



Telehealth Experiences and Preferences Among Californians with Low Incomes

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About the Author

This report was written by Jen Joynt, independent health care consultant. The research was designed, conducted, and analyzed by [NORC at the University of Chicago \(NORC\)](#). NORC is an objective and nonpartisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. Study design, data collection, and analysis were led by Rebecca Catterson, MPH, principal research director at NORC, and Lucy Rabinowitz Bailey, MPH, research scientist at NORC. Yohualli B. Anaya, MD, MPH, provided input throughout the research process and editorial support during the writing of this report.

About the Foundation

The [California Health Care Foundation \(CHCF\)](#) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Executive Summary

Since the beginning of the COVID-19 pandemic in early 2020, telehealth has increasingly become an important part of the health care delivery system, driven by the need for reduced in-person contact, by changes to reimbursement, and by patient preference. As telehealth's role in health care grows, it is important to ensure that all Californians have equal access to and satisfactory experiences with telehealth. To better understand the telehealth experiences of Californians with low incomes, the California Health Care Foundation (CHCF) engaged NORC at the University of Chicago (NORC) to recruit and interview Californians with low incomes who reflect the diversity of the state. From July to November 2022, NORC interviewed 73 Californians with low incomes who had received a telehealth visit in the last year.

“Well, of course, when I have my physical and then the cardiologist, I always see a person because she wants to listen to my heart and test me. So I usually go in person But for the convenience, I'd rather do the telehealth. It cuts a lot out of my activity, where I get out of breath. And, plus, my son is not available to take me. It has saved him a lot of trips and taking him away from his responsibilities and his home and work. I started it actually because I didn't want him coming over so much. And then when I realized how easy and convenient it was for me, not having to get dressed, not having to get in and out of the car, then I started to prefer the telehealth.”

— 84-year-old White female in Riverside County

Key Findings

While interviewees report different levels of comfort, satisfaction, and future interest in telehealth, many commonalities in experiences and future preferences for telehealth emerge from this research. Specific findings from the research are presented below.

Telehealth increases access to health care for many Californians with low incomes. Telehealth removes many barriers, such as financial costs and transportation challenges, that can make it difficult to access health care. Interviewees appreciate the ease of access and convenience of telehealth visits, especially interviewees with disabilities, those with mental health conditions, and those who identify as transgender or nonbinary.

Interviewees' experiences with video visits reveal some trade-offs. Many interviewees report experiencing occasional audio and video connectivity issues during visits. At the same time, they feel that their provider is more engaged in their care in video visits, which helps them to build trust with their providers and in telehealth. A minority of participants report discomfort or no experience with the types of digital technology that may be used for video visits. Ultimately, many participants who experience both phone and video visits see the value of each visit modality in different situations.

Telehealth helps patients build stronger relationships with their providers. Overwhelmingly, participants report high levels of satisfaction and trust with the care that they receive via phone or video. Moreover, many feel that their relationships with providers are strengthened through more frequent and easier contact.

Telehealth visits with language-concordant providers are effective for delivering high-quality care. Participants who prefer to receive care in a non-English language who receive such visits report high levels of satisfaction and confidence in their communications with their providers. As with other patients, telehealth visits help these participants build trust and strengthen their relationships with providers.

Californians with low incomes want telehealth to play an integral role in their future care. When asked about their future preferences, most interviewees say they would like to receive at least half of their care via telehealth in the future. At the same time, they recognize the value of in-person visits for physical examinations, health screenings, and meeting new providers. A minority of participants want all their future care to be in person.

Patients want to choose or be involved in decisions about the modality of their visits. The majority of interviewees want to have an active role in choosing which type of visit (i.e., phone, video, or in-person) makes sense for their specific health concern. Most of these patients like the idea of partnering with their provider in making this choice.

Looking Forward: Implications for Health Systems and Policy

Taken together, our interviewees' experiences with telehealth reveal ways in which telehealth is not yet reaching its full potential as a critical part of the health care delivery system. Several key areas for future focus from health systems and policymakers emerge from this research.

Embrace telehealth, via both phone and video, as an essential part of care delivery. Californians with low incomes want telehealth to play a significant role in their future care. And participants value both phone and video visits for receiving care. Health systems and policymakers should continue to invest in telehealth and support access to both phone and video visits.

Ensure that patients have a choice about visit modality. Participants express personal and specific preferences for the visit types that they would like depending on their health care concern, and want an active role in the choice of those visits. Health systems need to integrate choice of visit type into their workflow and educate and support patients in making decisions about the most appropriate type of visit for a given concern.

Integrate interpretation services and provide access to language-concordant providers in phone and video visits. The health care delivery system needs to continue to invest in the infrastructure to ensure language-accessible visits for all patients, whether that means seamless integration of high-quality interpretation services or

improved access to language-concordant providers. In addition, health systems need to ensure that all communication and educational materials are available in all languages.

Support the use of telehealth for patients with disabilities, those with mental health conditions, and those who identify as transgender or non-binary. Telehealth provides an important mode of access to health care for people with disabilities, with mental health conditions, and who identify as transgender or nonbinary. Telehealth can also help address geographic shortages of providers and connect patients to a broader pool of providers. Health systems and health plans should support these patients by ensuring that they are aware of telehealth options and are provided sufficient education to connect to providers via telehealth.

Improve technical support and connectivity for telehealth visits. Health systems should assess the digital literacy of their patients and provide up-front assistance and education for telehealth visits (especially video visits). In addition, health plans, systems, and clinics should work with their individual providers to ensure that they have the devices, connectivity, and literacy to effectively engage in telehealth visits from wherever they are providing care.

About the Study Participants

Between July and November 2022, NORC researchers conducted in-depth interviews with 73 Californians with low incomes to gain an understanding of telehealth experiences since the start of the COVID-19 pandemic. All study participants lived in California, had annual household incomes below 200% of the federal poverty level, and had a telehealth appointment within the last year. A telehealth appointment was defined as a visit with a primary care doctor, specialist, therapist, nurse practitioner, or other medical professional via video or a phone call.

The NORC team implemented several recruitment methods (detailed in Appendix A) to ensure the study population would be representative of the population of Californians with low incomes, including ensuring representation by race/ethnicity, language, region, age, and type of telehealth appointment (e.g., behavioral health). Of the 73 interviews, 51 were conducted in English, 10 in Spanish, 6 in Cantonese, and 6 in Vietnamese. See page 6 for a demographic breakdown of the interviewees.

Participants are more likely to have had a telehealth visit by phone (89%) than by video (56%). Nearly half of participants (45%) report having received both a phone and a video visit.

More than one in three interviewees (36%) report a mental health condition, with depression being the most reported condition ($n = 20$). Most participants report having a usual place where they receive care, which is typically a private medical practice or a Federally Qualified Health Center.

For the complete methodology, see Appendix A.

Table 1. Demographics of Research Participants (N = 73)

	NUMBER	PERCENTAGE
GENDER		
Female	39	53%
Male	29	40%
Transgender or nonbinary	5	7%
RACE/ETHNICITY		
Asian	14	19%
Black	11	15%
Latino/x	19	26%
White	19	26%
Other	10	14%
LANGUAGE IN WHICH INTERVIEW WAS CONDUCTED		
Cantonese	6	8%
English	51	70%
Spanish	10	14%
Vietnamese	6	8%
AGE		
11 to 17	3	4%
18 to 29	12	16%
30 to 49	26	36%
50 to 64	21	29%
65+	11	15%

	NUMBER	PERCENTAGE
INSURANCE COVERAGE		
Medi-Cal	42	58%
Dually eligible (Medi-Cal and Medicare)	9	12%
Medicare	6	8%
Covered California	5	7%
Employer-sponsored	5	7%
Uninsured	5	7%
Private, not Covered California	1	1%
REGION		
Bay Area	11	15%
Central Coast	6	8%
Inland Empire	5	7%
Los Angeles	27	37%
Northern & Sierra	8	11%
Other Southern California	7	10%
Sacramento	4	5%
San Joaquin	5	7%

Source: Individual interviews conducted by NORC, 2022.

Background: The Evolving Role of Telehealth in Health Care Delivery

The COVID-19 pandemic accelerated Californians' utilization of telehealth for medical and behavioral health care. A NORC/CHCF survey conducted in summer 2020 found that nearly two in three Californians with low incomes (65%) who received care during the pandemic reported that they had a telehealth visit.¹ In addition, research conducted by the RAND Corporation found that between February and April 2020, telehealth visits for primary care, conducted either by phone or video, increased from zero to 148 visits per 1,000 patients at safety-net health care providers in California.² In contrast, in-person care dropped from about 230 to 65 visits per 1,000 patients during that time frame, RAND found.³



For most Californians with low incomes, these pandemic telehealth visits represented their first experience with telehealth. While the use of telehealth has declined since the end of the acute phase of the pandemic, many Californians with low incomes continue to receive some care via

telehealth. In 2022, more than 4 in 10 Californians with low incomes (42%) received a phone telehealth visit. And about 4 in 10 (39%) received a video telehealth visit.⁴ RAND's research of California safety-net providers found that by the summer of 2022, the number of in-person visits at California safety-net providers had rebounded to 70% of primary care appointments, but telehealth still composed about 30% of visits (23% phone and 7% video). Telehealth use was more prevalent for behavioral health care, with 63% (39% phone and 24% video) of appointments conducted either by phone or video as of June through August 2022.⁵

California has some of the most expansive Medicaid telehealth coverage and reimbursement policies in the nation.⁶ After California ended the public health emergency on February 28, 2023, many pandemic-era rules became law, with equal coverage and payment for telehealth visits for Medi-Cal enrollees, including phone and video visits, as for in-person visits. California's Department of Health Care Services (DHCS) will also require that Medi-Cal providers support patient choice of visit modality. Specifically, providers who are offering phone services will need to offer those same services via live video. And providers who are offering telehealth services will be required to offer patients in-person care or a referral to in-person services; these new requirements will happen no sooner than January 1, 2024.⁷

In addition, DHCS will require that Medi-Cal providers obtain consent and provide additional explanations to ensure that enrollees understand their right to choose between a telehealth and an in-person visit. Looking forward, most health experts predict that telehealth will continue to play an important role in people's health care.

Findings: Telehealth Experiences Among Californians With Low Incomes

The acceleration of telehealth use among Californians since 2020 coupled with the new policies affecting access to telehealth make it important to understand the experiences of Californians with low incomes. For this report, NORC interviewed 73 Californians with low incomes about their experiences with and future preferences for telehealth.

While personal experiences and preferences among research participants vary, many common insights emerge from the research. Key findings are organized into three main topics:

- ▶ Access to care with telehealth
- ▶ Experience with telehealth visits
- ▶ Future preferences for telehealth

Access to Care with Telehealth

The Takeaway

For many Californians with low incomes, telehealth effectively removes barriers, such as financial costs and transportation challenges, that have impeded their access to care in the past. Participants report that accessing telehealth visits works well, especially when links for logging in are sent via email or text prior to visits. The ease of access to telehealth visits allows patients to make and keep appointments that they might not have been able to do in person. A notable minority of participants lack access to technology for video visits. People with disabilities, with mental health conditions, and who identify as transgender or nonbinary are especially likely to say that access to telehealth is important to them.

Telehealth effectively removes many barriers to accessing health care faced by Californians with low incomes, especially financial and transportation barriers.

For Californians with low incomes, the indirect financial costs associated with attending in-person health care appointments can cause them to delay or avoid care altogether. Interviewees discuss the challenges of having to take time off work for the visit itself, for traveling to and from the visit, and for time spent waiting in the clinic or doctor's office. For many, an in-person visit necessitates taking at least a half day off work (or in many cases, a full day), requiring them to forgo those wages or use a vacation day. Beyond lost wages, in-person visits bring with them the additional expenses of transportation to and from the visit, parking, and potential child care costs. Telehealth offers both patients and caregivers the opportunity to avoid these costs and to save time.

“We need that appointment, but we hesitate because we can’t ask for time off . . . [With telehealth], we can work around our lunch or break schedule . . . and they’re more likely to say yes than [to] requesting a whole day.”

— 44-year-old Latina/x female in Los Angeles

For many, traveling to and from visits presents a significant barrier to care, as some people do not have a vehicle, rely on public transportation, or live in an area with significant traffic.

“I don’t have a vehicle, so telehealth allows me to utilize care that I just would not have access to otherwise. I couldn’t travel to San Francisco regularly to see a specialist. I suppose sometimes as well, given the nature of my disabilities, I don’t always remember my appointments or have a general ability to get myself mobile enough to get to them. So having providers who are aware of that, who can then contact me and still maintain the appointments is incredibly helpful.”

— 30-year-old nonbinary person in Northern California

“Travel is something I struggle with . . . just dealing with high traffic. So not having to have that obstacle has been incredibly helpful. It saves me a lot of time, and I’m not as exhausted from having to sit in traffic or having to think about the drive home in more traffic. And being at home . . . I’m a bit more at ease. I’m not like, interacting with a bunch of people I don’t know, or I’m not comfortable with, to get to that point. [Telehealth has] definitely increased my use of health care generally.”

— 29-year-old White male in Contra Costa County

Many participants cite the ease and convenience of telehealth in helping them to make and keep appointments that they might not be able to do in person.

Many participants report that they are usually able to make an appointment for a telehealth visit faster than they are for an in-person appointment, with many scheduling a telehealth appointment for within a few days compared to waiting a week or longer for an in-person appointment.

“I’m more likely to get care [because] I know I’m going to be able to reach out and get an answer quickly, instead of trying to reach out and go through a prolonged process, only to have to make an appointment and then hear ‘the schedule is fully booked.’”

— 23-year-old Black male in Los Angeles

Others report being able to make telehealth appointments outside of the regular business hours for in-person visits, increasing their access to care. A few participants mention seeking urgent care via telehealth through platforms outside of their regular provider or health center, which can prevent the need to go to an urgent care center or emergency room to receive care.

“Telehealth made it easier to see my provider because I didn’t have to take time off from work. I didn’t have to wait in a waiting room and be exposed to maybe other people that had COVID.”

— 45-year-old Latino/x male in San Joaquin

Without the financial and transportation barriers associated with in-person visits, telehealth allows many participants to make and attend appointments that might have been challenging for them in person, leading to more timely care delivery and better continuity of care. A few interviewees note that their provider will call them during the appointment time if they forget to call, helping them keep appointments that they might miss in person. Many participants note that they receive more health care now with the option of telehealth visits than they had when care in-person was their only option.

In addition, many participants cite avoiding exposure to COVID-19 or other illnesses as an important advantage of telehealth visits.

The process of accessing telehealth visits works well for most participants, especially when doctors’ offices and clinics send links via email or text for logging in prior to the visit.



Most participants note that the process of attending a telehealth visit runs smoothly, especially when they receive a link by email or text prior to the visit. Also, some participants appreciate receiving a pre-call or assistance from office staff to facilitate a successful connection. Some experience a learning curve during their first visit, when they have to download an application or become familiar with new technology, but are then comfortable accessing future telehealth visits.

A minority of participants encounter technological challenges with telehealth appointments.

A minority of participants report challenges accessing their appointments. Either they do not receive a link for their appointment or forget to use the link to start the appointment. Others complain that their provider has called the wrong phone number.

“I don’t know what I was doing wrong — because I think they like send you a link. Do they send you a link for the telephone one? Or was it for the video call? I always know, it’s some kind of link or something that I have to press, and I’ll be messing up because they sent it to my phone. And, yeah, I’ve got to get the hang of that. I don’t do too well with it.”

— 57-year-old Black female in Orange County

In addition, a minority of participants express discomfort or have no experience with the types of digital technology that may be used for video visits. When asked about their comfort with computers, touchscreen technology, and smartphone apps, a sizeable number of participants report that they are somewhat or very uncomfortable with one or more of these technologies. A few have never used them. One participant describes traveling to a county health center to use one of their computers to attend a telehealth video appointment.

Participants appreciate having the option to choose the modality of their health care visit.

Most interviewees note that they were not given a choice of coming in person or doing telehealth in the earlier part of the last year — the doctors automatically scheduled their visits via telehealth due to concerns about or protocols related to COVID-19.

More recently, many are being given the choice between in-person, phone, or video and opt for the modality that makes the most sense to them. Some prefer phone, some video, and some in-person. Others note that they choose whichever option is available first, which is often a telehealth visit.

Interviewees with disabilities, with mental health conditions, and who identify as transgender or nonbinary highly value access to telehealth.

Participants with Physical Disabilities

People who have physical disabilities face accessibility barriers when seeking in-person care. Going to regular medical visits can present many physical challenges and be exhausting (or impossible without the right supports, such as appropriate transportation). Telehealth provides an easier, more accessible way for these patients to receive the care they need.

“Every time I do go to the doctor, I’m really exhausted the rest of the day and the next day. So with the telehealth, I remain well, I remain doing the activities I’m able to do, and I don’t get [shortness of breath] and wiped out where I lose a whole day.”

— 84-year-old White female in Riverside County

Participants with Mental Health Conditions

People who are neurodivergent or have acute behavioral health conditions face challenges in accessing in-person care, including overstimulation and difficulty communicating their needs to multiple people before they see their doctor (e.g., office managers, medical assistants). Several participants with mental health conditions say that telehealth helps them avoid the stress associated with in-person visits and enables them to have more appointments, allowing for more comprehensive treatment of both behavioral and physical health needs.

“I’ve been struggling with anxiety and depression, [and] not having to go in makes it more likely that I’ll actually do it. You know sometimes, I just really, really don’t feel like getting on a call, but it’s like you know, it’s right here [so] I might as well do it I feel like it makes it easier to get care on some things that you wouldn’t necessarily otherwise, you know? Instead of only getting care when it’s something really serious.”

— 50-year-old White female in San Joaquin County

Participants with mental health concerns especially appreciate the ability to minimize stress and optimize their comfort by having behavioral health visits at home.

“I trust [telehealth] a lot. It’s just always been easier for me. And I just feel like definitely with therapy, it’s helped me at least to be able to be in my own space while talking to someone. And so the experience has definitely been good for me.”

— 17-year-old White nonbinary person
in Northern California

Participants Who Identify as Transgender or Nonbinary

For those who identify as transgender or nonbinary, telehealth provides access to gender-affirming care and peer support regardless of where they live. Telehealth also broadens the pool of providers, enabling patients to search for providers who are more compassionate to their specific needs.

“I would say the physical health visits [by video] were incredibly good because of the technology that they were using, but also I guess the personability of the providers, and their knowledge base. It just was a lot more professional and a lot more considerate of my being genderqueer.”

— 30-year-old nonbinary person in Northern California

Participants who identify as transgender or nonbinary share how receiving care from providers who are not understanding of their specific needs leaves them feeling isolated or dehumanized. These negative experiences have the potential to discourage people from seeking care in the future, leaving physical and mental health concerns unaddressed.

“Finding a primary care provider that I feel comfortable sharing my pain with and my experiences with has been kind of difficult There were some days when I was really sick and I could not get out of bed I’m so sick that I cannot move, whether it be physically or I’m sick because of a mental health-related thing Having the convenience of . . . someone to come to me. Having telehealth has been really useful with that

“With telehealth, I feel more part of my treatment. And the fact that I get to be in my home while I’m going through appointments is very helpful just to have, like, familiar things around me. Doctors’ offices are very overwhelming for me with the bright LED lights, and everyone’s running around and in like a white lab coat, is very overwhelming for me, just to have so much external stimulation. But to be at home and to talk to the doctor feels very comfortable, because then I feel comfortable enough to open up and ask questions.”

— 21-year-old multiracial nonbinary person
in Northern California

Experience with Telehealth Visits

The Takeaway

Californians with low incomes report high levels of satisfaction and trust with care received via phone or video, especially when they have a prior relationship with the provider or health clinic. Participants appreciate the efficiency, convenience, and reduced stress of telehealth visits. Most participants feel that telehealth enables them to build stronger relationships with their providers through easier access and increased contact with them. The main drivers of unsatisfactory visits are lack of sufficient interpretation services for people who prefer to receive care in a non-English language and telehealth visits that require in-person follow-ups.

Overwhelmingly, participants express high levels of satisfaction with the care they receive via telehealth.

Most interviewees report being satisfied with their telehealth experiences. The research found no meaningful differences in telehealth experiences or satisfaction by race/ethnicity, education level, age, or insurance coverage. Although a few older participants express difficulty using video technology, many older participants noted their comfort with video visits, as they had become accustomed to using video platforms to interact with their families during the pandemic.

“As a matter of fact, I wouldn’t mind telehealth because I don’t have to get in the car and go to the office. And I think I would get just as much out of it as I do except, you know, he can’t, you know, test my heart or anything like that. I think it’s a great thing that we are doing that. We’ve got the technology. And, you know, it saves time. And staying out of the doctor’s office particularly, with COVID and everything else that’s going around, I’d just stay home I have an iPad that I use to get together with my children, and we use Zoom. So I’m pretty knowledgeable on how to get in and do things.”

— 89-year-old White female in Sacramento County

Participants who prefer to receive care in a non-English language report high-quality telehealth experiences when their visits involve a language-concordant provider (see page 16 for experiences of participants who receive care in a non-English language).

Also, there are no meaningful differences in satisfaction related to different types of providers or health systems. While more Kaiser Permanente patients experienced telehealth before the pandemic, their experiences remain very similar to those of participants receiving care from other providers or in other settings.

While participants express satisfaction with both phone and video visits, more participants report feeling that their providers are engaged and listening to them in video visits than in phone visits (see page 17 for the relative advantages of phone and video visits).

Telehealth strengthens patient-provider relationships, with participants feeling that their time with doctors is better spent and more efficient than it is during in-person visits.

For most participants, their experience with telehealth during the pandemic has helped them to develop trust in receiving care via phone or video. Post-pandemic, most interviewees do not feel like they are compromising by having a telehealth visit rather than an in-person visit. Rather, many interviewees report feeling that their telehealth visits offer the same or better quality experience as an in-person visit. In addition, interviewees appreciate the opportunity to connect and build relationships with their providers from the comfort of their homes.

“I think [the telehealth visit] was more one-on-one. So he was just focused on me. He didn’t have to rely on other people. Because sometimes when I go in person, the doctor is going back and forth with the nurses. So I feel like this time it’s more personal.”

— 24-year-old male in Los Angeles

“With him, I think I’ve gotten the same quality of care whether I see him in person or on the phone. It’s been fantastic. He’s so pleasant, and he has all the information before he calls me. I mean, extremely personal and extremely professional at the same time.”

— 84-year-old White female in Riverside County

Most phone and video visits last between 5 and 25 minutes, with no meaningful difference between the types. Many participants report that their time with the provider is the same for their telehealth visits as their in-person visits, and a few even feel like they have more time with the physician during their telehealth visit than they might in person. Furthermore, participants appreciate the increased efficiency of telehealth visits, due to being able to save additional time associated with in-person visits, such as waiting to be checked in; waiting to see a provider; and waiting for additional services, such as blood work.

Telehealth facilitates patient trust in providers through more frequent and easier contact and better follow-up with them.

For many participants, an established relationship with a provider is a key factor that drives satisfaction with and trust in telehealth. Telehealth further strengthens these relationships and facilitates better and more frequent communication, leading to Californians more actively participating in their care, either by communicating via telehealth platforms or by seeking needed care without delay via phone or video visits.

“I think now, at this point, some of the advantage for me is being able to actually talk to my doctor, confer with my doctor if I’m not allowed to come in the office or maybe I’m in a health situation where I can’t physically come in. So I think that is an advantage. And I will say that having the option to telehealth or telephone appointment with a physician, to me, is a good thing.”

— 56-year-old Black female in Riverside County

Many participants use patient portals to share brief updates, photos, or messages with their providers. And they note that their providers call to follow up on recommendations and prescribed medications to make sure everything is going well.

“They’re very aware of my health and everything. A lot of it we communicate through the computer system, if I need anything or if I need an appointment. And I like the fact that a lot of that stuff can be over the phone or they do the video appointments and everything.”

— 44-year-old Latino/x male in Los Angeles

However, not all interviewees are satisfied with their patient portal and email communications with their providers; one participant expresses frustration at the lack of responsiveness from their provider to their messages.

Telehealth is an effective way to deliver care to patients who want to receive care in their preferred language when visits incorporate language-concordant providers.

“First of all, I would say the most important thing is for them to understand you in your own language. Because truly, at least in my experience, everything that has to do with legal or medical things, I prefer to speak Spanish because I like to always know how to interpret what they’re saying. A lot of times when they speak to you in English, you understand half of it, but you don’t understand the other half. And those are the types of things that can cause concern. So for me that would be one of the biggest things that goes into having and receiving good service. That’s the way I see it. That way they can treat you in your own language.”

— 58-year-old Latina/x female in San Bernardino County

Californians who prefer to receive care in a non-English language report positive telehealth experiences when their visits include a language-concordant provider (e.g., a primary care provider who speaks their language or a nurse who can interpret synchronously). In these telehealth visits, patients report feeling confident both that the provider understands their health care concerns and that they understand what the provider is communicating to them.

By allowing easier access and more regular contact with their providers, telehealth with language-concordant providers helps patients who prefer to receive care in a non-English language build trust and strengthen their relationships with their providers.

“I have a non-Vietnamese-speaking doctor, but there are many Vietnamese-speaking nurses. Either way, I can speak English a bit, but I am not familiar with medical terminology. Therefore, there is always a Vietnamese-speaking nurse at the office to sometimes interpret for me so I can understand clearly about my condition and how to take care of myself.”

— 45-year-old Asian female in San Diego

Many of the Spanish-, Vietnamese-, and Cantonese-speaking participants in this study report having doctors who speak their language or staff at their doctors’ offices who speak their language. For patients who prefer to receive care in a non-English language but lack access to language-concordant providers, seamless integration of interpretation services into telehealth visits is critical.

Some of the non-English-speaking interviewees report having family members (such as spouses or children) serve as interpreters during telehealth visits. While the participants do not directly speak to this as a challenge, the use of nonqualified interpreters is a barrier to receiving quality health care, and not offering a qualified interpreter violates federal and California laws.⁸

Some participants whose preferred language is not English report challenges with setting up or accessing telehealth appointments when the scheduling or setup calls are in English. The challenge of providing adequate interpretation services for health care appointments for these patients is not solely a telehealth issue, as many clinics and doctors’ offices struggle to provide needed interpretation services.

“I need interpreters. My insurance company requires that I send in the request usually three weeks in advance. If the appointment made by my doctor is less than the three weeks, then there’s no guarantee that my insurance company would be able to provide one for me. Besides, even if they were able to provide me with an interpreter, there is still a chance I won’t get one. One time when I arrived there, the interpreter never showed up. Thus, I had to be stuck with going through with it myself. The choices I faced were to either cancel the appointment or go ahead with trying to communicate and express myself, not fully and completely.”

— 64-year-old Asian female in Los Angeles

This study likely understates the challenges of sufficient access to telehealth and effective telehealth visits for Californians who prefer to receive care in a non-English language, as all participants received a telehealth visit in the year prior to being interviewed. Therefore, the study does not capture the experiences of those who want but are unable to receive a telehealth visit due to the lack of integrated interpretation.

Participants see value in both phone and video visits.

While most participants express satisfaction with both phone and video visits, their experience of the visit and their future preference for phone or video visits varies by the type of health concern and purpose of the visit.

Participants report feeling that their providers are more engaged and listen to them more in video visits than in phone visits, which helps them to build trust with their providers and with telehealth. This is especially true for behavioral health visits. On the other hand, participants report experiencing fewer technological challenges with phone visits and appreciate the ease of phone calls for follow-ups and check-ins with their providers.

“If the doctor’s already seen me once or twice, I would say that there’s no reason for video unless the doctor requests it. Maybe I didn’t comb my hair.”

— 44-year-old Latino/x male in Los Angeles

“The body language is the thing that I think you are missing out on . . . [on] a phone call, you’re not going to get any of that. You’re just talking to them. For all I know, on a phone call, they can be just concentrating on something else on the computer while you’re talking and just only half paying attention to me.”

— 46-year-old Latino male in San Joaquin

In either case, participants stress the importance of personal choice and preference in selecting telehealth visits. For many, their preference for visit type is informed by their prior experiences with telehealth, as well as their preferred options for how they want to engage in care. Looking toward future visits, many participants see the value in both phone and video visits depending on the purpose of their visit.

Table 2. Interviewees See Different Advantages of Phone and Video Visits

TYPE OF VISIT	ADVANTAGES
Phone	<ul style="list-style-type: none"> ▶ Easier setup than video ▶ Fewer bandwidth or connection issues or concerns
Video	<ul style="list-style-type: none"> ▶ Provider can perform some examinations ▶ Easier to establish rapport with provider ▶ More confidence that the provider is paying attention

A common source of dissatisfaction with telehealth visits is patients needing to follow up with an in-person visit to completely address the patient’s health concern.

Participants find telehealth visits frustrating when the provider cannot address their health care issue on the phone or via video, and they have to schedule an additional in-person visit to address the issue. In some cases, participants feel like the only purpose of their telehealth visit is to act as a gatekeeper to getting an in-person appointment. Thus, it feels like a waste of time. Some participants are more understanding of needing follow-up care when they are referred to a new provider or specialist than they are with having to see their primary care provider multiple times via telehealth and in person.

Other participants report feeling frustrated by needing to go in person for a visit that could have been handled as a telehealth visit.

“I needed to see a dermatologist recently, and I knew that I would need to see them in person, but I had to do a video visit first and that felt kind of annoying.”

— 44-year-old White male in San Joaquin

“I was just trying to get somewhere else because I was experiencing certain symptoms that I just wanted to be checked. And it was like, ‘Well, I can’t give you a referral over the phone even though you’ve been referred before for certain issues. I need to see you in person.’ And then actually had the in-person visit, and it was just the same thing as, like, we could have literally done this over the phone because we didn’t check anything. There was no blood drawn There was, really, nothing else done besides me just relaying what symptoms I had. So that’s why it was just like, ‘This could have saved me a whole lot of time if this was just done over the phone.’”

— 28-year-old White female in Shasta County

Most of the technological challenges encountered during visits are related to video, including lacking the necessary technology and experiencing connectivity issues during the visit.

While only one of the participants notes any connectivity issues related to phone visits, many (but not all) participants encounter some issues with either audio or video connections during video visits,

which impacts the quality of the visit. These issues include needing to log off and log back in throughout the appointment due to an unstable connection and having difficulty hearing or seeing the provider due to poor connections (either on the patient end or provider end). Some rural participants note challenges establishing stable video connections, likely due to the lack of broadband in their communities. In some cases with poor connections, the provider needs to pivot to a phone visit, which is frustrating to participants taking part in mental health visits.

“The second time we met . . . we couldn’t get it to work right and so he ended up having to call me and we had to do the session on the phone, which for some reason with therapy specifically, really bothers me. I think because . . . being sure somebody is actually paying attention to you — and also, there’s something about when you’re talking about very personal things, being able to see the person’s face you’re talking to, so you know you can trust them to not be judging you or dismissive or something — you can tell a lot about somebody by their body language. So I didn’t love that.”

— 50-year-old White female in San Joaquin County

A few participants who prefer to receive care in a non-English language encounter difficulty working through technical issues if the person on the other line does not speak their language.

Future Preferences for Telehealth

The Takeaway

Research participants overwhelmingly view telehealth as a trustworthy, convenient, and reliable way to get needed health care, and they want telehealth to be an integral part of their care in the future. That said, participants want choice as to when and what type of telehealth visit makes sense for their specific concerns.

Participants want telehealth to be an integral part of their care in the future.

When asked about their future preferences, most participants say that they would like to receive at least half of their care via telehealth going forward, and a handful of participants want even more or all of their care delivered via telehealth in the future. Participants consider phone or video visits to be preferable for most nonurgent health concerns. Most participants with chronic conditions and



those who need regular prescription refills prefer to connect with their doctor via phone or video for follow-up or monitoring visits.

While participants appreciate the ease and convenience of telehealth appointments, they recognize that in-person care is important for physical examinations, health screenings, and tests. Some participants also appreciate in-person visits for the opportunity for providers to deliver health education.

"I would really like a hybrid, a mixture. I would like my initial appointments to be via telehealth so I can tell my doctor what's kind of going on, what I feel, what I've been doing. And then if the doctor decides, you know what, we should run some labs, or I would like to see you in person just so I can get a better understanding of your symptoms — then I feel comfortable going into the office because I've already met this doctor online, we talked about what's going on, what they think my treatment might be. But I know that this appointment is [worth my time]."

— 21-year-old nonbinary person in Northern California

A minority of participants would prefer in-person care for all their future visits because they feel more comfortable receiving care and feel a stronger connection with their provider in person.

"[An in-person visit] just seems more real, more solid. It's just that being with another human being and talking in person, in the flesh."

— 24-year-old male in Los Angeles

A small number of participants do not want telehealth visits due to privacy concerns.

"I did see a therapist, maybe about three months ago, but I haven't been back to see him. He wanted to do telehealth. But I said no because I have concerns over security. We're going to be talking about some pretty personal stuff, and I don't feel safe giving that information over the internet to somebody."

— 45-year-old Latino/x male in San Joaquin County

Preference for modality of visit (phone, video, in-person) is very personal.

Participants report strong and differing opinions about what modality of care is best for them for accessing different types of care.

"If something requires a thorough physical examination, it would be best for an in-person appointment. And then for everything else, like video and telephone, you can kind of do either/or in most cases."

— 66-year-old Asian male in Los Angeles

"I think all mental health care I will continue to get via telehealth."

— 23-year-old White female in Los Angeles

"The primary care should only be video, and for other specialty care, it could be through the phone."

— 27-year-old Black female in Los Angeles

However, there are some commonalities in preferences for modality of visit: phone for standard follow ups and check ins; video for behavioral health; in-person for eye care, dental care, dermatology, and cardiac-related concerns. Many participants express a preference for in-person care when meeting a new provider or seeking care for a more serious health concern.

“I would rather see a doctor in person first . . . because when you’re in person, you kind of get to develop whether you may have a good working relationship with a doctor or a professional relationship or not. And just talking to somebody over the phone . . . it’s impersonal. And when you’re actually in somebody’s presence, you can kind of establish whether this doctor is there to maybe really want to care for you or [is] listening to what you have to say. And on the phone, you can’t always get that. So especially [for] a first-time visit, I think it’s important.”

— 56-year-old Black female in Riverside County

Most participants want to choose themselves or decide with their provider which type of visit (phone, video, in-person) makes sense for their specific health concern.

Overwhelmingly, interviewees want to have an active role in choosing which type of visit they should have, with many wanting to discuss with their provider which type of visit makes sense, while others prefer to make the decision themselves.

“I think as a patient I would prefer to have the right to make a decision because isn’t that what I’m paying for? I’m paying the doctor to help me out on whatever format there is. Isn’t that the other way around where the doctor who I’m paying is going to dictate to me what he wants or she wants?”

— 66-year-old Asian male in Los Angeles

“Well, I think it should be a dual role. I think it should be an option that the teleprovider or their medical providers say, ‘You know what? Maybe next appointment, I’m recommending a televisit or a video visit.’ And then as the patient, I think you have the right to say, ‘You know what? Yeah, but I need to come in,’ or, ‘Okay, I agree with that.’ So I don’t think it’s a problem with medical providers suggesting it. However, I think the option should be open and given that the patient may say, ‘You know what? I really feel like I need to come in,’ or, ‘Okay. I’m okay with the telephone or video conference.’”

— 56-year-old Black female in Riverside County

Looking Forward: Implications for Health Systems and Policy

Listening to the telehealth experiences and preferences of Californians with low incomes imparts a powerful story of the importance of telehealth in the health care delivery system. For many of our participants, telehealth has facilitated a beneficial cycle of developing and strengthening trust between patients and providers. Strengthened trust is particularly important for people who have historically experienced mistreatment by health care providers and institutions resulting in disengagement and health inequities. These strengthened relationships, in turn, enable more equitable delivery of appropriate preventive care, necessary follow-up, and generally better care for these patients. At the same time, our participants' experiences with telehealth reveal ways in which telehealth is not yet reaching its full potential as a critical part of the health care delivery system.

Several key strategies emerge from the research for moving telehealth policy and practice forward in California.

Embrace telehealth as an essential component of care delivery. Patients want telehealth to be an integral part of their care going forward. And positive patient experience with telehealth leads to stronger patient-provider relationships and better continuity of care. Providers, health plans, and policymakers should respond to this preference by continuing to invest in telehealth and by offering telehealth options to patients as often as possible.

Ensure that patients have a choice about visit modality (telehealth versus in-person, and phone versus video). Participants express very personal preferences related to the types of visits they would want for specific health concerns and

overwhelmingly want to be involved in the decision of which type of visit they should have. While new Medi-Cal policies incorporate patient choice as a principle, it will also be important to ensure that patients are engaged and educated on their choices and that the health system is prepared to support and educate its patients in choosing the best type of visit for a given health concern.

Provide easy access to and reimbursement of both phone and video telehealth visits. Patient preferences and technological comfort with different modalities vary. But a clear finding from the research is that there is a strong desire for and appreciation of both phone and video visits for health care that might have previously only been delivered in person. Policy and providers need to support access to both modalities for physical and behavioral health concerns.

Integrate interpretation services and provide access to language-concordant providers in phone and video visits. Patients who prefer to receive care in a non-English language and have had telehealth visits want telehealth to be part of their future care delivery. The health care delivery system needs to continue to invest in the infrastructure to ensure language-concordant visits for all their patients, whether that means seamless integration of high-quality interpretation services or improved access to language-concordant providers. In addition, health systems need to ensure that all communication and education related to being informed about, setting up, and accessing telehealth visits are available in all languages.

Support the use of telehealth for Californians with disabilities, those with mental health conditions, and those who identify as transgender or nonbinary. Telehealth provides an important mode of access to health care for people with disabilities, with mental health conditions, and who identify as transgender or nonbinary. It is important

for providers and health plans to recognize this and ensure that these patients are aware of telehealth options and are provided sufficient education to connect to their providers via telehealth. In addition, telehealth offers the possibility of better connecting patients to providers regardless of where they live, supporting the ability of patients to access the care they need — for example, people who identify as transgender or nonbinary and desire gender-affirming care.

Offer telehealth options for behavioral health care. Many Californians with low incomes prefer to receive at least some of their care for behavioral health care concerns via video or phone. Health systems and health plans should ensure that they are offering telehealth visits for behavioral health care. Telehealth also helps address geographic shortages of behavioral health providers by widening the pool of potential providers that a patient can access.

Improve integration of telehealth and in-person visits to improve continuity of care. There are multiple stories in our research of patients feeling frustrated by having to do one type of visit to be able to access a different type of visit. This suggests an opportunity for providers and health plans to do a better job of coordinating care and developing better work flows for how to integrate phone and video visits into the course of care for various types of health concerns.

Use email, text, phone, or patient portal communications to support continuity of care (especially when telehealth or in-person appointments are limited or not timely). Patients appreciate having additional options for connecting with their providers, and this is a key driver of satisfaction with telehealth and trust in their providers. However, at least one patient notes a lack of responsiveness from his providers, who have told him they do not have the time to respond to messages. Health care systems and plans need to be mindful of the time

required from physicians and other staff to respond to these messages and consider the best systems, schedules, and staffing models to support truly responsive patient communication.

Ensure good connectivity for providers and clinic offices. Many participants report that their providers experience connectivity issues during video visits. Health plans, health systems, and clinics should work with their individual providers to ensure that they have the devices, connectivity, and digital literacy to effectively engage in telehealth visits from wherever they are providing care. New Medi-Cal policies will include exceptions to the requirement that providers offer video visits, to reflect the availability of broadband access based on Federal Communications Commission speed standards.

Improve support for accessing and joining telehealth visits. Our research finds that most patients are able to use telehealth effectively if they are given the right support to access their visits. The level of support needed varies by patient and according to previous telehealth experience, but health systems and health plans should assess the digital literacy of their patients and provide upfront assistance and education for telehealth visits (especially video visits). In addition, patients should be provided with multiple options for accessing visits through patient portals, links in emails and texts, and phone call reminders.

One caveat to this research is that all of the participants had a telehealth visit in the year prior to being interviewed; therefore, we did not hear the stories and desires of those who lack options for receiving telehealth. To ensure that all Californians have access to telehealth going forward, it will be important to educate patients about their telehealth options and to support providers and staff in the provision of telehealth services.

Appendix A. Study Methodology

NORC conducted the California Health Care Foundation's (CHCF's) Telehealth Experiences Study between July 22 and November 28, 2022. NORC researchers conducted in-depth interviews with 73 Californians to gain an understanding of telehealth experiences since the start of the COVID-19 pandemic. All study participants lived in California, had annual household incomes below 200% of the federal poverty level (FPL), and had a telehealth appointment within the last year. A telehealth appointment was defined as a visit with a primary care doctor, specialist, therapist, nurse practitioner, or other medical professional via video or a phone call. Interview participants received a \$100 gift card to thank them for their participation.

Of the 73 interviews, 51 were conducted in English, 10 in Spanish, 6 in Cantonese, and 6 in Vietnamese. Three of the English interviews were conducted with adolescents between the ages 14 and 17.

To ensure the study population was representative of the population of Californians with low incomes, the NORC team implemented several recruitment methods:

- ▶ 49 participants were recruited through California market-based research firms. The majority of these were recruited by Atkins Research, a Los Angeles-based market research organization. Atkins Research sent NORC's screening survey to its database of California English- and Spanish-speaking residents; people who qualified for the study were scheduled for an interview. Atkins Research worked to ensure that participants represented the diversity of California (e.g., region, race/ethnicity, age, etc.).
- ▶ 15 participants were recruited in person at several health centers in partnership with the California Primary Care Association.
- ▶ 9 participants were recruited through social media advertisements on Facebook and Instagram in English and Spanish.² The advertisements ran from October 31 through November 18, 2022.

In addition to the aforementioned eligibility criteria (i.e., California residency, annual household income less than 200% FPL, and a telehealth visit within the last year), participants recruited from clinics or social media were also screened based on digital barriers to ensure that the study population included people who may not be fully comfortable with using computers, touchscreens, or smartphone apps that may affect their experiences with telehealth.

Participants were recruited from all eight regions of California (i.e., Bay Area, Northern and Sierra, Sacramento, San Joaquin, Los Angeles, Central Coast, Inland Empire, and other Southern California) to ensure geographic diversity in the study population. Los Angeles had the largest portion of participants, with 27 of the 73 interviewees residing there, followed by the Bay Area with 11 participants. Twenty-nine of the participants identified as male, 39 as female, and 5 as transgender or nonbinary. The average age of the participants was 48 years. Of the 73 participants, 42 were covered by Medi-Cal, 9 were covered by both Medi-Cal and Medicare, 6 had Medicare only, 5 had plans through Covered California, 5 had plans through their current or former employer, 5 were uninsured, and 1 had a private plan not purchased through Covered California.

Endnotes

1. Jen Joynt, Lucy Rabinowitz Bailey, and Rebecca Catterson, [*Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future*](#), California Health Care Foundation, May 25, 2021.
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