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Telehealth Experiences and Access Report 2021

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RRSC
Refugee Resettlement in Small Cities

Project Report - 13

1| Overview

During Summer 2020, AALV and a number of healthcare providers began to receive feedback, comments and questions based on refugee client experiences with telemedicine as a result of lockdowns and closures associated with the COVID-19 pandemic. AALV thus decided to examine further the experiences of recently resettled refugees with telemedicine, focusing on issues of technology access, scheduling, assessment and treatment options. The following report is based on a survey of **200 AALV clients** conducted between September and December 2020. There are a total of 25 questions on the survey in the following areas:

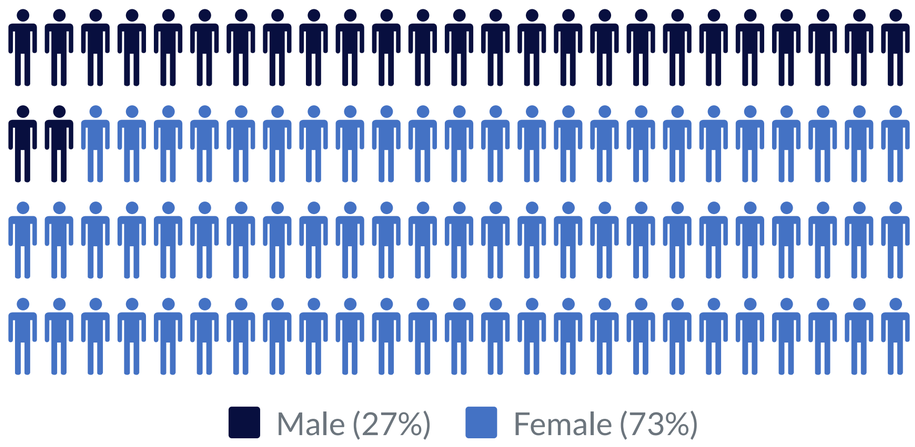
- **Demographics/Client Background**
- **Technology and Access**
- **Scheduling**
- **Remote appointment**

The questions themselves were written in collaboration by the outside consultant and agency staff through an iterative process to ensure appropriateness for the target populations. This included feedback from healthcare providers, including Dr. Andrea Green, Director of the UVM Children's Hospital Pediatric New Americans Clinic, AALV staff and interpreters. Surveys were tested question-by-question and were further adjusted based on feedback received. Data collection began August 31 and concluded on December 15, 2020. Responses were entered into a database, checked for completeness and to ensure no duplication. Analysis commenced December 26, 2020. This report provides an overview of responses across a range of topics covered in the survey as well as some recommendations for interventions and further research.

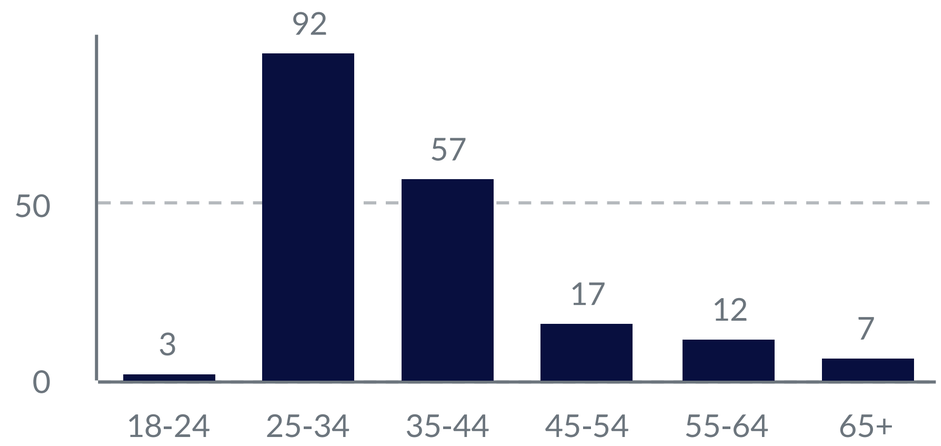
2| Results

2a. Demographics

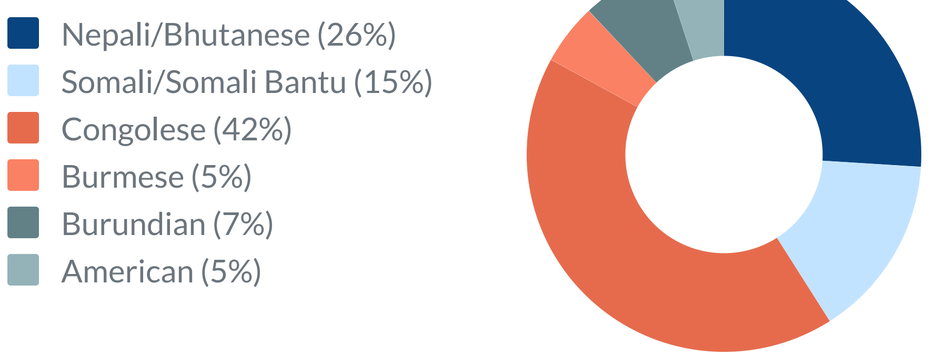
Gender



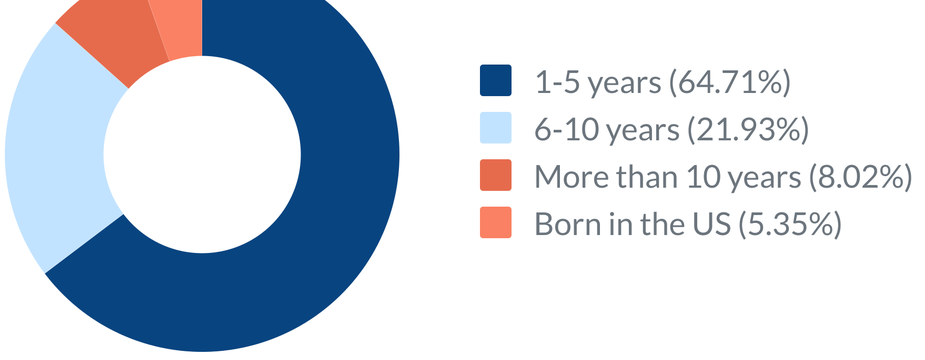
Age



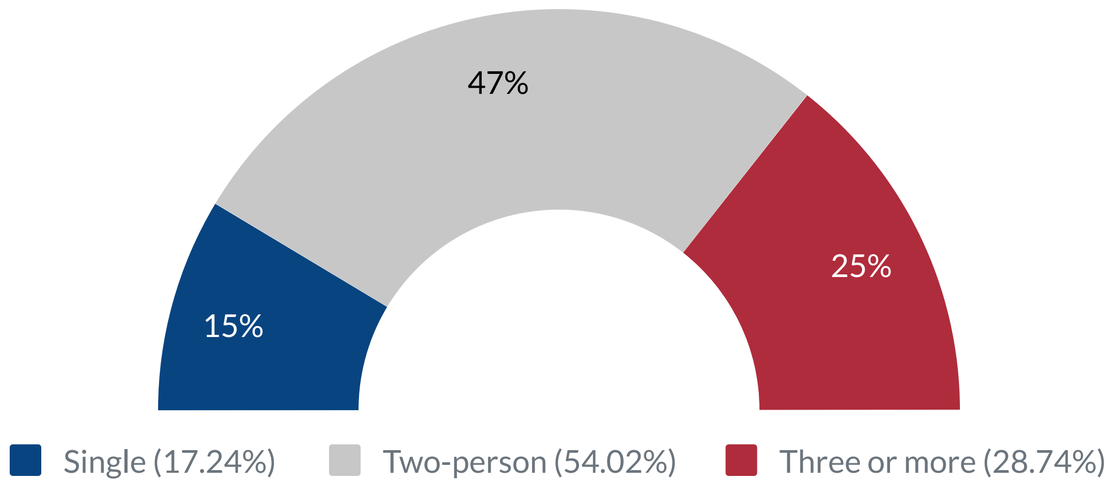
Community Background



Time Spent in the US



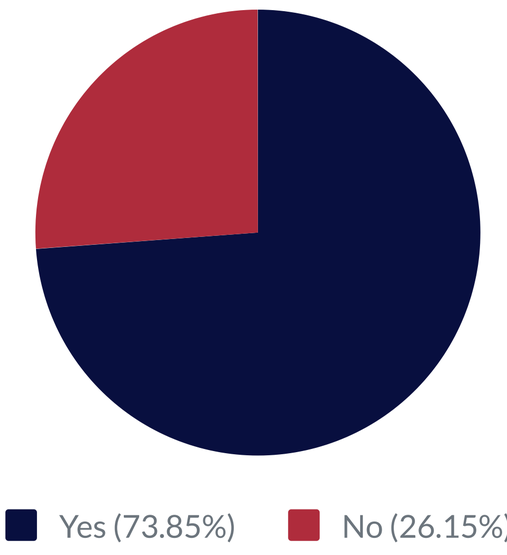
Household Size



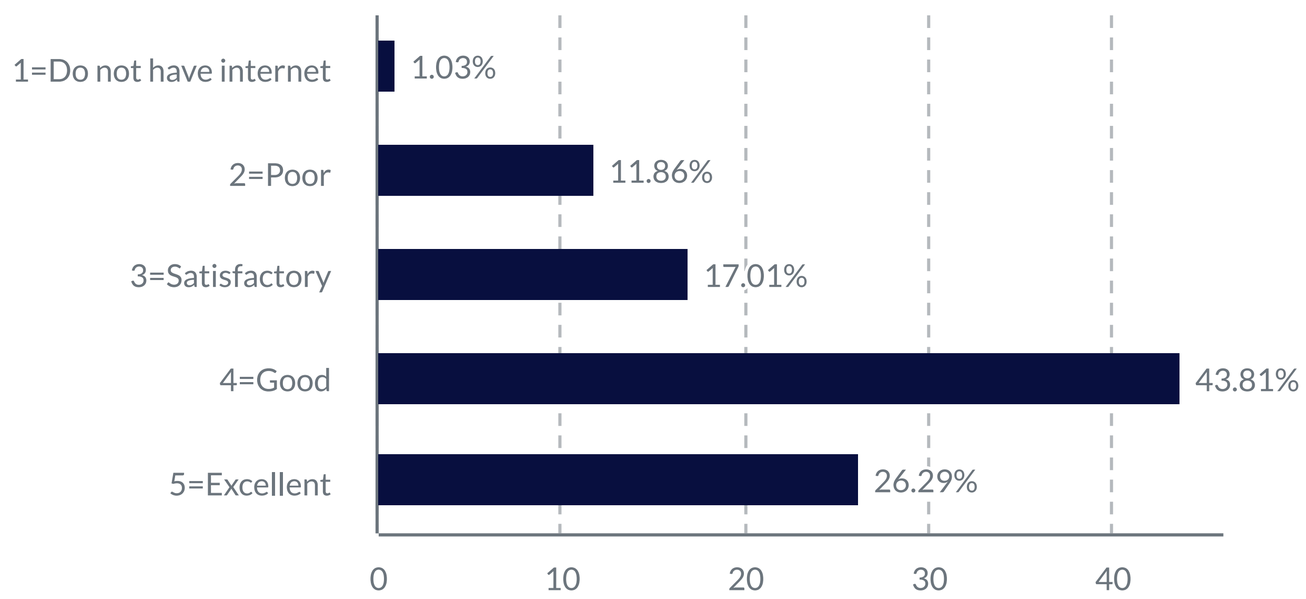
2| Results

2b. Technology & Access

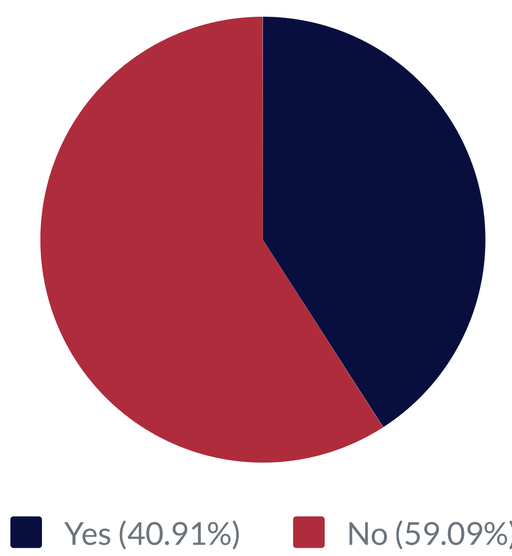
Do you have have high-speed internet?



How reliable would you say your internet connections are?



Do you have regular access to a computer?



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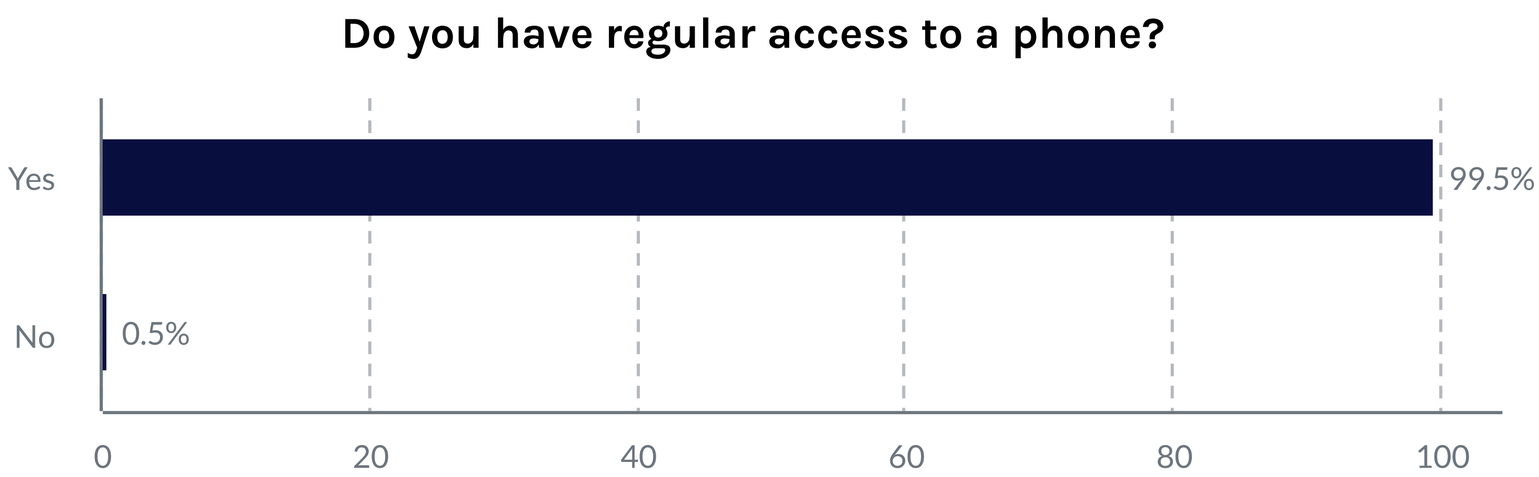
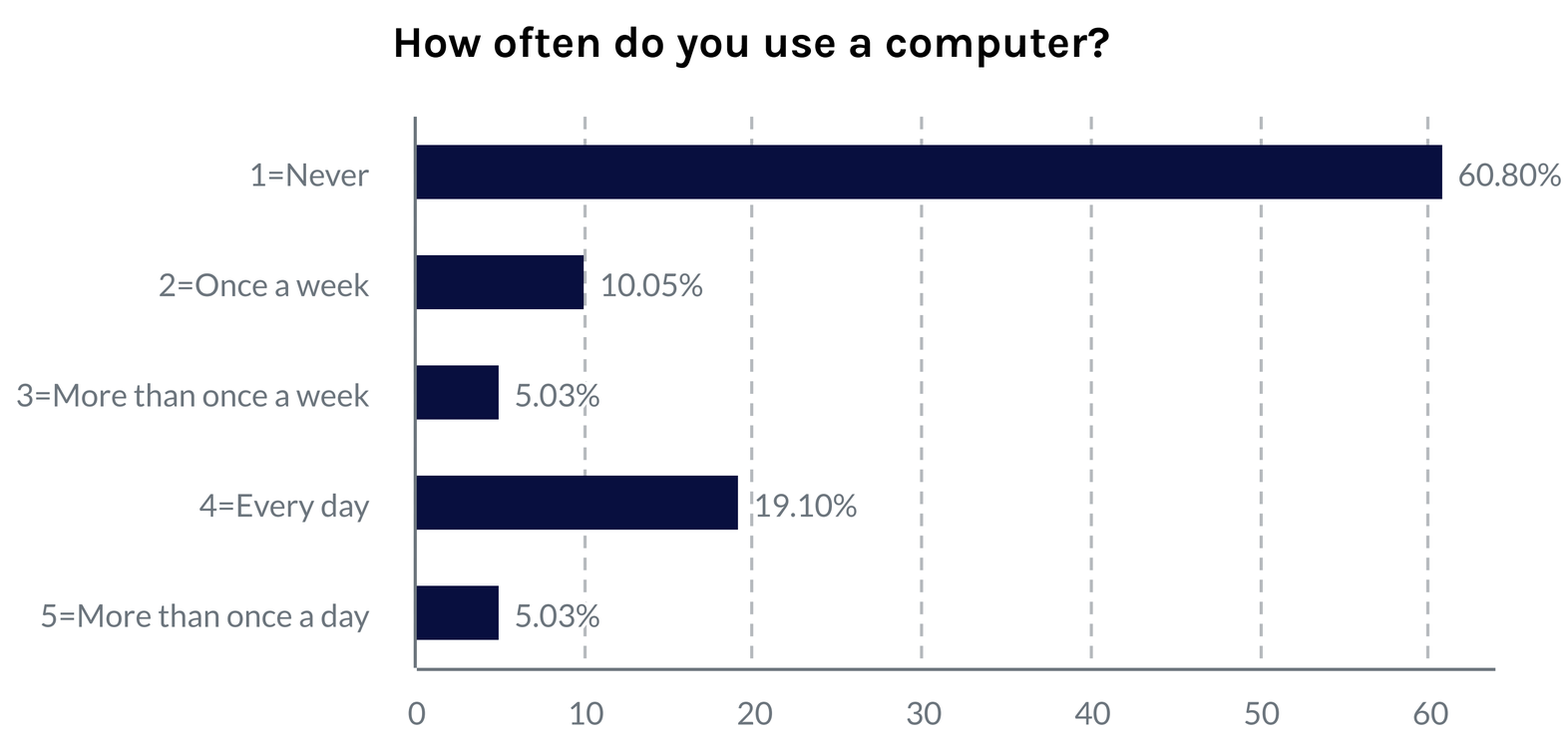
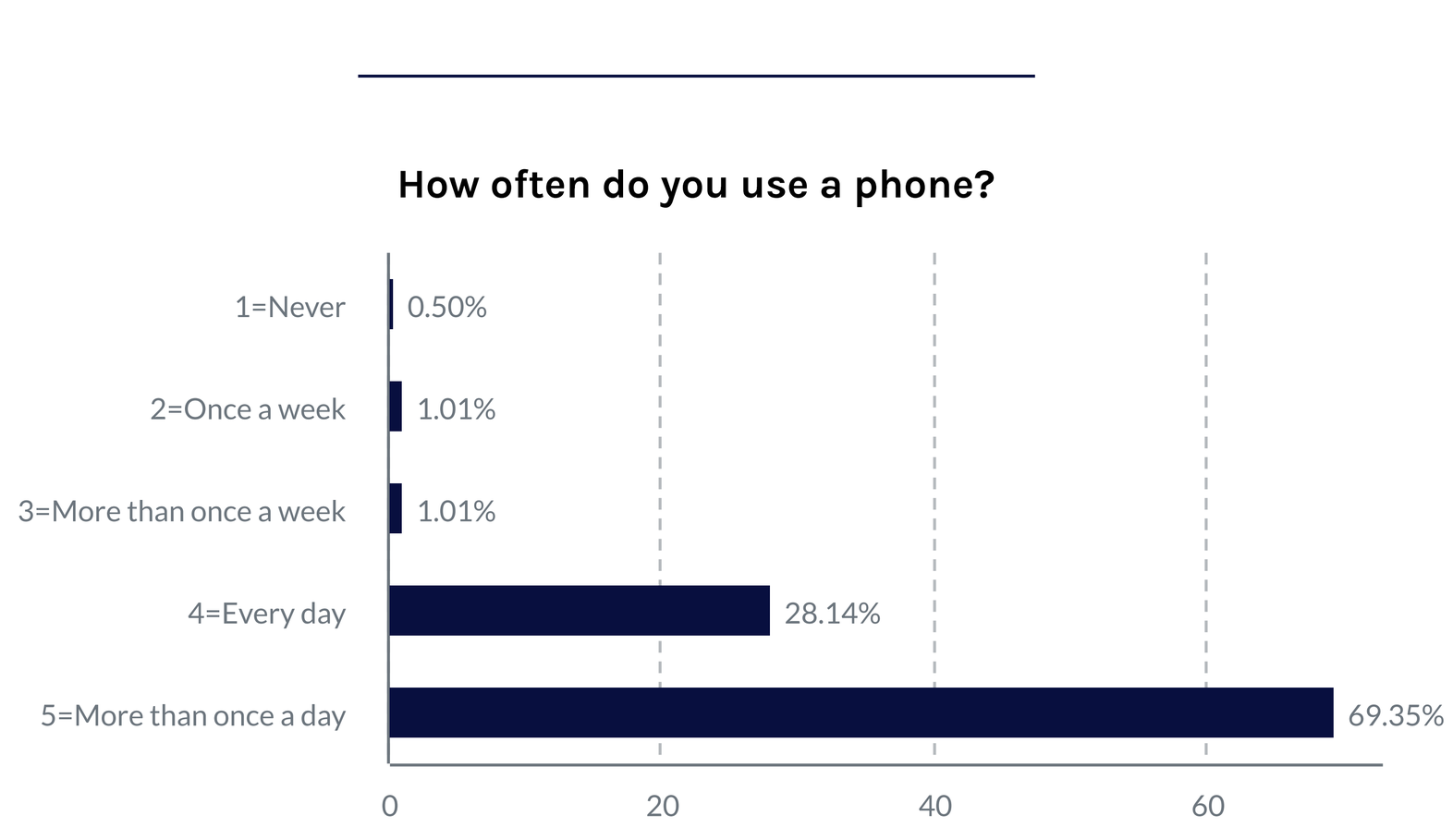
2b. Technology & Access

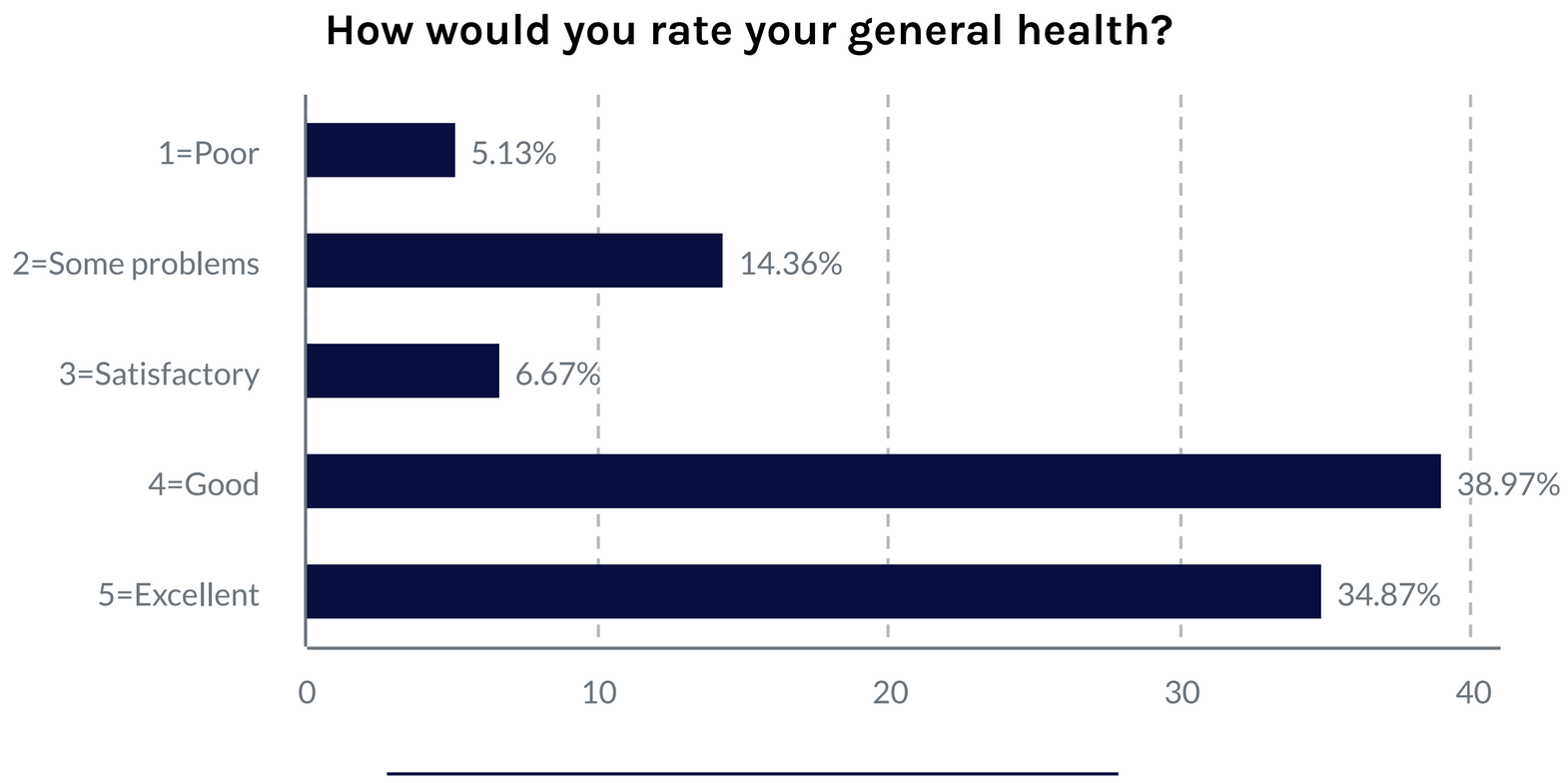


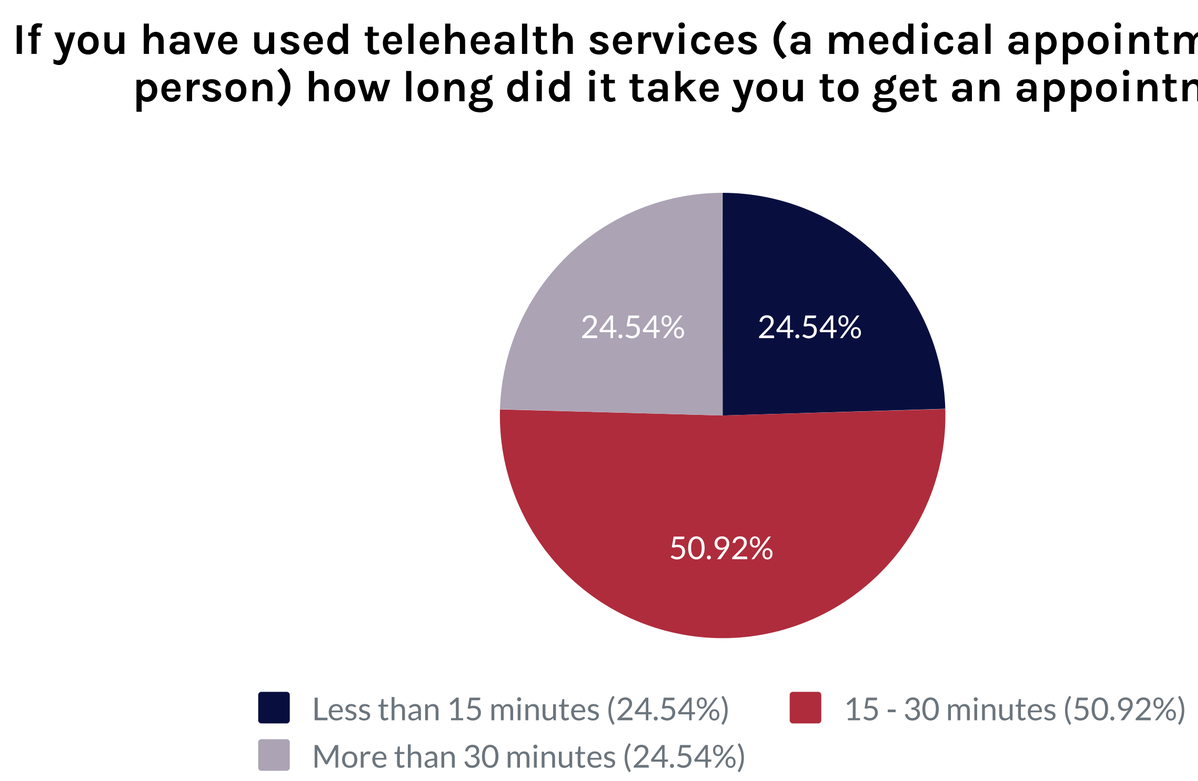


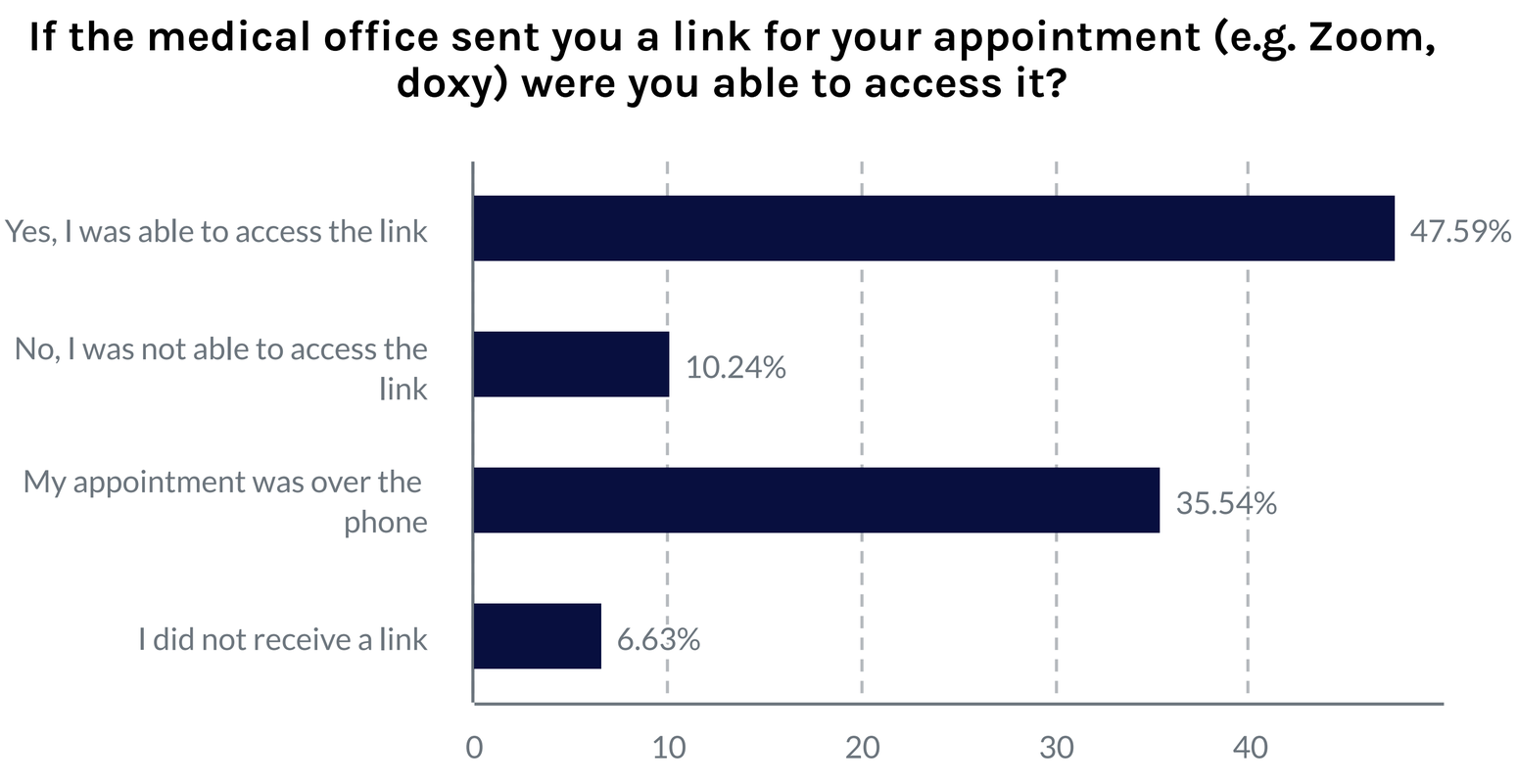


2| Results

2c. Making an Appointment



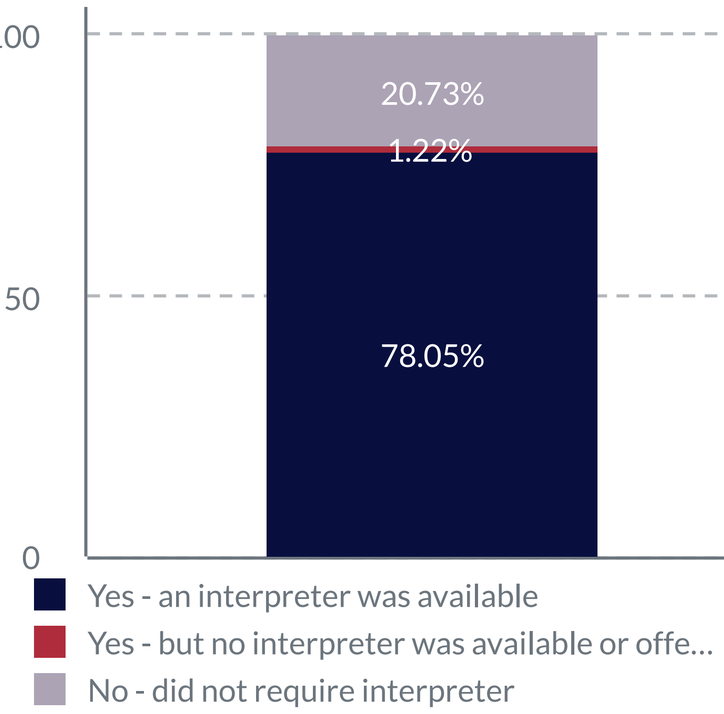




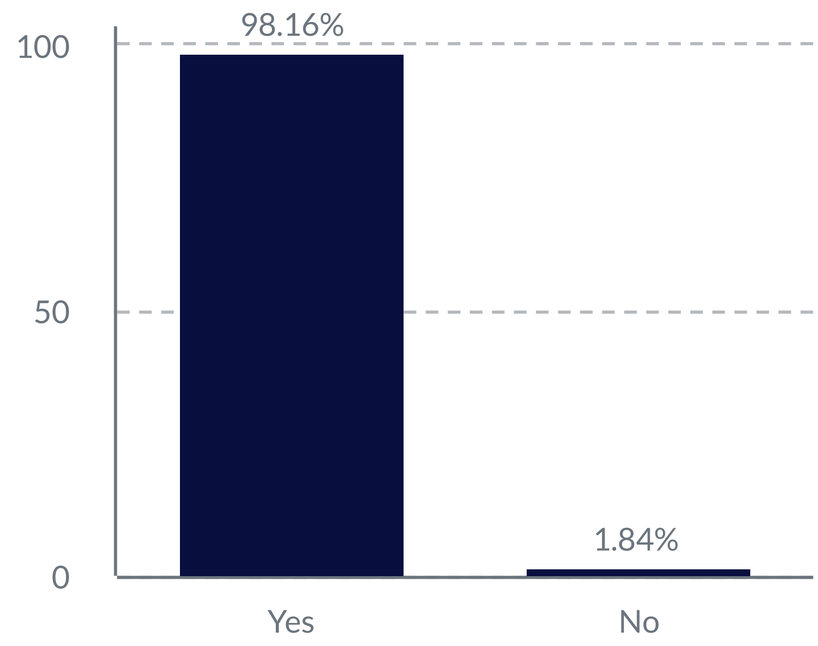
2| Results

2c. Making an Appointment

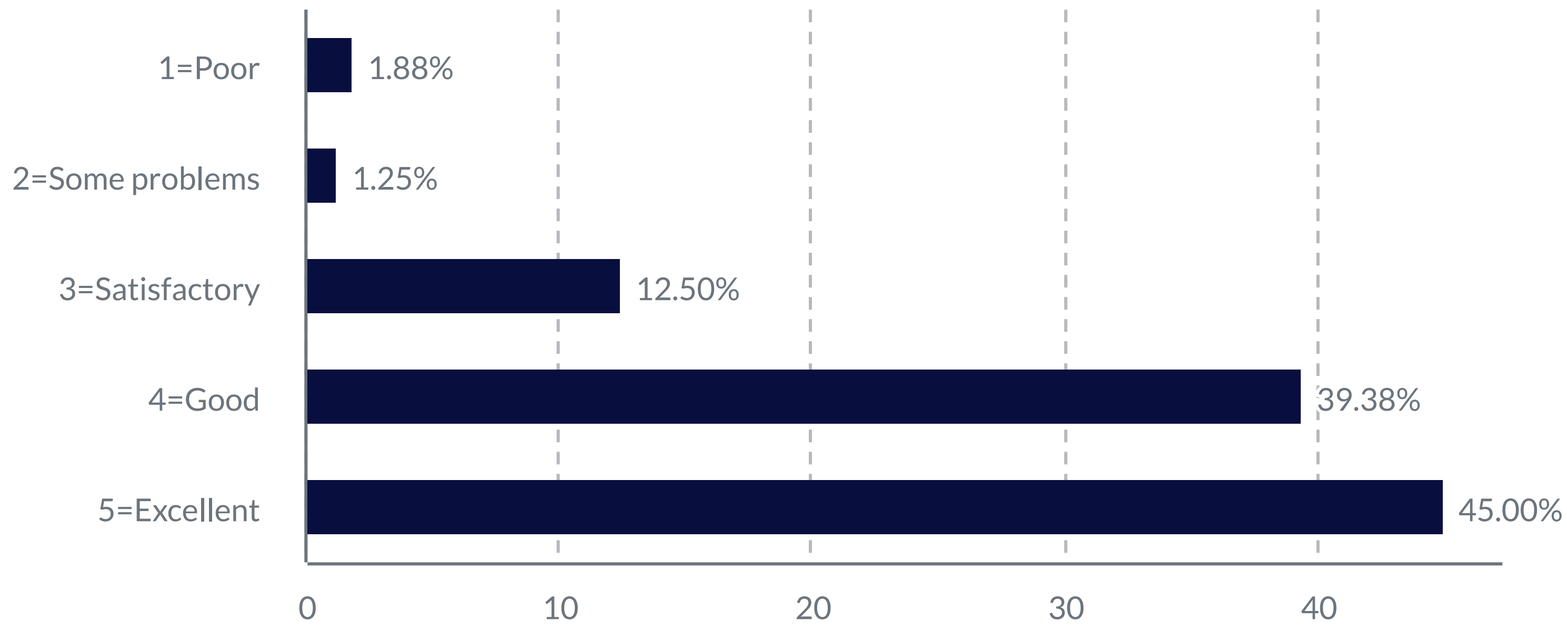
Did you require an interpreter for your call?



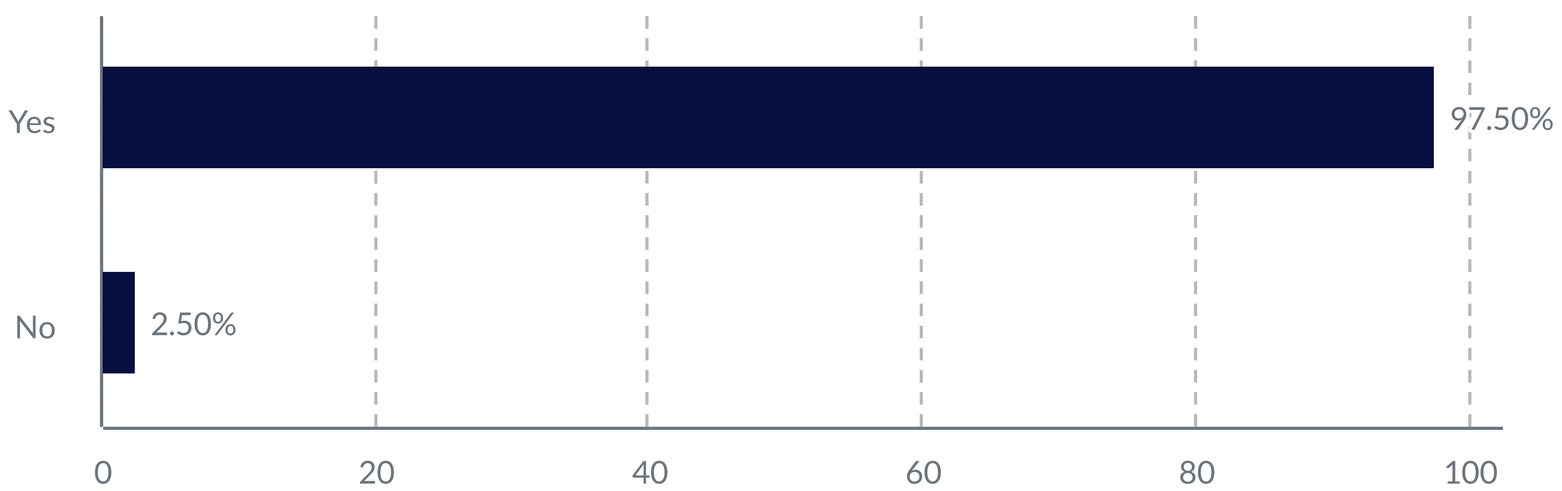
Did staff answer your questions?



How well did staff respect your privacy?



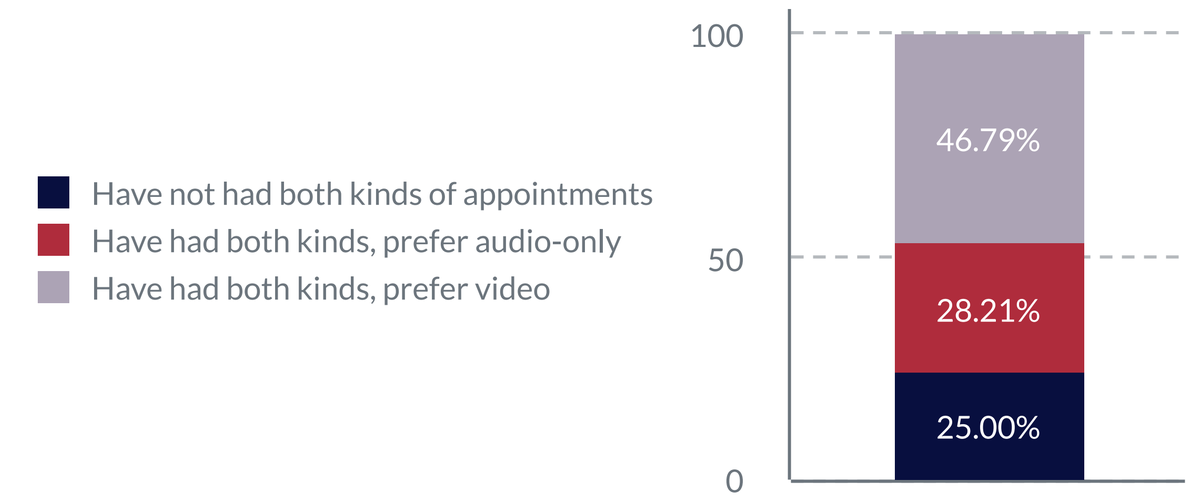
Did staff treat you with respect?



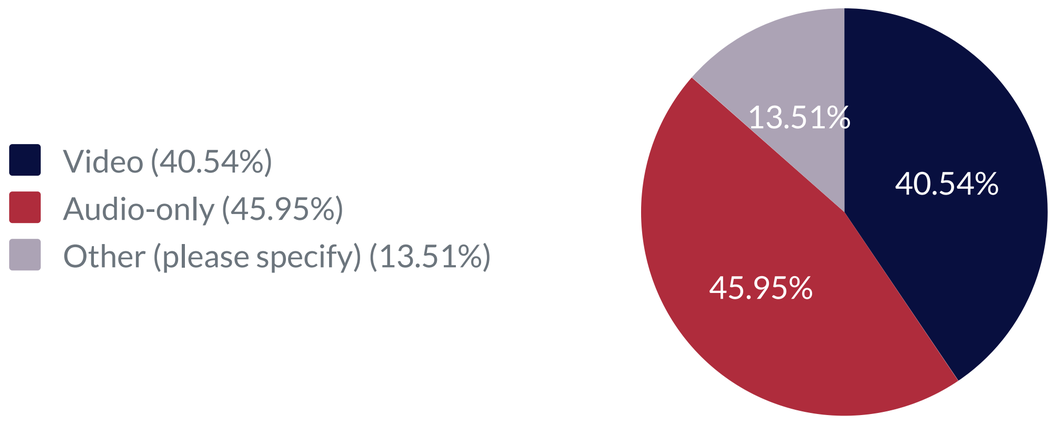
2| Results

2d. The Appointment

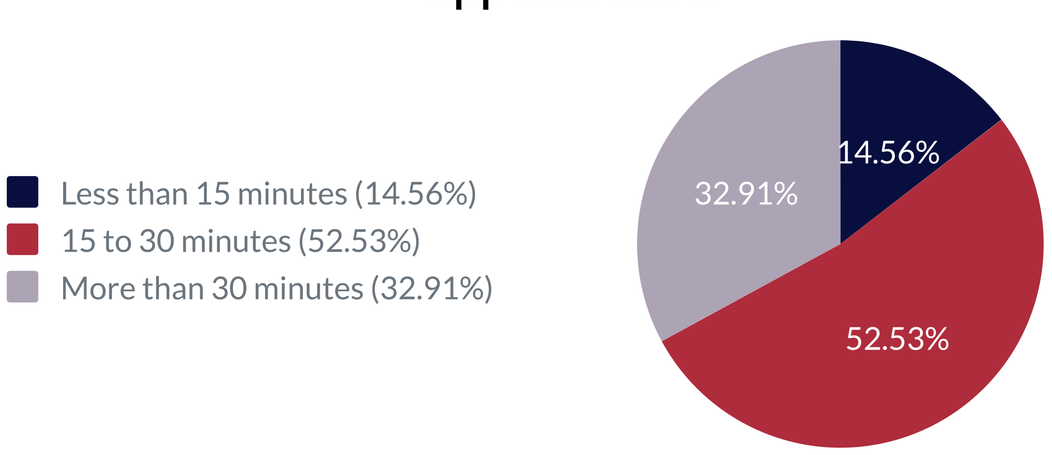
Have you had both audio-only and video appointments? If so, do you prefer one to the other?



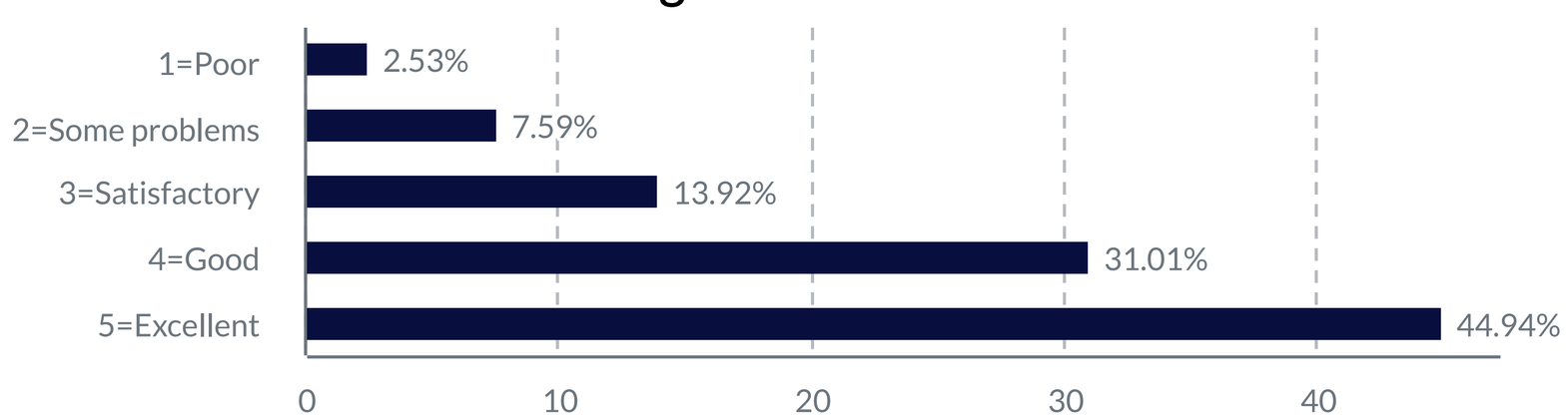
If you have had a remote medical appointment was it through video or through audio-only?



How long did you spend with a doctor in your telehealth appointment?



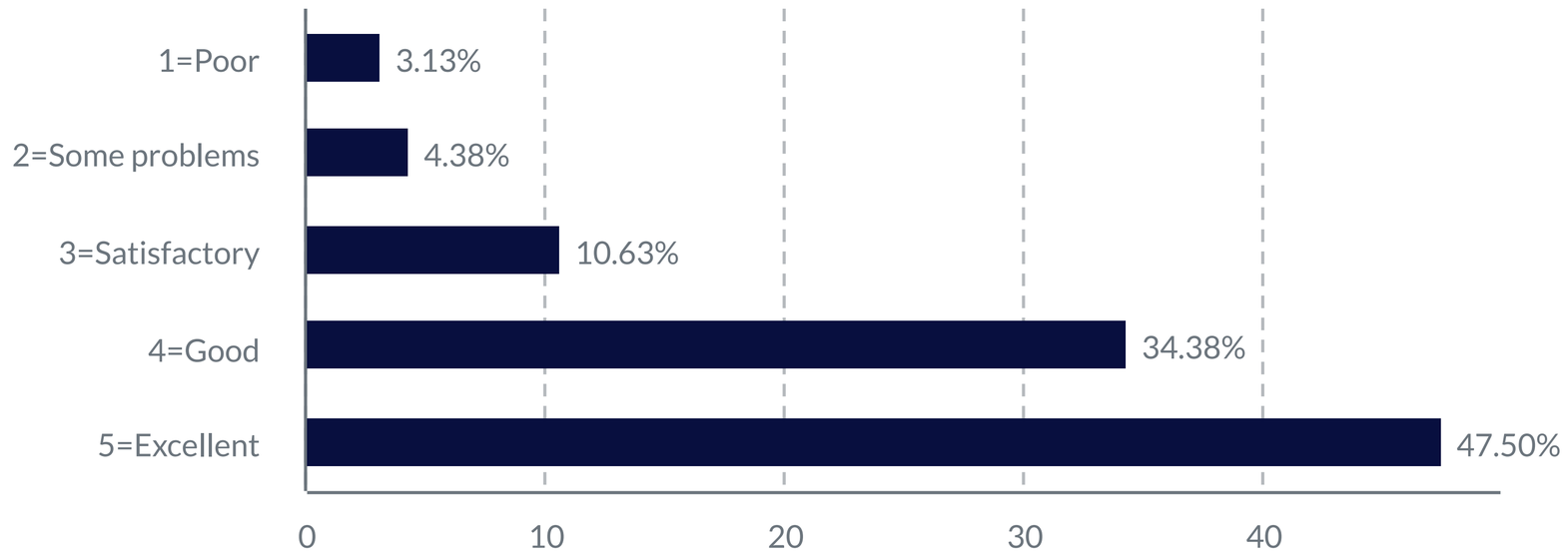
How would you rate the explanation of your condition by a doctor through telehealth?



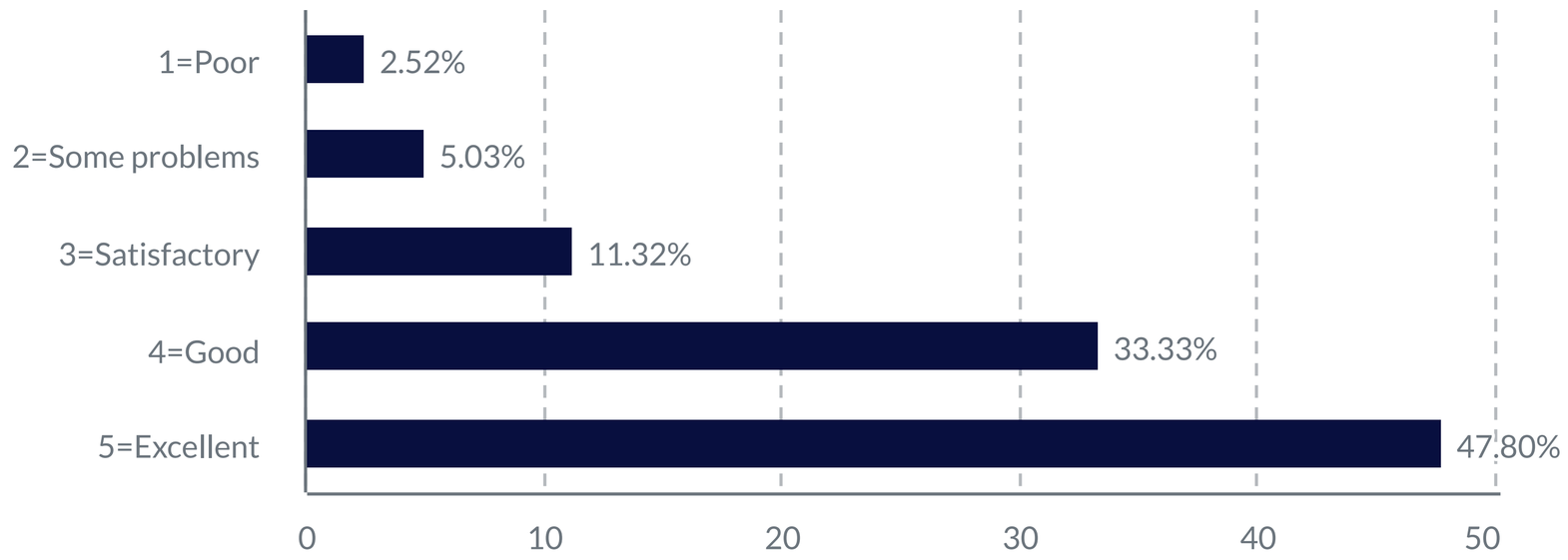
2| Results

2d. The Appointment

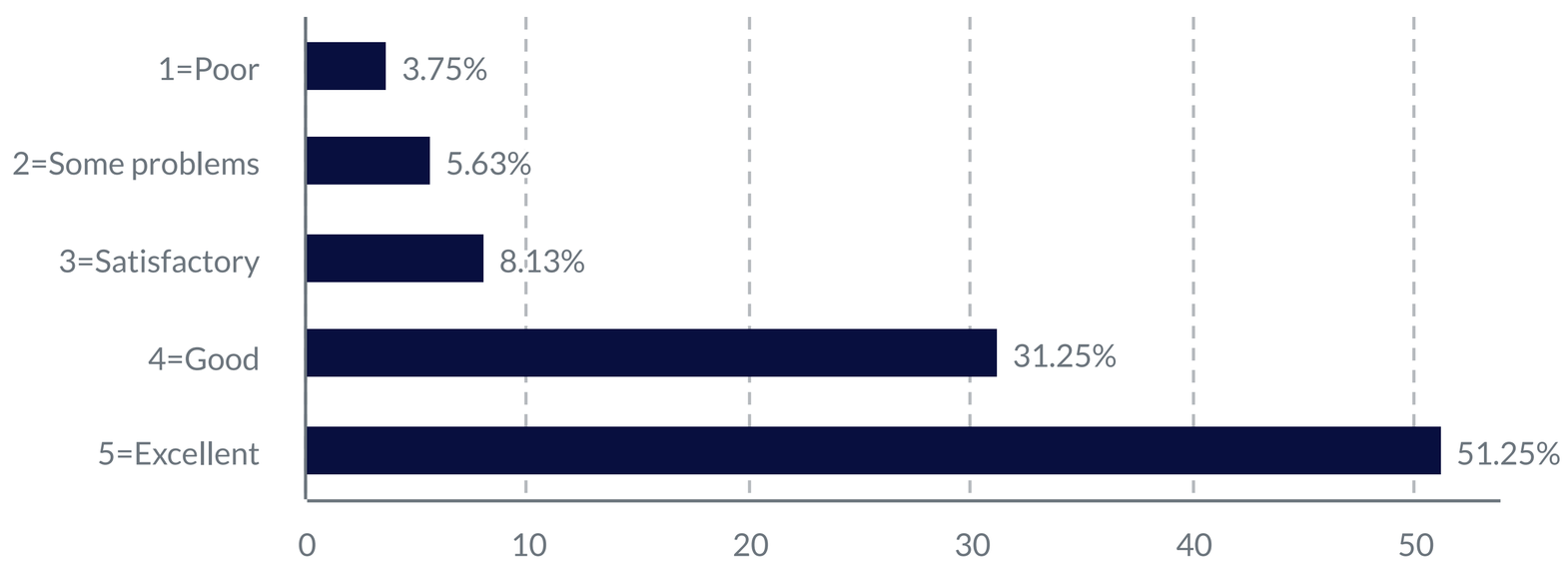
How would you rate the explanation of your treatment by your doctor during your telehealth appointment?



How would you rate the thoroughness, carefulness and skillfulness of the doctor you met during your telehealth appointment?



Overall, how would you rate your treatment through Telehealth?



3| Findings

In this sample of AALV clients amongst resettled refugees in Chittenden County, several observations regarding the experience of telemedicine during a period of COVID-19-induced lockdowns, stay-at-home orders and social distancing can be made. A number of recent studies nationally and internationally have noted the disproportionate health and socio-economic impacts on low-income, racialized and refugee populations during this pandemic as well as more generally (Thomas, Osterholm and Stauffer, 2020; Greenaway et al., 2020; Tippens and Springer, 2021). Telemedicine has increasingly been explored as a potential alternative to traditional treatments given the constraints that physical safety requirements have imposed (Schulz et al. 2020; Hollander and Carr, 2020). Yet there remain several concerns that have been consistently raised regarding telemedicine by refugee communities, advocates and health providers both before and during the current crisis. These include:

- Language barriers (including Limited English Proficiency and availability of adequate translation and interpretation services)
- Cultural competency and culturally appropriate knowledge amongst providers
- Access to technology (including familiarity with computer programs, video conferencing platforms, as well as access to high speed internet, computers and phones)
- Inadequacy of distanced assessment and treatment for certain conditions and ailments

Technology

In terms of technology access, it is clear that connectivity is not an issue for many of the survey respondents, with nearly 75% having high-speed internet and 70% reporting either very good or excellent connections. However, it is clear that for many respondents, internet usage takes place more commonly on a phone rather than on a computer – nearly 60% reported not having access to or regularly using a computer, while almost every single respondent had a phone and using it every day.

Scheduling

When it comes to making the actual telehealth appointment, times seemed to differ substantially for respondents. For a quarter of the clients, it took less than 15 minutes to schedule their appointment. For a similar number of respondents, the time involved was greater than 30 minutes, while for the remaining half the time needed was between 15-30 minutes. For those who scheduled a video telemedicine appointment, the majority (nearly 50% were able to access the link sent out on a relevant platform), while a substantial number (35%) scheduled audio-only phone meetings. A relatively small number (10%) were unable to access a link.

Language barriers have been noted as a particular obstacle for receiving services; however, amongst respondents in this survey, the vast majority (nearly 80%) were able to access interpreter services, while a further 20% did not require one – only 1% of respondents needed but were unable to get an interpreter. Respondents were generally pleased with their treatment by staff during the scheduling process, with nearly all reporting that staff answered questions satisfactorily, nearly 85% reporting staff treatment of their privacy was either good or excellent, and nearly all describing their interactions with staff as being respectful.

The Appointment

When asked about the experience of the appointment itself, a quarter of respondents had not had both audio-only and video appointments. Of those who had had both, just over 46% preferred video while 28% preferred audio. Approximately half of respondents had experience with each type of appointment. The majority of clients (52%) spent between 15-30 minutes with medical providers during the appointment, with just over 30% spending more than 30 minutes and a small number (14%) spending less than 15 minutes. The bulk of respondents reported high satisfaction rates with the explanation of their condition by the doctor (75% reporting good-to-excellent) while a similar number rated the explanation of the treatment prescribed as similarly good-to-excellent. Lastly, nearly 80% of respondents judged the effectiveness of the doctor via their telemedicine appointment as good-to-excellent and 83% rated the telehealth experience as positive.

Recommendations

Given the preference for, availability of, and familiarity with cell phones amongst the client population, it would be advisable to tailor telemedicine sessions to phone rather than computer delivery. This might mean ensuring that there are mobile versions of apps, and that training in usage for relevant platforms is provided for both medical staff and providers as well as clients. Particular attention might also be paid to rules and guidance regarding patient confidentiality in telemedicine conducted via cell phones given the portability of devices and a lack of clarity regarding boundaries.

In terms of scheduling, medical providers should note the preference for clients of audio only versus video-based telemedicine and orient scheduling processes to match. For many clients, a video-based platform will be less intuitive or familiar and thus a phone conference may be preferred (when appropriate). The use of interpreter services is clearly an existing strength in the ongoing delivery of services and should continue to be an area of investment and resources.

The actual experience of the telemedicine appointment was largely viewed as positive by most respondents, with explanations of conditions, treatment and overall impressions all receiving high ratings. Respondents did express a preference for video-based rather than audio-only appointments; thus providers should ensure that delivery platforms are mobile-optimized and invest in training of both users and providers for best results.

References

Schulz, Thomas, Karrie Long, Kudzai Kanhutu, Ilana Bayrak, Douglas Johnson, and Timothy Fazio. "Telehealth during the coronavirus disease 2019 pandemic: Rapid expansion of telehealth outpatient use during a pandemic is possible if the programme is previously established." *Journal of Telemedicine and Telecare* (2020): 1357633X20942045.

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Greenaway, C., Hargreaves, S., Barkati, S., Coyle, C. M., Gobbi, F., Veizis, A., & Douglas, P. (2020). COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants. *Journal of travel medicine*, *27*(7), taaa113.

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Hollander, Judd E., and Brendan G. Carr. "Virtually perfect? Telemedicine for COVID-19." *New England Journal of Medicine* 382, no. 18 (2020): 1679-1681.