

Poll Questions

October 2019

Virtual Visits: Telehealth and Older Adults

Questions were answered by respondents age 50–80.



Telehealth is when patients and health care professionals have health care visits by video using smartphones or computers.

Q1. Do your health care professionals offer telehealth visits?

| | Yes | No | Don't know | Don't see this type of provider |
|--|-----|----|------------|---------------------------------|
| a. Doctor, physician assistant, or nurse practitioner who provides your primary care | | | | |
| b. Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.) | | | | |
| c. Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.) | | | | |
| d. Other type of health care professional (such as foot doctor, optometrist, chiropractor, etc.) | | | | |

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If Q1 = Yes for either a, b, c or d then populate Q2 statements in rows

Q2. In the past year, have you had a telehealth visit with any of the following health care professionals?

| | Yes | No |
|--|-----|----|
| a. Doctor, physician assistant, or nurse practitioner who provides your primary care | | |
| b. Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.) | | |
| c. Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.) | | |
| d. Other type of health care professional (such as foot doctor, optometrist, chiropractor, etc.) | | |

If Q2 = YES for either a, b, c or d

Q3. Why did you have a telehealth visit instead of an in-person visit? Select all that apply

1. Convenience
2. Transportation issues (unable to travel, no vehicle, don't drive etc.)
3. More private
4. Needed care when health care professional's office wasn't open
5. Health care professional requested it
6. Cost was less
7. Wanted to see what it was like
8. Other

If Q2 = YES for either a, b, c or d

Q4. For your most recent telehealth visit, where were you?

1. At home (yours or someone else's)
2. At a health care professional's office/health care facility
3. Work/office
4. Somewhere else

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If Q2 = YES for either a, b, c or d

Q5. How does a telehealth visit compare to an office visit, in terms of:

| | Telehealth visit better | Doctor visit better | Telehealth/office visit about the same |
|---|-------------------------|---------------------|--|
| a. Communicating with your health care professional | | | |
| b. Feeling cared for by your health care professional | | | |
| c. Feeling connected to your health care professional | | | |
| d. Amount of time the entire visit takes | | | |
| e. Comfort discussing sensitive topics | | | |
| f. Amount of time spent with the health care professional | | | |
| g. Your out-of-pocket cost | | | |
| h. Overall convenience | | | |
| i. Overall quality of care | | | |

If Q1_a = No or don't know (2 or 3), show row a;
If Q1_b = No or don't know (2 or 3), show row b;
If Q1_c = No or don't know (2 or 3), show row c

Q6. How interested would you be in having a telehealth visit with:

| | Very interested | Somewhat interested | Not interested |
|--|-----------------|---------------------|----------------|
| a. Primary care doctor, nurse practitioner or physician assistant | | | |
| b. Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.) | | | |
| c. Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.) | | | |



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Q7. If offered, would you want a telehealth visit in any of the following circumstances?

| | Definitely Yes | Probably Yes | Probably No | Definitely No |
|--|----------------|--------------|-------------|---------------|
| a. For a one-time follow-up after a medical procedure or surgery | | | | |
| b. For a new patient visit to discuss a new health problem that has come up | | | | |
| c. For a visit with a health care professional you have already seen in the past | | | | |
| d. For a mental health concern | | | | |
| e. For a sensitive health concern | | | | |
| f. For an unexpected illness while traveling | | | | |

Q8. Do you have any of the following concerns about telehealth visits?

| | Yes | No |
|---|-----|----|
| a. Privacy | | |
| b. Difficulty seeing or hearing the health care professional | | |
| c. Technical difficulties using the technology | | |
| d. Not feeling personally connected to the health care professional | | |
| e. Health care professional not being able to do a physical exam | | |
| f. Quality of care not being as good as a face-to-face visit | | |

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