

Appendix B: Phase 1 Primary Care Telehealth Patient Engagement Survey for Patients that have used Telehealth Services

Note: Finalized Primary Care Telehealth Patient Engagement Survey for Patients that have used Telehealth Services will be made available to practice in survey monkey format in English and Spanish

Patient Telehealth Survey – Patients who HAVE had a Phone or video visit

Due to the COVID-19 pandemic, medical practices want to better understand how our patients feel about scheduled healthcare visits done by telephone or video. These are scheduled phone or video appointments with anyone on your healthcare team (which may be your primary care provider, a nurse care manager, behavioral health clinician or other clinician).

Your healthcare office has identified you as a patient who has had at least one phone or video appointment in the past 6 months.

Please complete the survey for yourself or a patient for whom you are a caregiver. If you are age 13 or under, a parent or other caregiver should complete this survey for you. [The caregiver should fill this survey out for only one child who has had a scheduled phone or video visit, even if there are more children in the home.]

Thank you. This survey will take about 10 minutes.

Primary Care Provider's Name/ or Medical Practice Name: (<include free text box>)

Town where the medical practice is: (<include free text box>)

Patient Information:

1. Are you filling this survey out for yourself, an adult patient for whom you are a caregiver, or a patient age 13 or under who you care for? (Choose one)
 - a. For myself
 - b. For an adult patient for whom I am a caregiver

- c. For a patient age 13 or under
- 2. Gender of patient (Choose one)
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to say
- 3. Primary language of patient
 - a. English
 - b. Spanish
 - c. Other (<include free text box>)
- 4. Age of patient (Drop-down menu)
 - a. 0-4
 - b. 5-13
 - c. 14-18
 - d. 19-24
 - e. 25-34
 - f. 35-44
 - g. 45-54
 - h. 55-64
 - i. 65-74
 - j. 75-84
 - k. 85-94
 - l. 95 and older

Insurance Information:

- 5. What type of health insurance do you/the patient have? (Choose all that apply) (Drop-down menu)
 - a. Commercial insurance (Aetna, Blue Cross Blue Shield, Cigna, Neighborhood Health Plan, UnitedHealthcare, Other)
 - b. Medicare
 - c. Medicaid (State of RI Insurance/RIte Care, including Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan)
 - d. No health insurance
 - e. Other (<include free text box>)

Phone or video visit Information:

- 6. **Now please think about all of the phone/video visits you have ever had.** What were the reason(s) for your/the patient's phone or video visit(s) (Choose all that apply)
 - a. Annual check-up
 - b. Well Child Visit
 - c. Sick visit
 - d. Behavioral health visit
 - e. Medication management
 - f. Nurse care manager check-in
 - g. Visit before an Operation or procedure (Pre-OP)
 - h. Visit after an Operation or procedure (Post-OP)
 - i. Ongoing care
 - j. COVID-19 concerns
 - k. Pharmacy check-in
 - l. Other (<include free text box>)
- 7. Did you/the patient ever have a scheduled phone appointment before the COVID-19 pandemic?
 - a. Yes
 - b. No

8. Did you/the patient ever have a scheduled video appointment before the COVID-19 pandemic?
 - a. Yes
 - b. No
9. Have you/the patient had one or more scheduled healthcare visits over a phone or video after the COVID-19 pandemic? (Choose one)
 - a. Yes, just one
 - b. Yes, more than one
 - c. No
10. If a phone or video appointment had not been available to address your healthcare concern(s), what would you/the patient have done instead? (Drop-down menu)
 - a. Gone to see the clinician in person
 - b. Gone to the Emergency Room at a local hospital
 - c. Gone to a local urgent care/walk-in center
 - d. Gone to a CVS MinuteClinic
 - e. Not been seen by any clinician
 - f. Other (<include free text box>)

11. During the COVID pandemic did you have any in-person visits?
- Yes
 - No
12. If Yes to question 11, how did you get to your in-person visit? (Drop-down menu)
- Driven your/the patient's own car
 - Taken a free ride in someone else's car
 - Paid for a taxi, Uber or Lyft
 - Taken a bus or other public transportation
 - Taken MTM (RI Non-Emergency Medical Transportation - NEMT)
 - Called an ambulance
 - Other (<include free text box>)

13. How much do you agree with the following statement? The phone or video visit was able to address what was bothering me/the patient.

Strongly Disagree	Disagree	Agree	Strongly Agree	Prefer Not to Say
What comments or suggestions do you have about what could have been done better? (<include free text box>)				

14. How much do you agree with the following statement? Overall, I/the patient was satisfied with the phone or video visit.

Strongly Disagree	Disagree	Agree	Strongly Agree	Prefer Not to Say
What comments or suggestions do you have about what could have been done better? (< (<include free text box>)				

15. Would you/the patient be willing to have a phone visit again in the future?
- Yes (If your answer is "Yes," please choose all the reasons that apply)
 - Did not have to leave home for a phone visit
 - Phone visit takes less time
 - I will not need transportation for a phone visit
 - Phone visit allows more time with my healthcare clinician
 - Phone visit is safer than an in-person visit during COVID-19 pandemic
 - No (If your answer is "No," please choose all the reasons that apply)
 - Uncomfortable using a phone for a medical visit
 - Do not have a phone
 - Cell phone service is unreliable
 - Have concerns about privacy during a phone visit
 - Need deaf/hearing impaired services to use the phone
 - Do not speak English and need a language interpreter
 - Phone visit with the healthcare clinician is too short
 - Other (< free text box>)

16. Would you/the patient be willing to have a video visit again in the future?
- Yes (If your answer is "Yes," please choose all the reasons that apply)
 - I do not have to leave my home for a video visit
 - Video visit takes less of my time
 - Video visit does not require transportation
 - Video visit gives me more time with the healthcare clinician
 - Video visit is safer than an in-person visit due during the COVID-19 pandemic
 - No (If your answer is "No," please choose all the reasons that apply)
 - Uncomfortable using video for a medical visit
 - Do not have a computer/tablet for video visit

- iii. Cell phone or computer internet service is unreliable
- iv. Have concerns about privacy during video visit
- v. Need deaf/hearing impaired services to have a video visit
- vi. Do not speak English and need a language interpreter
- vii. Video visit with the healthcare clinician is too short.
- viii. Other (< free text box>)

17. Which type of medical visit do you prefer? (Choose one)

- a. Phone visit
- b. Video visit
- c. In-person visit

18. What can make a phone or video appointment better? Do you have any other comments? (<include free text box>)

1. Do you have a suggestion for how the community (such as government, social services, churches, schools, YMCA, media, neighborhoods, etc.) could make phone or video appointments better? (<Include free text box>)

Thank you for your time. Please click "Submit" to complete the survey.

Appendix C: Phase 1 Primary Care Telehealth Patient Engagement Survey for Patients that have **not** used Telehealth Services

Note: Finalized Primary Care Telehealth Patient Engagement Survey for Patients that have **not** used Telehealth Services will be made available to practice in survey monkey format in English and Spanish

Patient Telehealth Survey – Patients who **HAVE NOT had a Phone or video visit**

Due to the COVID-19 pandemic, medical practices want to better understand how our patients feel about scheduled healthcare visits done by telephone or video. These are scheduled phone or video appointments with anyone on your healthcare team (which may be your primary care provider, a nurse care manager, behavioral health clinician or other clinician).

You have been identified as a patient who has NOT HAD a phone or video visit since COVID-19 pandemic began. Please complete the survey for yourself or a patient for whom you are a caregiver. If you are age 13 or under, a parent or other caregiver should complete this survey for you. (The caregiver should fill this survey out for only the child identified, even if there are more children in the home.)

Thank you. This survey will take you about 5 minutes.

Primary Care Provider's Name/ or Medical Practice Name: (<include free text box>)

Location / or Town of Practice: (<include free text box>)

Patient Information:

2. Are you filling this survey out for yourself, an adult patient for whom you are a caregiver, or a patient age 13 or under who you care for? (Choose one)
 - a. For myself
 - b. For an adult patient for whom I am a caregiver
 - c. For a patient age 13 or under
3. Gender of patient (Choose one)
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to say
4. Primary language of patient
 - a. English
 - b. Spanish
 - c. Other (<include free text box>)
5. Age of patient (Drop-down menu)
 - a. 0-4
 - b. 5-13
 - c. 14-18
 - d. 19-24
 - e. 25-34
 - f. 35-44
 - g. 45-54
 - h. 55-64
 - i. 65-74
 - j. 75-84
 - k. 85-94
 - l. 95 and older

Insurance Information:

6. What type of health insurance do you/the patient have? (Choose all that apply) (Drop-down menu)

- a. Commercial insurance (Aetna, Blue Cross Blue Shield, Cigna, Neighborhood Health Plan, UnitedHealthcare, Other)
- b. Medicare
- c. Medicaid (State of RI Insurance/RIte Care, including Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan)
- d. No health insurance
- e. Other (<include free text box>)

Phone or video visit Information:

- 7. If you/the patient have not had a scheduled phone or video visit, please tell us why not. (Choose all that apply)
 - a. Phone or video visit was not offered for the type of appointment needed (such as a vaccination/shot)
 - b. Did not need healthcare since March 2020
 - c. Was not needing healthcare since March 2020
 - d. Offered a phone or video appointment, but chose an in-person visit instead
 - e. Offered a phone or video appointment, but chose to go to a local Emergency Room instead
 - f. Offered a phone or video appointment, but chose to go to a local urgent care center instead
 - g. Offered a phone or video appointment, but chose not to get healthcare at all
 - h. Uncomfortable using the phone or computer for a medical visit
 - i. Do not have access to a phone or computer for a medical visit
 - j. Cell phone or computer internet service is unreliable
 - k. Concerned about privacy when using the phone or computer
 - l. No deaf/hearing impaired services were offered as part of the phone or video visit
 - m. No interpreter was offered for non-English speaking patients
 - n. Phone or video visit is too short
 - o. Other (<include free text box>)
- 8. Would you/the patient consider having a phone visit when needing healthcare in the future?
 - a. Yes (If your answer is Yes, please choose all the reasons that apply)
 - i. Will not have to leave home for a phone visit
 - ii. Phone visit will take less time
 - iii. Will not need transportation for a phone visit
 - iv. Phone visit will allow more time with the healthcare clinician
 - v. Phone visit is safer than an in-person visit during COVID-19 pandemic
 - b. No (If your answer is NO, please choose all that apply)
 - i. Still uncomfortable using the phone for a medical appointment
 - ii. Still do not have access to a phone
 - iii. Cell phone service is still unreliable
 - iv. Concerned about privacy when using the phone for a medical visit
 - v. No deaf/hearing impaired services offered as part of the phone visit
 - vi. No interpreter offered for non-English speaking patients
 - vii. The phone visit will be too short
 - viii. Other (<include free text box>)
- 9. Would you/the patient consider having a video visit when you need healthcare in the future?
 - a. Yes (If your answer is Yes, please choose all the reasons that apply)
 - i. Will not have to leave my home for a video visit
 - ii. Video visit will take less time
 - iii. Will not need transportation for a video visit
 - iv. Video visit will allow more time with the healthcare clinician
 - v. Video visit is safer than an in-person visit due during the COVID-19 pandemic
 - b. No (If your answer is NO, please choose all that apply)
 - i. Still uncomfortable using the computer for a medical appointment

- ii. Still do not have access to a computer
- iii. Cell phone or computer broad band service is still unreliable
- iv. Concerned about privacy when using the computer for a medical visit
 - v. No deaf/hearing impaired services offered as part of the video visit
 - vi. No interpreter offered for non-English speaking patients
- vii. Video visit will be too short
- viii. Other (<include free text box>)

10. What can make a phone or video appointment better? Do you have any other comments? (<include free text box>)
11. Do you have a suggestion for how the community (such as government, social services, churches, schools, YMCA, media, neighborhoods, etc.) could make phone or video appointments better? (<Include free text box>)

Thank you for your time. Please click "Submit" to complete the survey.