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Running Head: Increasing Access to Telehealth Services in Maines Healthcare System

Kaylee Leclerc

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Increasing Access to Telehealth Services in Maine's Healthcare System

University of Southern Maine

Muskies School of Public Services

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First Community Partner: Northern Light Mercy Hospital

Second Community Partner: Waldo County General Hospital; MaineHealth

Spring 2022

Table of Contents

Introduction. 4

Literature Review. 4

Overall Project Objectives. 7

Methods. 8

Community Partner: Northern Light Mercy Telehealth Department. 8

Designing Outpatient Provider Questionnaire. 9

Developed Outpatient Provider Questionnaire. 9

Designing Telehealth Assessment Tool (*Telehealth Patient Intake Form*). 10

Developed Telehealth Assessment Tool (*Telehealth Patient Intake Form*). 10

Institutional Review Board 11

Findings. 11

Second Community Partner: MaineHealth of Waldo County General Hospital. 12

Re-designing Outpatient Provider Questionnaire 12

Findings. 12

Limitations and Recommendations for Future Research. 13

Conclusion. 14

References. 15

Appendices. 17

 Appendix A. *Flow Diagram Demonstrating Methods Used*

 Appendix B. *Gantt Chart to measure the duration of the project.*

 Appendix C. *Developed Outpatient Provider Questionnaire*

 Appendix D. *Developed Telehealth Assessment Tool (Telehealth Patient Intake Form)*

Appendix E. *Office of Research Integrity and Outreach Dissemination, University of Southern Maine*

Appendix F. *Outpatient Provider Questionnaire Results – Question One*

Appendix G. *Outpatient Provider Questionnaire Results – Question Two*

Appendix H. *Outpatient Provider Questionnaire Results – Question Three*

Appendix I. *Outpatient Provider Questionnaire Results - Question Four*

Appendix J. *Outpatient Provider Questionnaire Results – Question Five*

Appendix K. *Outpatient Provider Questionnaire Results – Question Six*

Introduction

Telehealth is an effective method of communicating and visiting with your healthcare provider along with other redundant use of medical and professionals. Telehealth has become increasingly prevalent in the United States healthcare system over the past couple of years, particularly during the Coronavirus Pandemic. Defined by the Centers for Disease Control and Prevention (2019) (CDC) telehealth is “the application of electronic information and telecommunication technologies in support of and promotion of long-distance clinical healthcare and professional education in healthcare” (Coronavirus Disease 2019 (COVID-19), 2020). A key component of reforming the U.S. healthcare system is the use of telehealth to improve patient outcomes, increase access to healthcare, and expand healthcare delivery options.

Monitoring and treating ongoing medical conditions are the primary uses of telehealth. According to new research, monitoring and treatments include lab results, behavioral and mental health treatment including therapy, prescription management, follow-ups, physical therapy, occupational therapy, and others (Coronavirus Disease 2019 (COVID-19), 2020). In research from Hasselfeld (n.d.), telehealth provides several benefits including the ability to limit transportation barriers, reduce the risk of transmission of Coronavirus, primary care and chronic condition management and improve convenience and accessibility, especially in rural geographic areas. Despite the benefits of telehealth and its rapid growth, telehealth is not suitable for every individual or every medical condition. As a result of rapid growth in telehealth over the past few years, the U.S. healthcare system lacks an assessment tool for providers to measure patients’ appropriateness and readiness to use telehealth.

Literature Review

(Introduction to telehealth)

Healthcare delivery through telehealth is growing rapidly in the U.S. and has the potential to revolutionize healthcare for millions of individuals. A recent study in 2020 found that the global use of telehealth had risen from 11% in 2019 to 46% as of May 2020 to replace canceled healthcare appointments (Larson, 2020). Healthcare professionals, clinical researchers, and other medical professionals have been researching the use of advanced telecommunications and technologies to improve the delivery of healthcare for more than 30 years (Field, 1996). In recent years, various research studies have found that telehealth has improved patient access to care, health outcomes, continuity of care, and widened the range of healthcare delivery options, especially in rural geographic areas (Lin et al., 2018). There are many patient indications for telehealth services. Patient indications include rural geographic areas, underlying medical and behavioral/mental health conditions, socioeconomic status, over 65 years of age, living in a long-term care facility, considerable risk for Coronavirus, barriers including transportation and scheduling, acute and underlying chronic conditions, and more. Among the indications for telehealth, residents residing in rural geographic areas are known to be among the greater populations to face difficulty accessing healthcare (Healthcare Access in Rural Communities Overview Rural Health Information Hub, 2021).

(Rural populations advantages with telehealth)

One of the primary reasons for implementing telehealth is that of alleviating rural health disparities. Rural health disparity defined as “a population where there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population” (Hartley, 2004). In recent years, the CDC’s National Center for Chronic Disease Prevention and Health Promotion found telehealth use among patients residing in rural geographic areas has the potential to improve the

quality of their overall health (Telehealth in Rural Communities, CDC, n.d.). With demonstrated benefits telehealth can be a single factor to improve access to care for those living in rural geographic areas.

(Coronavirus)

The Coronavirus Pandemic has impacted many if not all aspects of healthcare. According to new research, hospital admissions in the U.S. fell dramatically with the onset of the pandemic (Birkmeyer et al., 2020). With widespread fear and anxiety, patients with acute, chronic, or life-threatening medical illnesses were less likely to seek care due to fear or concerns about being exposed to COVID-19 (Birkmeyer et al., 2020). Healthcare system leaders and public health authorities began to shift their practices and organizations to rely on the use of telehealth to seek their patient's concerns and needs. A study conducted in 2021 by the U.S. Department of Health and Human Services noted an increase in the use of telehealth to maintain healthcare access during the pandemic, with behavioral health care providers seeing the most utilization of telehealth (News Division, 2021). With the rapid growth of telehealth, telehealth has the capability to continue to shape the future of healthcare globally.

(Importance of an assessment tool)

Despite the rapid increase in telehealth services, appropriate tools for measuring patients' accessibility and appropriateness have yet to be developed. For providers, determining whether the patient they are seeing could benefit from telehealth visits, as well as whether the patient can effectively use the service (e.g., and has the equipment, internet/broadband, smart phone or computer, and the digital literacy skills) becomes a continuum of challenges. Through development of a telehealth patient assessment tool, providers will be able to remove those barriers, especially those in rural locations and those who are afflicted by Coronavirus.

Overall Project Objectives

This Capstone Project, *Increasing Access to Telehealth Services in Maine's Healthcare System*, will focus on improving access to care via telehealth by developing a single tool for patients. The two main objectives of the project are to

- 1) develop a patient assessment tool, and
- 2) administer a short telehealth outpatient provider questionnaire to primary care providers regarding their attitudes and beliefs toward using telehealth and assess the usability and feasibility of administering the patient assessment tool from the provider's perspective.

The developed patient assessment tool is known as the *Telehealth Patient Intake Form*. The Telehealth Patient Intake Form is a short questionnaire for patients to complete prior to receiving an outpatient appointment with a provider to measure their indications and appropriateness for telehealth services.

By providing the form prior to the appointment, the provider will have accurate information on the patient's willingness and readiness to use telehealth, and through a subsequent informed conversation with the patient during the clinic visit, provider organizations should realize enhanced patient satisfaction and increased workflow efficiency. Receiving pre-validated information will allow providers to prepare for the appointment with appropriate resources or communication talking points about telehealth to the patient. The provider will then be able to determine whether the patient is appropriate for telehealth services and improve patient access to telehealth if they meet and desire it. Because of the logistics of piloting the Telehealth Patient Intake Form with patients in a healthcare setting, validating the form in this way was considered outside the scope of the project. The intent was to assess the feasibility and

content of the Telehealth Patient Intake Form from the providers' point of view within the outpatient provider questionnaire.

Methods

As part of the process of developing the outpatient provider questionnaire and Telehealth Patient Intake Form, a literature review was conducted. The overall project is based on qualitative analysis findings. According to research an appropriate sample size for a qualitative study is dependent on the number of questions (Isaacs, 2014). The intended participants for each goal:

- 1) Telehealth Patient Intake Form assessment tool, targeting patients at any NLMH outpatient clinic.
- 2) Telehealth outpatient provider questionnaire, delivered to all NLMH outpatient providers to receive qualitative feedback for future intended desire to use the Patient Assessment Tool, Telehealth Patient Intake Form with all patients.

To accomplish the objective of the qualitative study, the outpatient provider sample size of respondents was set to twelve to twenty outpatient providers (Isaacs, 2014). The outpatient provider questionnaire had an attachment of the Telehealth Patient Intake Form, to elaborate on if they are willing to implement the tool in the future. No patient human participant was involved in this project and was never asked to complete the Telehealth Patient Intake Form. An overview of the methods and Gantt chart can be found in Appendix A and Appendix B.

Community Partner: Northern Light Mercy Telehealth Department

To meet project goals, networking as well as establishing a strong relationship with a community partner was highly recommended. On October 26th, 2021, the first virtual meeting was held with Northern Light Mercy Hospital Telehealth Operations Department Team Manager,

Gerald Dubious. The meeting discussed the layout of the desired objectives of the project.

Northern Light Mercy Hospital Telehealth Operations Department (NLMHTD) enthusiastically and verbally accepted the offer to collaborate on the project and serve as the community partner.

Virtual meetings were held weekly, with an outlined agenda in place. The community partners included:

1. Gerard Dubois, Northern Light Mercy Telehealth Operations Manager
2. Michael Ross, M.D. Clinical Informatics' in Pediatric Care
3. Jennifer Graves, credentials unknown

Designing Outpatient Provider Questionnaire

The outpatient provider questionnaire was developed over the duration of two months in collaboration with NLMHTD. Structured feedback, comments, and edits were received via shared drafts sent by email and scheduled zoom meetings were set up to discuss the questions, format, mode (mail, online, or in person) and length. The goal was to ensure that the questions appropriately engaged participants.

Seven questions were included on the outpatient provider questionnaire, each supported by literature review. The seventh question within the questionnaire is in response to the Telehealth Patient Intake Form. Each of the seven questions were constructed to meet the guidelines and desired needs of NLMHTD.

Developed Outpatient Provider Questionnaire

Once the questions were approved and finalized by Dr. Ross and NLMHTD team, collaboration efforts began with the Technology Department Manager of Northern Light Mercy Hospital. Mr. Vafiades, Northern Light Mercy Hospital IT Technician, assisted with creation of the questionnaire platform. The platform used to distribute the outpatient provider questionnaire

are the most used platform Northern Light Mercy Hospital used to reach their outpatient provider population.

The first six questions on the questionnaire are objective responses and question seven was open-ended to ensure elaborate responses on the Telehealth Patient Intake Form question. See Appendix C. The questions are as follows:

1. *Please select your Member Organization.*
2. *As a provider, how often do you recommend telehealth appointments for your patients?*
3. *I was properly trained to provide appropriate patient care through telehealth.*
4. *I wish to receive additional types of telehealth training by:*
5. *When a patient declines telehealth services, what are the common barriers:*
6. *I have encouraged the following patients to participate in telehealth appointments:*
7. **After looking at attachment * (Telehealth Patient Intake Form), are you willing to use this tool as an assessment of patient appropriateness for possible telehealth visits?*

Designing Telehealth Assessment Tool (*Telehealth Patient Intake Form*)

The Telehealth Patient Intake Form was similarly developed in comparison to the outpatient provider questionnaire. The Telehealth Patient Intake Form was drafted once the outpatient provider questionnaire was finalized with NLMHTD. Structured feedback was received over the duration and multiple edits were made to ensure the patient questions were appropriate and at a fourth grade reading level.

Six questions are included on the Telehealth Patient Intake Form, supported by literature review findings. The questions are in response to readiness and appropriateness to use telehealth services.

Developed Telehealth Assessment Tool (*Telehealth Patient Intake Form*)

Once more, the Telehealth Patient Intake Form was approved and finalized by Dr. Ross and NLMHTD team. Each of the questions are objective responses to ensure all patients' abilities are met. See Appendix D. The questions are as follows:

1. *Are you interested in telehealth appointments?*
2. *Can you sign into your patient portal?*
3. *Do you feel comfortable using your patient portal to manage appointments, request prescription refills, view details of your health, and use telehealth services?*
4. *Do you have reliable internet at your residence to access a telehealth appointment?*
5. *As a provider, who you have a caregiver present at healthcare appointments, is your caregiver able to help you with telehealth appointments?*
6. *Do you have any health conditions that may benefit your health to participate in telehealth appointments with your provider?*

Institutional Review Board

A review of the project was submitted by the University of Southern Maine Office of Research Integrity and Outreach (ORIO) Human Research Protection Program. The USM ORIO determined that this project was exempt from a full Institutional Review Board review as it does not involve human research subjects. See Appendix F.

Findings

Due to provider time constraints realized during the Coronavirus Pandemic, NLMHTD concluded their community partner efforts. The outpatient provider questionnaire and Telehealth Patient Intake Form was not distributed among any Northern Light Mercy Outpatient Providers and qualitative data were not collected. Considering the Coronavirus Pandemic, healthcare providers and organizations are trying to limit primary data collection currently.

Community Partners Maine Medical

Due to a lack of results, to continue to meet with project goals and obtain qualitative data, networking with a community partner was undertaken again. Ainsley Price PA-C, lead physician assistant at Waldo County General Hospital affiliated with MaineHealth, accepted to be a community partner on April 8th, 2022, due to her strong interest in telehealth and the project description. Due to time constraints, Price had to quickly send the outpatient provider survey link to her outpatient team to receive a quick response rate.

Re-designing Outpatient Provider Questionnaire

MaineHealth's outpatient provider questionnaire questions remained the same, except for question one was eliminated; *please select your member organization*. The outreach goal of outpatient's providers also remained the same. To collect MaineHealth's data, a Survey Monkey survey link was created to obtain data.

Findings

To evaluate if the Telehealth Patient Assessment Tool would be beneficial to implement in the future, the outpatient provider questionnaire was analyzed for this Capstone Project. Due to the time constraints, the survey remained opened for one week without the need for future email reminders, and the results of the outpatient provider questionnaire provided nine detailed synopses of the data. The results of the outpatient provider questionnaire are as followed.

Question one asked providers how often they recommend telehealth appointments for their patients. In responses, 78% of the respondents indicated they recommend telehealth sometimes, as shown in Appendix G. Shown in Appendix H, are the results from question two. Question two was of higher importance to understand if outpatient providers were properly trained to conducted telehealth appointments in their opinion. There was an array of responses

with a similarity between agree and disagree. Question three found that outpatient providers were less inclined to receive any additional training. Despite this, 22.2% of responses indicated that training before the Coronavirus Pandemic would have been beneficial, shown in Appendix H. Question four drew a lot of attention, allowing for multiple response answers to be selected, revealing an array of different answers to the question of why patients decline telehealth services. Appendix I shows that 88% of outpatient providers indicated their patients' top barrier to telehealth was access to the internet. In response to question five, multiple response answers could also be selected, receiving a range of responses to help us understand who outpatient providers are targeting to participate in telehealth appointments. See Appendix J for results.

Question six examined open-ended responses from outpatient providers regarding their willingness to trial the Telehealth Patient Intake Form, to assess patients' appropriateness for possible telehealth visits. Among all nine respondents, shown in Appendix J, 44% indicated that Telehealth Patient Intake tool would hold significance at their practice, and they would be willing to trial it while 22% indicated it would not be beneficial. Cluster themes revealed other responses to the question; *“at this time the tool would be found helpful, although it may be useful for new patients coming into our practice, but I am already aware of most patients preferences for telehealth at our practice currently, might be helpful in identifying barriers especially for new patients or practices new to telehealth services, most of my patients do not have internet or the ability to do telehealth,* and an unanswered response.

Limitations and Recommendations for Future Research

There were many limitations in this project. One of the biggest limitations was the absence of literature review on a telehealth assessment tool. In addition, NLMHTD abruptly pulling out of the project a week before it was to be administered to outpatient providers. With

limited time left on the project, the responses that were reviewed did not follow standard public health research protocol, where participants are given a month to complete a questionnaire with reminders. To ensure long-term project success, future research on this topic should focus on finding a long-term community partner and a longer project duration.

Conclusion

Telehealth has grown rapidly in the U.S. Tools for measuring patients' accessibility and appropriateness, such as the *Telehealth Patient Intake Form*, has been expressed to be useful in gauging patients' barriers and indicators before a healthcare appointment, in order to determine if telehealth is appropriate at Waldo County General Hospital affiliated with MaineHealth. Of the nine-outpatient providers who responded to the questionnaire, expressed a desire to pilot the tool in the future. Common themes found from the capstone project including, lack of telehealth training, understanding patients' barriers and indications and appropriate ways to address telehealth to improve access to healthcare, especially in rural geographic locations of Maine. Telehealth has played an important role during the Coronavirus pandemic, and based on the findings, its usage can now be expanded.

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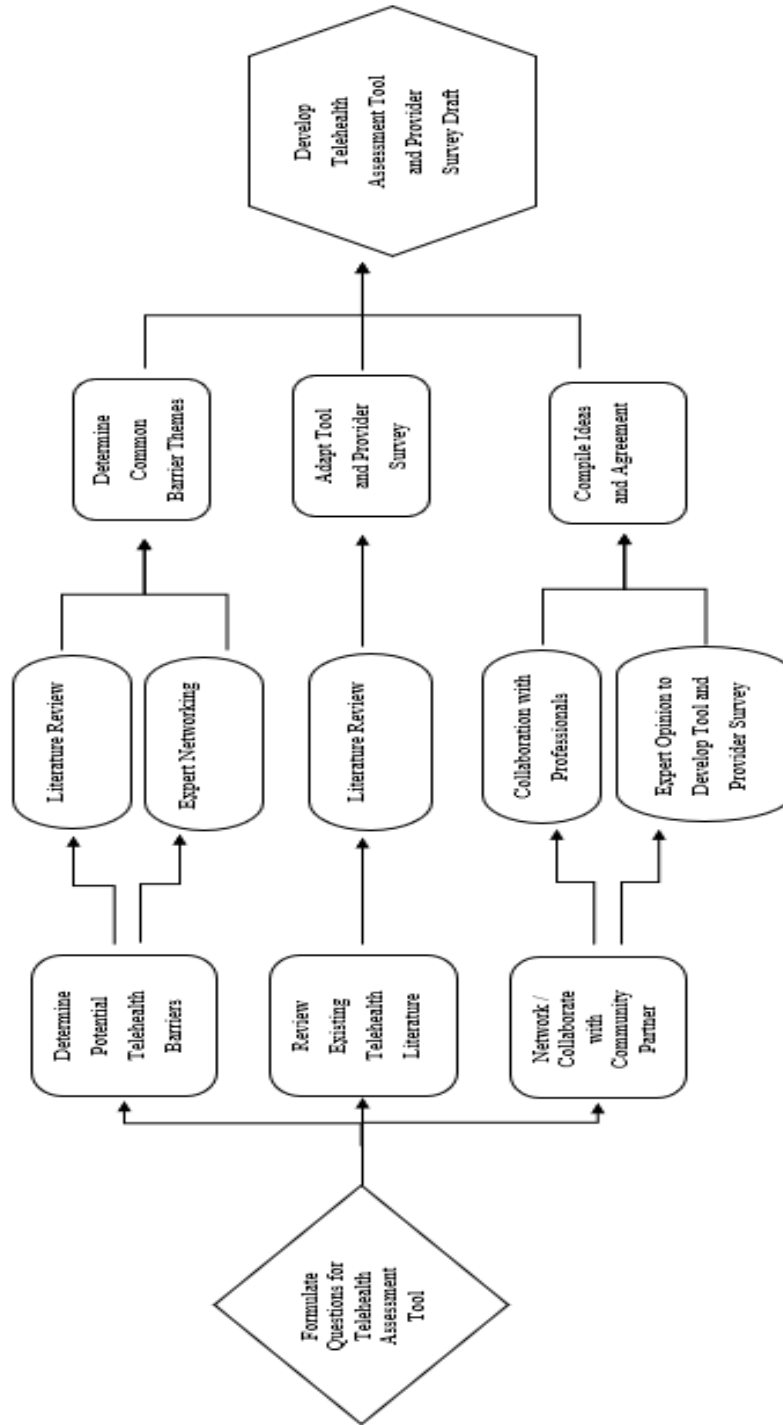
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Appendices

Appendix A. Flow Diagram Demonstrating Methods Used to Develop the Telehealth Assessment Tool (Patient Intake Form) and Provider Questionnaire.



Appendix C. Developed Outpatient Provider Questionnaire.**The University of Southern Maine - *Muskie School of Public Services*****Northern Light Mercy Hospital****Telehealth Outpatient Provider Survey - Telehealth Readiness Assessment Instrument**

Target Survey Audience: Outpatient Care Providers (Physician Assistant and/or Nurse Practitioner)

Survey Objective: The purpose of this anonymous survey is to be used to gather general provider feedback on telehealth. Secondly, to receive qualitative feedback on the telehealth instrument created by Kaylee Leclerc, an MPH student at The University of Southern Maine, for patients to complete prior to their primary care appointment(s). The overall purpose of the instrument is to help Primary Care Providers indicate and identify suitable candidates for telehealth appointments.

Student Capstone

Kaylee Leclerc

Email: Kaylee.leclerc@maine.edu

Dear Northern Light Primary Outpatient Providers,

My name is Kaylee Leclerc, and I am an MPH student at The University of Southern Maine. For my capstone project, I developed a Telehealth Patient Intake Form for patients to fill out before their primary care appointment(s). The Telehealth Patient Intake Telehealth Form is aimed to help providers access and identify suitable patient candidates for telehealth services. As you know, telehealth services have the potential to improve access to care, especially in Maine. Telehealth has demonstrated benefits for patients by improving continuity of care, access, and health outcomes.

This Telehealth Patient Intake form will *not* be validated; however, I am asking if you would be willing to answer a few questions related to telehealth and the assessment tool developed to receive feedback on the feasibility and content. They are as followed:

Provider Survey Questions

1. Please select your Member Organization:
(Drop down)

2. As a provider, how often do you recommend telehealth appointments for your patients?
 - a. Most of the time
 - b. Sometimes
 - c. Rarely
 - d. Never
 - e. Unsure or do not know

3. I was properly trained to provide appropriate patient care through telehealth.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree

4. I wish to receive additional types of telehealth training by:
 - a. Webinars
 - b. Instructor-led trainings
 - c. Lectures
 - d. Presentations delivered by HR Department
 - e. Conferences
 - f. No additional trainings
 - g. Other:
(Please list the specific types of telehealth trainings you wish to receive)

5. When a patient declines telehealth services, what are the common barriers:
 - a. Patient lacks use of accessible internet
 - b. Patient lacks use of technology equipment (smart phone, tablet, computer)
 - c. Patient has trouble understanding and using technology
 - d. Patients preference

e. Patient not interested in a telehealth appointment

f. Other:

(Please list)

6. I have encouraged the following patients to participate in telehealth appointment:

a. High risk for COVID-19

b. Over the age of 65+

c. Living in a long-term care facility

d. Underlying chronic medical conditions

e. Transportation barriers

f. Medication management

g. Scheduling and time limitations/conflicts

h. Hospital follow-ups

i. Mental health counseling/follow-up


j. Other:

(Please list specific patient characteristics, health conditions, or situations that you believe warrant a telehealth appointment)

7. * After looking at the attachment * (Patient Intake Form) Are you willing to trial this tool as an assessment of patient appropriateness for possible telehealth visit? Please elaborate your response.

Appendix D. Developed Telehealth Assessment Tool (Telehealth Patient Intake Form.)

TELEHEALTH PATIENT INTAKE FORM


Northern Light.
Mercy Hospital

Date ___/___/___

Please take a few minutes to fill out the questionnaire about telehealth services. All answers in this questionnaire are confidential and will become part of your medical record. Thank you for your time.

First Name _____ Date of Birth ___/___/___

Last Name _____

Directions: Please respond to each question below by checking the appropriate box.

1. Are you interested in telehealth appointments?

- Yes
- No
- Unsure or do not know

If your answer is no, you may stop filling out the form.

2. Can you sign into your patient portal?

- Yes
- No
- Unsure or do not know

3. Do you feel comfortable using your patient portal to manage appointments, request prescription refills, view details of your health, and use telehealth services?

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Not comfortable

4. Do you have reliable internet at your residence to access a telehealth appointment?

- Yes
- No

Unsure or do not know

5. As a patient, who may have a caregiver present at healthcare appointments, is your caregiver able to help you with telehealth appointments?

Yes

No

Unsure or do not know

This question does not pertain to me

6. Do you have any health conditions that may benefit your health to participate in telehealth appointments with your provider? (Check all that may apply)

High risk for COVID-19

Over the age of 65+

Living in a long-term care facility

Chronic health conditions

lung disease

heart conditions

obesity

diabetes

kidney disease

liver disease

other

Transportation barriers

Scheduling and time limitations

Behavioral and/or mental health

Other: _____

Thank you for your time. Your provider will speak to you regarding your responses.

Appendix E. Office of Research Integrity and Outreach Dissemination.

Office of Research Integrity and Outreach

Protocol HRPP # 111821-122

TO: Kaylee Leclerc and Yvonne Jonk

FROM: Tina Aubut

DATE: Thursday, January 13, 2022

RE: *Rural Maine Telehealth Readiness Assessment Tool*

Notice of Evaluation- Not Research 45 CFR 46.102 (l)

The Office of Research Integrity and Outreach (ORIO) has evaluated the information provided in the Request for Determination of Research Involving Human Subjects form and subsequent correspondence. Based on the information you have provided it has been determined that the activity is not designed to develop or contribute to generalizable knowledge. Our understanding is that you intend to conduct an anonymous survey of Northern Light medical providers for their input on a patient survey tool in order to identify those patients who may benefit from telehealth services. If this is not accurate, please contact us immediately.

This activity is not a systematic investigation, including research development, testing and evaluation, and/or designed to develop or contribute to generalizable knowledge; it does not fall under the definition of research as described in 45 CFR Sect. 46.102(l), and therefore does not require further review or determination.

The Office of Research Integrity and Outreach (ORIO) and the USM Institutional Review Board appreciate your efforts to conduct research in compliance with federal regulations that have been established to protect human subjects in research.

Please consult with the ORIO whenever questions arise about whether planned changes to the activity might qualify the activity as research involving human subjects. If you have any questions please feel free to contact us at 207-780-4517 or by email at usmorio@maine.edu.

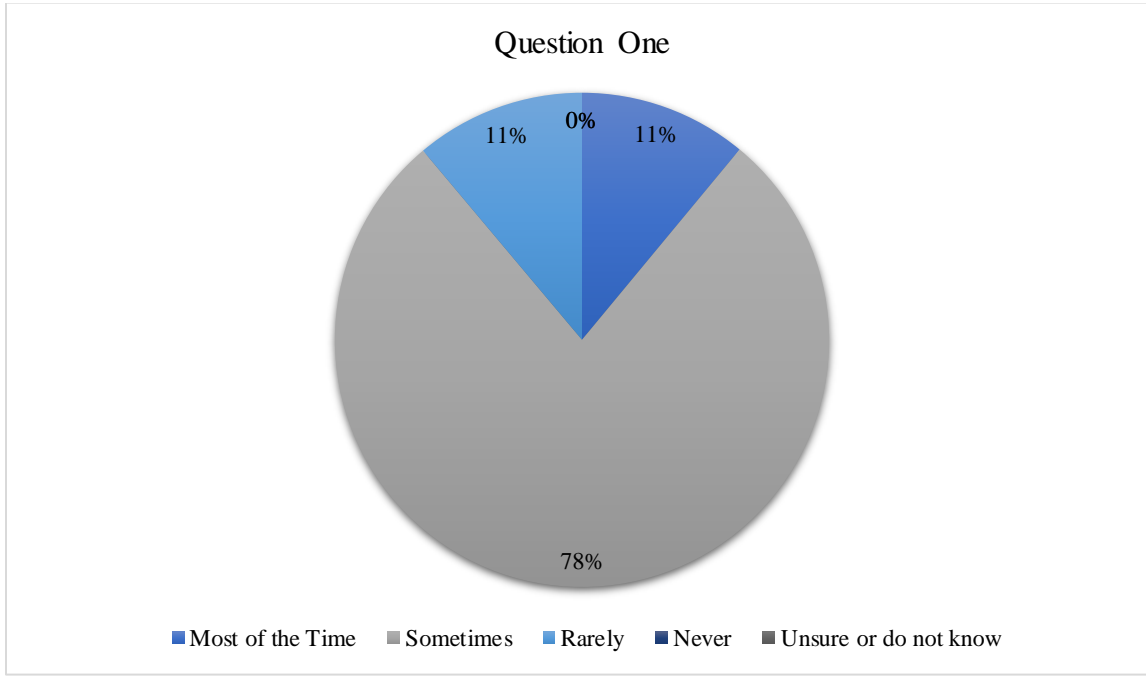
Date of Determination: 1/13/2022

Sincerely,

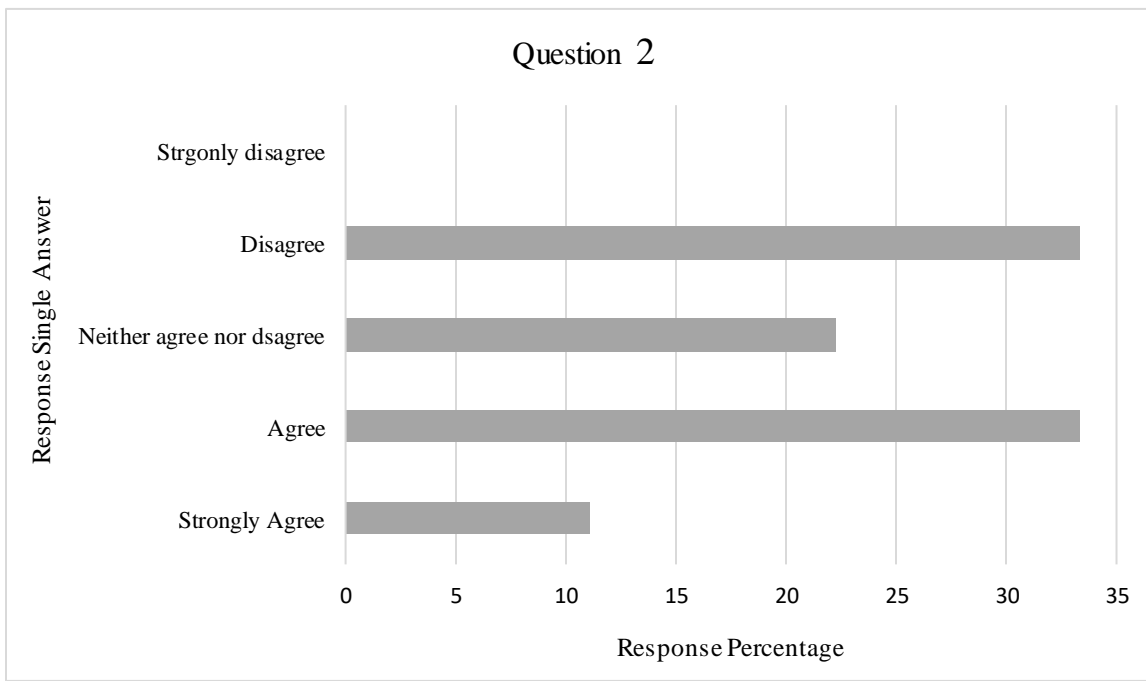
A handwritten signature in black ink, appearing to read "Tina Aubut".

Tina Aubut
Research Protections Assistant
Office of Research Integrity and Outreach

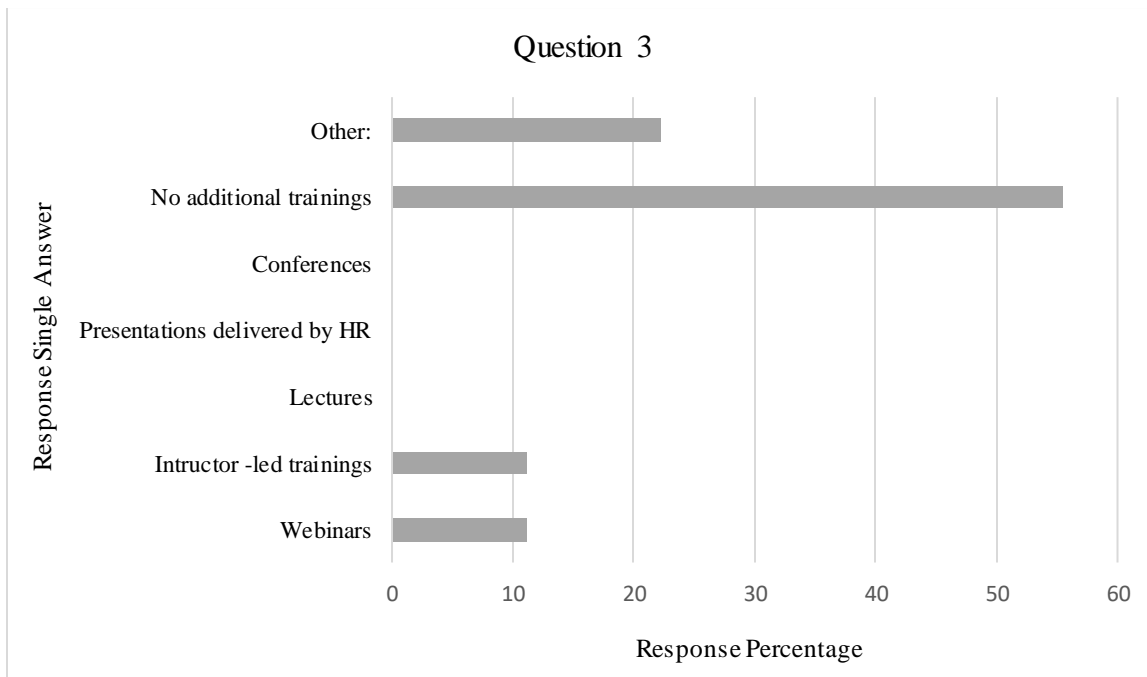
Appendix F. Outpatient Provider Questionnaire Results – Question One



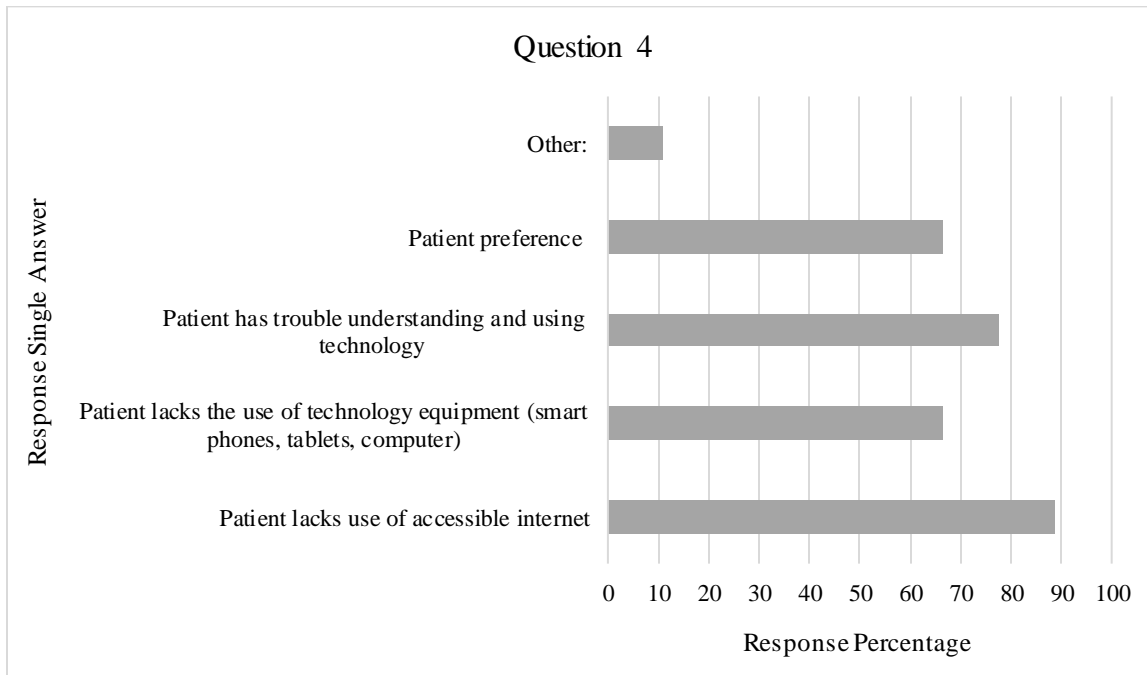
Appendix G. Outpatient Provider Questionnaire Results – Question Two



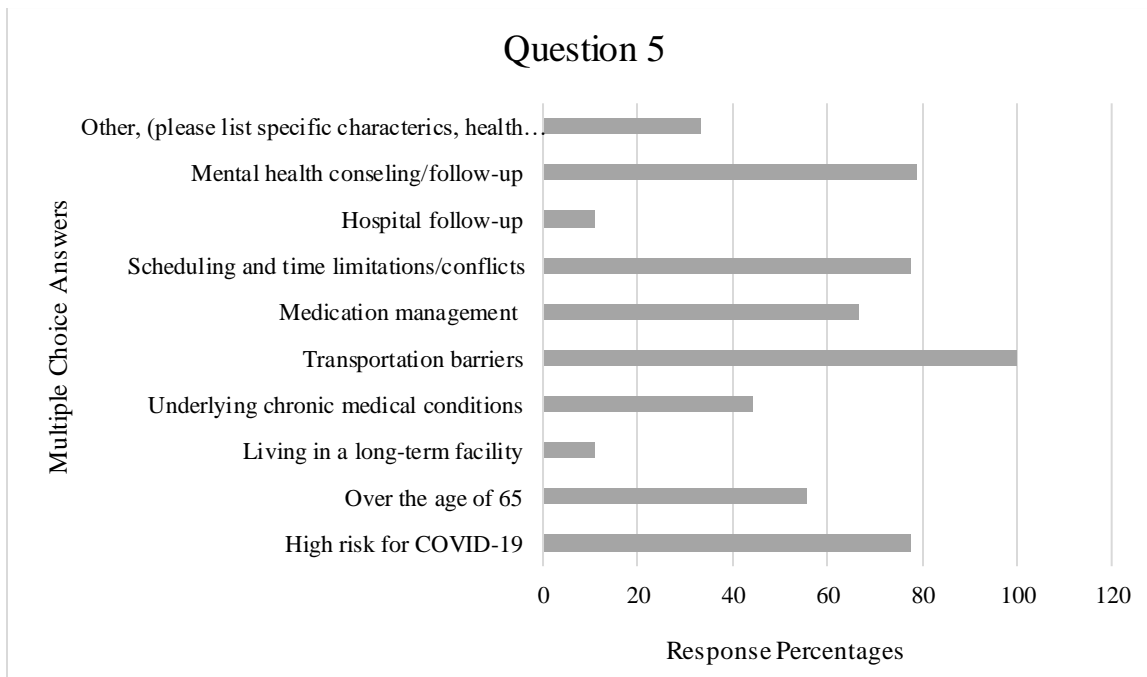
Appendix H. Outpatient Provider Questionnaire Results – Question Three



Appendix I. Outpatient Provider Questionnaire Results – Question Four



Appendix J. Outpatient Provider Questionnaire Results – Question Five



Appendix K. Outpatient Provider Questionnaire Results – Question 6

