Assessing College Health Clinicians' Utilization of Telehealth: an RRNeT Study

D.S. Edwards MD, C. Strenth PhD, K. Bergs PhD, LMFT, M. Montanez Villacampa MD, Y. Shi MD, PhD, I.I. Cruz PhD, LMSW

IN COLLABORATION WITH THE RESIDENCY RESEARCH NETWORK OF TEXAS

BACKGROUND

- Many collegiate health clinics pivoted to telehealth services during the COVID-19 pandemic as a new modality for providing healthcare.
- Five years later, it is unclear whether attitudes and training in telehealth have evolved.
- **Hypothesis: College health clinicians are trained in providing telehealth and comfortable with its use.**
- **Objectives:**
  1. Categorize clinicians' experiences with telehealth training in college health vs other primary care clinic settings.
  2. Measure comfort in diagnosing and treating through telehealth modalities.
  3. Distinguish types of visits most suitable for telehealth.

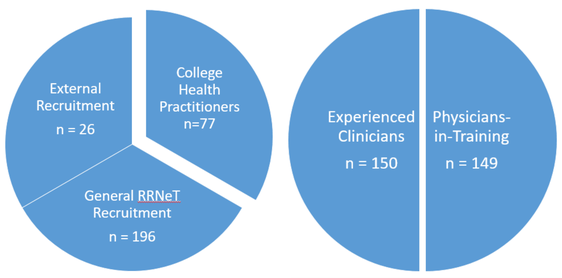
RESEARCH METHODS

- Multi-site, cross-sectional study of family medicine / internal medicine clinicians, including physicians-in-training
- Anonymous, quick poll format,10 questions
  - Training
  - Use of Best Practices
  - Appropriateness of treating common conditions in primary care; new & established patients
    - 5 point Likert scale
    - Always appropriate → Never
- Developed by Residency Research Network of Texas (RRNeT) faculty
- IRB reviewed and exempt
- Disseminated to college health clinicians through the Southwest College Health Association and ACHA Connect list serves

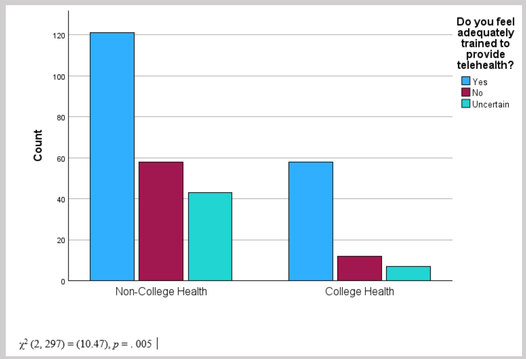
DATA ANALYSIS

- Exploratory inferential statistics were carried out, and either chi-square test or bivariate correlations were performed.

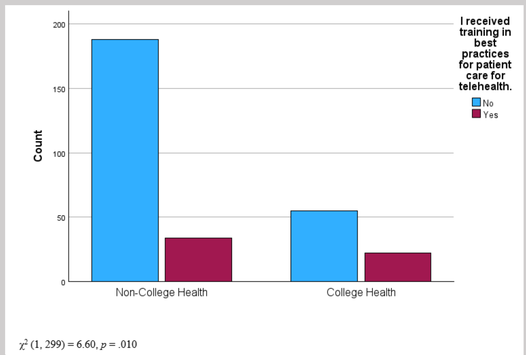
- POPULATIONS:
  - College health clinicians comprised 26% of survey participants.
    - **Mean years of practice (including residency) 11.1**
      (Std Dev = 12, n=291)
      - **M = 11.16, SD = 12.08, N = 291**



DATA ANALYSIS

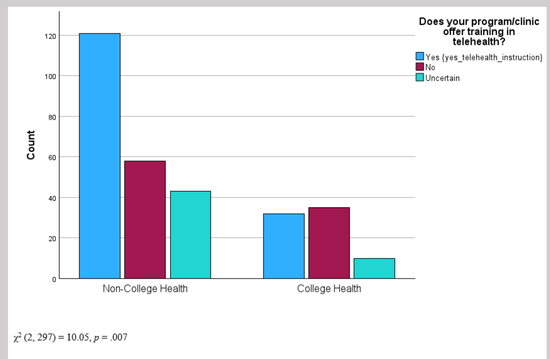


χ^2 (2, 297) = (10.47), p = . 005 |



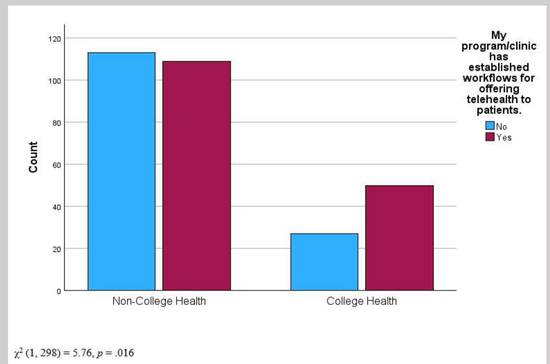
χ^2 (1, 299) = 6.60, p = .010

- **A higher proportion of college health clinicians feel trained (75% vs 54%), including in best practices (29% vs 16%), compared with other clinicians.**



χ^2 (2, 297) = 10.05, p = .007

- **College health clinics offer <u>less</u> formal training (42% vs 54% of non-college health clinics).**



χ^2 (1, 298) = 5.76, p = .016

- **College health clinics are more likely to utilize established protocols for telehealth.**

- **Years of practice (experience) and comfort:**
  - **r = .195, p < .001. This would indicate that as years of experience increased so did the level of comfort. However, it is weakly correlated.**

Most Appropriate (all established pts)	Least Appropriate
Behavioral Health (chronic, routine), 96%	Acute infections (UTI, O.M., AGE, cellulitis), 50%
Medication Refill, 95%	Acute Respiratory Complaints, 58%
Diabetes, 89%	MSK conditions, 64.2%

Most Appropriate (all new pts)	Least Appropriate
Behavioral Health (chronic, routine), 67%	MSK conditions, 28%
Medication Refill, 57%	Chronic Respiratory Conditions, 30%
Headache, 49%	Acute infections (UTI, O.M., AGE, cellulitis), 35%

Table X. College Health vs. Non-College Health Bivariate Correlations

	Comfort with Telehealth	Established Patients: Diabetes	Established Patients: Hypertension	Established Patients: Routine Health Maintenance
College Health vs Non-College Health	.165**	-.208***	-.157**	-.136*

Note: * p <.05, ** p < .01, p, < .001

College health clinicians were more comfortable with use of telehealth compared with their peers but felt less comfortable using it to treat established patients with DM, HTN, or health maintenance needs.

CONCLUSIONS / FUTURE RESEARCH

- There is need for more training in telehealth, including in best practices among college health and other primary care clinics.
- The correlation between comfort and the facilitators is r = .360, p < .001. Increased presence of facilitators/best practices in a clinic environment was associated with more comfort in using telehealth. Telehealth may be most appropriate for management of chronic behavioral health conditions, medication refills, and diabetes in established patients.
- Telehealth may be least appropriate for management of acute infections, respiratory tract infections, and musculoskeletal problems in established patients.
- Telehealth is seen as less appropriate overall for **new** patient encounters.

RESEARCH DISCUSSION: Perceptions of training (all clinicians)

- **60% of all clinicians felt adequately trained**, 23% were not, 17% were uncertain
- 51% of all respondents were offered training through their clinic/program, but **81% report no training in "best practices."**
- **Training ≠ Comfort**: Of those trained, only 66.2% felt comfortable / extremely comfortable providing care through telehealth.
- Formal training methods included:
  - Formal didactic lecture – 22%
  - Shadowing an experienced clinician – 17%
  - Internet-based resources – 16%
  - Other – 5%

LIMITATIONS

- Findings are interpreted with caution based on a relatively small sample size.
- Some member sites did not permit telehealth.
- We did not specifically ask about use of telehealth during the COVID-19 pandemic, which could correlate with comfort with use.

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REFERENCES