

Health

## INTRODUCTION

- During COVID-19, there was an unprecedented increase in telehealth services across all available VA platforms.
- Without effective delivery of care that is appropriate for the wider VA audience, the utilization of telehealth services could be temporary.
- There is a need to understand how different patient characteristics and experiences with telehealth visits during the during the rapid expansion of telehealth services impact preference of clinical video telehealth (CVT) in contrast to in-person visits at the Veterans Health Administration.

Patient Characterisitcs and Experiences Impacting Visit Modality Preference

**Objective:** Evaluate patient characteristics and telehealth experiences of veterans endorsing clinical video telehealth (CVT) preference in contrast to in-person visits.

# Veteran Characteristics and Telehealth Experiences Impact Visit **Modality Preference at the Veterans Health Administration**

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# RESULTS

| The doctor's inability to perform physical examination discourages me to recommend a video visit to someone else  | 10.9%      |             |
|---|------------|-------------|
| The doctor's inability to perform physical examination discourages me to have a video visit in the future   | 16.3%      |             |
| I would have a video visit again in the future  |            |             |
| My clinician explained things in a way that was easy to understand.   |            |             |
| In general, I was satisfied with my visit using Video telehealth  |            |             |
| The Video telehealth system was easy to use   |            |             |
| I was able to ask any questions I had   |            |             |
| I felt comfortable bringing up new issues or concerns   |            |             |
| The doctor was professional and helpful   |            |             |
| I felt the doctor listened to me  |            |             |
| I was given enough time for my visit  |            |             |
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| Figure 2. Patient preference in relat   | ion to ov  | erall sati  |
| The video visits provided enough opportunity for me to ask any questions I  | ion to ov  | erall sati  |
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| <ul> <li>and</li> <li>I am satisfied with video visits I received.</li> <li>For seeing my PCP, the video visits can be a good addition to my in-person visit</li> <li>The video visits let me discuss new issues or concerns</li> <li>The video visits let me discuss new issues or concerns</li> <li>The video visits improved my access to care</li> <li>The video visits helped me to improve my health.</li> <li>The video visits allow for better monitoring of my health condition.</li> <li>For seeing my PCP, the video visits are not as suitable as in-person visits.</li> <li>Video visits made me more actively involved in my health care.</li> <li>For seeing my PCP, the video visits can replace in-person visits.</li> </ul> |            |             |

The video visits interfered with my everyday routine.

# **MATERIALS & METHODS**

### Patient surveys (n=405)

- Patient surveys mailed to Veterans between May 2021 and October 2021.
- Eligibility criteria:
- <u>></u> 1 Primary care CVT visit from 3/2/2020 - 12/31/2020
- Phone and address available in EHR
- NYH or SD listed as patient's primary VA center



There is very high satisfaction with CVT, but most veterans still prefer in-person visits overall.

Age and internet accessibility appeared to be veteran characteristics effecting preference of CVT or in-person visits.

Lack of physical exam during CVT seemed to be an experience associated with preference of CVT or in-person visits.

#### **Drug Use Among Nightclub and Dance Festival Attendees** in New York City

### METHODS

Randomly select venues in NYC and survey participants outside of parties (N=4160). Collect hair samples from willing participants to test for unintentional drug use.



#### Maximizing the Value of Sharing PGHD with HealthCare **Providers in the Setting of Weight Management at the VA**

Value of Sharing Patient Generated Health Data (PGHD) in Weight Management

**Objective:** Evaluate best practices for sharing and utilization of PGHD to optimize its use and maximize its impact for weight management at the Veterans Administration.

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# **ADDITIONAL INVOLVEMENTS**



**Objective:** Examine the prevalence of new psychoactive substances and other drug use, risk factors for use, self-reported adverse outcomes, trends in use, and adverse outcomes.



#### METHODS

Conduct semi-structured interviews with MOVE! and PACT providers of different disciplines to understand their experiences and preferences using PGHD from FitBit.



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