

Background

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act authorized Federally Qualified Health Centers to provide distant site health care services via telehealth and online digital communications and management during the COVID-19 public health emergency (PHE).¹
- Telehealth and online digital services can be delivered by health care practitioners and auxiliary personnel, such as pharmacists, within their respective scopes of practice using telecommunications.²
- During the COVID-19 PHE, the Southern Illinois University Edwardsville (SIUE) pharmacist faculty members providing services in the management of chronic pain, mental health, addiction, diabetes, and cardiovascular risk reduction at SIHF Healthcare converted to a telecommunication mode of delivery.
- Currently, clinic pharmacists provide care through telephone, video calls, and in-person visits.
- Previous studies have investigated patient preferences for telehealth services provided by primary care physicians,³ however, preferences specifically for clinic pharmacist services have not been evaluated in underserved patient populations such as the population to be studied in this project.

Objective

The purpose of this study was to identify underserved patient preferences for in-person and telecommunication-based services that clinic pharmacists within a Federally Qualified Health Center (FQHC) have been providing during the coronavirus PHE.

Methods

- Cross-sectional survey of subjects age 18-89 years who have had at least one in-person visit in the previous year and at least one telehealth visit during the PHE with a clinic pharmacist.
- Received exempt status from the SIUE Institutional Review Board.
- Study population consisted of patients from three health center study sites within the same FQHC in southern Illinois, SIHF Healthcare.
- Survey was created using the Qualtrics platform.
- Eligible participants were contacted by phone. If informed consent was provided, the questionnaire was administered verbally and recorded by researchers or completed by the participant via an online link to an identical online version of the questionnaire.
- Patient demographics and responses to questions relating to perceived positive and negative aspects of the telehealth visits were recorded and analyzed.
- IBM SPSS Statistics was used to analyze data with descriptive statistical tests.

Results

Characteristic	No. (%)
Age (years)	
30-39	3 (8)
40-49	6 (15)
50-59	14 (36)
60-69	14 (36)
70-79	2 (5)
Sex	
Male	25 (64)
Female	14 (36)
Race	
Black	5 (13)
White	30 (77)
Other (Hispanic)	3 (8)
Prefer not to answer	1 (3)
Insurance status	
Medicare	17 (44)
Medicaid	18 (46)
Medicare and Medicaid	1 (3)
Private/other	2 (5)
No Insurance/cash pay	1 (3)

Chart 1. Visit type preference during remainder of PHE*

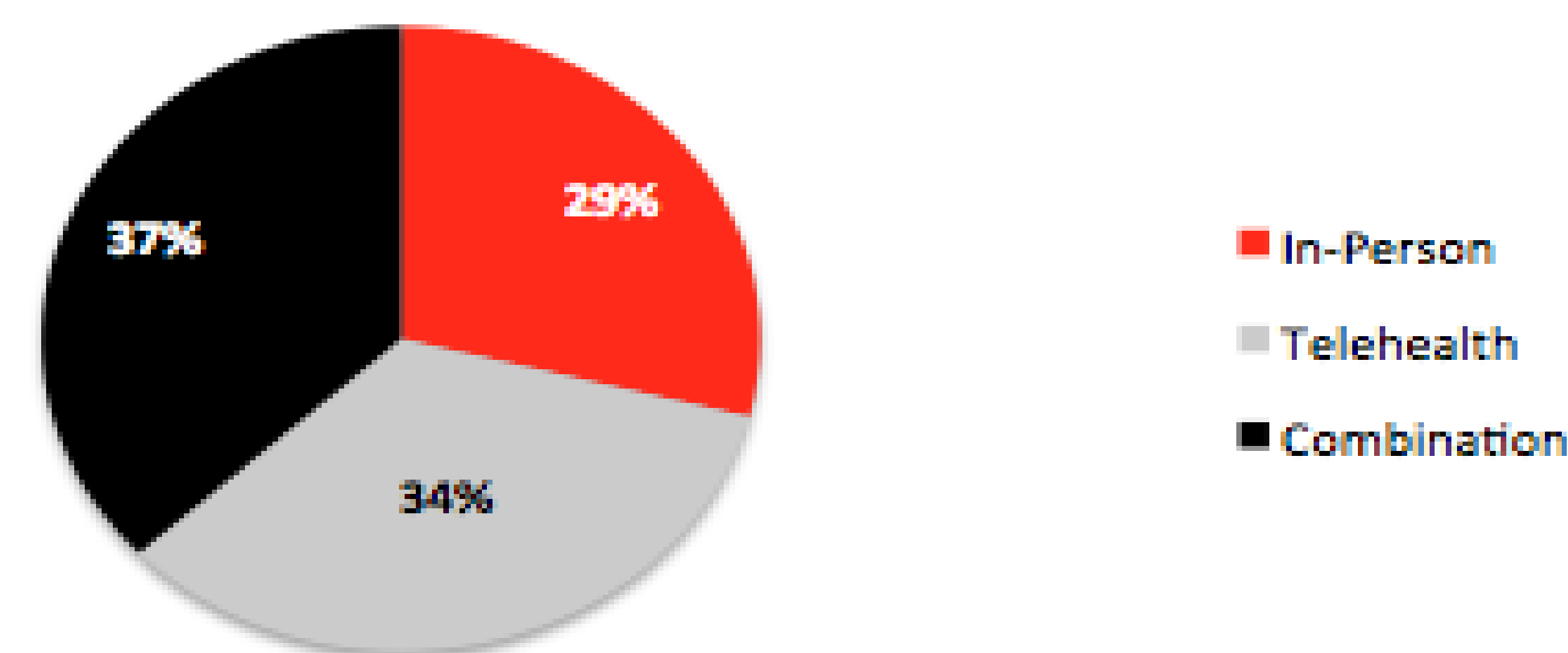
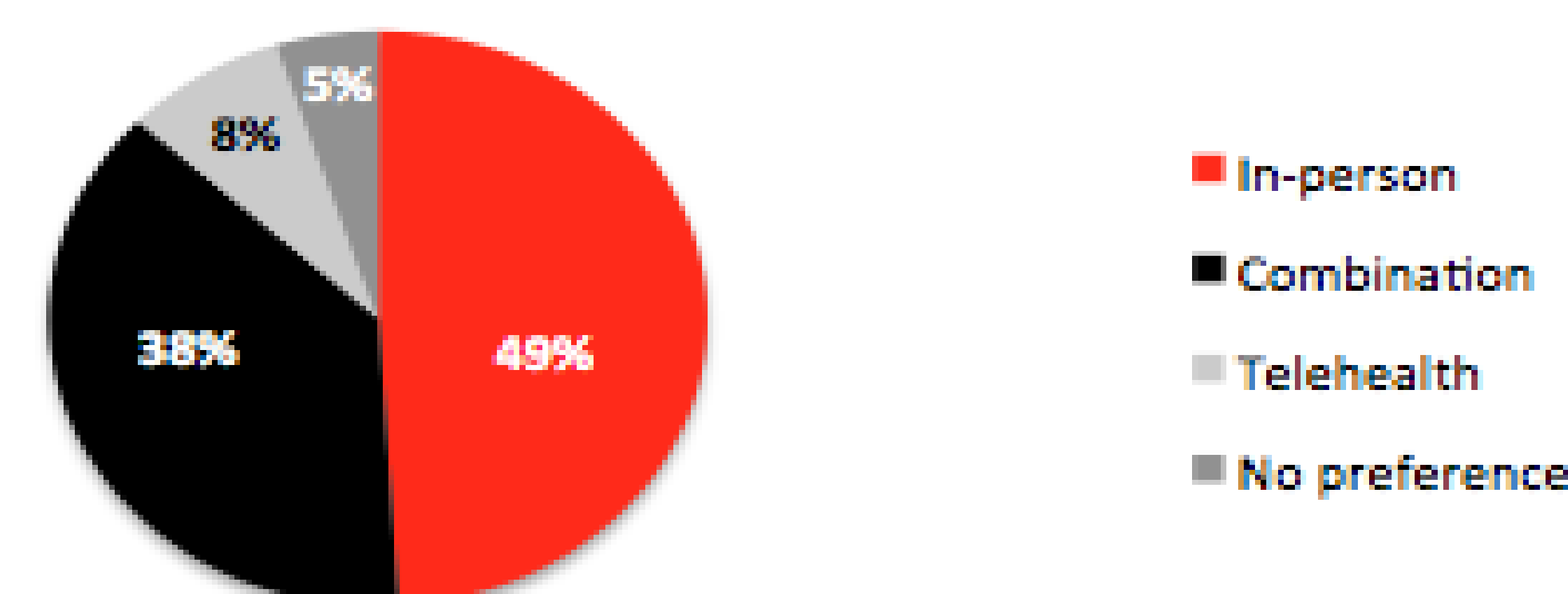
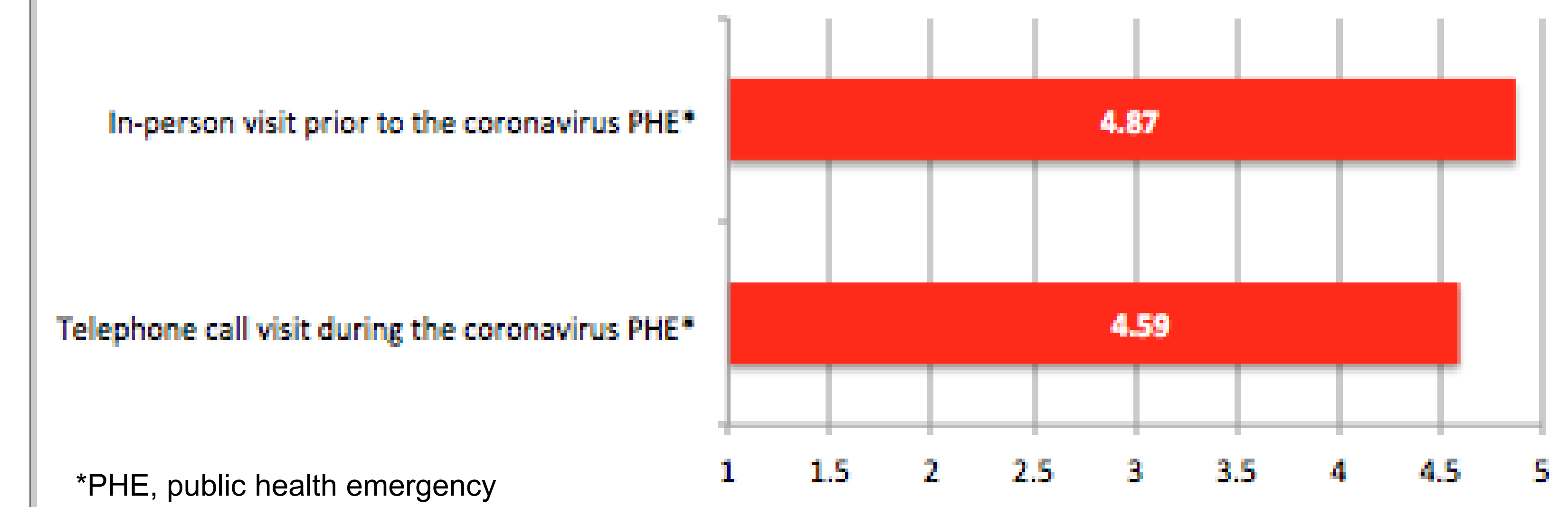


Chart 2. Visit type preference after PHE*



Results (continued)

Chart 3. Mean comfort level associated with visit type on a scale of extremely uncomfortable (1) to extremely comfortable (5)



- Response rate was 40.2% (39 out of 97 eligible patients).
- During the remainder of the PHE, 71% (n=27) prefer at least a portion of their care to include telehealth visits.
- After the PHE, 46% (n=18) prefer that telehealth visits continue to be included in part of their care.
- Phone calls are the preferred visit type by > 90% of respondents who prefer telehealth visits.
- 85% (n = 33) of respondents stated that lack of access to a phone or talking minutes interfering with a phone call visit would be extremely unlikely.

Limitations

- Patients were contacted by phone call only. This may have unintentionally selected from patients who have consistent access to phones or those who prefer using the phone and would be more likely to participate in telehealth visits.
- Based on the quantitative design, answer options were provided for patients to choose from hence eliminating the opportunity for patients to provide a unique opinion on telehealth and in-person visits that were not preselected options.

Conclusion

A combination of in-person and telehealth visits with clinic pharmacists are preferred during the pandemic and many patients prefer telehealth remain an option after the pandemic. Telehealth visits delivered by phone is the mode of high patient comfort level and low likelihood of barriers. Offering multiple modes of visit types has the potential to improve access to advanced pharmacist care services.

References:

- Centers for Medicare & Medicaid Services Medicare Learning Network. New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE). MLN Matters Number SE20016 Revised; April 30, 2020. Available at: <https://www.cms.gov/files/document/se20016.pdf>. Accessed May 14, 2020.
- Centers for Medicare & Medicaid Services. COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing. <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>. Accessed May 14, 2020.
- Welch, B.M., Harvey, J., O'Connell, N.S. et al. Patient preferences for direct-to-consumer telemedicine services: a nationwide survey. *BMC Health Serv Res* 17, 784 (2017). <https://doi.org/10.1186/s12913-017-2744-8>