

Patient Preference for Tele-Behavioral Health Appointments During the COVID-19 Pandemic

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Background

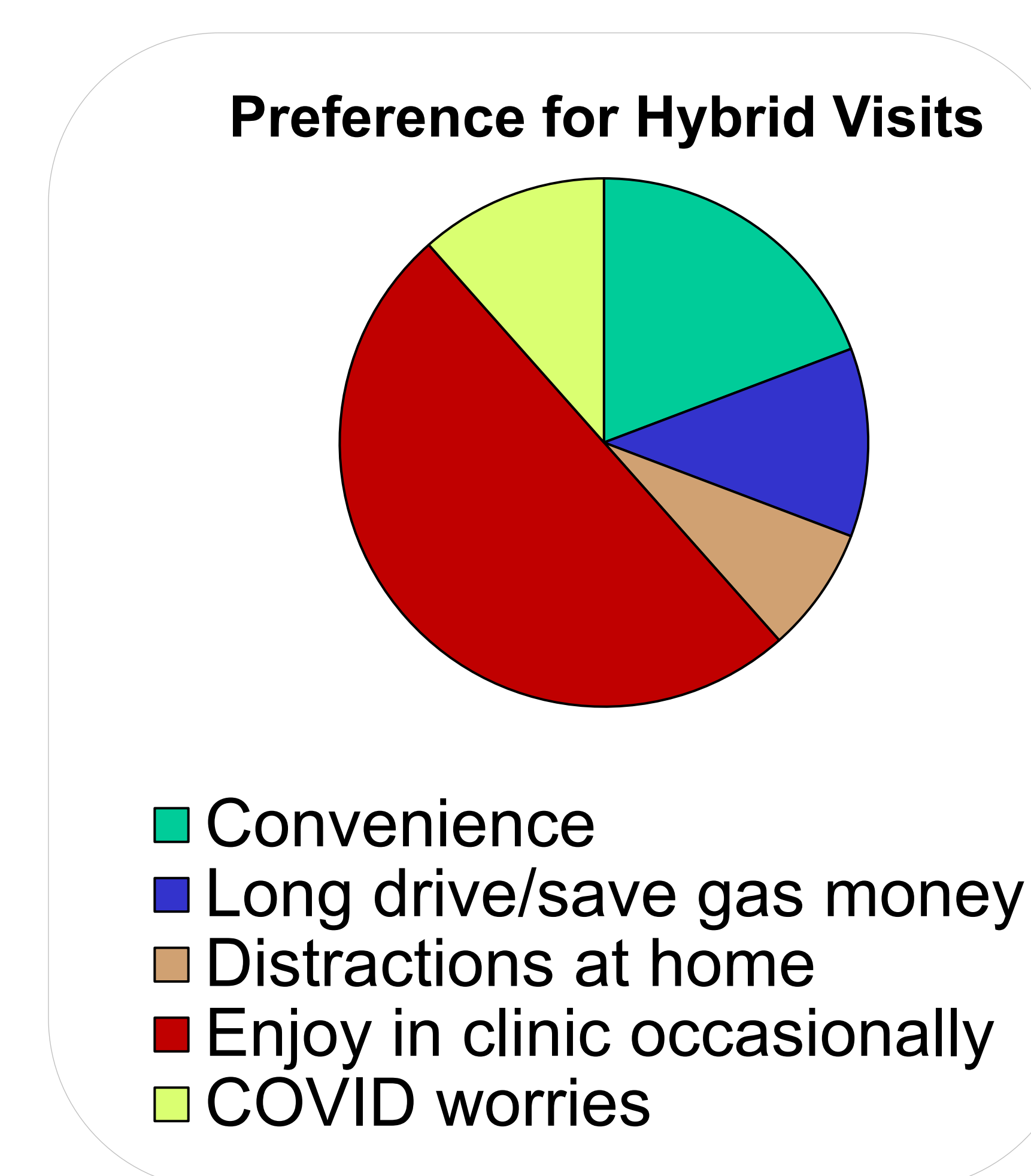
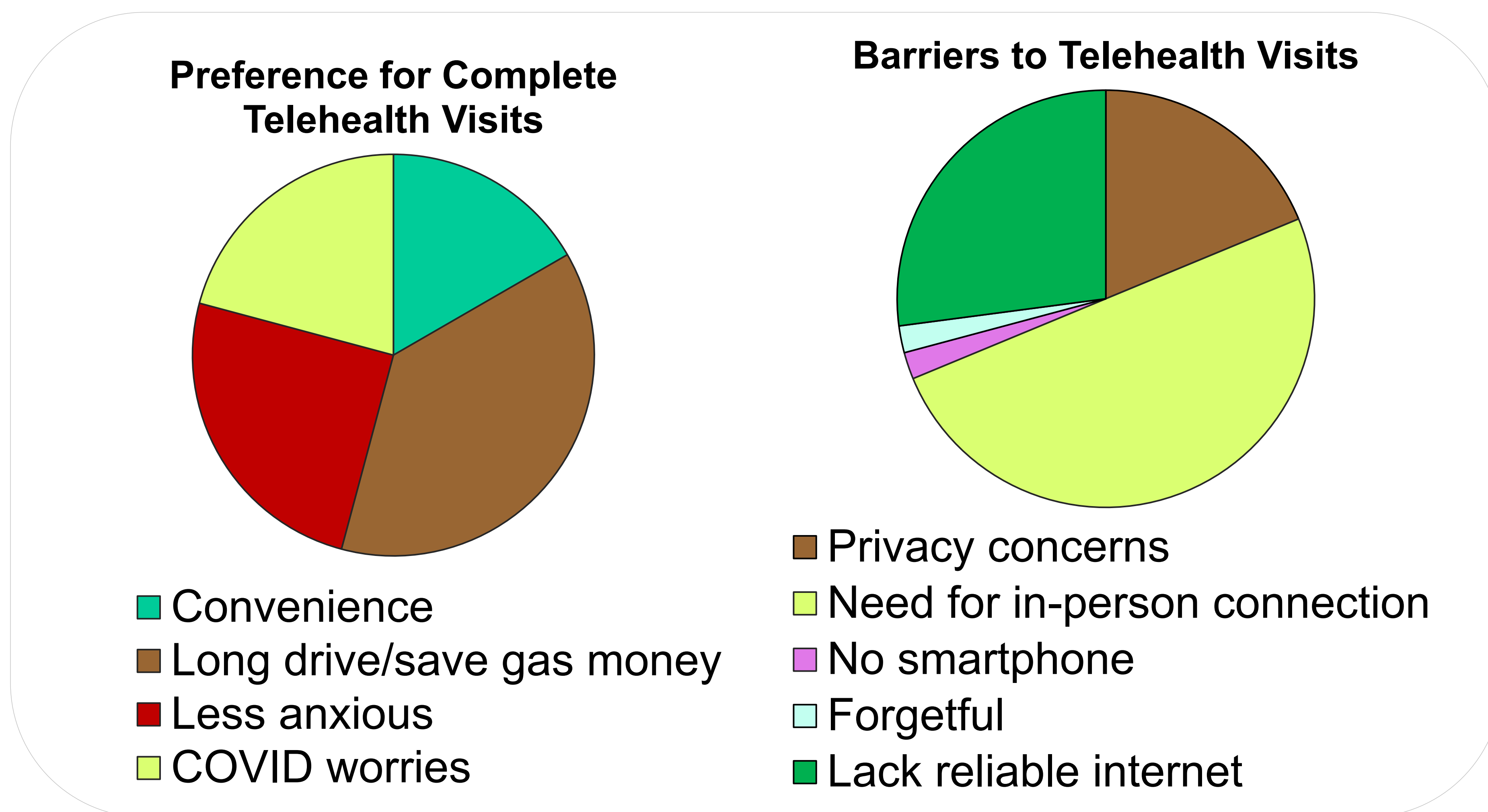
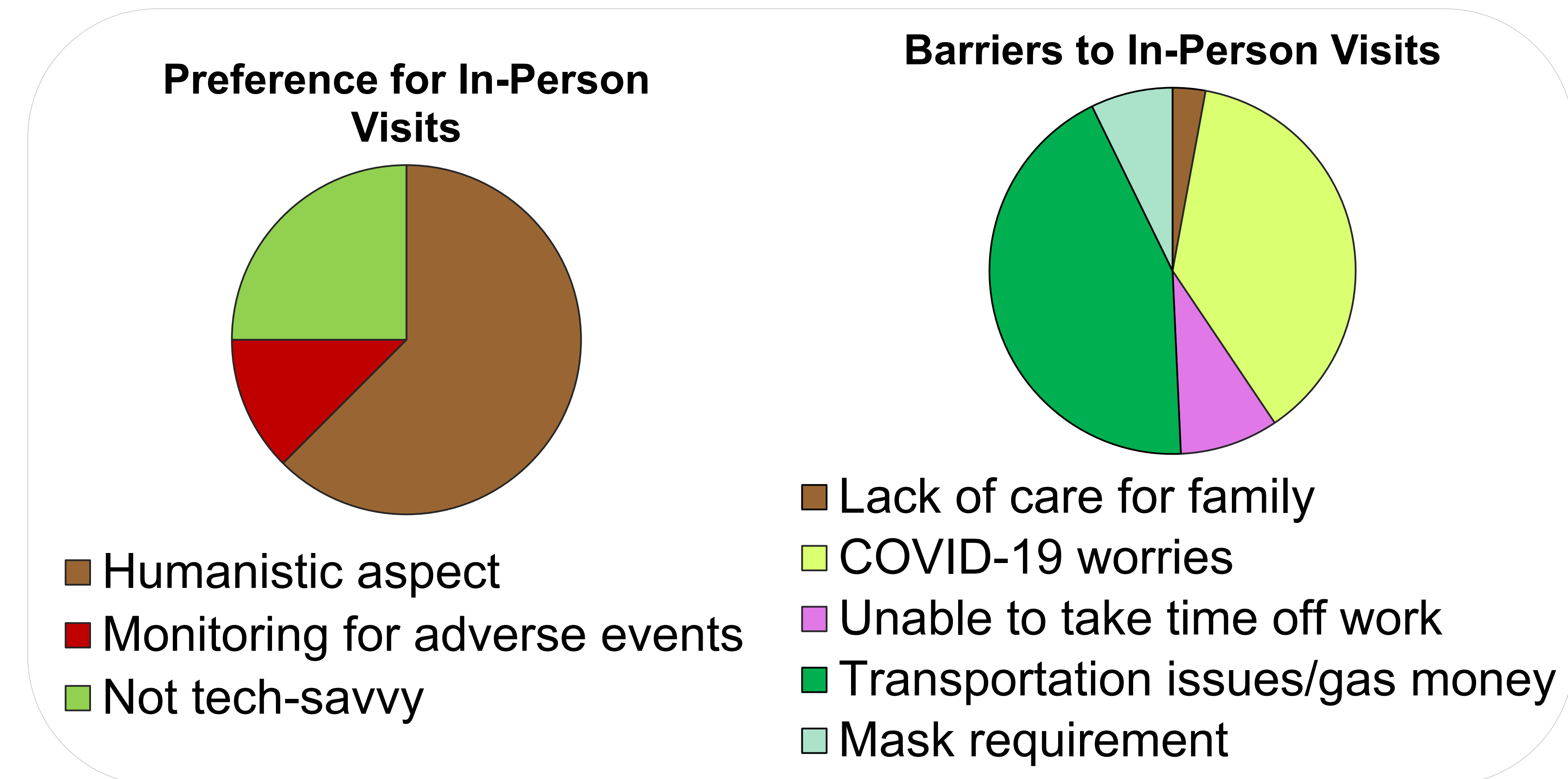
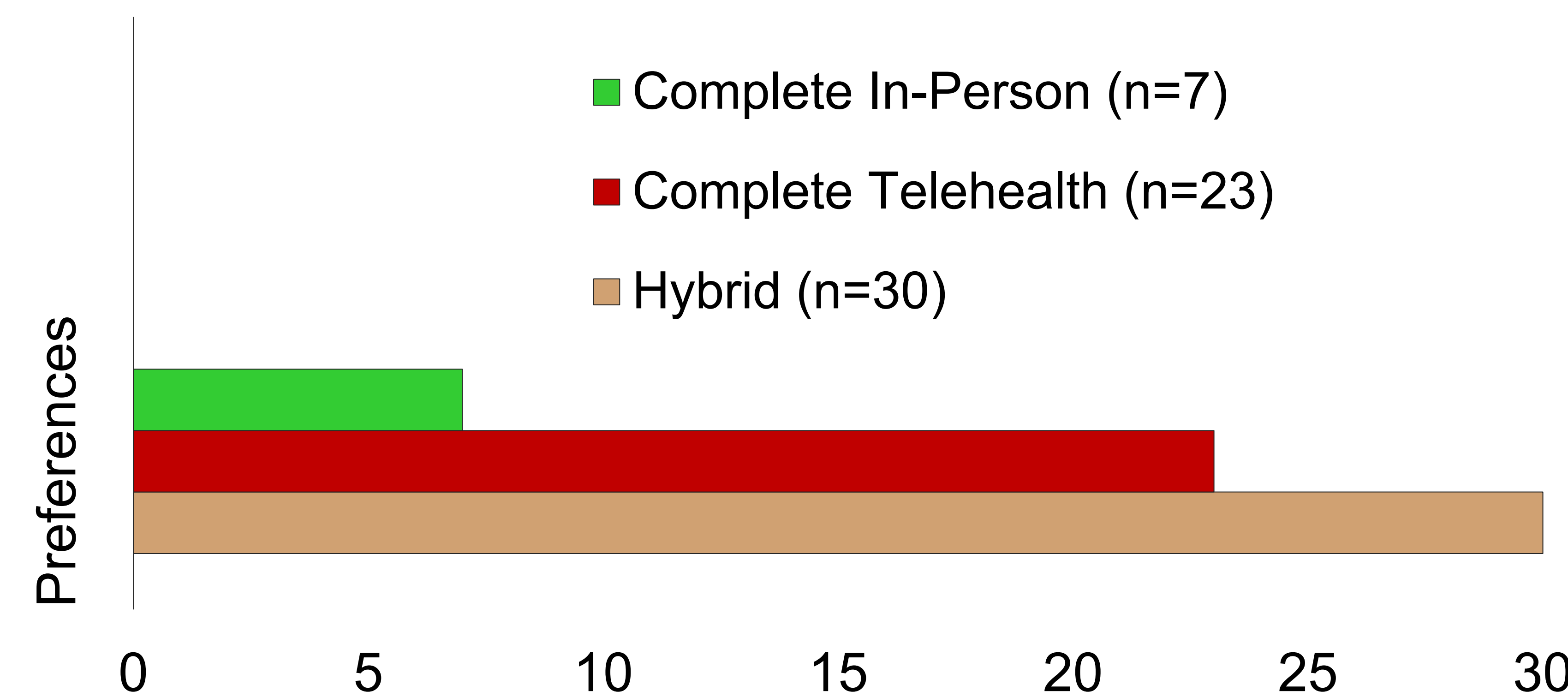
- Initial quarantine requirements associated with the COVID-19 pandemic limited patient access to proper mental health care services.
- Tele-behavioral health services have been widely implemented, aiming to enhance access to care and minimize COVID-19 exposure.
- Although telemedicine services are often well-accepted by healthcare providers; patient preference in care delivery is an essential aspect in providing patient-centered care.

Methods

Patients who were actively receiving mental health care from providers at a Federally Qualified Health Center (FQHC) within the past 6 months were invited to participate in an 8-question telephone survey in October 2020.

- Purpose: to assess care delivery preference, reason for preference, and potential barriers to receiving care.
- Other information collected included: demographics (age and distance residing from clinic- miles), as well as overall satisfaction of their last in-person or tele visit.

Results



Satisfaction with last in-person visit*	Satisfaction with last telehealth visit
Avg. 3.6 / 5 (2-5 range)	Avg. 4.7 / 5 (1-5 range)

Age	Miles from Clinic
Avg. 44.5 (18-68 range)	Avg. 11.2 (1-50 range)

Conclusions

- Half of the patients showed a preference for a hybrid method of appointments, most commonly due to convenience and decreasing travel and costs. Almost 40% of patients preferred complete telehealth appointments due to transportation limitations and COVID-19 anxiety.
- This pandemic has disproportionately impacted patients of lower socioeconomic status, due to unequitable healthcare access. Enhancing access to equitable care through telehealth is essential. The results of this study help to establish a more patient-centered approach to care, specifically focused on the critical behavioral health needs of patients receiving care at an FQHC during a pandemic.

Limitations

- Single site
- Small sample size
- Patient interpretation of questions