



ADVANCING INTEGRATED HEALTHCARE

# Primary Care Telehealth Practice Needs Assessment and Patient Survey Report

*Rhode Island Telehealth Project*

Report By:  
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# Executive Summary: Primary Care Practice/Patient Telehealth Needs Assessment Findings

By March, 2020, the COVID-19 pandemic and resulting stay-at home orders left children and adults across the country with limited access to much needed healthcare. UnitedHealthcare requested that the Care Transformation Collaborative of Rhode Island/ PCMH Kids (CTC-RI/PCMH Kids) develop a proposal to address this emerging issue given the essential and immediate need to adopt technology with the onset of COVID-19. CTC-RI/PCMH Kids' Rhode Island Telehealth Project proposal addressed this need through a three-pronged approach of 1) conducting a practice/ patient needs assessment survey; 2) using the survey results to address practice/ patient learning needs and 3) providing practices with a "learning in action" collaborative whereby practices could apply technology to improve care for patients with chronic conditions. This report provides results from the Primary Care Telehealth Practice/ Patient Needs Assessment, developed with guidance from a Core Telehealth Planning Committee, launched in August 2020, and completed by 47 RI practice sites with survey data from over 900 patients.

## Primary Care Practice Assessment Results:

In partnership with systems of care, adult and pediatric practice teams were asked to complete a Primary Care Telehealth Needs Assessment which involved their reporting of their telehealth experiences, successes and barriers, since March 2020. Top benefits of telehealth included improved work experience, increased patient access, reduction in no-shows, staff ability to work from home, and the ability to bill for on-call services. The majority of telehealth visits addressed sick visits, medication management, COVID concerns, behavioral health and routine follow up for chronic conditions. Practice data also identified ideas to improve telehealth, including patient education, staff training, better workflows, and improved internet connection in the community.

## Patient Survey Results:

As part of the Practice Telehealth Needs Assessment, practice teams were asked to outreach to patients who used and did not use telehealth services. Patients (or parents/ guardians responding for the patient) also reported their telehealth experiences, successes and barriers since March 2020. Top barriers included lack of technical understanding or access to needed technology: some patients didn't know how to use video or phone for a medical visit, they may lack a computer/ tablet for video visits, or lack reliable internet or phone service. However, of those patients who had telehealth visits, the majority reported that the phone or video visit was able to address what was bothering them. The majority also agreed or strongly agreed that they were satisfied with the telehealth visit. The patient data also indicated that telehealth promoted appropriate access to care. Patients reported that, if a phone or video appointment had not been available to address healthcare concerns, they may have gone to an Emergency Room, or not be seen by any clinician.

We encourage you to read the report and the detailed results of this innovative project designed to survey primary care practices and their patients to identify barriers and successes in telehealth. The information collected highlighted opportunities and initiatives needed to improve telehealth making it more accessible to patients, improving technology, education and training. This information was used to inform a 6-month webinar series. Data and discussions from this project continue to help inform policy makers and providers alike regarding the evolving needs related to telemedicine.

CTC-RI/ PCMH Kids would like to acknowledge and thank the Northeast Telehealth Resource Center (NETRC) for their continued partnership and contributions to our success. We encourage you to visit the NETRC website ([NETRC | Northeast Telehealth Resource Center](#)) to learn more about their free telehealth resources, and view the Field Report related to this project: [Care Transformation Collaborative RI- Primary Care Learning Collaborative.pdf \(netrc.org\)](#)

*"Actually, I thought this was the best way to speak to my provider as I did not know what was wrong with me and I was worried I would infect others... I could not have driven to (my doctor's office) so I would have ended up in the ER or an Urgent Care Center." – Patient*

## Introduction and Background

The Care Transformation Collaborative of RI (CTC-RI/ PCMH Kids) received funding from UnitedHealthcare (UHC) to implement a Primary Care Telehealth Project. Additional funding was subsequently received from The Rhode Island Department of Health (RI DOH), through the Cares Act Funding, to expand the number of practices included in this project.

A Planning Committee (including Northeast Telehealth Resource Center representation) helped develop the Primary Care Telehealth Practice Assessment and Patient Needs Survey and the subsequent six-month educational webinar series using the results of this Survey and its recommendations.

### Telehealth Primary Care Project Goals

- 1) Provide primary care team with best practice sharing opportunities to support effective, safe and efficient telehealth services looking at practice/staff/patient experiences, clinical outcomes, access to care and utilization
- 2) Inform Rhode Island health care policy makers regarding primary care practice/ patient telehealth needs

### UHC Telehealth Project: Three Phases

Phase 1 - Practice Assessment/Patient Engagement Surveys (July 1 – Oct. 31, 2020)

Phase 2 - 6 month Webinar Series (November 2020 – June 2021)

Phase 3 - 12 Month Learning Collaborative (Dec. 2020 – April 2022)  
Cohort 1 (Feb. 2021 – Jan. 2022); Cohort 2 (May 2021 – April 2022)

## Practice Assessment Summary

- 81 questions, completed using a team approach
- 47 practices completed assessment as of 10/23/20 – 35 adult medicine; 12 pediatric practices
- All practice sites utilize telehealth, and the majority of them began in March 2020

## Patient Survey Summary

Over 900 patients were surveyed, including patients who have had a telehealth visit and patients who have not had a telehealth visit between March and October 2020.

Patients who HAVE had a telehealth visit	TOTAL RESPONSES	517
Patients who HAVE had a telehealth visit	Survey Monkey	236 responses
Patients who HAVE had a telehealth visit	Anchor Medical*	281 Responses
Patients who HAVE NOT had a telehealth visit	TOTAL RESPONSES	387
Patients who HAVE NOT had a telehealth visit	Survey Monkey	195 responses
Patients who HAVE NOT had a telehealth visit	Anchor Medical*	192 Responses

*\*Anchor Medical used same patient question sets, but different survey tool*

## Telehealth Practice Assessment – Themes

- 91% practices began use of telehealth in March with COVID onset
- 82% reported telehealth improved their work experience
- 57% prefer phone to video
- Only 8% responded to using Remote Patient Monitoring (RPM)
- Top 4 visits types: sick visits, medication management, COVID concerns and routine follow up for chronic conditions
- Top benefits: increased patient access, reduction in no-shows, staff ability to work from home, ability to bill for on-call services
- Telehealth essential for primary care and behavioral health visits since March 2020
- 57% of practices using telehealth for > 41-100% of all primary care work; 75% of practices using telehealth for > 41-100% of all behavioral health work
- Top video platforms: Doximity, Doxy.me, Zoom, EHR specific platform, FaceTime
- Top 4 things to improve telehealth: patient education, better workflows, improved internet in community, staff training

## Telehealth Practice Assessment – Barriers for Providers & Patients

### Barriers for Providers

1. Reimbursement (85%)
2. Technology issues (56%)
3. Receiving payment after the visit has been performed (41%)
4. Startup and/ or ongoing costs (38%)
5. Training (31%)
6. Lack of technical staff (28%)
7. Organizational priority/ support & lack of dedicated coordinator staff (each 21%)

### Barriers for Patients

1. Lack of technical understanding: Patient didn't know how to use video or phone for a medical visit
2. Lack of /or unreliable computer internet or phone service
3. Patient does not have a computer/tablet for videos
4. Patient does not speak English and needs a language interpreter
5. Patient does not have a phone or sufficient minutes on cell phone
6. Patient has cognitive limitations and needs a person with them
7. Patient is concerned about privacy for a phone or video visit
8. Patient needs deaf/hearing impaired services to use the phone or video visit

## Topics of Focus

The Practice Assessment and Patient Surveys tools were designed to gather information relating to areas identified as a priority for UnitedHealthcare:

1. Evaluating practice operational policies around telehealth to determine future best practices;
2. Evaluating patient and staff experiences with telemedicine implementation;
3. Determining the services that can safely and effectively be performed within the adult and pediatric primary care settings;
4. Determining how to integrate telehealth in conjunction with in-person visits;
5. Determining financial impact of implementing telemedicine looking at practice financial management issues (visit volume, coding, billing, collections), opportunities for cost reductions (i.e. supply costs, rent, utilities), cost efficiencies (reduction of no show visits);
6. Considering technology requirements based on present and future regulations and billing requirements and how best deployed;
7. Using remote monitoring for identified chronic care conditions;
8. Identifying health equity and access to care issues and potential community solutions.

	UHC Topics	Relevant Sections/Responses from questions on Practice/Patient Surveys
1.	Telemedicine operational policies	Clinical/Administrative Service Needs and Telehealth Workflow questions (see pgs. 8 – 15)
2.	Patient/staff experiences	Question on Telehealth workflows, Practice Benefits and Barriers (see pgs. 10 – 19,)
3.	Services offered	Question on Telehealth workflows (see pgs. 10-11)
4.	Integration with in-person visits	Question on Telehealth workflows (see pg. 17)
5.	Financial impacts of implementation	General practice information, practice barriers, reimbursement questions (see pgs. 11,18,19)
6.	Technology requirements	Existing Technology questions (see pgs. 11-12, 17-20,22)
7.	Remote Patient Monitoring for chronic care conditions	Remote Patient Monitoring (RPM) Assessment questions (see pg. 12)
8.	Identify health equity and access to care issues	Best Practice Sharing, Assistance and Resources questions Patient surveys: patient identified barriers/needs/solutions (see pgs. 6,15,19, 21-24)
9.	Identify community solutions	Best Practice Sharing, Assistance and Resources questions Patient surveys: patient identified barriers/needs/solutions (see pgs. 21-24)

## Practice Categories and Staff

### Practice Site Categories

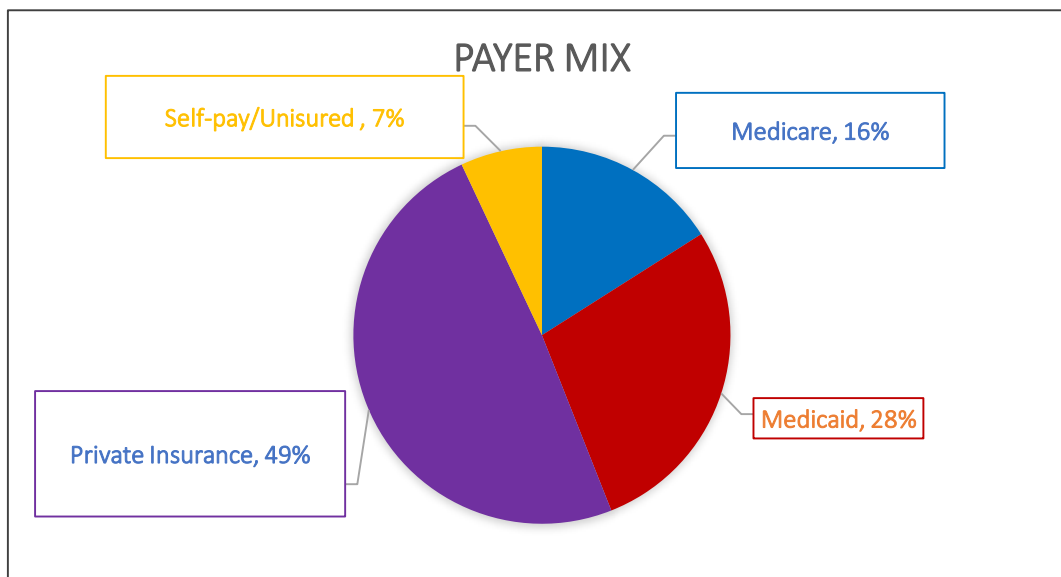
*(practices may select more than one category)*

- 51 Adult Medicine (includes Primary Care, Internal Medicine, Geriatric Medicine, Practice with onsite behavioral health)
- 11 Family Medicine
- 7 Federally Qualified Health Centers (FQHC)
- 15 Pediatric Medicine
- 5 Other (includes free clinic, residents' clinic, endocrinology, and OBGYN)

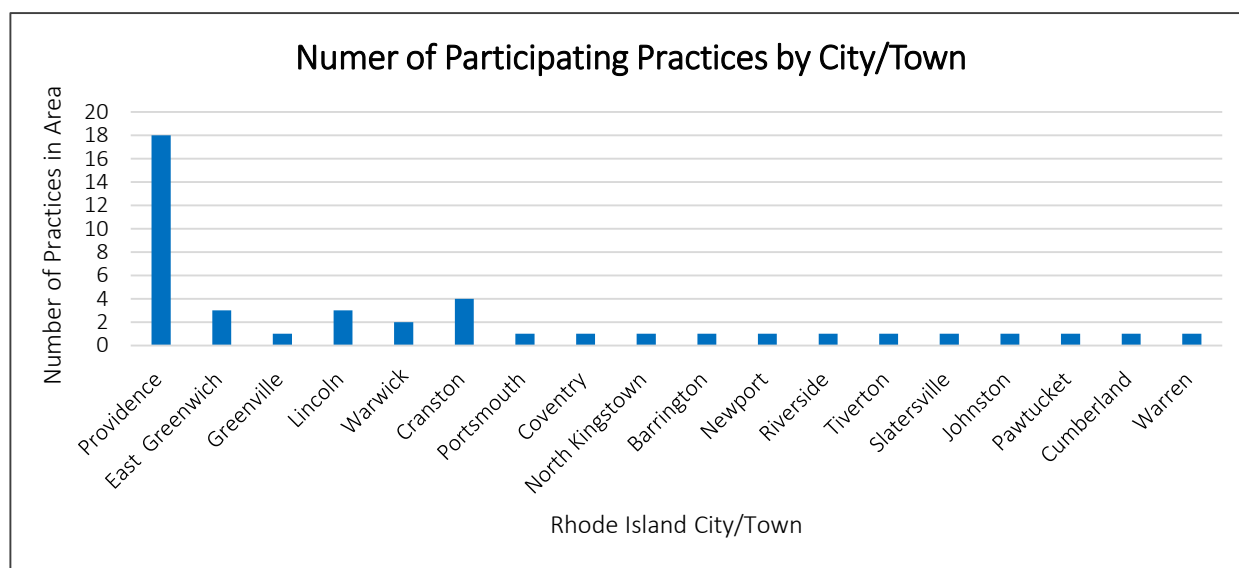
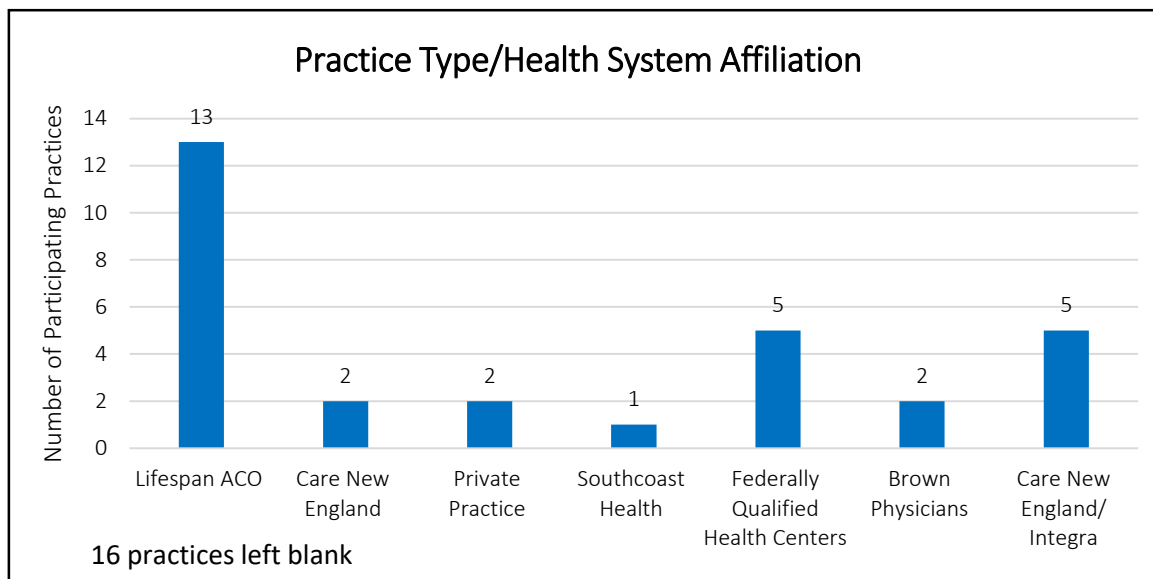
### Practice Staff Who Completed Survey:

Practice Manager (33), Clinician (23), Medical Assistant (4), Front Desk Staff (4), and Other (17).

“Other” included Director of Operations/Network Manager, IT EHR and Data Analytics Coordinator, Director of Physician Practices, Director of Nursing, Clinical Care Coordinator, Program Manager for Care Coordination, Biller, Director, and Asst. Health Center Director

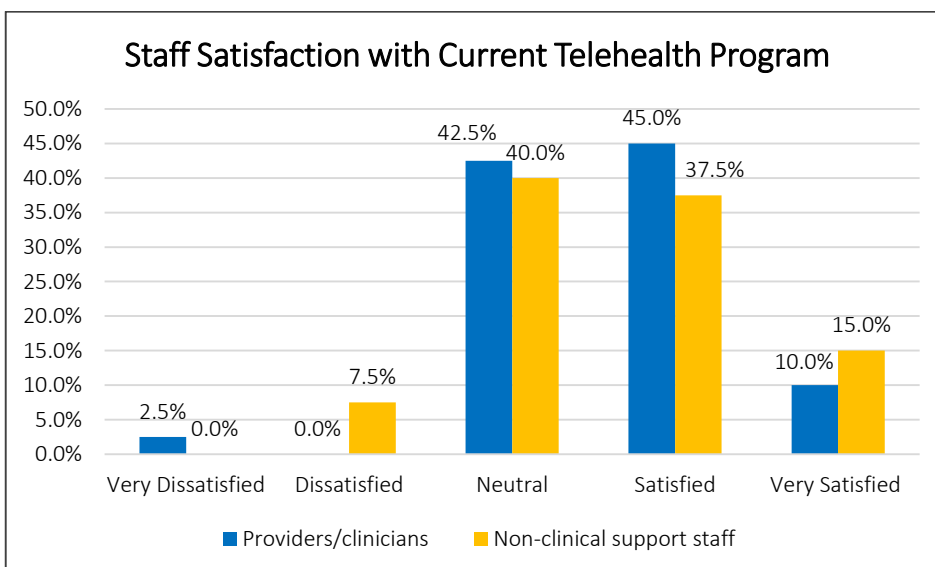
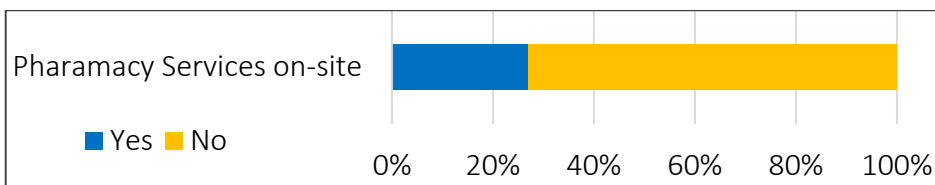
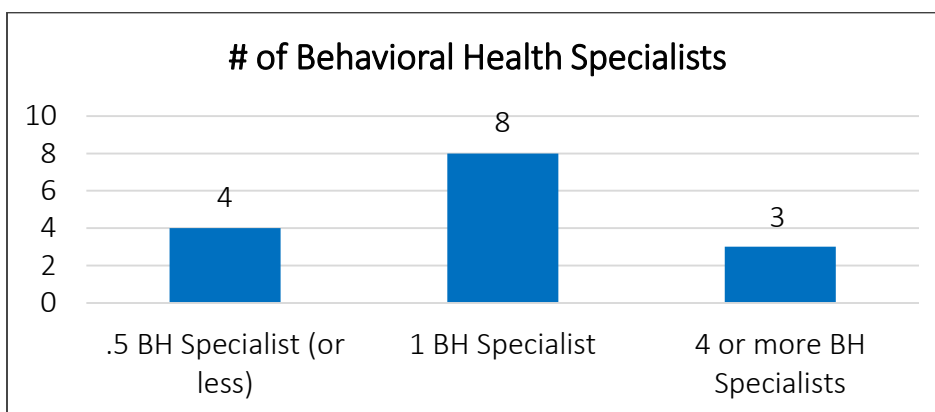
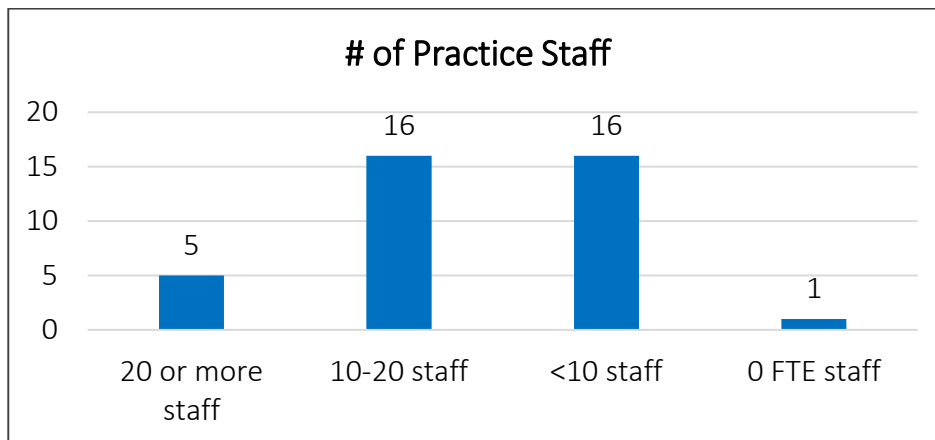


## Practice Site Type/Health System Affiliation and Location

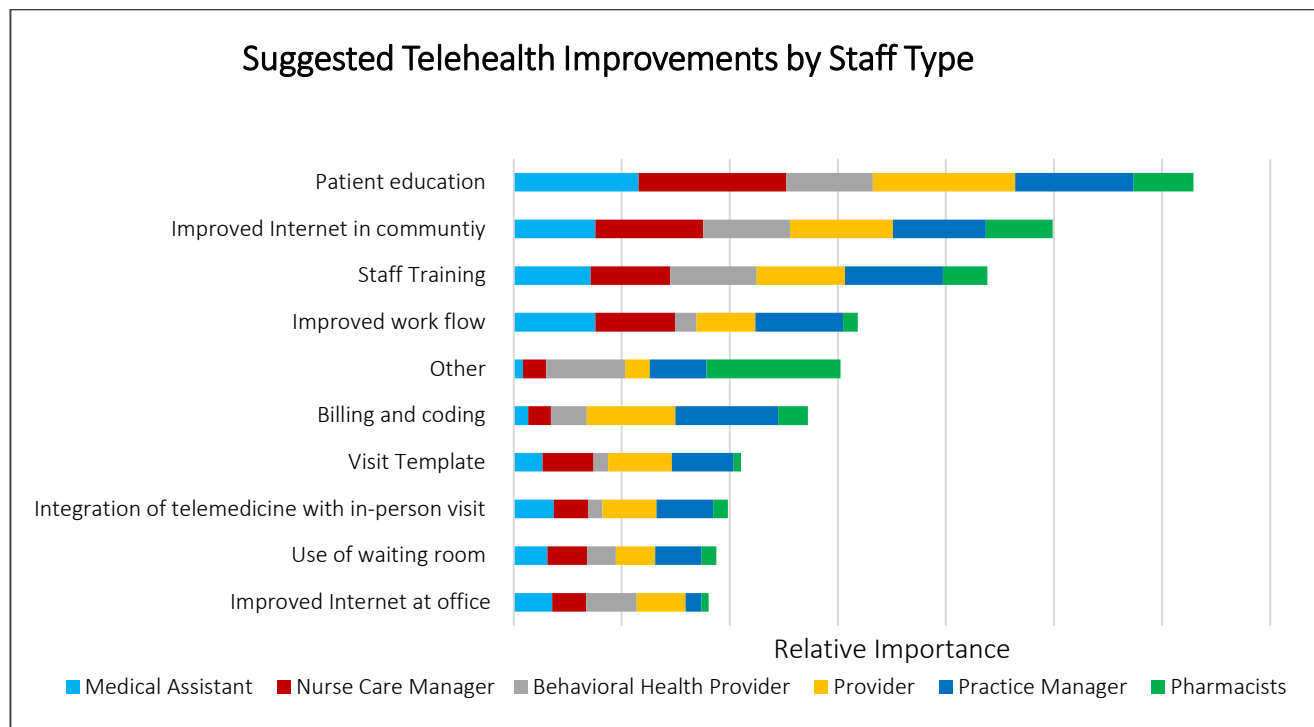




## All Practice Site Demographics & Staff Satisfaction with Telehealth



## Recommendations By Office Staff Type for Telehealth Improvements



### Suggested Telehealth Improvements by Staff Type – “Other”

- Provider responses for “Other”: 1) integration into EPIC by making it easier to enroll patients into EPIC MyChart and enabling its telehealth feature 2) making sure patient/parent is able to use the technology before visit start 3) provider has control of admitting patient into live visit from waiting room
- Know ahead of time how to access tech support;
- Patient training to receive calls when provider reaches out to them at the scheduled time
- Greater reimbursement for telehealth services
- Pharmacists responses for “Other”: N/A or no pharmacist onsite at practice
- Behavioral Health responses for “Other”: N/A or no behavioral health in office

## Practice Use of Store and Forward Technology

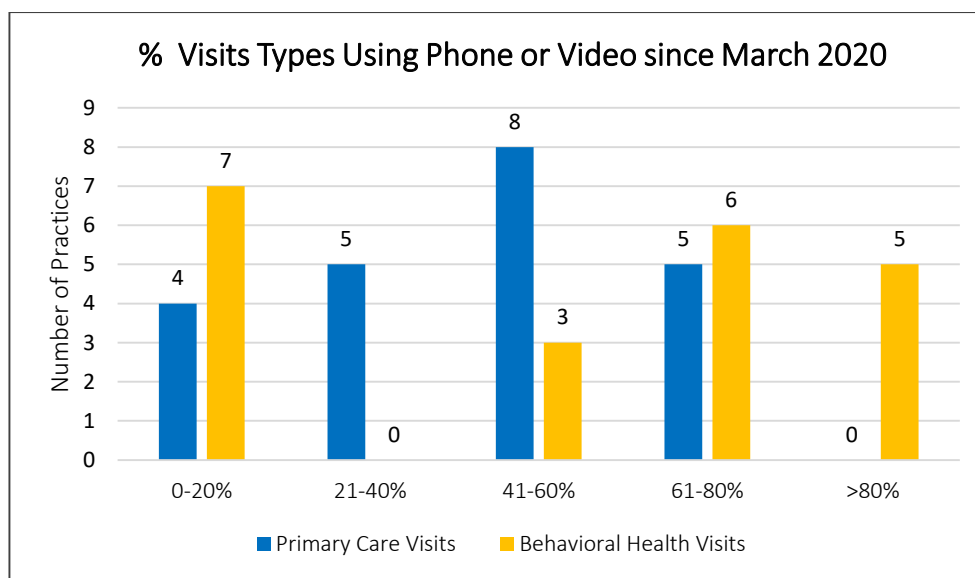
For which specialties do you/would you utilize store and forward technology (8 practice sites responded)

- Functionality imbedded in EHR for Medical/Behavioral health, NextGen
- Others referenced EPIC and eClinicalWorks EHRs

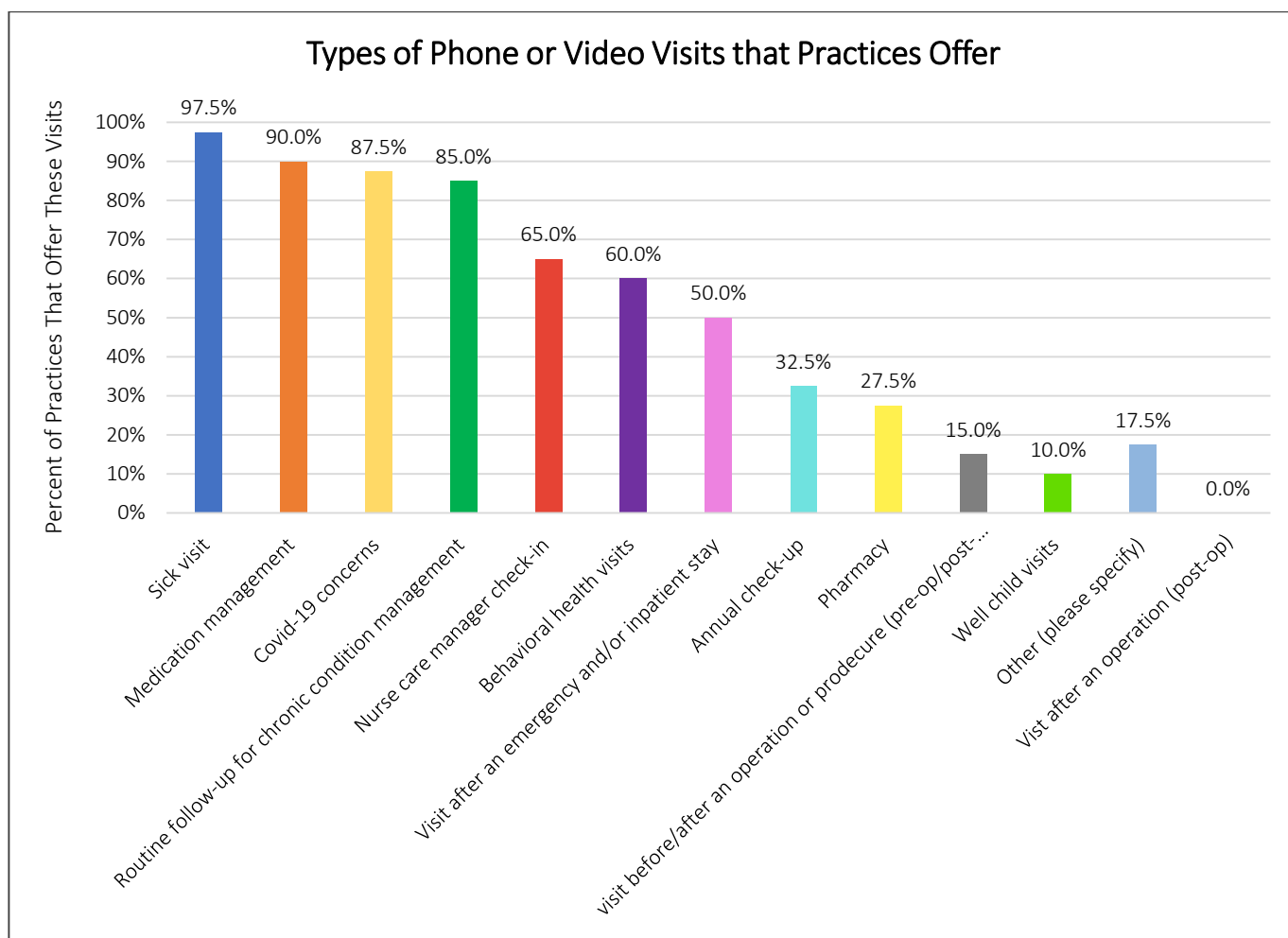
## Practice use of Remote Patient Monitoring

Please describe your active RPM program, if applicable: (4 practice sites responded)	<ul style="list-style-type: none"> <li>Blood pressure cuffs</li> <li>Self-Management of Blood Pressure (SMBP)</li> <li>Diabetic patient monitoring - glucose monitoring: “Currently diabetic patients using Libre and monitored through continuous readings being uploaded on to the vendor's program”</li> </ul>
Challenges:	<ul style="list-style-type: none"> <li>Technological savvy of patients</li> <li>patient understanding</li> <li>Funding and resources</li> </ul>
Solutions:	<ul style="list-style-type: none"> <li>Patient education/reminders</li> <li>constant reminding patients needed</li> <li>Working with patients to alleviate fears. New technology can be scary</li> <li>Patient understanding of technology; Fears surrounding technology</li> </ul>

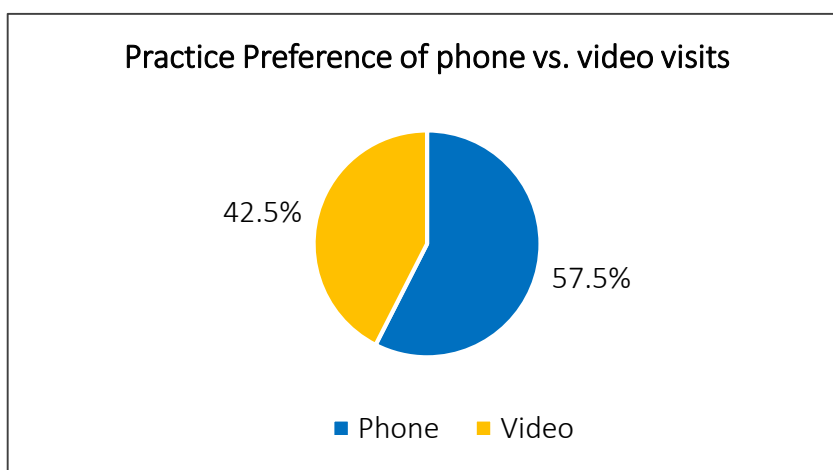
## Practice Telehealth Visit Types – Primary Care compared to Behavioral Health



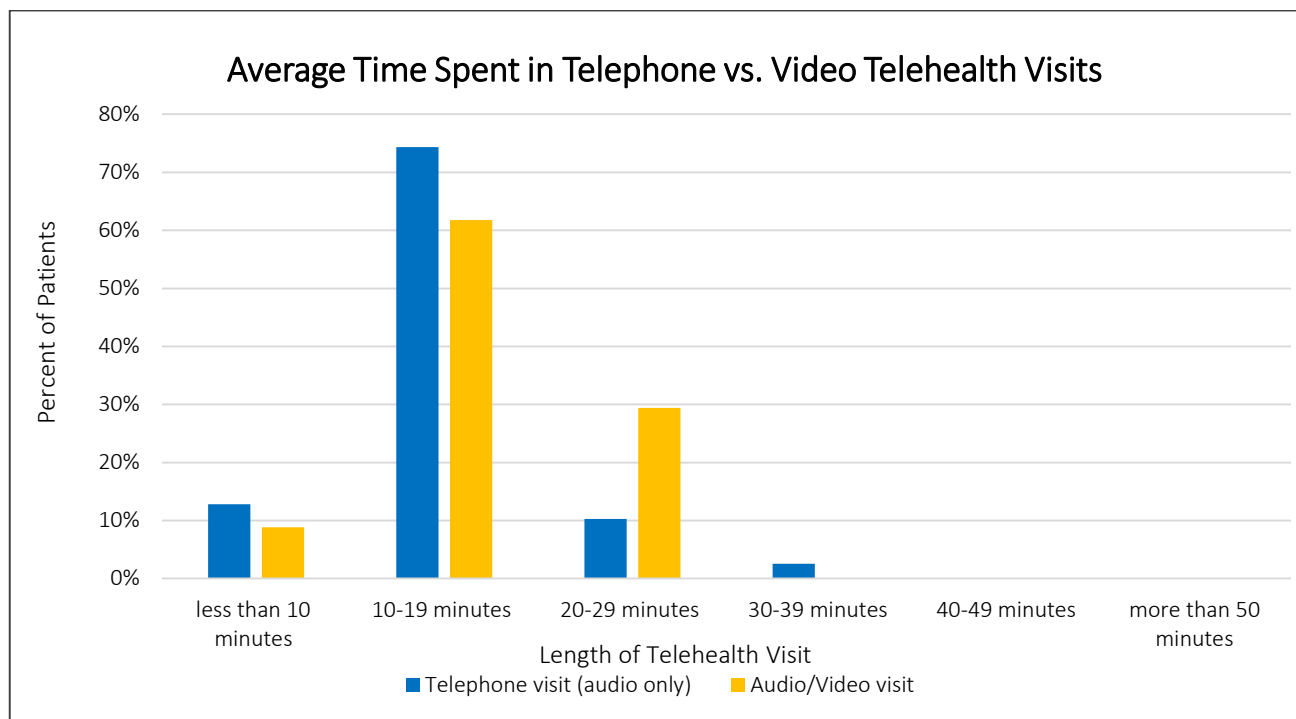
## Practice Telehealth Visit Types Offered



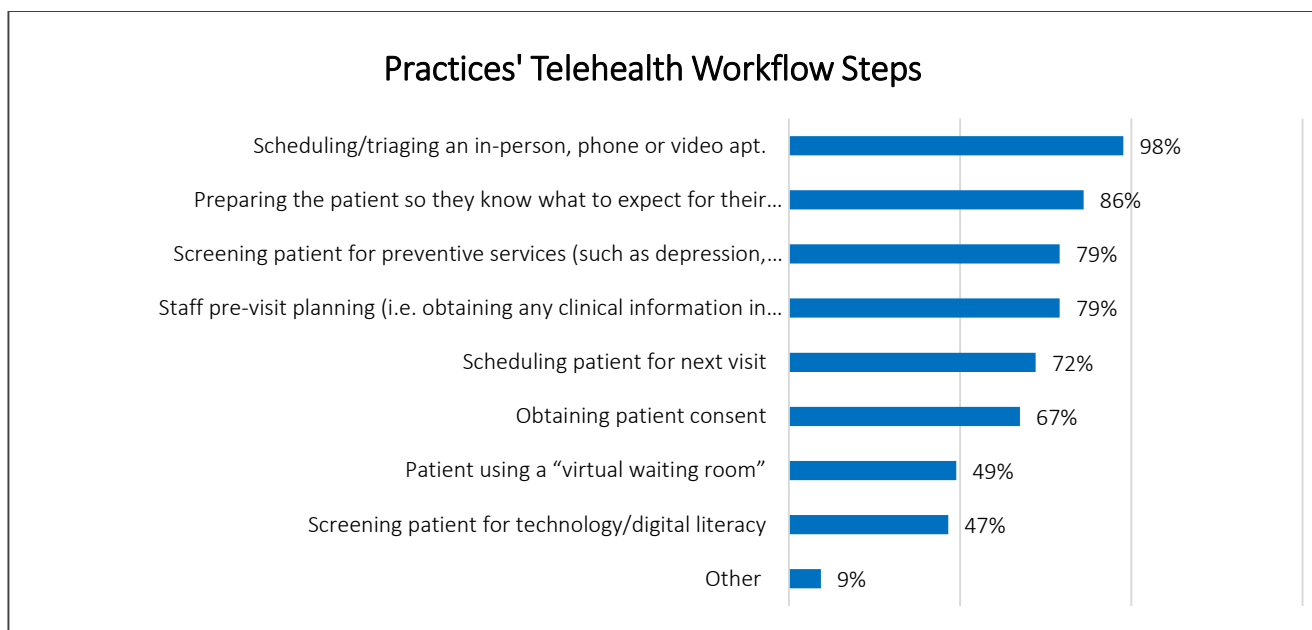
## Telehealth Visit Types – Practice Preference



## Practice: Average Time Spent on Telehealth Visits



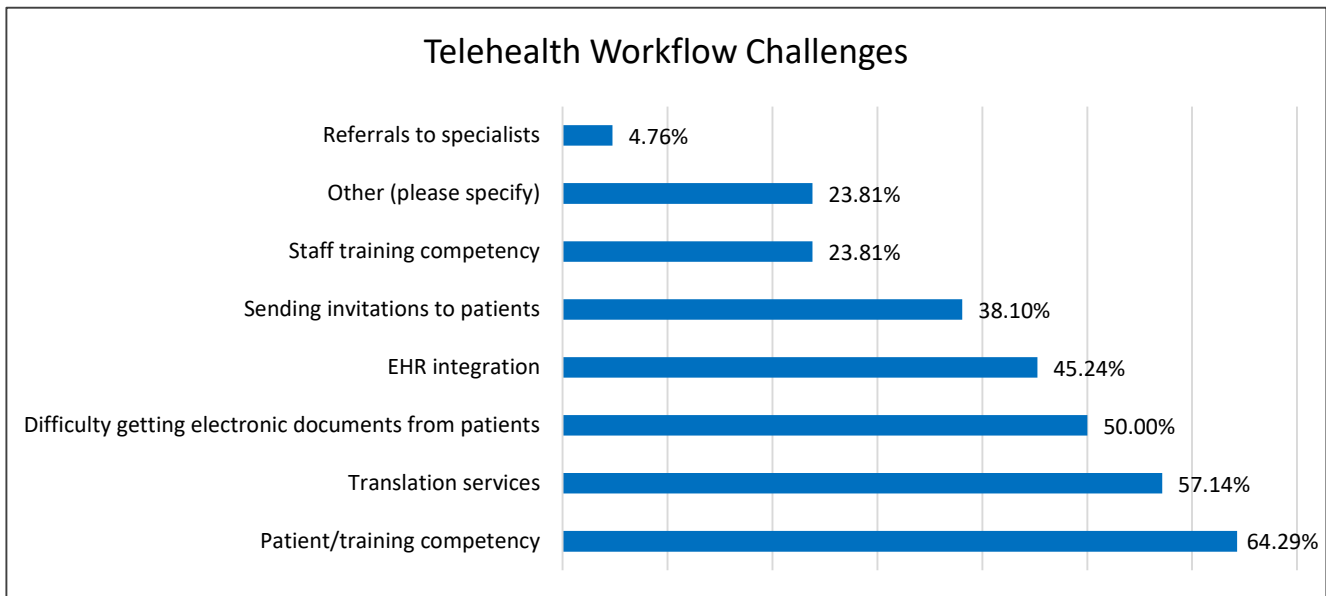
## Workflow for Telehealth - Practices



### Workflow for telehealth - Other

- Patients are calling from the car to be screened before being allowed into the suite;
- Coordinate referrals with lab, specialists, imaging and book appointments;
- Medication reconciliation

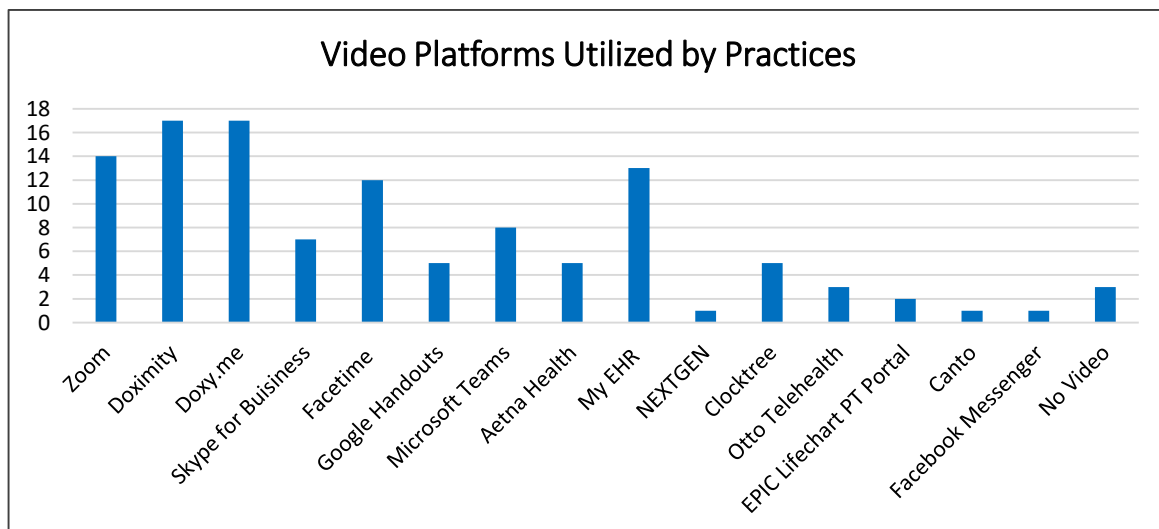
## Workflow Challenges for Telehealth – Practices



### Workflow challenges for telehealth - Other

- Connection/video/sound quality issues
- Availability of patient; patient not able to identify call coming from office, so calls not answered
- Unreliable internet services/equipment
- Technical issues with connectivity and quality
- Physician reluctance
- Getting them integrated into the day with other visits
- Keeping up with changes in RI DOH/CDC recommendations for accurate information to patients

## Video Platforms Utilized by Practices



## Video Platforms – Advantages/Disadvantages reported by Practices

<b>Zoom</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: widely accessible for patients, share screen, multiple providers</li> <li>• <u>Disadvantages</u>: signal lags, not secure, required email that providers did not want to provide, patient access to device, getting link to patients was difficult, new password for every visit</li> </ul>
<b>Doximity:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: Simple to use, can use from mobile device, can program it so the office number appears and not the mobile number, faxing function, more reliable, easy for patients, can text patient a link, compatible with devices, free, HIPPA compliant, can be used anywhere,</li> <li>• <u>Disadvantages</u>: poor image in phone, send link but use only on phone,</li> </ul>
<b>Doxy.me:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: ability to take pictures, reliable, better picture quality, user friendly, file sharing with ease, multiple people in sessions, quick connection, HIPPA compliant, widely accessible for patients, keeps track of video calls, hides phone number, no installation/ app download, able to use laptop, same care as delivered in person, face-to-face with patients, virtual waiting room</li> <li>• <u>Disadvantages</u>: Glitches/ connection issues, technically limited, difficult to set up, lags a bit, can pay extra to have link sent to patient, language barrier for some,</li> </ul>
<b>Facetime:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: widely accessible for patients, best reception, reduced risk of COVID, same care as delivered in person, free, helps to see patients' problem,</li> <li>• <u>Disadvantages</u>: reveals patient's information, only works with apple products, language barrier for some, patient access to device</li> </ul>
<b>Clocktree</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: HIPAA/Compliant. Saves record of video calls for billing auditing purposes, has messaging function that allows for document upload, better graphics resolution, exchange documents electronically, connect with patients who may have otherwise cancelled, free</li> <li>• <u>Disadvantages</u>: no waiting room, no text enrollment function, requires patient to make an account, some patients still do not check in or answer</li> </ul>
<b>Skype for Business:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: ease of program</li> <li>• <u>Disadvantages</u>: not everyone has device, connection sometimes not reliable</li> </ul>
<b>My EHR</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: helps with documentation in EHR, integrated with health records, easy for patients, version of a waiting room</li> <li>• <u>Disadvantages</u>: not user-friendly, patient needs portal and smart phone, can't use computer</li> </ul>
<b>Microsoft teams:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: easy to use, allows for easy connection with patients</li> <li>• <u>Disadvantages</u>: not integrated into EHR makes it harder to document</li> </ul>
<b>Otto Telehealth:</b> <ul style="list-style-type: none"> <li>• <u>Advantages</u>: HIPAA compliant video capability</li> <li>• <u>Disadvantages</u>: integration with EHR</li> </ul>

## How Practices Integrate New Telehealth Services with Existing In-Person Services

<b>Responses:</b>
We jumped in with two feet. Telehealth just became a part of the schedule and pretty fluid. Technology implemented quickly, templates developed, workflows adjusted and training provided for MA and Providers
We have a dedicated page on our website for patients to enter a virtual waiting room, and it is offered as an option when patients and their families call seeking care when applicable.
We will have some in person visits and then block off time in between in person visits to do telehealth visits. This allows for social distancing but also for the practice to continue to see the same volume of patients a day.
Booked simultaneously throughout day, and also utilization of after-hours for a few well visits, as often telehealth can be more time-consuming than an in-person visit (checking patient in, prepping for visit, log-in issues, exam can take longer getting proper camera angles, etc.).
We have incorporated telehealth without schedule, so the provider has ample time to do a telehealth visit and then go to the in-person appointment. If it is a sick visit we ask the patient if they would prefer a telehealth visit or an in person.
Many screening questions, clinical data entry are now done via telehealth rather than in person.
Telehealth visits are booked like ordinary in-person visit at a particular time slot. Provider reaches out to patient to complete visit. The staff explains what to expect for a tele/audio visit beforehand.
We have providers with designated remote sessions in order to control the amount of people in the waiting room and to avoid bottle necking at the front door.
If patient's last visit was telehealth, ask to come in person. Annual wellness: prefer in person. All sick visits at least telehealth and then if needed bring in. to moderate patient flow in the office, day is mix of in person and telehealth
Specific criteria for both. Many visits start with phone/video and progress to in-person if necessary
Scheduling at end of day for routine medication/BH/MH visits. Scheduling AM virtual sick visits
EMR scheduling templates to arrange in person vs. telehealth visits.
Protocol for telehealth visits for viral symptoms. Assure patients office is safe, clean environment for annual physicals. Allow for patient request of televisit only for non-annual physicals
Designated times for in person if annual wellness - in person, chronic care tele or in person sick visits majority telehealth
<b>Common themes:</b> <ul style="list-style-type: none"> <li>• Dedicated schedule times for telehealth</li> <li>• Look at visit reason on a case-by-case basis to determine telehealth visit</li> <li>• Option for telehealth due to patient's comfort level of coming into the office</li> <li>• Extra scheduled time per visit</li> <li>• Added hours for longer visits</li> <li>• Assess/prioritize each patient need for telehealth and in-person visit</li> <li>• Ask patient preference</li> <li>• Workflow adjustments; Triage protocols</li> </ul>



(Barriers to implementing and sustaining telehealth program/ Choose all that apply/ranked from top barrier to least barrier)

Barriers	% response
1. Reimbursement	85%
2. Technology issues	56%
3. Receiving payment after the visit has been performed	41%
4. Startup and/or ongoing costs	38%
5. Training	31%
6. Lack of technical staff	28%
7. Organizational priority/support	21%
8. Lack of dedicated coordinator staff	21%
9. Lack of medical staff	18%
10. Time commitment	15%
11. Licensure access	15%
12. Medical staff concerns	15%
13. Other (please specify)	13%
14. Confidentiality	10%
15. Lack of specialty care access	10%
16. Competition	5%
<b>Details about other practice barriers:</b> <ul style="list-style-type: none"> <li>• Lack of provider education/variety of comfort levels</li> <li>• Continued reimbursement uncertain</li> <li>• License by state barriers</li> <li>• Resolving billing/coding issues with insurers</li> <li>• competition with payer telehealth options</li> <li>• reimbursement less than in person visits</li> <li>• Startup costs</li> <li>• Future co-payment collection uncertain</li> <li>• Patient reaction to co-payment</li> <li>• Time-effectiveness of telehealth (increased workflow needed)</li> <li>• Technical issues/IT concerns</li> <li>• Technology challenges for staff and patients</li> <li>• Increased fees to use EHR telehealth capabilities</li> <li>• Issues with EHR integration, obtaining enough licenses for our telehealth platform, cost</li> <li>• Confidentiality concerns</li> <li>• Staff training and retraining needed</li> <li>• Patient education</li> <li>• Workflow challenges with scheduling call center</li> </ul>	

## Barriers for Patients – As Identified By Practice

*(Barriers that patients have experienced with telehealth – ranked with #1 being the top barrier, #2 the second most prevalent barrier and so on)*

Barriers	Corresponding Score
1. Patient didn't know how to use video for a medical visit	10.46
2. Patient's computer internet service is unreliable or patient has no internet service	9.08
3. Patient does not have a computer/tablet for videos	9.05
4. Patient's cell phone service is unreliable	8.89
5. Patient didn't know how to use phone for a medical visit	7.21
6. Patient does not speak English and needs a language interpreter	6.67
7. Patient does not have a phone	6.21
8. Patient does not have sufficient minutes on cell phone	6.1
9. Patient has cognitive limitations and needs a person with them	5.57
10. Patient is concerned about privacy for a phone or video visit	4.94
11. Other (specify in next question)	4.27
12. Patient needs deaf/hearing impaired services to use the phone or video visit	4.03
<b>Details about other patient barriers:</b> Common themes: <ul style="list-style-type: none"> <li>• Technical difficulty (for patient)</li> <li>• No access to internet and phone for low-income patients</li> <li>• Hard to have children and parents at same time</li> <li>• Lack of device/technology (patient)</li> <li>• Patient's comfort level</li> <li>• Phone privacy blocking</li> <li>• Technical difficulty (for practice)</li> <li>• Longer visit needed</li> <li>• Patient "no show"</li> </ul>	

## Practice Webinar preferences:

### Interest in participating in an upcoming Telehealth Webinar Learning Series

Yes	50%	22
Yes, only if offered “on demand”	34%	15
No	16%	7

### Best time of day for practice staff to attend the Webinar Series (Q75)

8 am	26%	10
Between 9 am - noon	13%	5
Noon	49%	19
Between 1 – 5 pm	13%	5
After 5 pm	44%	17
Other (varies, before 8 am, Wed)	10%	4

### Top 10 Topics for Webinar Series – Telehealth

1. Coding, Billing and Reimbursement (Medicaid, Medicare, Commercial)
2. Workflow
3. Technology/training for patients
4. Integration into EHR
5. Patient Engagement
6. Business Plan/ Return on Investment
7. Meeting needs of patients with health related social needs
8. Meeting needs of pediatric patients
9. Meeting needs of geriatric and special needs patients
10. Ethics/Legal/ Regulatory
11. – 14. Technology/training for practices, Integrated Behavioral Health, Privacy & Security, Pharmacy

### Top 10 Topics for Webinar Series – Remote Patient Monitoring

1. Selecting RPM Equipment
2. Integration into EHR
3. Coding, Billing and Reimbursement (Medicaid, Medicare, Commercial)
4. Selecting Vendor
5. Selecting Platform
6. Technology/training for practice
7. Technology/training for patients
8. Business Plan/ Return on Investment
9. Workflow
10. NCM and remote monitoring
11. – 16. Child/Adolescent chronic disease mgmt., Patient Engagement, Ethics/Regulatory, Behavioral Health and Remote Monitoring, Pharmacy and Remote Monitoring, Privacy & Security

## Patient Survey Data - Suggested Telehealth Visit Improvements

Patients Open Responses for both HAVE and HAVE NOT had telehealth visit  
(approximately 55% patients skipped this question on both surveys)

“Calling a day before to remind of the appointment “

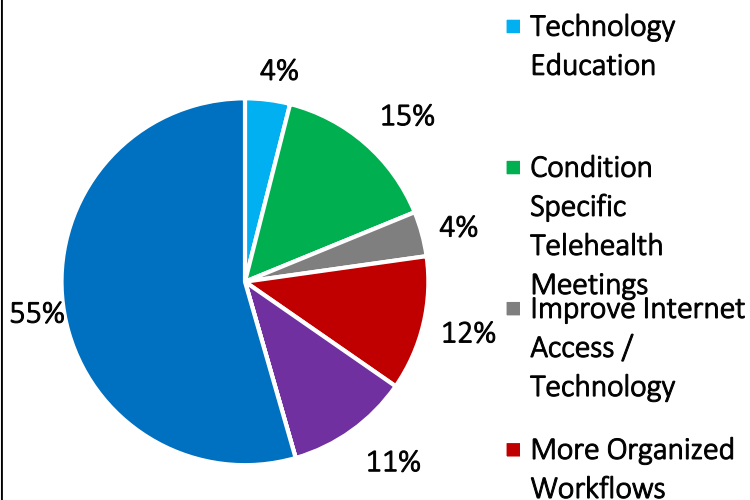
“If appointments can be scheduled via patient portal.”

“Conversation prior to visit thru website to discuss issue(s) before the visit so that we can "get down to business" during telemedicine visit.”

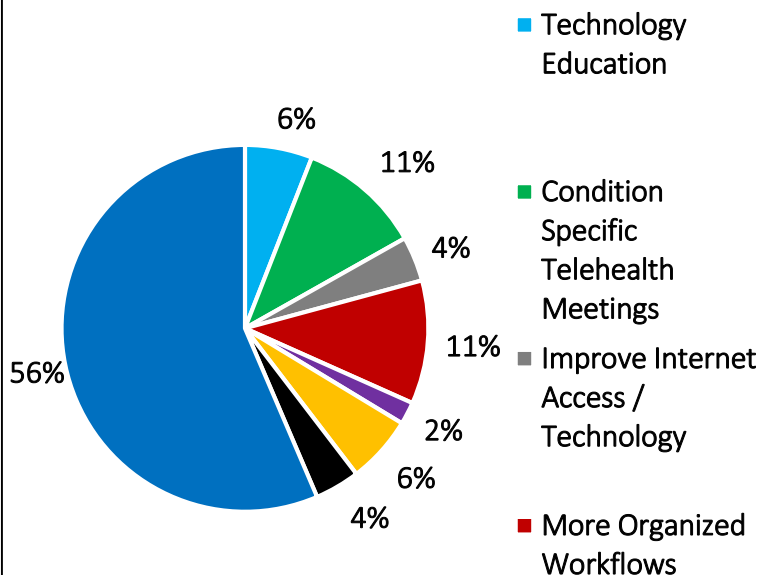
“...Fiber optic internet should be available to all, at an affordable rate, as a public utility.”

“Actually, I thought this was the best way to speak to my provider as I did not know what was wrong with me; I was worried I would infect others...I would have ended up in the ER or an Urgent Care Center.”

HAVE had a Telehealth Visit

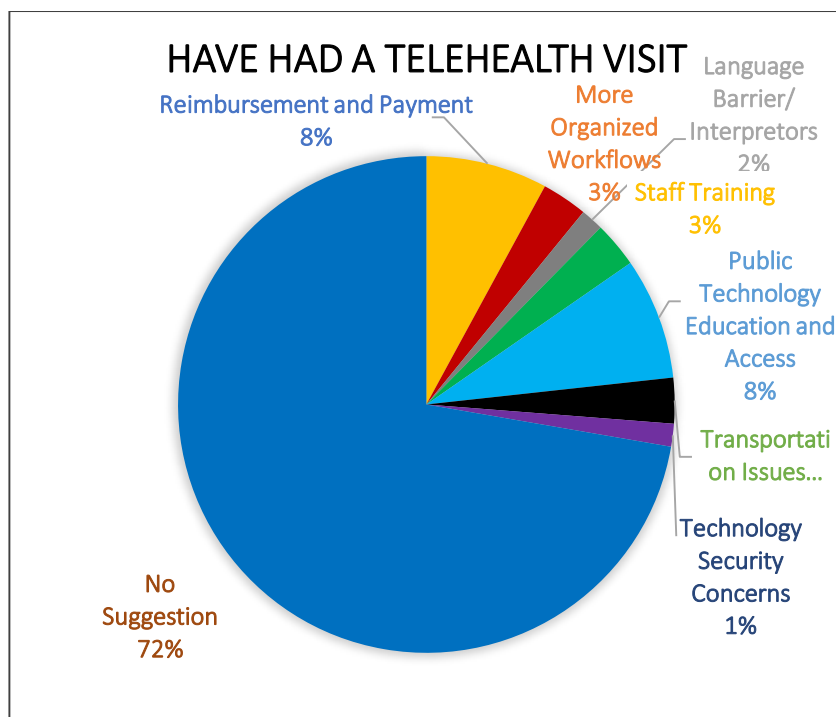


HAVE NOT had a Telehealth Visit



## Patient Survey Data - Suggested Community Telehealth Improvements

Patients Open Responses for both HAVE and HAVE NOT had telehealth visit  
(approximately 60% patients skipped this question on both surveys)



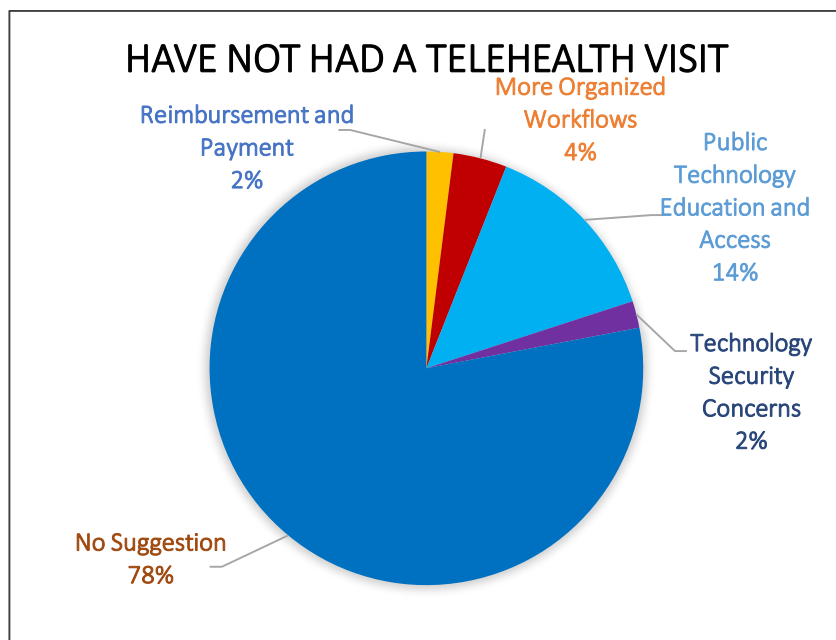
"I would rather have phone/video visit due to having to take bus to office."

"To have the technology and privacy to conduct appointments at local places, if it's a video. I don't have a computer and don't know how to use one."

"Help older people out."

"Maybe private rooms in public spaces like libraries."

"Universal app that patients could use to stay in touch with their clinician."

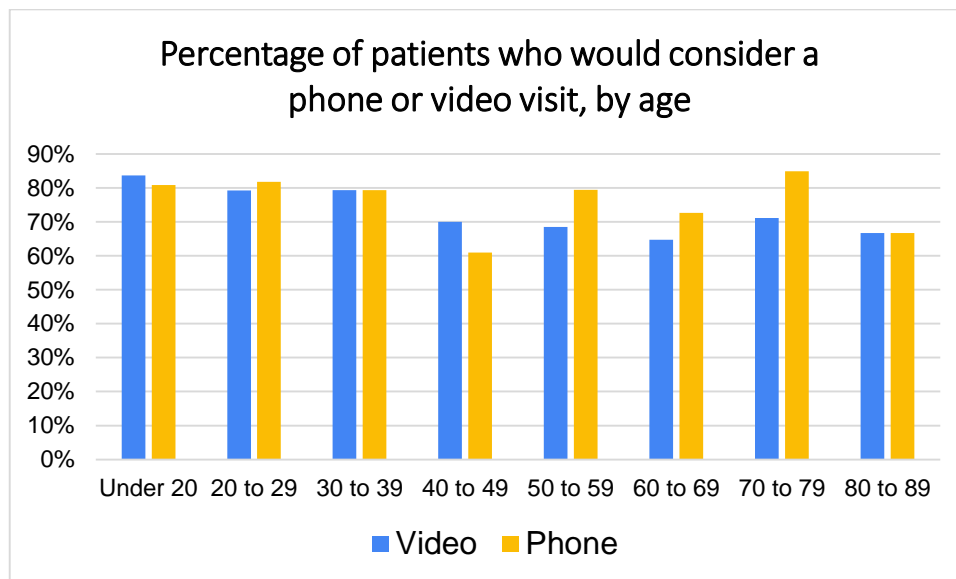


## The University of RI (URI), Social Science Research Center Analysis

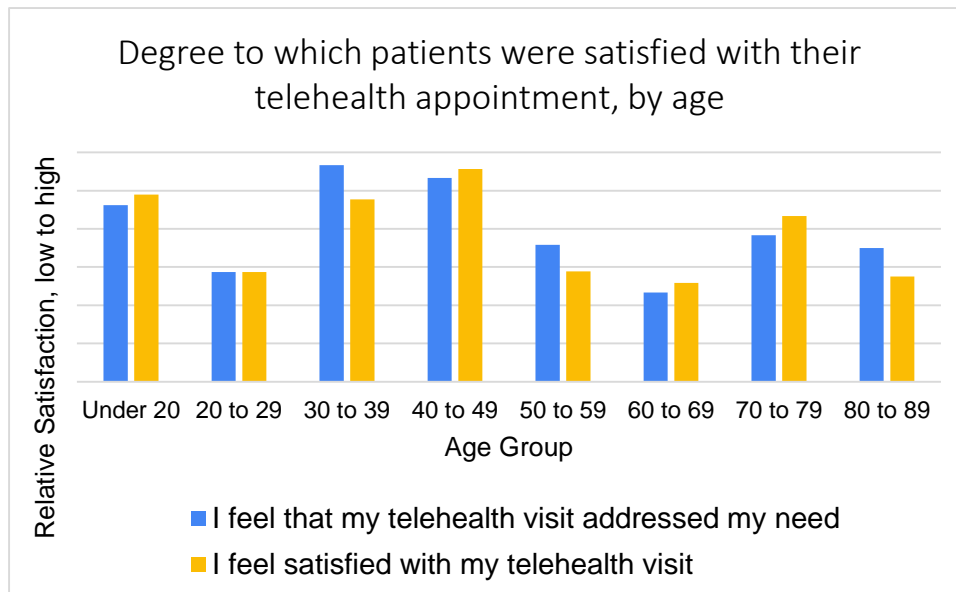
The University of RI (URI), Social Science Research Center, also conducted a special analysis of the patient surveys to determine differences in telehealth use and satisfaction by age of the patient. These were the notable observations for older patients:

- A decrease was seen in patients aged 65-75 who would consider having a telehealth visit, with a significant downturn in phone-based telehealth noted
- Participants aged 65-75 felt their needs were not met as well and were less satisfied with the visit
- Of those who received telehealth, older respondents were less likely to seek out qualified care if they were unable to get access to telehealth

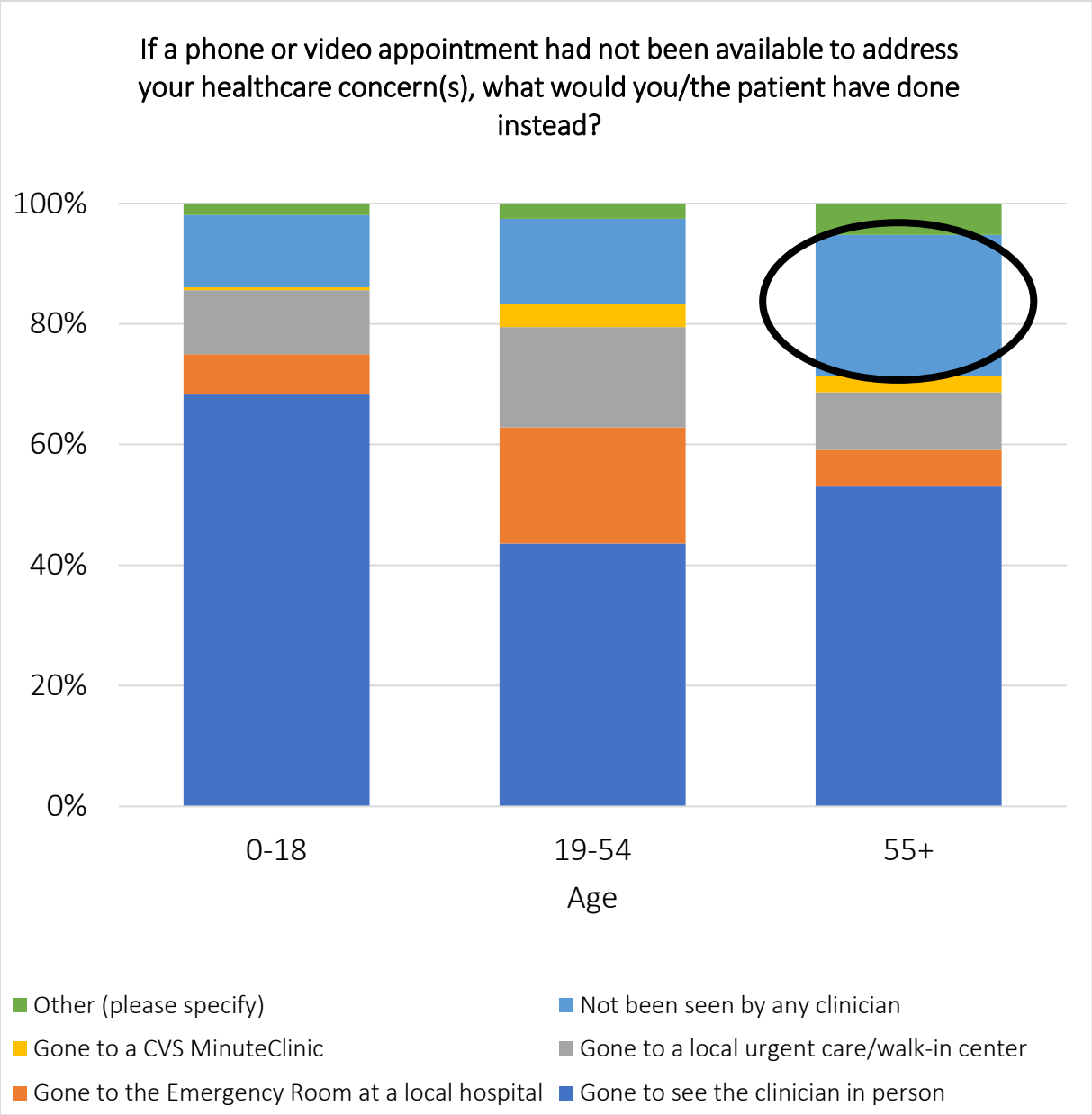
### Patient Survey Data – Differences in Telehealth Use By Patient Age



### Patient Survey Data – Differences in Telehealth Satisfaction



Patient Survey data – Differences in Telehealth – Care Sought By Age



## Appendix A: Core Planning Committee & Webinar Planning Committee

### Telehealth Core Planning Committee

Reid Plimpton, Northeast Telehealth Resource Center  
Andrew Solomon, Northeast Telehealth Resource Center  
Gerard Dubois, Northeast Telehealth Resource Center  
Stephanie De Abreu, UnitedHealthcare  
Susanne Campbell, CTC-RI  
Susan Dettling, CTC-RI  
Pano Yeracaris, CTC-RI  
Sarah Summers, CTC-RI  
Liz Cantor, CTC-RI  
Nelly Burdette, CTC-RI  
Margaret Gradie, RIDOH  
Megan Fallon, RIDOH  
Kelley Sanzen, Brown Medicine  
Catherine Taylor, URI/Age Friendly RI  
Phil Clark, URI  
Roberta Goldman, Brown University  
Lauren Capizzo, Healthcentric Advisors HCA  
Der Kue, RI Health Center Association  
Beth Lange, Coastal Medical  
Jeannine Casselman, MLPB  
Dan McGuire, Providence Community Health Center  
Marea Tumbler, OHIC

### Guests:

Joshua Ray Tanzer - A special thanks to Ray and the University of RI (URI), Social Science Research Center, for providing detailed expertise and analysis of the project data.

### Webinar Planning Committee

Reid Plimpton, Northeast Telehealth Resource Center  
Andrew Solomon, Northeast Telehealth Resource Center  
Gerard Dubois, Northeast Telehealth Resource Center  
Stephanie De Abreu, UnitedHealthcare  
Susanne Campbell, CTC-RI  
Susan Dettling, CTC-RI  
Pano Yeracaris, CTC-RI  
Sarah Summers, CTC-RI  
Liz Cantor, CTC-RI  
Karen D'Antonio, Healthcentric Advisors  
Der Kue, RI Health Center Association



## Appendix B: Participating Practices & Survey Tools

Practice Name	Number of practice sites
Adolescent Healthcare Center	
Anchor Medical	4 practice sites
Angelo DiCenso, MD	
Brown Medicine Internal Medicine	
Brown Medicine East Providence Primary Care	
Brown Medicine Geriatrics	
CCAP Family Health Services	4 practice sites
CharterCare Medical Associates	3 practice sites
Chad P. Nevola, MD, Inc.	
Childrens Medical Group	
Clinica Esperanza / Hope Clinic	
CNEMG Family Care Center	
David M. Steigman, MD	
Drs Concannon & Vitale LLC	
East Bay Community Action Program	3 practice sites
East Greenwich Pediatrics	
Emily Ackerman	
Encompass Pediatrics	
Fairlawn Primary Care	
Hasbro Primary Care	
Kingstown Pediatrics	
Lifespan Physician Group Primary Care	3 practice sites
Partners in Pediatrics	
Providence Community Health Center	2 sites
PRIMA	
Primary Care South County	
Richard Ohnmacht, MD, LTD	
RIH Center for Primary Care	
RIH Center for Primary Care	
Smithfield Pediatrics	
Southcoast Physicians Group, Inc – Linden Tree Family Health Center	
University Family Medicine	
Wayland Medical Associates	
Women and Infants Primary Care	
Women's Medicine Collaborative	

### Practice Needs Assessment:

<https://www.ctc-ri.org/file/practice-needs-assessmentpdf>

### Patient Surveys for patient who HAD and DID NOT HAVE a telehealth visit:

<https://www.ctc-ri.org/file/patient-needs-assessmentpdf>

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