



## Topic Brief: E-Health and Patient Trust

**Date:** 10/24/2022

**Nomination Number:** 1015

**Purpose:** This document summarizes the information addressing a nomination submitted on June 13, 2022, through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The nomination is a request for information about the effect of the general increase in the use of e-health and how this has affected patient trust.

**Findings:** The EPC Program will not proceed with this topic. The information provided in the nomination was limited and we were not able to develop the nomination further. We have identified several completed and in-progress AHRQ EPC evidence synthesis projects addressing qualitative components of telehealth (see Related Resources section). In addition AHRQ has ongoing data collection through its CAHPS survey on patient experience with virtual care.

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### Background

Telehealth, or telemedicine, is the delivery of care to patients by health care providers without an in-person office visit, and is primarily conducted via phone or video chat, electronic messaging, and/or remote monitoring via electronic devices to gather vital signs, for example. Benefits of telehealth may include limiting exposure to COVID-19, increasing geographical reach of services, and decreasing resource use related to travel.<sup>1</sup>

In a 2021 survey of telehealth use, 23.1 percent of respondents has used telehealth services in the previous four weeks. Telehealth use was lower among those who were uninsured and among young adults 18 to 24 years old. Among those who used telehealth, there were disparities within the use of video versus audio modes, with the largest proportion of video users being young adults 18 to 24 years old, those earning at least \$100,000 per year, those with private insurance, and white individuals. Video telehealth use was lowest among those without a high school diploma, adults ages 65 years and older, and Latino, Asian, and Black individuals.<sup>2</sup>

### Assessment Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.

4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

## Related Resources

We identified additional information in the course of our assessment that might be useful. These resources are recent/ongoing reviews or projects pertaining to patient experiences with telehealth.

- **Schedule of Visits and Televisits for Routine Antenatal Care: A Systematic Review<sup>3</sup>** from the AHRQ EPC Program  
June 2022

The following are components of this review that may be relevant to the nomination:  
Key Question (KQ) 2: What are the benefits and harms of televisits for providing routine antenatal care during pregnancy?

  - Outcomes include patient satisfaction with care

KQ 3: What are patient, partner/family, and provider perspectives, preferences, and experiences related to (a) antenatal care visit schedules and (b) use of televisits for routine antenatal care?

  - Qualitative research studies that examined perspectives and/or preferences about the number of scheduled routine antenatal visits or use of televisits for routine antenatal care.
- **Telehealth for Women’s Preventive Services<sup>4</sup>** from the AHRQ EC Program  
June 2022

The following are components of this review that may be relevant to the nomination:  
KQ 1: For conditions related to women’s reproductive health (including family planning, contraception, and STI counseling):

  - What are patient preferences and patient choice in the context of telehealth utilization?
  - What is the effectiveness of patient engagement strategies for telehealth?
  - What are the barriers to and facilitators of telehealth for women’s reproductive health in low-resource settings and populations?  
What are the harms of telehealth for women’s reproductive health?

KQ 2: For IPV (including intimate partner violence and domestic violence):

  - What are patient preferences and patient choice in the context of telehealth utilization?
  - What is the effectiveness of patient engagement strategies for telehealth?
  - What are the barriers to and facilitators of telehealth for screening and interventions for IPV in low-resource settings and populations?
  - What are the harms of telehealth for screening and interventions for IPV?
- **Mixed Methods Review Protocol: Telehealth During COVID-19<sup>5</sup>** from the AHRQ EPC Program  
Research protocol from September 2021

The following are components of this review that may be relevant to the nomination:  
KQ 2. What are the benefits and harms of telehealth during the COVID-19 era?

  - Does this vary by type of telehealth intervention (i.e., telephone, video visits)?

- Does this vary by patient characteristic (i.e., age, gender, race/ethnicity, type of clinical condition or health concern, geographic location)?
- Does this vary by provider and health system characteristic (e.g., specialty, geographic location, private practice, hospital-based practice)?

KQ 3.

- What is considered a successful telehealth intervention during the COVID-19 era:
  - From the patient or caregiver perspective?

KQ 4.

- What strategies have been used to implement telehealth interventions during the COVID 19 era?
- What are the barriers and enablers of a successful telehealth strategy (e.g., setting, reimbursement, access to technology)?
  - From the patient or caregiver perspective?

- **Systematic Review Protocol: Postpartum Care for Women Up to One Year After Pregnancy<sup>6</sup>** from the AHRQ EPC Program

Research Protocol from February 2022

The following are components of this review that may be relevant to the nomination:

KQ 1: What healthcare delivery strategies affect postpartum healthcare utilization and improve maternal outcomes within 1 year postpartum?

a. Do the healthcare delivery strategies affect postpartum healthcare utilization and improve maternal outcomes within 3 months postpartum? Does this relationship differ by timing of outcomes, specifically within 6 days postpartum, between 1 to 6 weeks postpartum, and between 6 weeks and 3 months postpartum?

b. Do the healthcare delivery strategies affect postpartum healthcare utilization and improve maternal outcomes between 3 months and 1 year postpartum?

Note that delivery strategies include where the healthcare is delivered, including telehealth: Where healthcare is delivered – e.g., hospital, clinic, home visit, community health center, birth center, virtual care/telehealth, Women Infants and Children (WIC) program office/site

- **Systematic Review Protocol: Improving Rural Health Through Telehealth-Guided Provider-to-Provider Communication<sup>7</sup>** from the AHRQ EPC Program

Research Protocol from January 2021

The following are components of this review that may be relevant to the nomination:

KQ 1. What is the effectiveness of provider-to-provider telehealth for rural patients?

- What adverse events or unintended consequences are associated with provider-to-provider telehealth for rural patients?

- **AHRQ CAHPS Clinician and Group Survey Program**

<https://www.ahrq.gov/cahps/news-and-events/news/index.html>

The following are components of this resource that may be relevant to the nomination:

AHRQ CAHPS Clinician and Group Survey program- asks patients to report on their experiences with providers and staff in primary care and specialty care settings.

Surveys include asking about experiences at the most recent visit whether in-person, by phone, or by video.

## References

1. What is telehealth? Health and Human Services. doi: <https://telehealth.hhs.gov/patients/understanding-telehealth/>.
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**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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