### eAppendix A. Telehealth Survey Providers

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you rate the overall quality of the health care interactions that you had over the past week through Video Telehealth care consults on a scale from 0 to 10 with 0 indicating the poorest quality and 10 indicating the best quality possible?</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</td>
</tr>
<tr>
<td>2. How would you rate the overall quality of the health care interactions that you had over the past week through Audio Telehealth care consults on a scale from 0 to 10 with 0 indicating the poorest quality and 10 indicating the best quality possible?</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</td>
</tr>
<tr>
<td>3. Of all your telehealth calls, what is the percentage of video calls that you did over the past week?</td>
<td>I did not do any video calls, &lt; 25%, 25-50%, &gt;50-75%, &gt; 75%</td>
</tr>
<tr>
<td>4. Of all your telehealth calls, what is the percentage of new patients that you did over the past week?</td>
<td>I did not see any new patients, &lt; 25%, 25-50%, &gt;50-75%, &gt; 75%</td>
</tr>
<tr>
<td>5. Of all your telehealth calls, what is the percentage of pre-procedural visits that you did over the past week?</td>
<td>I did not do any pre-op visits, &lt; 25%, 25-50%, &gt;50-75%, &gt; 75%</td>
</tr>
</tbody>
</table>
6. Of all your telehealth calls, what is the percentage of post-procedural visits that you did over the past week?

- I did not do any post-op visits
- < 25%
- 25-50%
- > 50-75%
- > 75%
PART 2 - BARRIERS TO TELEHEALTH

In the following question, we are asking you to reflect about potential barriers to a successful telehealth care experience with your patients. Please check all that apply to you.

7. In the following question, we are asking you to reflect about potential barriers to a successful telehealth care experience with your patients. Please check all that apply to you.

- No barriers at all
- Coding
- Quality of internet connection
- Access to the appropriate device types
- Access to room/space to conduct telehealth consult
- Workflow concerns
- Familiarity with technology
- Accessibility issues (poor sight, hearing, ...)
- Reimbursement issues
- Integration of video consults with myChart
- Time management
- Complex supervision logistics (e.g. 3-way interaction fellow/attending/patient)
- Lack of vital signs, EKG, ...
- Design of technology
- Lack of technical support
- Liability concerns
- Privacy concerns
- No adequate scheduling support
- Quality of health services that can be provided
- Do not like the change to telehealth
- Information overload
- Insufficient training
- Patients struggle with technology
- Regulatory
- Patient does not want telehealth
- Other, please list ..........................

7a. If other barriers, please list

__________________________________________________________________________
PART 3 - PERCEPTIONS AND SATISFACTION WITH TELEHEALTH VISITS

The following questions ask you about your experience with telehealth (medical care delivered by high definition video or telephone) in the past week.

8. Was this your first-time using telehealth (medical care delivered by high definition video or audio)?
   - yes
   - no

8a. If no, how many times have you used telehealth before?
   - < 5 times
   - 5-10 times
   - 10 or more
9. Using the scale below, please rate your satisfaction with each of the following: 1 = Very dissatisfied; 2 = Somewhat dissatisfied; 3 = Neither satisfied nor dissatisfied; 4 = Somewhat satisfied; 5 = Very satisfied

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Overall understanding of the telehealth service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Ease of seeing the images on the monitor</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Ease of hearing and/or seeing the patients</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>d. The quality of health care that you were able to provide</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>e. The treatment plan and patient educational materials you were able to provide</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f. Convenience of using the telehealth service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g. Your overall level of satisfaction with your telehealth experience</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

10. How did the telehealth visits compare to a traditional in-person medical visit? [ ] better than a traditional visit [ ] just as good as a traditional visit [ ] worse than a traditional visit [ ] not sure

11. How likely would you be to use telehealth at YNHH again after the COVID-19 crisis has subsided? [ ] Definitely will [ ] Probably will [ ] Probably will not [ ] Definitely will not [ ] Not sure

12. Over the past week, did you encounter any problems with your audio/video visits? [ ] Yes [ ] No

12a. If yes, can you identify the problem from the following list (check all that apply): [ ] Bad audio quality [ ] Bad video quality [ ] No video [ ] Not being able to perform physical exam [ ] Other...

12b. If you identified other problems, please specify...
### PART 4 - ABOUT YOURSELF

13. Please indicate your sex
   - male
   - female

14. Which of the following category includes your age?
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65 year or older

15. What is your race? (check all that apply)
   - American Indian or Alaska Native
   - Asian
   - Black
   - White

16. What is your ethnicity?
   - Hispanic
   - Non-Hispanic

17. What specialism do you identify with?
   - Internal Medicine
   - Cardiology
   - Nephrology
   - Gastroenterology
   - Hematology/Oncology
   - Rheumatology
   - Dermatology
   - Primary care
   - Allergy and Immunology
   - Pulmonary disease
   - Critical care
   - Other, specify.....

17a. If other specialism, please specify...

17b. If in Cardiology, which YNHH program are you affiliated with?
   - Adult Congenital Heart
   - Advanced Imaging
   - Cardiomyopathy & Inherited Cardiovascular Disease
   - Cardio-Oncology
   - Cardiovascular Genetics
   - Electrophysiology & Cardiac Arrhythmia
   - General & Advanced Heart Failure
   - Interventional Cardiology
   - Peripheral Vascular
   - Structural Heart Disease
   - Other, specify.....

17c. If other YNHH program, please specify...

17d. Are you affiliated with the YNHH Heart Failure Disease Management program?
   - Yes
   - No

18. Select the provider category that applies to you
   - Fellow in training
   - Attending
   - APRN
   - Other ....
18a. If other type of provider, please specify...

<table>
<thead>
<tr>
<th>19. Years in practice following completion of your training.</th>
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<tbody>
<tr>
<td>○ still in training</td>
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<tr>
<td>○ &lt; 5 years</td>
</tr>
<tr>
<td>○ 5-10 years</td>
</tr>
<tr>
<td>○ 10-20 years</td>
</tr>
<tr>
<td>○ &gt;20 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. What percentage of your practice were you already seeing through telehealth consults PRIOR to the COVID-19 crisis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 0%</td>
</tr>
<tr>
<td>○ &lt;25%</td>
</tr>
<tr>
<td>○ 25-50%</td>
</tr>
<tr>
<td>○ &gt;50-75%</td>
</tr>
<tr>
<td>○ &gt;75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. What percentage of your practice are you able to divert to telehealth consults DURING the COVID-19 crisis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 0%</td>
</tr>
<tr>
<td>○ &lt;25%</td>
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<tr>
<td>○ 25-50%</td>
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<tr>
<td>○ &gt;50-75%</td>
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<tr>
<td>○ &gt;75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. What percentage of your practice are you planning to divert to telehealth consults AFTER the COVID-19 crisis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 0%</td>
</tr>
<tr>
<td>○ &lt;25%</td>
</tr>
<tr>
<td>○ 25-50%</td>
</tr>
<tr>
<td>○ &gt;50-75%</td>
</tr>
<tr>
<td>○ &gt;75%</td>
</tr>
<tr>
<td>Please tell us a little about yourself</td>
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<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>1. Please indicate your sex</td>
</tr>
<tr>
<td>- male</td>
</tr>
<tr>
<td>- female</td>
</tr>
<tr>
<td>- other</td>
</tr>
<tr>
<td>2. What is your race?</td>
</tr>
<tr>
<td>- American Indian or Alaska Native</td>
</tr>
<tr>
<td>- Asian</td>
</tr>
<tr>
<td>- Black</td>
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<tr>
<td>- White</td>
</tr>
<tr>
<td>3. What is your ethnicity?</td>
</tr>
<tr>
<td>- Hispanic</td>
</tr>
<tr>
<td>- Non-Hispanic</td>
</tr>
<tr>
<td>4. Which of the following category includes your age?</td>
</tr>
<tr>
<td>- 18-24</td>
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<tr>
<td>- 25-34</td>
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<tr>
<td>- 35-44</td>
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<tr>
<td>- 45-54</td>
</tr>
<tr>
<td>- 55-64</td>
</tr>
<tr>
<td>- 65 year or older</td>
</tr>
<tr>
<td>5. Was your provider of the same race/ethnicity as you?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unsure</td>
</tr>
<tr>
<td>6. Was your provider of the same gender as you?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unsure</td>
</tr>
<tr>
<td>7. Was the reason for doing a telehealth visit? (check all that apply)</td>
</tr>
<tr>
<td>- Transportation issues</td>
</tr>
<tr>
<td>- Accessibility issues</td>
</tr>
<tr>
<td>- I prefer telehealth visits over in-person visits</td>
</tr>
<tr>
<td>- COVID-19</td>
</tr>
<tr>
<td>- Other .....</td>
</tr>
</tbody>
</table>

If other reason for doing Telehealth visit, please specify
8. Was your visit related to? (Check one)

- New Symptoms
- Follow-Up Visit
- Visit before procedure
- Follow-up after procedure
- Other .....  

If other reason for visit, please specify...

9. What specialist did you see for your telehealth visit?

- Internal Medicine
- Cardiology Nephrology
- Gastroenterology
- Hematology/Oncology
- Rheumatology
- Dermatology
- Primary care
- Allergy and Immunology
- Pulmonary disease
- Other, specify.....

If other specialist, please specify...

10. What is your primary insurance?

- Private insurance
- Medicare
- Medicaid (i.e. Husky)
- No insurance

11. What is the highest level of education you have completed?

- 1st - 5th grade
- 6th - 8th grade
- 9th - 12th grade
- some college or vocational school
- graduated from college
- post-graduate degree
12. How would you rate the overall quality of the health care interaction on a scale from 0 to 10 with 0 indicating the poorest quality and 10 indicating the best quality possible?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

13. In the following question, we are asking you to reflect about potential barriers to a successful telehealth care experience with your health care provider. Please check all that apply to you.

- No barriers at all
- Access to internet
- Audio quality
- Video quality
- Quality of internet connection
- Access to smartphone or other device
- Cost
- Familiarity with technology
- Accessibility issues (poor sight, hearing, ...)
- Design of technology
- Lack of technical support
- Lack of training/instructions
- Privacy concerns
- Trouble downloading new software (e.g. My Chart)
- Not interested in telehealth
- Other

Other, specify

14. What was the type of telehealth visit you had?

- with video
- with audio only

15. Was this your first-time using telehealth (medical care delivered by high definition video and audio)?

- Yes
- No

16. How did your telehealth visit compare to a traditional in-person medical visit?

- Better than a traditional visit
- Just as good as a traditional visit
- Worse than a traditional visit
- Not sure
17. How likely would you be to use telehealth again?

- Definitely will
- Probably will
- Probably will not
- Definitely will not
- Not sure
**eAppendix Figure 1.** Provider overall satisfaction with telehealth visits by provider demographics

[Diagram showing overall satisfaction percentages for different provider types, age groups, and years of practice.]
eAppendix Figure 2. Provider satisfaction with quality of care provided by provider demographics.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>APRN</th>
<th>Attending</th>
<th>Fellow</th>
<th>65 or older</th>
<th>55-64</th>
<th>45-54</th>
<th>35-44</th>
<th>25-34</th>
<th>&gt;20 years</th>
<th>10-20 years</th>
<th>5-10 years</th>
<th>&lt;5 years</th>
<th>Still in training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied (%)</td>
<td>0</td>
<td>17</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
**eAppendix Figure 3.** Providers’ practice percent of telehealth before, during, and after COVID-19

What % of your practice were you seeing through telehealth consults PRIOR to COVID-19? 93% 7% 0% 0% 0%

What % of your practice are you able to divert to telehealth? 67% 23% 2% 7% 0%

What % of your practice are you planning to divert to telehealth consults AFTER the COVID-19 pandemic? 58% 23% 5% 14% 0%
eAppendix Figure 4. Patient comparison of telehealth to in-person visit

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
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<tr>
<td>Male</td>
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<td>20</td>
<td>8</td>
<td>6</td>
<td>14</td>
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<td>2</td>
<td>6</td>
<td>2</td>
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<td>Female</td>
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<td>2</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Other</td>
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<td>2</td>
<td>4</td>
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<td>8</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
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<tr>
<td><strong>Race</strong></td>
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<tr>
<td>White</td>
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<td>25</td>
<td>20</td>
<td>9</td>
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<td><strong>Age</strong></td>
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<td>65 years or older</td>
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<td>4</td>
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<td>0</td>
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<tr>
<td><strong>Insurance</strong></td>
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<tr>
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<td><strong>Education</strong></td>
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<tr>
<td>1st - 12th grade</td>
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<td>8</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>some college or vocational school</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>graduated from coll.</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>post-graduate degree</td>
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<td>5</td>
<td>5</td>
<td>5</td>
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<td>5</td>
<td>5</td>
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<tr>
<td><strong>Audio or video</strong></td>
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<tr>
<td>Audio only</td>
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<td>Video and audio</td>
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<td><strong>First time</strong></td>
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<tr>
<td>Yes</td>
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<td>17</td>
<td>15</td>
<td>9</td>
<td>5</td>
<td>3</td>
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Legend:
- Better than
- Just as good
- Worse than
- Not sure
eAppendix Figure 5. Patient likelihood of using telehealth again

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Legend: [Will] [Will not] [Not sure]