



NATIONAL ACADEMY  
FOR STATE HEALTH POLICY

# Patient Engagement Tool for Telehealth Engagement

The utilization of telehealth has been steadily rising in the U.S., further catalyzed by the COVID-19 pandemic and an associated acceleration in the adoption of telehealth tools and services by providers and patients. The pandemic permanently altered the way patients, providers, and other stakeholders access and even perceive delivery of care, but it remains to be fully understood what of these changes will or should be maintained as we move out of the initial phases of the COVID-19 pandemic. Experts, researchers, policymakers, and other stakeholders are working diligently to understand the changing landscape of telehealth, and specifically to inform or adapt policies responsive to this new environment. Important in this process are efforts to directly engage patients and patient stakeholders so that future policies reflect the real needs of the populations they intend to serve.

The purpose of this tool is to serve as a guide for state leaders and other stakeholders as they look to understand patient perspectives as part of future telehealth policymaking. It is intended as a baseline resource to be leveraged by state policymakers and other stakeholders who wish to engage patient or patient groups as part of an overall evaluation of telehealth-related policies and strategies in the state.

This tool was informed by a series of conversations between the National Academy for State Health Policy (NASHP) and state officials engaged in efforts to understand and guide policies related to the treatment of telehealth services by health coverage programs including Medicaid, the Children's Health Insurance Program, state employee health plans, and private health insurance. This tool was also informed by conversations between NASHP and national patient stakeholder groups representing diverse perspectives and patient needs in telehealth.

## Identifying key questions to understand telehealth access and use

Highlighted throughout NASHP's conversations with states and stakeholders was the perceived influence of personal circumstances on telehealth utilization—with factors such as demography, healthcare service needs, provider access, and source of coverage all playing important roles in consumer decisions over telehealth adoption and use. However, to determine how best to direct strategies and resources in ways that create statewide impacts, state leaders must understand how these factors work together to influence overall trends in telehealth use.

Below, we describe key categories of information states may consider collecting as part of efforts to understand overarching trends, identify gaps and disparities, and develop telehealth policies that meet patient-centered needs. A full guide of suggested questions associated with each category is available in Appendix 1.

### **Patient background/ demographic information.**

Foremost to understanding patient behavior is understanding the primary demographic factors that may be playing both direct and indirect influences on whether and how households use telehealth services. For example, data to assess access to resources such as income and educational attainment may be important factors driving corresponding increases in access to telehealth tools or technological literacy. Similarly, data on race, ethnicity, gender, language, and citizenship may serve to assess the level of influence cultural, social, or linguistic barriers have on telehealth access and use. Geographic data is necessary to understand the interplay of geography, telehealth, and access to care, which serves to both understand where gaps in access remain and where telehealth may be serving to meet previously identified access needs such as in known Health Professional Shortage Areas (HPSAs). Finally, questions on disability status serve as an important baseline for building policies and practices that equitably serve populations regardless of physical or other relevant limitations.

### **Assessing the influence of the digital divide on access to care.**

Telehealth is not possible without patient access to the digital tools necessary to virtually connect with providers. This includes not only access to technology that can be used to conduct a virtual visit (ex. computer, tablet, smartphone) but also the underlying digital infrastructure necessary to connect services including telephone and internet access. Beyond access to tools and infrastructure, proper utilization of telehealth is not possible without at least some technological literacy that enables individuals to confidently connect with providers via virtual platforms. As such it is essential to assess whether and how confidently patients are currently able to use the technologies available to them for virtual delivery of care.

## **Evaluating perceived and actual use of telehealth services by patients.**

COVID-19 opened the door for new flexibilities that enabled, and in some cases necessitated, more pervasive adoption of telehealth services across providers and patients. These changes ranged from greater flexibility over the technologies that could be used to access telehealth services to changes that enhanced how and what telehealth services and providers were covered under insurance plans. These changes had an important influence on patient behaviors, with many using virtual care for the first time. As we enter a phase of care delivery beyond the initial pandemic, any future policies should take into consideration not just altered patient behaviors but also attitudes toward telehealth with thought to what these changes may mean for the long-term need for sustainability of telehealth flexibilities.

## **Identifying and engaging strategic patient groups to inform future policies.**

A critical component in receiving robust patient feedback is ensuring that a robust and representative sample of patients and patient groups are engaged as part of efforts to assess telehealth services. When considering groups to include as part of patient engagement efforts, state may wish to consider the following.

### **Persons of color/ populations that reflect state demographics.**

To ensure that data and feedback accurately represent state populations, it is critical to solicit feedback from patients that represent state diversity including groups that balance racial and ethnic and gender representation, language diversity, and immigration status. States may also consider engaging patients that represent the economic and educational diversity of their citizenry.

### **Communities reflecting specific health needs.**

One of the key factors influencing perception of health care tools and systems are the reasons driving their utility in the first place, namely the reasons people seek out treatment. As such, it is important to consider representation that can speak to the needs common to frequent users of healthcare including patients with chronic disease or long-term acute illness (ex. cancer) or disability as well as patients with mental, behavioral health, and substance use needs.

### **Populations reflecting varied technological capabilities.**

Another critical factor to evaluating telehealth access and use is to ensure engagement across the spectrum of users that could be effected by changed telehealth policies, including those that may have limited access to telehealth tools and technology because of various factors including, but not limited to, low technological literacy, social or economic barriers to access, geographic limitations prohibiting access, or other physical or mental issues that may pose challenges to use of common telehealth technologies. Patient participation may reflect various factors that commonly effect use of technology including participation across rural communities, individuals with limited English proficiency, individuals across age groups, and the individuals from the disability community.

## Appendix 1: Model survey or focus group questions for patient engagement efforts

The following list of questions serves as a guideline for questionnaires that can be used by states or stakeholders looking to conduct surveys or focus groups of patients to better understand factors that may be influencing telehealth use and adoption now and into the future. Questions are intended to be adapted to specific goals and target populations of interest to state efforts.

<b>Basic background/ demographic information</b>	
Questions are intended to be directed to a singular respondent. Questions marked with an * may wish to be assessed for all household members.	
Age*	Open ended up to any age
City/ State or residence	Open ended or drop-down query on city and state. May also opt to query for information on zip code.
To which gender do you most identify?*	Female Male Gender variant/ non-binary Prefer to self-describe (open ended) Prefer not to answer
Are you of Hispanic, Latino, or of Spanish origin?*	Yes (additional breakouts include Mexican, Chicano, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, Guatemalan, Spanish, Ecuadorian, Costa Rican, etc.) No Prefer not to answer
How would you describe your race? (check all that apply)*	American Indian or Alaska Native Asian (additional breakouts include Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, Other) Black or African American Native Hawaiian or Other Pacific Islander (additional breakouts include Samoan, Chamorro) White Other (please describe)      Prefer not to answer

What is the highest degree or level of school you have completed?*	<p>Less than a high school diploma</p> <p>High school degree or equivalent (e.g., GED)</p> <p>Some college, no degree</p> <p>Associate degree (e.g., AA, AS)</p> <p>Bachelor's degree (e.g., BA, BS)</p> <p>Master's degree (e.g., MA, MS, MEd)</p> <p>Professional degree (e.g., MD, DDS, DVM)</p> <p>Doctorate (e.g., PhD, EdD)</p> <p>Other</p> <p>Prefer not to answer</p>										
What is your current employment status?*	<p>Employed full time (40 or more hours per week)</p> <p>Employed part time (up to 39 hours per week)</p> <p>Unemployed and currently looking for work</p> <p>Unemployed and not currently looking for work</p> <p>Student</p> <p>Retired</p> <p>Homemaker</p> <p>Self-employed</p> <p>Unable to work</p> <p>Other</p> <p>Prefer not to answer</p>										
What is your current estimated annual household income?	<table> <tr> <td>Less than \$20,000</td> <td>\$100,000 to \$250,000</td> </tr> <tr> <td>\$20,000 to \$34,999</td> <td>\$250,000 to \$500,000</td> </tr> <tr> <td>\$35,000 to \$49,999</td> <td>Over \$500,000</td> </tr> <tr> <td>\$50,000 to \$74,999</td> <td></td> </tr> <tr> <td>\$75,000 to \$99,999</td> <td></td> </tr> </table>	Less than \$20,000	\$100,000 to \$250,000	\$20,000 to \$34,999	\$250,000 to \$500,000	\$35,000 to \$49,999	Over \$500,000	\$50,000 to \$74,999		\$75,000 to \$99,999	
Less than \$20,000	\$100,000 to \$250,000										
\$20,000 to \$34,999	\$250,000 to \$500,000										
\$35,000 to \$49,999	Over \$500,000										
\$50,000 to \$74,999											
\$75,000 to \$99,999											

How many people live in your household?	Open ended
What are the ages and dependent status of each member of your household?	Row for each member with open ended box for age and “yes” checkbox for if person is of dependent status.
What language is primarily spoken in your household?	English Spanish Chinese (please specify) Tagalog French Vietnamese Arabic Korean Other (please specify)
What other languages are spoken in your household?	English Spanish Chinese (please specify) Tagalog French Vietnamese Arabic Korean Other (please specify)

<p>Were you born in the U.S.??*</p>	<p>Yes</p> <p>No, immigrated as a minor (under 18)</p> <p>No, immigrated as an adult (18+)</p> <p>Prefer not to answer</p>
<p>Do you identify as audio or vision impaired, or have any long-term conditions that limit your ability to complete some daily activities? (check all that apply)*</p>	<p>Yes, vision issues not correctable with prescription lenses</p> <p>Yes, hearing/ audio issues</p> <p>Yes, speech issues</p> <p>Yes, limited use of hand/fingers/arms</p> <p>Yes, condition limiting mobility</p> <p>Yes, other</p> <p>Prefer not to answer</p>
<p>Do you have health insurance coverage?</p>	<p>Yes, I receive coverage through my current or former employer (or that of a family member)</p> <p>Yes, purchased directly from a health insurance provider</p> <p>Yes, Medicare</p> <p>Yes, I am enrolled in Medicaid or other public assistance program</p> <p>Yes, TRICARE</p> <p>Yes, VA</p> <p>Yes, Indian Health Service</p> <p>Yes, other (please specify)</p> <p>No</p>

## Assessing influence of the digital divide on access to care

<p>Do you have internet access in your home? (check all that apply)</p>	<p>Yes, through my mobile phone/ cellular plan</p> <p>Yes, though high-speed (e.g., broadband) service such as cable or fiber optic networks</p> <p>Yes, through satellite</p> <p>Yes, through a dial-up connection</p> <p>Yes, other or unsure</p> <p>No</p> <p>Uncertain</p>
<p>Are you able to access the internet on a daily basis (ex. for web browsing, checking email, etc.)?</p>	<p>Yes</p> <p>No</p> <p>Sometimes</p> <p>Prefer Not to Answer</p>
<p>How are you able to access services online?</p>	<p>In my home through my home internet provider</p> <p>Through my school or job</p> <p>Through my smartphone or similar device</p> <p>Through mobile locations (e.g., wireless hotspots)</p> <p>I do not have access to online services</p>
<p>Do you or any member of your household own of the following tools:</p>	<p>Smartphone</p> <p>Tablet (ex. iPad)</p> <p>Laptop computer</p> <p>Deskstop computer</p> <p>Video calling device (ex. Facebook Portal, Amazon Echo)</p> <p>Other (please describe)</p> <p>No, I do not own these tools, but am able to access them through other means.</p> <p>No, I do not have access to these tools.</p> <p>Unsure</p>

<p>Which of the following, if any, services have you used to make video calls? (check all that apply)</p>	<p>Facebook Messenger</p> <p>Facetime (through iPhone or iPad)</p> <p>Facetime (through computer)</p> <p>Google Hangout or Meet</p> <p>Microsoft Teams</p> <p>Skype</p> <p>Signal</p> <p>WhatsApp</p> <p>Webex</p> <p>Zoom</p> <p>Unsure</p> <p>Other (please describe)</p>
<p>On a scale of 1-5, how would you characterize your proficiency with video-conferencing tools?</p>	<p>1 Not at all familiar with nor able to use on my own</p> <p>2 Familiar with, but not able to use without assistance</p> <p>3 Able to complete basic functions, but sometimes need assistance from others to use technology</p> <p>4 Moderately comfortable with some technology. Able to use without assistance from others</p> <p>5 Very comfortable with most or all video technology</p>
<p>On a scale of 1-5, how would you characterize how well other members of your household are able to use video-conferencing tools?</p>	<p>1 Not at all familiar with nor able to use</p> <p>2 Some familiarity, but most are not able to use without assistance</p> <p>3 Able to complete basic functions, but sometimes need assistance from others to use technology</p> <p>4 Most members of the household are proficient with at least one or more video technology service</p> <p>5 All household members are proficient with most or all video technology</p>
<p>What barriers prohibit your ability to use video-conferencing tools? (check all that apply)</p>	<p>Lack of access to tools or technology</p> <p>Lack of understanding of how tools work</p> <p>Lack of access to internet</p> <p>Other (please describe)</p>

How reliable is access to the internet in your home?	<p>1 Not reliable, internet frequently cuts out, is slow, or is unavailable</p> <p>2 Internet access is infrequent or “spotty” or frequently slow</p> <p>3 Internet access is available, but not at quick speed</p> <p>4 Internet is accessible at a quick speed most of the time</p> <p>5 High-speed Internet is always accessible</p> <p>Not applicable/ no access to internet in the home</p>
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<b>Evaluating perceived and actual use of telehealth services by patients</b>			
Have you or a dependent ever received telehealth services from a provider? (services delivered by your provider over the phone or computer)	<p>Yes, I have.</p> <p>Yes, a dependent has.</p> <p>Yes, both me and my depending have.</p> <p>No</p>		
If yes, what types of services have you or your dependent received via telehealth? (check all that apply)	<p>Annual exam/ physical</p> <p>Routine disease diagnosis/ screening (ex. flu, cold, COVID-19, allergy, etc.)</p> <p>Chronic disease care or management (ex. for maintenance of diabetes, asthma, heart disease, arthritis, etc.)</p> <p>Injury diagnosis/management</p> <p>Urgent care screening or treatment</p> <p>Wellness visit (ex. weight loss, smoking cessation)</p> <p>Screening exam or referral request</p> <p>Behavioral/ mental health visit</p> <p>Specialty medical care visit (ex. dermatologist, allergist, immunologist, endocrinologist, cardiologist, gastronomist, etc.)</p>	Me	My Dependent

	Physical therapy Pediatric Wellness or well-child exam Reproductive or maternal care service Other primary care visit (not listed above) Other exam to treat a specific illness or injury (not mentioned above) Other (please describe)	Me	My Dependent
Have you ever refused to have a service conducted via telehealth because your preferred in-person care?	Yes No		
How many telehealth visits have you had with a provider in the past 12 months?	0 1-3 3-10 10+	Me	My Dependent
How would you describe how your use of telehealth visits has changed over the past 12 months?	More virtual visits Fewer virtual visits About the same		
If you answered more virtual visits, what drove your increased use of telehealth? (Check all that apply)	To treat a new illness/issue Increased comfort with telehealth tools/ technology Ease of telehealth visits (compared with in-person options) Greater availability of virtual appointments Improved/ more frequent communication with my provider (e.g., to manage a chronic condition) Other (please describe)		
At any point in the past 12 months did	Yes		

you or a dependent delay or not receive care because an in-person option was not available?	No Not applicable/ did not receive care
At any point in the past 12 months did availability of telehealth enable you or a dependent to access care that you may not have otherwise received?	Yes No Not applicable/ did not receive care
At any point in the past 12 months were you or a dependent able to receive care sooner than expected because a virtual option was available?	Yes No Not applicable/ did not receive care
At any point in the past year was cost of care a barrier that prohibited you or a dependent from accessing telehealth services?	Yes No Not applicable/ did not receive care
If you are insured, do you feel you can easily access information to help you understand what telehealth services are covered under your plan?	Yes No Unsure Prefer not to answer Not applicable
If you are insured, do you feel you can easily find a provider that provides telehealth services?	Yes No Unsure Prefer not to answer Not applicable

<p>Have you had any issues with how you were billed for a telehealth service?</p>	<p>Yes No Not applicable/ did not receive care If yes, please describe.</p>
<p>Which of these have you used to participate in a telehealth visits in the past year? (check all that apply)</p>	<p>Video conferencing software on a computer (ex. Skype, Zoom, Google Hangout) Video or audio tool provided by your provider through a direct link or patient portal App or service on your smartphone (ex. FaceTime, Zoom, Skype, WhatsApp)</p>
<p>How would you describe your ability to use technology(ies) during your telehealth visit(s)? (ex. ability to use apps, computer programs, or other tools used during your telehealth visit)</p>	<p>1 Not at all confident with using these technologies 2 3 4 5 Confident with my ability to use these technologies</p>
<p>What challenges, if any, have you experienced when using technology to conduct a telehealth visit? (please select all that apply)</p>	<p>Inability to properly download app/ tool Lack of access to internet/ high-speed internet Challenges with video (picture not coming through) Challenges with audio (not being able to clearly hear) Language barriers (tool was not compatible with my primary language) Other (please explain).</p>
<p>How confident are you in the privacy and security of services delivered via telehealth?</p>	<p>1 Not at all confident with using these technologies 2 3 4 5 Privacy and security are well maintained by telehealth tools and technology?</p>

<p>Have you ever had a provider visit that was conducted just using audio (audio-only, e.g., over the phone no video involved)?</p>	<p>Yes No</p>
<p>If yes, would you opt to have an audio-only visit with a provider again?</p>	<p>Yes No Unsure</p>
<p>What are your reasons for opting for or against an audio-only service?</p>	
<p>What, if any, are some of the benefits to having virtual care options available to you?</p>	<p>Open ended</p>
<p>What, if any, challenges or concerns do you have that prohibit utilization of telehealth services?</p>	<p>Open ended</p>

## Appendix 2: Additional patient engagement tools and resources

“Engagement Rubric for Applicants,” Patient Centered Outcomes Research Institute, <https://www.pcori.org/sites/default/files/Engagement-Rubric.pdf>

Emily Zimmerman, PhD and Sarah Cook, MPH, “The SEED Method Toolkit,” Virginia Commonwealth University Center for Society and Health, <https://www.pcori.org/sites/default/files/SEED-Method-Toolkit.pdf>

Felicia Heider, “Lessons from States on Advancing Evidence-based State Health Policymaking for the Effective Stewardship of Healthcare Resources,” The National Academy for State Health Policy, <https://www.nashp.org/lessons-from-states-on-advancing-evidence-based-state-health-policymaking-for-the-effective-stewardship-of-healthcare-resources/>

Heike Thiel de Cocanegra, PhD, MPH et al., “Community Readiness for Virtual Health Engagement,” University of California Irvine, <https://www.pcori.org/sites/default/files/Community-Readiness-for-Virtual-Health-Engagement.pdf>

“A Model for Sustainable, People-centered Engagement,” The Health eHeart Alliance Patient-Powered Research Network, [https://www.pcori.org/sites/default/files/3655\\_Health-eHeart\\_Model-Sustainable-People-Centered-Engagement.pdf](https://www.pcori.org/sites/default/files/3655_Health-eHeart_Model-Sustainable-People-Centered-Engagement.pdf)

“Principles of Partnership Self-Assessment Tool,” Greater Plains Collaborative Clinical Research network, [https://www.pcori.org/sites/default/files/3894\\_GPC\\_Principles-Partnership-Self-Assessment.pdf](https://www.pcori.org/sites/default/files/3894_GPC_Principles-Partnership-Self-Assessment.pdf)

“Engagement Meeting Norms,” Greater Plains Collaborative Clinical Research network, [https://www.pcori.org/sites/default/files/3878\\_GPC\\_Engagement-Meeting-Norms.pdf](https://www.pcori.org/sites/default/files/3878_GPC_Engagement-Meeting-Norms.pdf)

Joseph M. Coe, MPA and M. Patricia McAdams, MS, “Leveraging Social Media to Raise Awareness and Build Community,” ArthritisPower and Duke University, <https://www.pcori.org/sites/default/files/2049-BPSS-Leveraging-Social-Media.pdf>

## Acknowledgements

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