



The Use of Remote Medical Services in Primary and Specialty Care in the Community: Usage Patterns and the Public's Preferences

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Abstract

Background

Remote medical services are healthcare services provided through various technological means of communication, allowing patients to receive care without being physically present in a clinic. Here we focus on the use of four possible communication channels with a physician or a specialist: (1) face-to-face visits; (2) telephone consultations; (3) video consultations; and (4) messaging via the health provider's website or app. The COVID-19 pandemic accelerated the development and adoption of these services. Currently, in the post-pandemic period, there is a broader range of hybrid healthcare services offered by health plans, and both doctors and patients have gained experience in using them. However, suboptimal use of these services can impair quality of care and lead to unnecessary consultations and access disparities among population groups. The Ministry of Health approached the Myers-JDC-Brookdale Institute to carry out a study of the pattern of remote medical service use and patients' perceptions and preferences regarding its use in Israel. The study was motivated in part by a desire to identify effective strategies for integrating remote care, particularly from the patient's perspective.

Objectives

1. Estimate the usage rates of the various channels for remote access of primary and specialty care services in the community for each of the most common reasons for seeking care.
2. Examine the usage patterns and preferences of patients from different population groups in choosing the channel for communicating with a doctor.
3. Investigate the patients' perceptions of the response received and the waiting time for that response, according to the channel used.

Methodology

A telephone survey was conducted between April and June 2023 among a stratified random sample of 1,136 Israeli residents aged 22 and older, consisting of 70% Jews and 30% Arabs. A total of 618 individuals agreed to participate, resulting in a response rate of 54%. The respondents were asked about their consultations with primary care and specialist physicians in the context of both clinical and administrative needs. The research tool was developed in collaboration with representatives of the Ministry of Health from the Gertner Institute, and

with input from primary care physicians and specialists. The survey included questions for patients regarding the reason for seeking medical care, the appointment's scheduling method, the chosen channel, the reasons for choosing that channel, and the waiting times and satisfaction with the response. The sample data were weighted by age and population group to ensure a representative sample.

Main Findings

For clinical needs, most respondents who consulted a family doctor chose synchronous communication – face-to-face visits (78%) or phone consultations (16%). Only a very small proportion (6%) chose asynchronous communication – messaging via the website or the health provider's app. Similarly, when consulting with specialists, the vast majority (94%) of respondents opted for face-to-face visits (94%).

For administrative needs, about half of the respondents used asynchronous messaging (48%), a third opted for face-to-face visits (37%), and the rest chose telephone consultations (15%). The use of video visits was negligible (less than 1%).

The main reasons for choosing face-to-face visits were the need for a physical examination (59%), habit (21%), negative perceptions of remote care (14%) and low awareness of remote options or technical issues using them (6%). Background characteristics such as age, ethnicity, and education level were linked to the choice of channel (e.g. Arabs were more likely to choose a face-to-face visit than non-Orthodox Jews).

More than half of the patients who used phone consultations (52%) and 30% of those who chose an in-person visit indicated they would not choose the same communication method in the future under similar medical circumstances.

Compared to synchronous consultations, asynchronous consultations with a family doctor were more likely to receive a quicker response (within three days): 95% versus 75%. A higher proportion of those who used asynchronous communication (83%) reported that the waiting time for a response was reasonable compared to 71% of those who consulted in person or by phone.

Conclusions and Recommendations

The research findings highlight the need to raise awareness about remote medical services, establish clear guidelines for their use, and change public perceptions of the effectiveness of remote medicine.

Furthermore, patients should be guided in selecting the appropriate communication channel, particularly for phone and face-to-face consultations. The fact that many of them indicated they would not choose the same

communication method in the future may suggest dissatisfaction with the treatment they received based on their initial choice of channel.

Additionally, it is recommended to develop population-based interventions tailored to factors such as age, gender, education, immigration status, population group, etc., as these were found to significantly influence a patient's choice of the communication channel with his/her doctor. Providing services in additional languages is also advised in order to improve accessibility. Moreover, encouraging more frequent use of video consultations is recommended, as they offer enhanced communication benefits and enable remote visual examination of patients.