Center. Please see Appendix 1 to view the survey tool and questions.

Survey Administration: Health Center Chief Executive Officers (CEOs) were asked to reach out through email with a link to the online survey tool to providers at their clinic who were providing telehealth services for patients.

Response Collection: Survey responses were collected over 13 days, between June 10th, 2020 through June 22, 2020.

RESPONDENT SAMPLE:

Health Centers used email to contact medical, dental, mental health, and Substance Use Disorder (SUD)/addiction service providers who had provided telehealth/virtual visit services during the pandemic.

Medical Doctors (MD), Doctors of Osteopathy (DO), Advanced Practice Nurse Practitioners (APNP), Physician Assistants (PAs), Nurses (NPs), Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPCs), Substance Abuse Counselors (SACs), and Dentists (DDS) were contacted.

231 providers, representing all 17 Wisconsin Health Centers, responded to the survey, with 86% completing the entire survey. Approximately 30 providers

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent Respondents</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>20.43%</td>
<td>47</td>
</tr>
<tr>
<td>APNP</td>
<td>13.48%</td>
<td>31</td>
</tr>
<tr>
<td>PA</td>
<td>2.17%</td>
<td>5</td>
</tr>
<tr>
<td>NP</td>
<td>4.78%</td>
<td>11</td>
</tr>
<tr>
<td>Psychologist</td>
<td>4.35%</td>
<td>10</td>
</tr>
<tr>
<td>LCSW</td>
<td>6.96%</td>
<td>16</td>
</tr>
<tr>
<td>LPC</td>
<td>17.39%</td>
<td>40</td>
</tr>
<tr>
<td>SAC</td>
<td>3.91%</td>
<td>9</td>
</tr>
<tr>
<td>DDS</td>
<td>26.52%</td>
<td>61</td>
</tr>
</tbody>
</table>
opened and partially completed the survey. Using a rough estimate of the number of eligible providers at all 17 Health Centers, this was close to a 50% response rate.¹

SURVEY RESULTS

Provider Estimates on Proportion of Patient visits type (in-person, audio only, audio + visual).

When broken out by service line:

- SUD providers were the most likely to utilize audio only, followed by dentists and mental health providers.

- Mental Health providers reported the highest percentage of visits that utilized audio + video (44%), followed closely by medical and SUD.

- Medical providers and dentists reported the largest percentage of in-person visits, 36% and 45% respectively.

¹ Using 2019 reported UDS data WPHCA calculated that there were approximately 475 providers who met the provider type/service line criteria. However, given the COVID pandemic its effect on staffing, this number could be inflated in terms of the number of providers providing telehealth services.
Provider Perceptions on Patient Engagement and Adaptation to Virtual Visits

Patient Engagement

Providers reported poor internet connectivity, lack of camera, preference for phone calls, and comfort with the technology as the most common barriers to patient engagement during virtual visits.

Providers also responded with additional perceptions regarding patient engagement with virtual visits during the pandemic. The majority of these included:

- Patient access/ability to purchase the needed technology for audio + visual visits
- No access to internet
- Patient preference for face to face visits
- The Health Center not being set up for audio + video visits during the time period
Patient Adaptation to Virtual Visits

The majority of providers, 54%, felt that their patients were adapting overall to virtual visits really well, followed by a mixed response.

The survey also asked this same question broken out by age group. 48% of providers answering the question found that non-elderly adults (the majority of patients seen) were mostly adapting “really well” and seemed to like virtual visits. 33% of providers responded that their pediatric patients were adapting “really well”. Elderly patients had the hardest time adapting to virtual visits according to providers with 24% stating that virtual visits were a major challenge for their elderly patients, vs only 6% of providers reporting the same for the non-elderly and pediatric patients. Around the same percentage of providers reported across age groups that the response/adaptation to virtual visits was mixed.
Provider Preference Regarding Virtual Visit Modalities

The largest percentage of providers, 38%, reported a preference for audio + video visits over audio only, but close to the same percentage reported that “it depends.” Prompted further, while there was a preference for audio + visual, that decision was also dependent on the patient’s preference and ability to engage in the modality. Nearly 80% of providers who responded with “it depends” then qualified that response with “It depends on the patient.” For responses to other reasons, dental providers reported that the type of visit used was dependent on the quality of the photo of the affected area that they could get from the patient, and that image quality from a photo tended to be better quality than video.

When looking at the responses by service line, audio-only options were similarly low as a preference across groups (5% and 8%) except for dentists (16%), who mostly only had utilized audio/telephone visits and photos to triage or treat certain dental situations. Additionally, a couple of Health Centers have yet to implement video capabilities given organizational barriers. Mental health and SUD providers reported at higher percentage (42% and 46%) that the mode of visit depended on the patient and their needs. Mental health (47%) and medical providers (45%) also reported the highest percentage preference for audio + video visits.

<table>
<thead>
<tr>
<th>Provider Preference for Audio vs Audio + Video by Service Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Only</td>
</tr>
<tr>
<td>Medical (68)</td>
</tr>
<tr>
<td>Dental (48)</td>
</tr>
<tr>
<td>Mental Health (76)</td>
</tr>
<tr>
<td>SUD (13)</td>
</tr>
</tbody>
</table>

"It Depends" Follow up to Provider Preference for Audio vs Audio + Video Visits (N=85)

- It depends on the patient I am serving (56%)
- It depends on the service I offer (33%)
- Other (please specify) (11%)
Provider Perspective on Reasons for Utilizing Virtual Visit Modality

Providers were asked to list their top reasons for utilizing 2 types of virtual visits (audio only and audio + video). The most common responses are reflected below:

<table>
<thead>
<tr>
<th>Audio Only</th>
<th>Audio + Video</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Client lacks technology for video (no camera or device)</td>
<td>• Visual Evaluation component is important for better assessment</td>
</tr>
<tr>
<td>• Client preference</td>
<td>• Protects patients/staff from COVID exposure</td>
</tr>
<tr>
<td>• Client lacks reliable access to Internet</td>
<td>• Provider/Patient connectedness</td>
</tr>
<tr>
<td>• Ease of Use/Convenience</td>
<td>• Reduces barriers- transportation/mobility issues</td>
</tr>
<tr>
<td>• Lack of patient technology knowledge regarding video</td>
<td></td>
</tr>
</tbody>
</table>

Provider Perspective on Utilizing Telehealth/Virtual Visit Technology

Providers generally agreed that they were comfortable and had access to the resources needed for virtual visits. The majority of providers also reported:

• That they felt comfortable with using the technology
• They thought that the audio/visual quality allowed them to effectively communicate with their patients
• They would recommend the use of virtual visits with colleagues
• They had the resources and training to effectively provide virtual care to their patients

On the other hand, while providers felt mostly comfortable with audio + visual virtual visit platforms, nearly 60% felt that patients needed more support in order to participate in a virtual visit effectively.
Provider Recommendations for Tools, Resources and Training opportunities

While most providers reported having the tools, resources and training opportunities needed to effectively provide virtual care to their patients, and most reported being comfortable conducting virtual visits, a number of recommendations were embedded in provider responses (156) for tools, resources and training opportunities:

- Continued training in using the technology, setting up appointments
- Practice/Mock Virtual Visit opportunities
- Real-time tech support for both patient and provider
- Clinic provided equipment- headsets, laptops, iPad
- Patient resources/training on using the technology and help from support staff
- Process/Workflow protocols and checklists
- Coding and Documentation Training and Resources

Additional Provider Comments

Approximately 80 providers shared additional comments related to virtual visits. These fell into roughly three categories:

- Comments identifying improvements needed or barriers to utilization (14)
  - I wish the technology worked better and was easier for patients to connect! When it works it is an easy and effective way to connect and provide care.
  - The glitchy-ness is the biggest problem. Even though I am connected directly to Ethernet port in the wall and not relying on quality of wifi, the patients’ phones have varying connectivity. I don’t really know what the cause is but very often they hear me too quietly, or the video feed is very grainy or freezing often. Their camera quality/resolution may not be good enough to accurately evaluate lesions as I would with the naked eye. I often start the call via video, see what I have to see and then switch to audio only visit.
  - Having time in the clinic in person to teach clients how to use zoom, along with get and check their email to get the zoom invites would be very beneficial as that is a large barrier for many.
  - Internet drops frequently causing virtual visits to disconnect.

- Comments identifying telehealth as currently not applicable or easily utilized (8):
  - It’s not the same. There are many complaints I cannot adequately evaluate especially ear pain and asthma. Parent’s aren't reliable for checking vitals or assisting in exams. Also, many times parents are not even in the same location as their child who is the patient which makes it impossible to evaluate the child.
I found virtual visits difficult to meaningfully implement in dentistry, since much of the diagnostic process requires taking and interpreting radiographs. Many patients called in for virtual visits, and ended up needing to come in for further evaluation anyway. So for those patients I question the value of virtual visits. Some patients were able to be managed without needing to come into the office, but this was more rare than common.

• Comments that supported continued utilization of virtual visits, comments indicating increased service utilization (lower no-show rates) and the removal of some barriers to access alleviated by the option to engage in telehealth/virtual visits (47):
  - I think in the long-term Virtual visits should be a part of routine patient care especially for managing chronic medical conditions requiring medication management.
  - I have found that attendance and engagement has been much higher.
  - Virtual visits would be a huge benefit to many of our patients who are in rural communities with limited options of transportation.
  - this has helped to decrease no show rates, patients do not need to take a half day off of work to come to the clinic, it lessens the dependence on adequate transportation, and also made people more comfortable about seeking out care when needed.
  - Prior to the pandemic I was very opposed to virtual therapy as a clinician for the past 25 years. However, over the past months when virtual visits were the only option I was able to learn and now appreciate that virtual visits can be just as effective as face to face contact.
Potential Insights
The responses provided by providers in this survey seem to help validate the early reports from Health Centers that:

• Telehealth/virtual visits are one part of the service delivery model, and while there are improvements to be made and patient and operational barriers to overcome, the continued support for these visits is one supported by many Health Center providers as they help preserve continuity of care, their relationships with their patients, and improve access for care for those with barriers to in-person visits.

• Providers are starting to envision how virtual visits will be a valuable tool outside of the context of the pandemic as well. Providers have found that virtual visits have been a critical way for patients to access care, especially patients facing inordinate barriers to care, e.g. child care, taking off of work, transportation, condition(s) making it challenging to leave their home for an appointment (e.g. anxiety, depression, etc.). Health Center providers are eager to continue to explore how to build virtual visits into their long-term care delivery models, innovate on how to best leverage these tools, and provide more options for patients on how they can best access care.

• While Health Center providers prefer audio + visual visits, they also find that their patients continue to experience barriers to effectively accessing and utilizing video + audio telehealth platforms. Until and unless these barriers (broadband access, technology supports, affordable data plans) can be addressed, audio-only visits should remain an option. Equally important will be policy changes to address these barriers and resources at the Health Center level to assist patients with technology use. We need to continue to monitor and assess what makes virtual visits high quality and effective for both the provider and patient/client.

• Additionally, providers have shared that there are visit types where audio-only is clinically appropriate and the best method for serving the patient. Having some options that providers can have in their toolkit is critical for them to provide the most patient-centered and appropriate care.

The Wisconsin Primary Health Care Association would like to thank Dorothy Farrar-Edwards and Sarah Esmond from the UW-ICTR, Gib Clark and Kristin Stearns from Lakeshore Community Health Center, and Ana Tochterman and Reba Rice from NorthLakes Community Health Clinic for their invaluable assistance in this project.

This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,123,023 (Grant Number U58CS06821). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov