

Patient Perspectives on Telehealth Platforms During COVID-19: A Mixed Method Study



RESEARCH
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Background & Objective

- COVID-19 forced healthcare systems to adapt on short notice, creating an exponential shift from traditional in-person consultations to telehealth/telemedicine.
- In this study, we describe reported rates of telehealth services and qualitatively analyze participants' virtual medical experiences during the pandemic.

Methods

Design

- Our poster was developed from a larger project known as **UC-COVID** (*Understanding Community Considerations Opinions Values, Impacts, and Decisions for COVID-19*).
- This community engagement study aimed to characterize health and access to care during the COVID-19 pandemic across various communities.
- We utilized broad social media-based recruitment in collaboration with community organizations, disease advocacy groups, and professional societies.

Sample

- We recruited **1,971** adult participants (≥18 years) who provided informed consent for the survey, conducted entirely online.
- Poster explores responses taken during the height of the pandemic (March to August 2020).

Analysis

- We analyzed free text responses using qualitative analysis program NVivo.
- 3 analysts independently read and coded each transcript.
- Framework evolved during transcription using open coding.

Results

- **64.2%** of survey respondents had visits changed to telehealth.
- From our free response texts, we uncovered **four core themes**:

Respondents valued **the protection and safety telehealth provided** during a pandemic, while providing uninterrupted patient care.

[I had] bronchitis so I didn't want to go in and my doctor didn't have me come in...just a phone appointment.

I put off going to the doctor for steroid injections in my affected joints because of concerns of contracting covid. Office visits with my specialists have been changed to telehealth visits, which I appreciate.

Respondents described the **limited use of telehealth** in assessing the full degree of healthcare problems and managing disease symptoms.

I saw my cardiologist via telemedicine. Usually as part of the visit they listen to my heart, which cannot be done by telemedicine. Also the cardiologist wants me to come in for a treadmill test and echo, which takes place at the hospital. I am too scared to do this test at this time.

Unable to get an in person appointment to follow up on hypertension. You can't have your blood pressure checked via phone.

Respondents faced various **barriers in access**, such difficulty creating appointments or navigating digital platforms during telehealth visits.

I stopped taking my antidepressants and anti-anxiety meds [because] it is too hard to set up telehealth with a student-health psychiatrist to prescribe my refills [due to] long waiting lists so they ran out...

For a recent visit to my rheumatologist I was unable to connect through the MyChart app, which kept crashing...After 20 minutes of no response...I was connected to her administrator who said the MD didn't know how to connect through Zoom.

Respondents described **overall dissatisfaction in care**, feeling that certain components of medicine could not be replicated digitally.

I typically saw about 20 doctors every three months or so (I also have a lot of undiagnosed medical problems) and now they are all telemedicine so it feels like I'm not really getting medical help or playing my own doctor.

Mental health has been impacted by not being able to see psychologist or psychiatrist in person- only telemedicine. In extremely stressful situation and would help to see them in person...

Conclusions & Implications

Key Findings

- The abrupt transition to telehealth services has revealed the limitations of currently available platforms:
 - **Gaps in technology usage** for both patients and providers
 - **Barriers in access** such as limited internet and inefficient platforms
 - **Limited usage** in being able to assess and manage disease symptoms through lab work or diagnostic tools

Conclusions and Implications

- Hospital systems need to envision ways to replicate diagnostic tools and lab work remotely, in order to create comprehensive workup of patient problems.
- Healthcare systems need to create safeguard protocols and procedures for patients who have limited Internet access.
- Providers and healthcare workers should be trained on how to utilize digital health platforms and how to troubleshoot when problems arise.
- Further qualitative research can identify focal areas for expanding the impact of telehealth services moving forward.

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