Are Telehealth Visits Feasible for Vulnerable Patients?

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Study Goals

- Explore the feasibility of implementing telehealth visits in an urban, safety-net palliative care clinic

Background

- Many Community-Based Palliative Care (CBPC) programs are considering or implementing telehealth visits to expand access to services
- No-show rates for palliative care clinics can be high (range 16-70% for our clinic), due to physical and psychosocial challenges
- Patients who rely on safety-net health systems or who have low income are less likely to report having access to a smartphone, computer, tablet, or home broadband service
- Little is known regarding the implementation of telehealth palliative care services for a diverse, low-income patient population

Methods

- We surveyed all patients seen in our palliative care clinic, between November 2017 and July 2018, to gauge their access to necessary technology, capability, and interest in attempting televisits
- Surveys were provided in English, Spanish, and Chinese
- For patients with the necessary access, capability, and interest, we offered training to use the Zoom platform and scheduled patients for televisit appointments

Survey Data

- 131 total outpatients seen within the study period
- All patients between Nov 2017 - Jan 2018 were surveyed and then only new patients Feb 2018 – July 2018
- 105 patients completed the survey
- 42 patients (40%) met full criteria to have a televisit – including device and wifi/internet capability

Results

Pilot Visit Data

- Of the 42 patients deemed eligible due to access to technology, 18 patients (20%) were deemed ineligible due to significant sensory or cognitive impairment or limited technology experience
- 24 patients (23%) were eligible for televisits
- 12 patients (11%) accepted training and 4 patients (4%) completed a televisit
- Likely 10-20% of our outpatient population has the access, capability, and interest to attempt televisits

Reasons Patients Declined Televisits

- Lack of stable wifi/internet access
- Limited technology literacy
- Concern about cost/data plan
- Preference to come to appointment

Device Breakdown for Eligible Patients

- 38% had Email
- 57% had Wifi/Internet at home
- 68% had One or more compatible devices
- 68% had Any Phone

Conclusions

- Our patient population is less likely to have access to the necessary technology for televisits, compared to higher income populations, though over half could be eligible to attempt televisits
- We estimate that 10-20% of our patient population may be able and willing to complete televisits
- 23% of patients declined televisit scheduling or training stating a preference for in-person visits, while 66% of patients failed to provide a documented answer
- In our small pilot of televisits, no-show rates for televisits were lower than for in-person visits (20% vs. 26%)
- Both providers and patients who completed visits reported satisfaction with the service, and were able to identify unique benefits

Next Steps

- We are redoubling our efforts to reach more of our patients capable of performing televisits
- We have rebranded as “video-visits” and developed easy-to-read patient materials in different languages to introduce these visits from the time of referral
- Patients with access to the necessary technology and capability are encouraged to try one video-visit on the 3rd appointment (“opt-out” approach)
- Staff workflows have been refined to include video-visits as an option when patients need to reschedule appointments