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Health Matters Poll

Familiarity and Comfort with Telehealth

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**Eagleton Center for Public Interest Polling
Rutgers, The State University of New Jersey**

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About the New Jersey Health Care Quality Institute



The New Jersey Health Care Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care quality in New Jersey. The Quality Institute's mission is to undertake projects and promote system changes that ensure that quality, safety, accountability and cost-containment are closely linked to the delivery of health care services in New Jersey.

Learn more about us at www.njhcqi.org.



EAGLETON INSTITUTE OF POLITICS

— EAGLETON CENTER FOR PUBLIC INTEREST POLLING —

The Eagleton Center for Public Interest Polling (ECPIP), home of the Rutgers-Eagleton Poll, was established in 1971. Now celebrating its 45th anniversary and over 200 public opinion polls on the state of New Jersey, ECPIP is the oldest and one of the most respected university-based state survey research centers in the United States.

Our mission is to provide scientifically sound, non-partisan information about public opinion. ECPIP conducts research for all levels of government and nonprofit organizations with a public interest mission, as well as college and university-based researchers and staff. ECPIP makes it a priority to design opportunities for undergraduate and graduate students to learn how to read, analyze, design, and administer polls. We pride ourselves on integrity, quality, and objectivity.

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eagletonpoll.rutgers.edu. You can also visit our [extensive data archive](#), [blog](#), [Facebook](#), and [Twitter](#).

Introduction by New Jersey Health Care Quality Institute

Telehealth, the provision of health care services directly to the patient via phone or computer technology, is expanding in use across the country. It holds great promise to increase access to care as well as to supplement in person medical care. We see this sector of health care rapidly expanding over the next few years, especially as our state legislature considers legislation to define the licensing, privacy, and payment considerations raised by the expansion of telehealth.

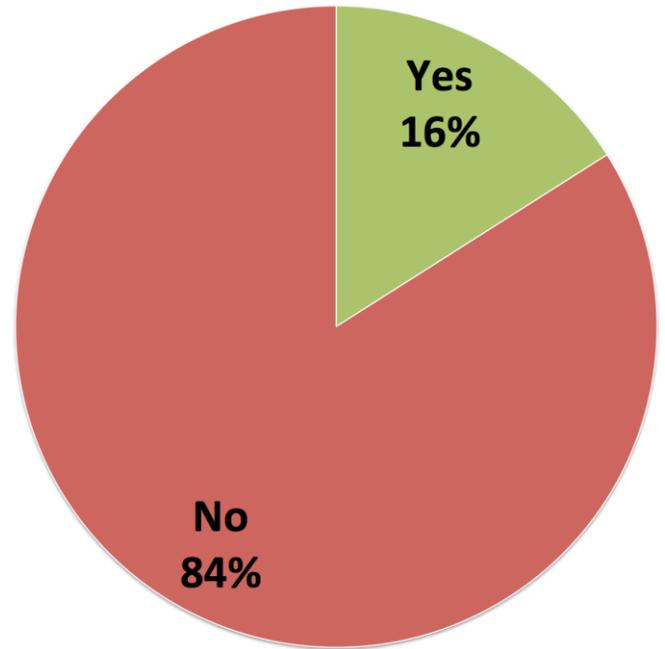
The New Jersey Health Care Quality Institute, in partnership with the Eagleton Center for Public Interest Polling at Rutgers, the State University of New Jersey, undertook this poll to better understand how New Jersey residents feel about telehealth now, what their comfort level would be in using telehealth for varying types of situations, and how the responses vary by sector of the population.

The answers to these questions will help health care providers and industry leaders develop their telehealth programs and services to best meet the interests, needs, and concerns of New Jersey residents.

More than 8 in 10 have no experience with telehealth

Eighty-four percent say they have never received medical care from a health professional either through an electronic device or the telephone; just 16 percent have experience with receiving medical care through some telehealth type of method.

This lack of experience holds across a wide variety of demographics. Only 35 to 49 year olds are slightly more likely to have experience with receiving care through an electronic device or phone; 24 percent of this group says they have, and 76 percent say they have not.



Experience with telehealth methods varies only slightly by type of health insurance. Just over a quarter of those who have individually purchased a plan from an insurance company or marketplace have received care through a device or phone, whereas less than one in five have done the same among those who receive insurance through their employer or spouse's employer or through Medicare or Medicaid.

Comfort with telehealth depends on how it is used; most are comfortable with using it for prescriptions but not for urgent health concerns

The extent of comfort with receiving medical care through an electronic device or telephone really depends on exactly what type of care is needed.

New Jerseyans are most comfortable with the more common practice of medication consultations and prescription refills: 45 percent are very comfortable, and another 34 percent are somewhat comfortable. Just 20 percent are not comfortable with doing this electronically in some form.



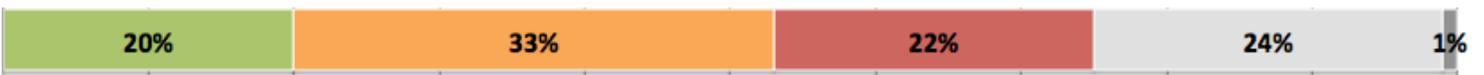
New Jerseyans next express the most comfort with telehealth when it comes to having an initial consultation to determine if an in-person visit is needed. A combined 68 percent are very or somewhat comfortable with using telehealth in this manner (31 percent very, 37 percent somewhat). Thirty percent are not comfortable, on the other hand, split somewhat evenly between not very comfortable and not comfortable at all.



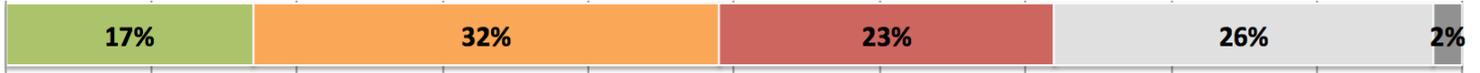
New Jerseyans feel similarly about doing a follow-up visit by device or phone; 62 percent say they would be comfortable at some level, while 37 percent would not.



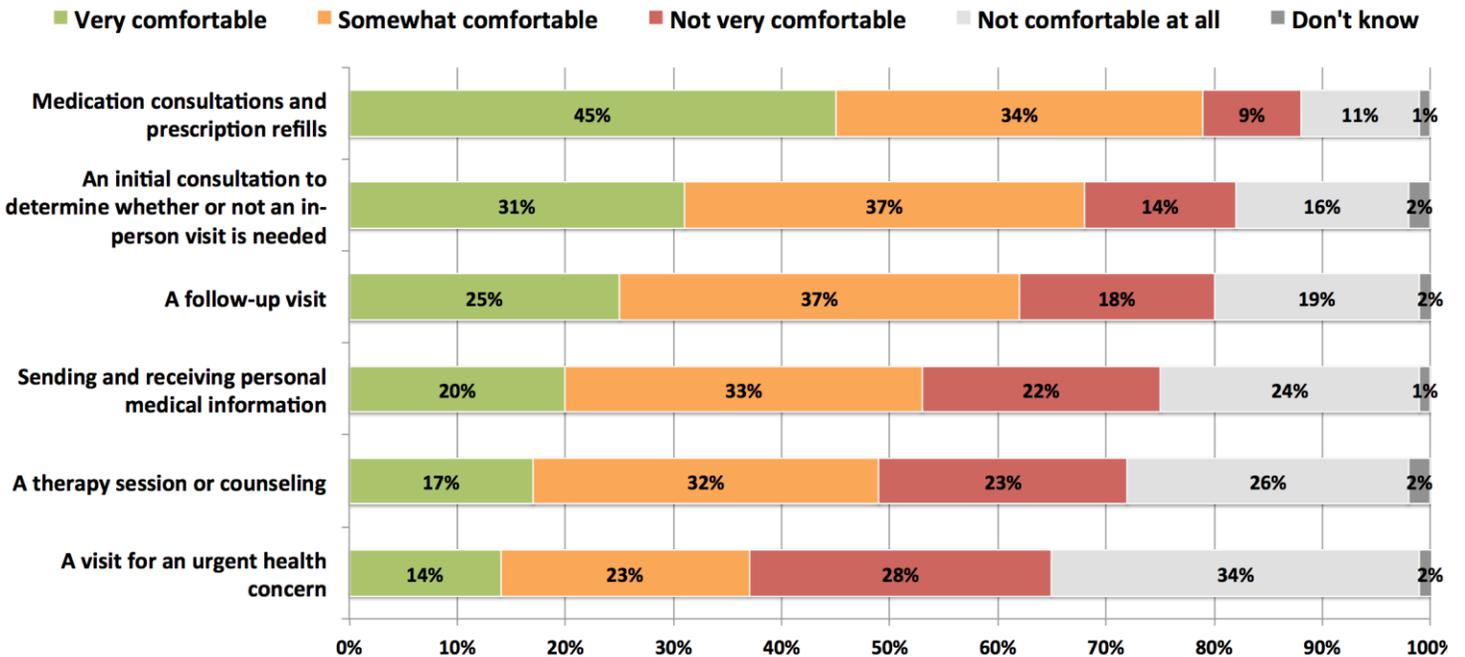
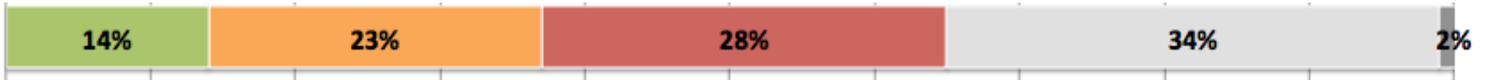
Over half of New Jerseyans are comfortable with sending and receiving personal medical information via an electronic device or phone, though opinions are still somewhat split – 53 percent (20 percent very, 33 percent somewhat) versus 46 percent (22 percent not very, 24 percent not at all).



New Jerseyans are even more divided when it comes to receiving some type of therapy or counseling via technology, 49 percent (17 percent very, 32 percent somewhat) to 49 percent (23 percent not very, 26 percent not at all).

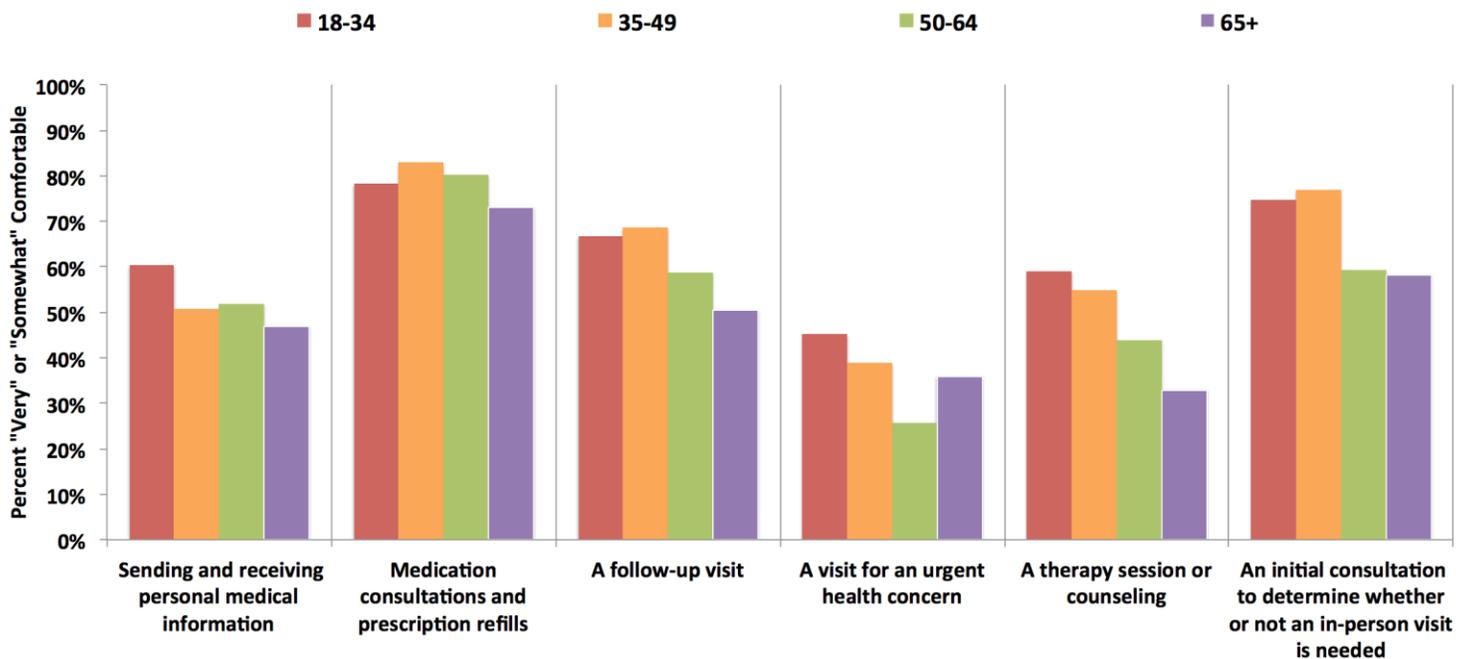


Addressing an urgent health concern is the only scenario where a solid majority of New Jerseyans does not feel comfortable with telehealth at any level. Twenty-eight percent are not very comfortable, and 34 percent are not comfortable at all with using an electronic device or phone to receive care from a health professional in this circumstance. Just 37 percent say they are comfortable at some level (14 percent very, 23 percent somewhat).

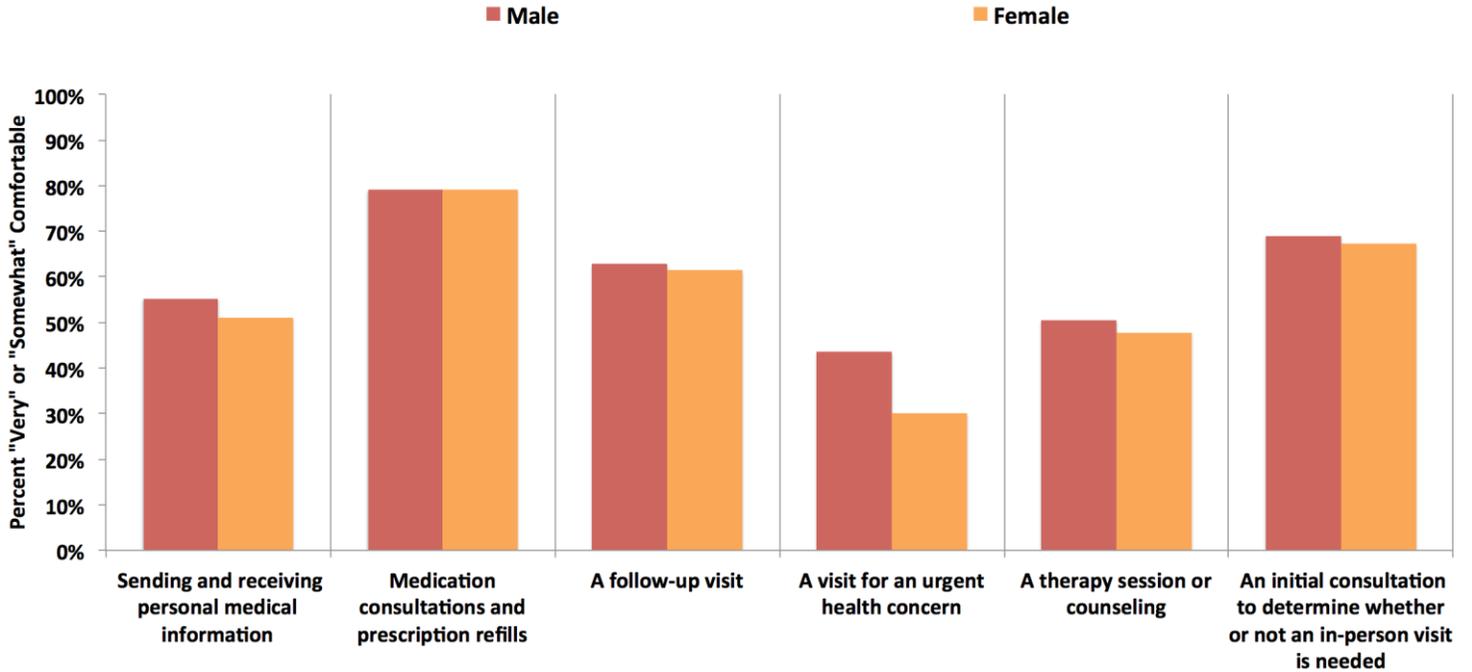


Comfort based on age, other key demographics

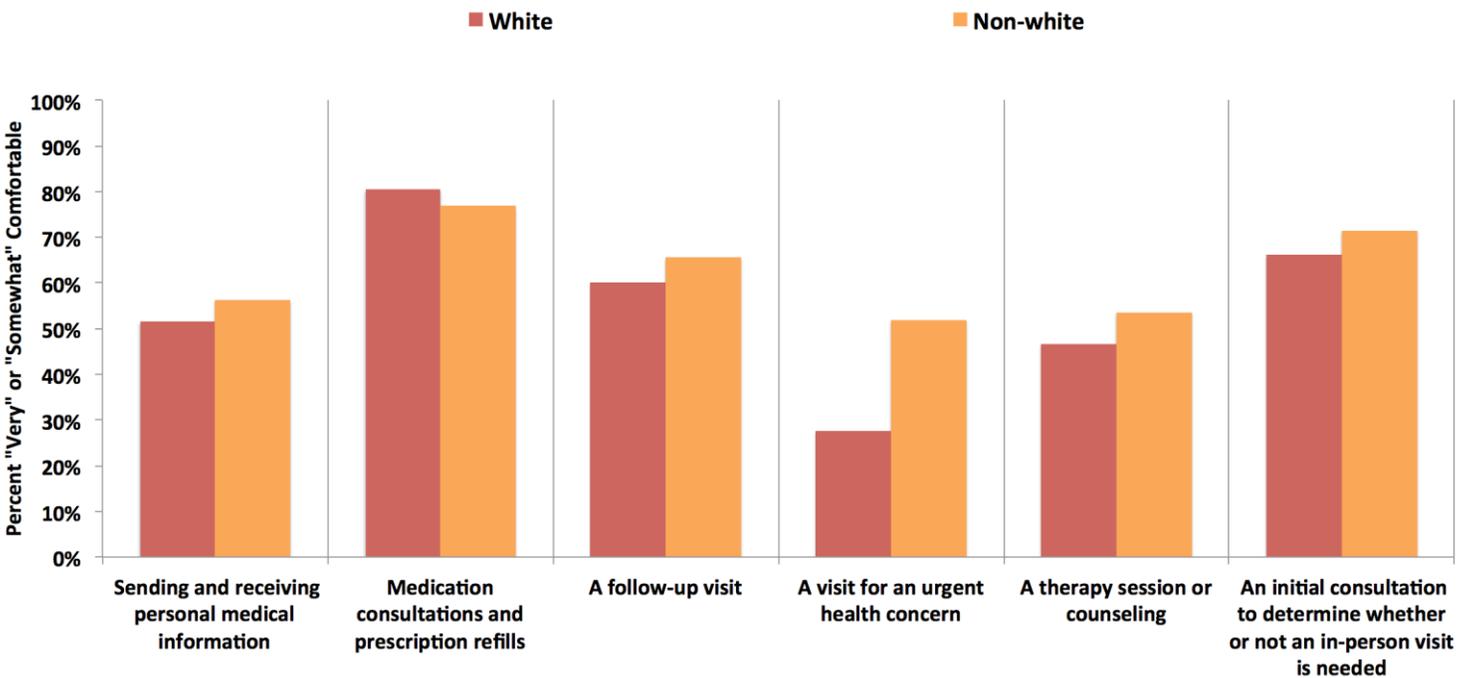
Age is a big determinant of comfort with telehealth: younger residents are generally much more comfortable with receiving care through an electronic device or telephone than older generations. Large majorities of 18 to 34 year olds would feel at least somewhat comfortable with telehealth methods when it comes to a wide array of circumstances, with the exception of an urgent health concern; 45 percent express some level of comfort with accessing a health professional online or via phone in this circumstance. While older residents are just as comfortable with using technology (if not more so) as millennials when it comes to medication and prescription refills, comfort wanes among older generations regarding sending and receiving personal medical information, follow-up visits, urgent health concerns, initial consultations, and especially therapy sessions or counseling.



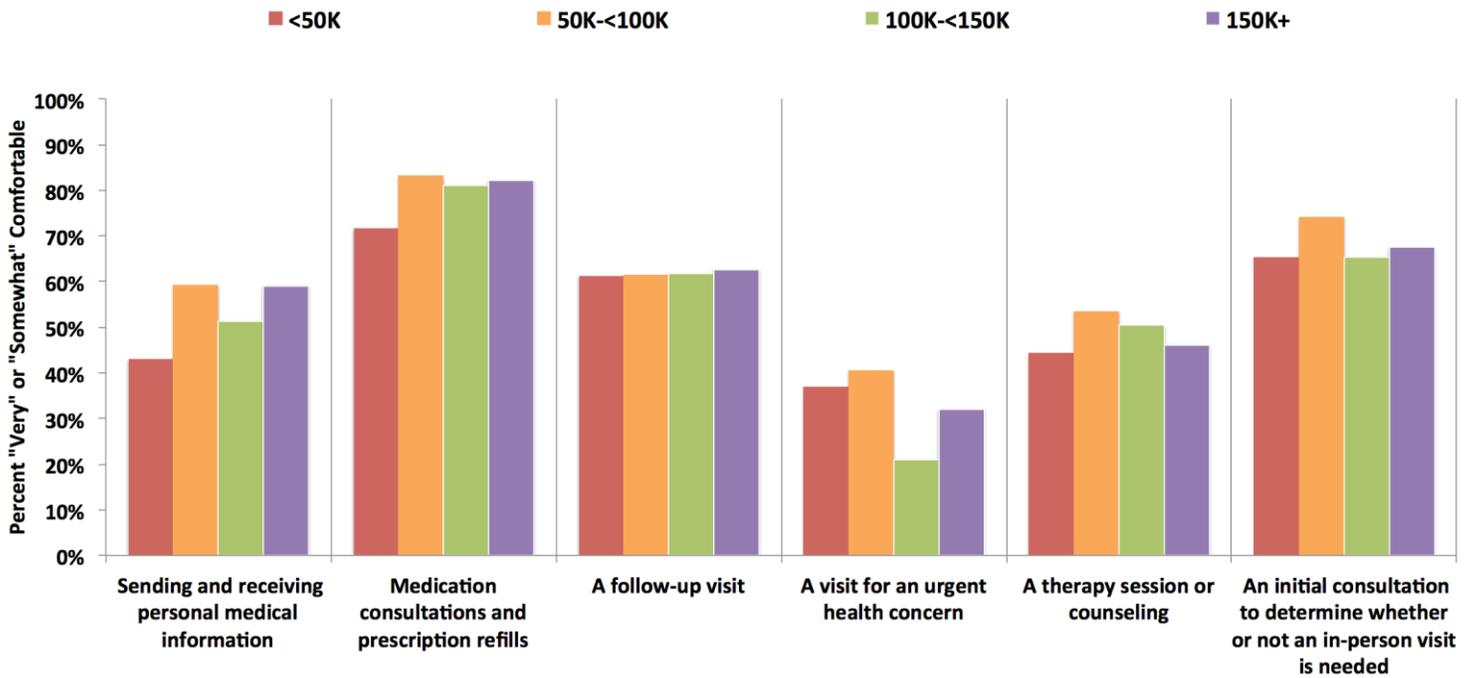
Men and women noticeably differ on telehealth only when it comes to an urgent health concern; while a majority of either group does not feel comfortable with using technology to address such a concern, men are slightly more likely to express some level of concern (44 percent) than women (30 percent).



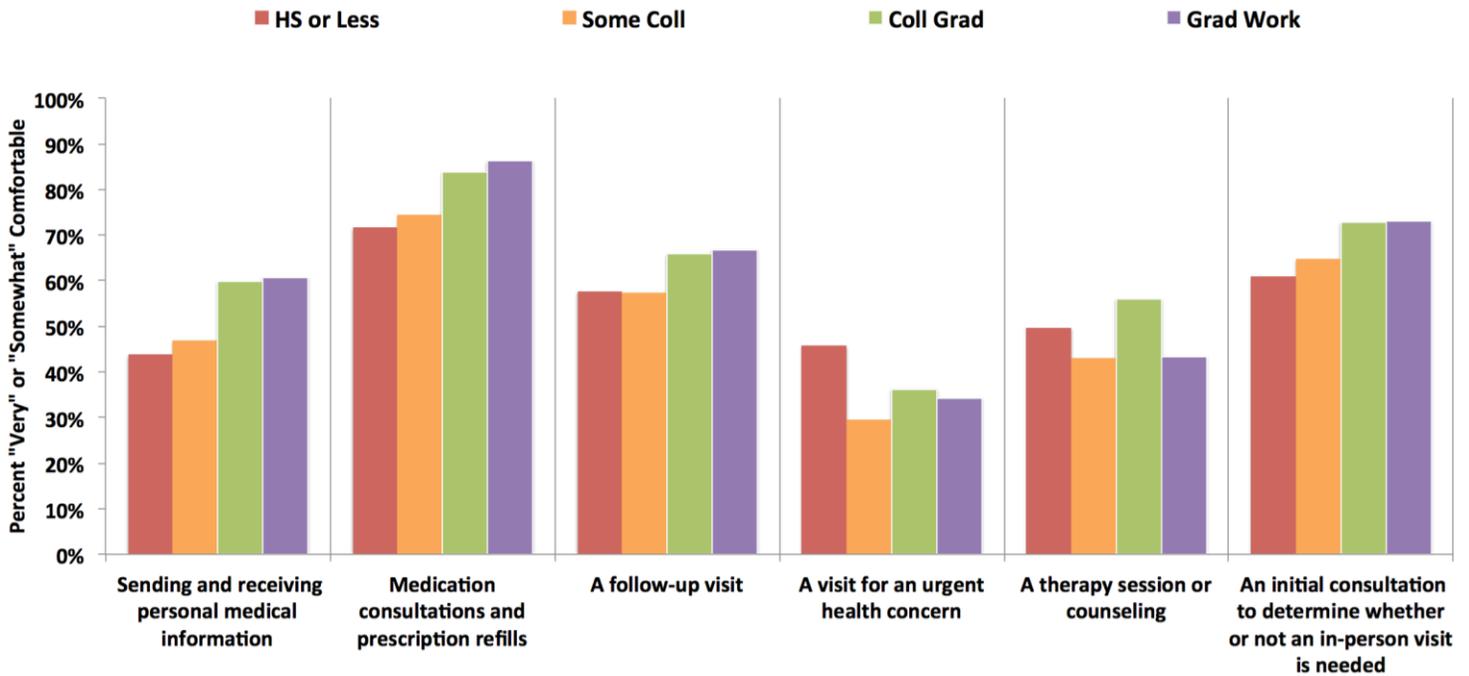
Non-white residents are slightly more accepting of receiving medical care through technology than white residents in most circumstances, with the starkest difference emerging on using a device or telephone to address an urgent health concern; non-white residents are almost twice as likely as white residents to be comfortable with telehealth methods in this circumstance.



Comfort with telehealth also varies by income at times, depending on the type of visit: those in more affluent households are more comfortable sending and receiving medical information, as well as more comfortable with medication consultations and prescription refills, via device or phone than those in the lowest income bracket.



Those who are more educated follow a similar pattern. Compared to those with less education, more highly educated residents are also more likely to feel comfortable with doing initial consultations, as well as follow-up visits, than their counterparts.



Comfort varies somewhat by insurance type. Those who have purchased insurance through an employer or on their own are more likely to be comfortable with telehealth methods than Medicare or Medicaid recipients when it comes to the following scenarios: sending and receiving personal medical information, medication consultations, prescription refills, follow-up visits, therapy and counseling, and initial consultations.

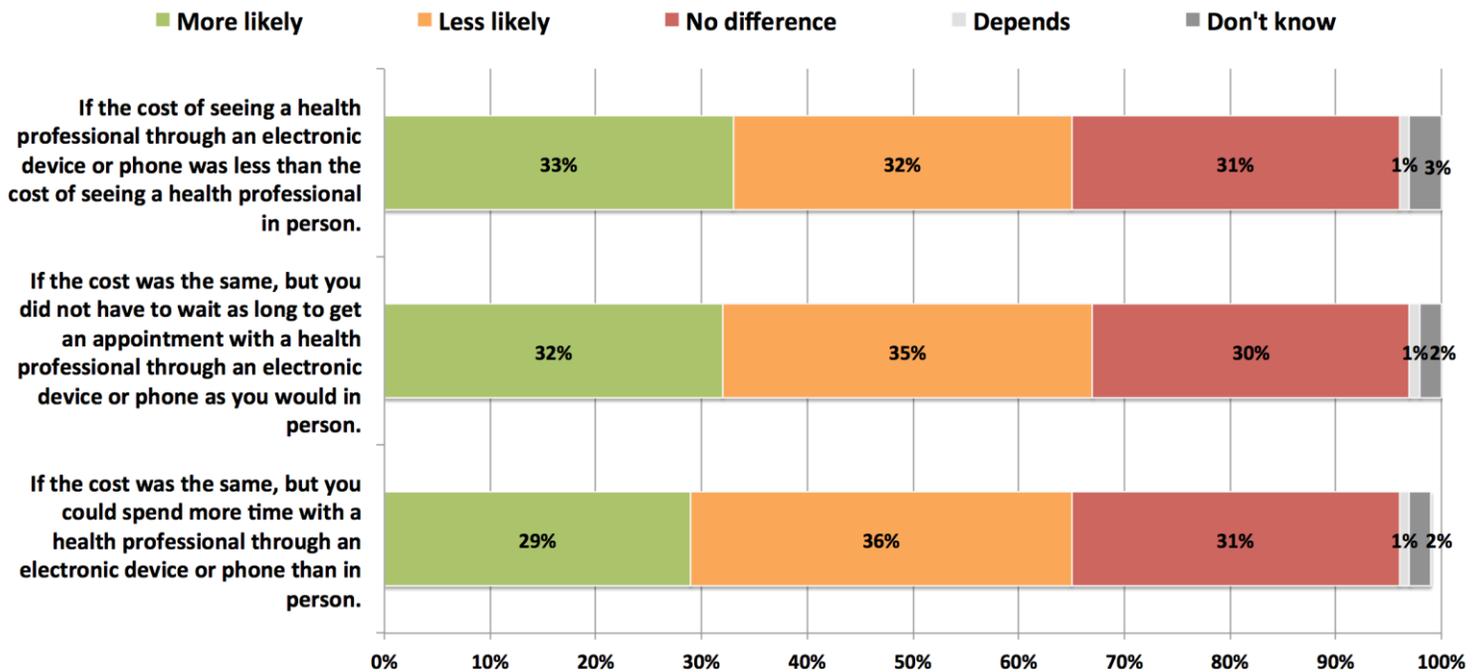
About three in ten would be more likely to choose telehealth methods over in person if they could have a longer visit, wait less, or spend less

New Jerseyans are mixed on whether benefits like more time with your provider, lower wait time, or lower costs would make them more likely to use an electronic device or telephone instead of seeing a health professional in person.

Thirty-three percent of residents say they would be more likely to seek out a health professional by electronic device or telephone rather than in person if the cost were lower; 32 percent say it would make them less likely, and 31 percent say it would make no difference.

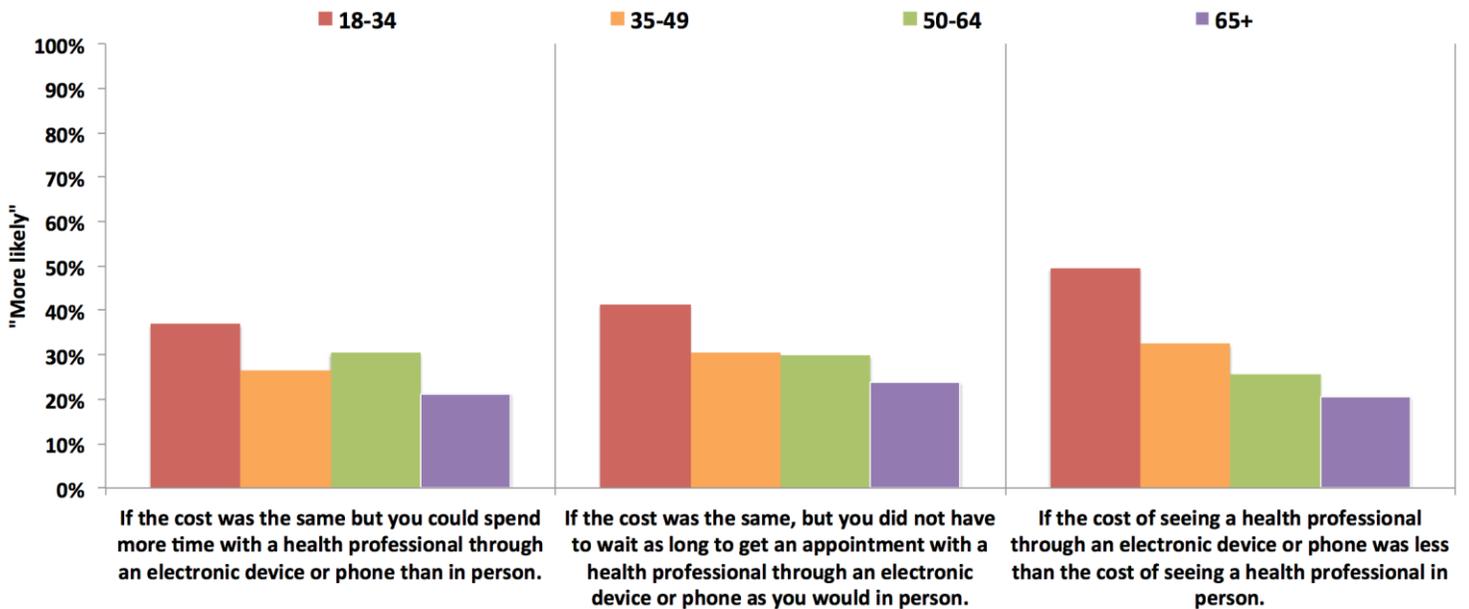
Residents feel similarly if the cost were the same but they did not have to wait as long for an appointment: 32 percent say they would be more likely to use a device or phone in this circumstance, 35 percent say they would be less likely, and 30 percent say the shorter wait time would make no difference to their decision.

Twenty-nine percent say they would be more likely to seek out a health professional by electronic device or telephone rather than in person if the cost were the same but they could spend more time with a professional; 36 percent say they would be less likely, and 31 percent say it would make no difference to them.

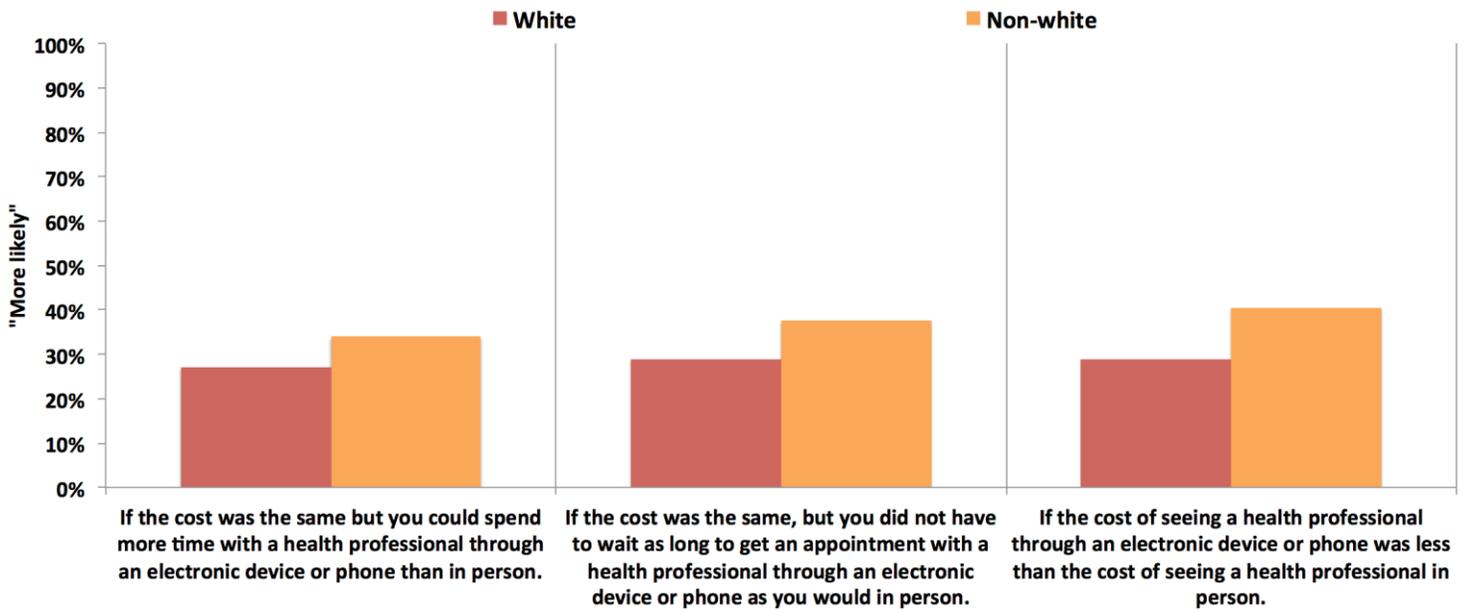


Age once again a factor in likelihood to choose telehealth care methods

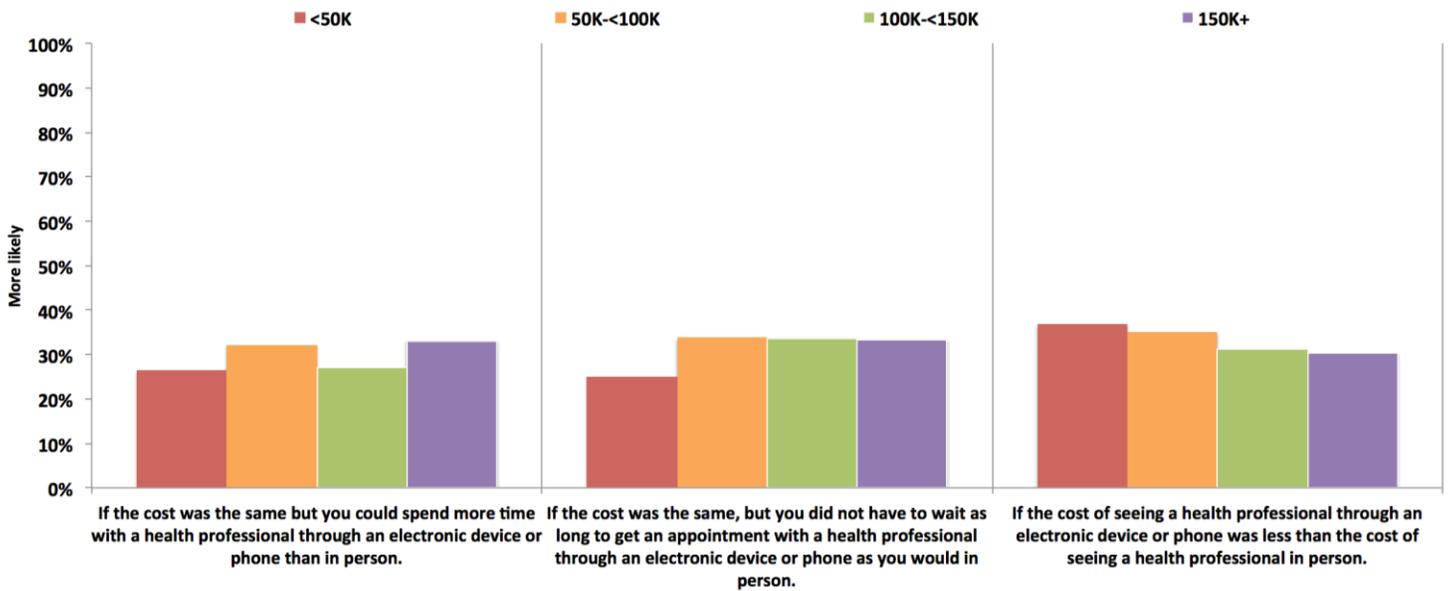
Millennials are most swayed in each scenario compared to older residents, especially when it comes to lower cost: 49 percent say they would be more likely to access a health professional through a device or phone if it were less expensive than in person, compared to just 20 percent of those over 65 years old. Forty-one percent of millennials are swayed by a shorter wait time, and 37 percent would be more likely to use technology to receive care if it meant being able to spend a longer time with their doctor.

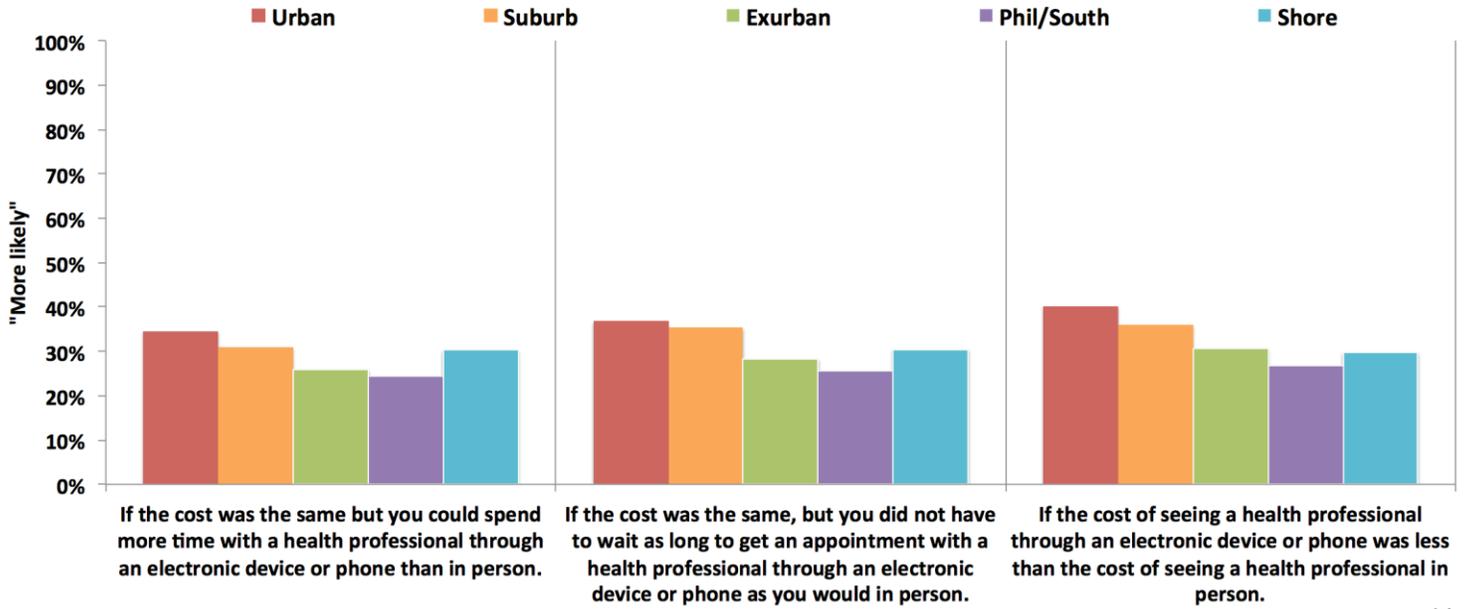


Non-white residents are slightly more likely to support telehealth methods to obtain care than white residents.

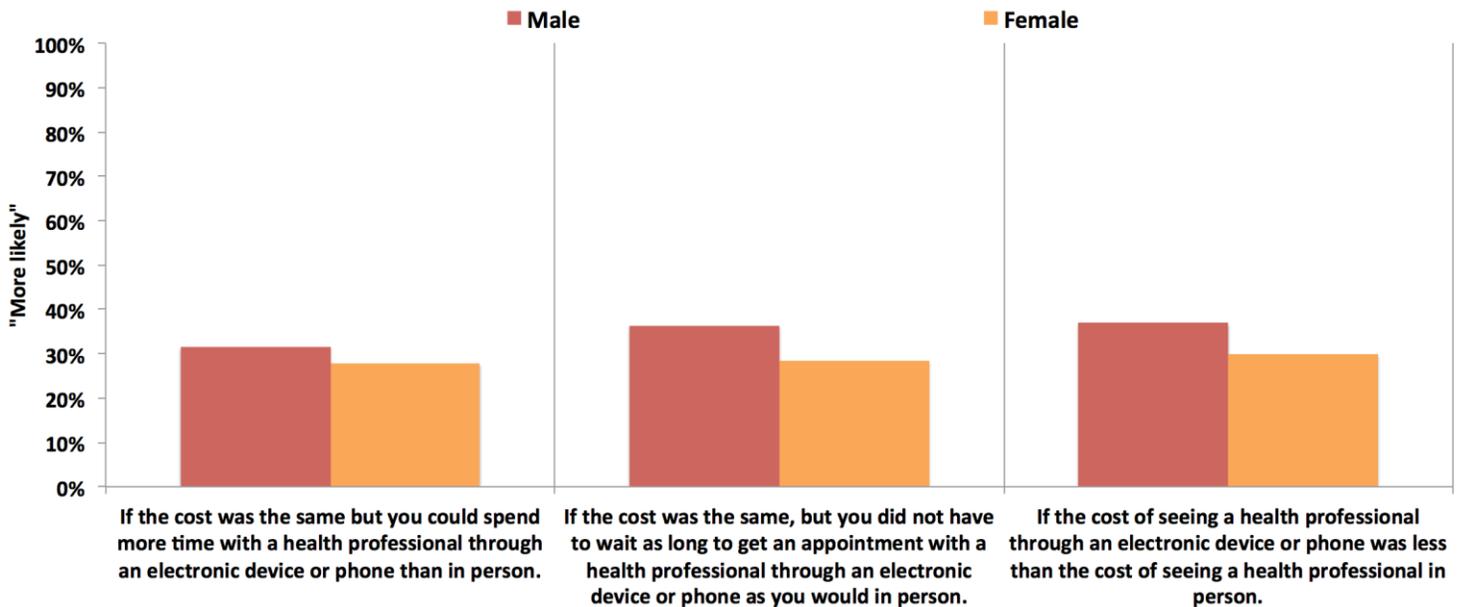


Low-income residents are also especially enticed by lower cost compared to their counterparts, as are urban residents – who are more influenced by the benefits of telehealth in each scenario than residents who live in any other area.





All three circumstances make slightly more of a difference with men than with women, though both genders are mostly split in each scenario.



Unsurprisingly, those who have already received medical care through technological means say they would be more likely to talk to a professional via device or phone instead of in person in each of the three circumstances compared to those without telehealth experience.

Older, less educated, and those least comfortable with telehealth are most resistant in all three scenarios

For certain groups, it does not matter which potential benefit of telehealth is emphasized: some residents would simply not be more likely to use it no matter the circumstance. Age, again, is key. Twenty-eight percent of 50 to 64 year olds and 31 percent of those ages 65 years or older say they would be less likely to use a device or phone in all three of the aforementioned scenarios (more time with the provider, less wait time to see a provider, and lower cost); this is compared to just 17 percent of 18 to 34 year olds who similarly say they would be less likely in all three questions and 20 percent of 35 to 49 year olds.

Those with less education act similarly to older residents. Twenty-nine percent of those with a high school diploma or less said they would be less likely to use a device or phone regardless of whether it meant more time with a professional, less wait time, or lower cost. Thirty-one percent of those with some college said the same. Less than one in five college graduates and those with graduate work express the same sentiment.

Some residents' propensity to be less likely in all three scenarios may stem from their general discomfort with telehealth methods. Those who are uncomfortable using a device or phone for various types of medical care in the earlier questions also have a much greater chance of saying they would be less likely to use a device or phone in all three subsequent scenarios that express some potential benefits of telehealth.

METHODOLOGY

The Rutgers-Eagleton Poll was conducted by telephone using live callers Oct. 28 to Nov. 3, 2016 with a scientifically selected random sample of 772 New Jersey adults, 18 or older. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. The poll was available in Spanish for respondents who requested it. This telephone poll included 449 landline and 317 cell phone adults, all acquired through random digit dialing. Distribution of household phone use in this sample is:

| | |
|----------------------------|-----|
| Cell Only: | 20% |
| Dual Use, Reached on Cell: | 22% |
| Dual Use, Reached on LL: | 53% |
| Landline Only: | 5% |

Data were weighted to the demographics of New Jersey adults 18 years or older. Weights account for the probability of being selected within the sample frame and the probability of being sampled within a household, based on the number of individuals living in the household and the phone composition (cell, landline) of the household. The samples were weighted using a raking algorithm to several demographic variables reflecting the registered voter parameters of the state of New Jersey: gender, race, age, Hispanic ethnicity, and county. The final weight, which combined all of the parameters mentioned, was trimmed at the 5th and 95th percentile so as to not accord too much weight to any one case or subset of cases. All results are reported with these weighted data.

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population. In this poll, the simple sampling error for 772 adults is +/-3.5 percentage points at a 95 percent confidence interval. The sample weighting design effect is 1.3, making the adjusted margin of error +/- 4 percentage points.

Thus if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 46 and 54 percent (50 +/- 4.0) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not take into account other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This Rutgers-Eagleton Poll was fielded by the Eagleton Center for Public Interest Polling, with assistance from Braun Research, Inc. Questions in this report were developed in house by the Eagleton Center for Public Interest Polling (ECPIP) in partnership with the New Jersey Health Care Quality Institute; all data analyses were completed by ECPIP. The Rutgers-Eagleton Poll is paid for and sponsored by the Eagleton Institute of Politics, Rutgers University, a non-partisan academic center for the study of politics and the political process. Full questionnaires are available on request, and can also be accessed through our archives at eagletonpoll.rutgers.edu. For more information, please contact eagleton.poll@rutgers.edu.

Weighted Sample Characteristics 772 New Jersey Adults

| | | | |
|-----------------|------------|-----------|-----------------------|
| 36% Democrat | 48% Male | 28% 18-34 | 63% White |
| 45% Independent | 52% Female | 26% 35-49 | 11% Black |
| 19% Republican | | 28% 50-64 | 16% Hispanic |
| | | 18% 65+ | 10% Asian/Other/Multi |



Questions and Tables

The questions covered in this report are listed below. Column percentages may not add to 100% due to rounding. Respondents are New Jersey residents; all percentages are of weighted results.

Q. Have you ever received medical care from a health professional through either an electronic device, such as a tablet or computer, or the telephone?

| | | Health Insurance Coverage | | |
|----------|-----|---------------------------|-------------------------|-------------------|
| | | Through Employer | Purchased by Individual | Medicare/Medicaid |
| Yes | 16% | 16% | 27% | 13% |
| No | 84% | 84% | 73% | 87% |
| Unwgt N= | 755 | 391 | 75* | 224 |

| | Gender | | Race | | Age | | | | Income | | | |
|----------|--------|--------|-------|----------|-------|-------|-------|-----|--------|----------|-----------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K-100K | 100K-150K | 150K+ |
| Yes | 17% | 14% | 16% | 15% | 15% | 24% | 11% | 11% | 17% | 18% | 15% | 14% |
| No | 83% | 86% | 84% | 85% | 85% | 77% | 89% | 89% | 83% | 82% | 85% | 86% |
| Unwgt N= | 372 | 383 | 503 | 238 | 147 | 146 | 250 | 212 | 175 | 212 | 109 | 133 |

| | Education | | | | Region | | | | | |
|----------|------------|-----------|----------|-----------|--------|--------|---------|------------|-------|--|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/South | Shore | |
| Yes | 17% | 10% | 18% | 17% | 16% | 17% | 9% | 22% | 10% | |
| No | 83% | 90% | 82% | 83% | 84% | 83% | 91% | 78% | 90% | |
| Unwgt N= | 189 | 196 | 236 | 133 | 94 | 266 | 107 | 149 | 139 | |

Q. Please tell me if you would feel very comfortable, somewhat comfortable, not very comfortable, or not comfortable at all receiving medical care from a health professional through either an electronic device or phone for each of the following:

| | Sending/receiving personal medical information | Medication consultation and prescript. refills | A follow-up visit | A visit for an urgent health concern | A therapy session or counseling | An initial consultation to determine whether or not an in-person visit is needed |
|------------------------|---|---|--------------------------|---|--|---|
| Very comfortable | 20% | 45% | 25% | 14% | 17% | 31% |
| Somewhat comfortable | 33% | 34% | 37% | 23% | 32% | 37% |
| Not very comfortable | 22% | 9% | 18% | 28% | 23% | 14% |
| Not at all comfortable | 24% | 1% | 19% | 34% | 26% | 16% |
| Don't know (vol) | 1% | 1% | 2% | 2% | 2% | 2% |
| Unwgt N= | 758 | 760 | 761 | 760 | 757 | 759 |

Sending and receiving personal medical information

| | Gender | | Race | | Age | | | | Income | | | |
|------------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-------|-----------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | <100K | 100K-150K | 150K+ |
| Very comfortable | 23% | 18% | 19% | 23% | 24% | 17% | 20% | 20% | 15% | 21% | 18% | 25% |
| Somewhat comfortable | 32% | 33% | 33% | 33% | 37% | 34% | 32% | 27% | 29% | 39% | 33% | 34% |
| Not very comfortable | 22% | 22% | 22% | 23% | 25% | 23% | 19% | 21% | 23% | 20% | 26% | 19% |
| Not comfortable at all | 22% | 26% | 26% | 20% | 14% | 26% | 29% | 29% | 32% | 20% | 21% | 22% |
| Don't know (vol) | 1% | 1% | 1% | 1% | 1% | 0% | 0% | 3% | 2% | 0% | 1% | 0% |
| Unwt N= | 373 | 385 | 502 | 241 | 148 | 150 | 249 | 211 | 178 | 211 | 109 | 135 |

| | Education | | | | Region | | | | | Health Insurance Coverage | | |
|------------------------|------------|-----------|----------|-----------|--------|--------|---------|------------|-------|---------------------------|-------------------------|-------------------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/South | Shore | Through Employer | Purchased by Individual | Medicare/Medicaid |
| Very comfortable | 19% | 14% | 22% | 27% | 21% | 21% | 18% | 19% | 22% | 22% | 20% | 19% |
| Somewhat comfortable | 25% | 33% | 37% | 33% | 39% | 32% | 33% | 30% | 32% | 32% | 38% | 28% |
| Not very comfortable | 26% | 23% | 19% | 23% | 23% | 21% | 25% | 21% | 21% | 22% | 20% | 21% |
| Not comfortable at all | 28% | 29% | 21% | 16% | 17% | 26% | 23% | 27% | 23% | 24% | 19% | 29% |
| Don't know (vol) | 2% | 2% | 0% | 0% | 0% | 1% | 1% | 3% | 2% | 0% | 2% | 3% |
| Unwt N= | 192 | 193 | 236 | 136 | 94 | 265 | 111 | 149 | 139 | 394 | 76* | 221 |

Medication consultation and prescription refills

| | Gender | | Race | | Age | | | | Income | | | |
|------------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-------|----------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | <100K | 100K- <150K | 150K+ |
| Very comfortable | 47% | 43% | 43% | 49% | 52% | 44% | 43% | 39% | 42% | 45% | 52% | 44% |
| Somewhat comfortable | 33% | 36% | 38% | 28% | 26% | 39% | 38% | 34% | 30% | 39% | 29% | 38% |
| Not very comfortable | 10% | 9% | 6% | 14% | 14% | 7% | 6% | 10% | 14% | 6% | 8% | 11% |
| Not comfortable at all | 10% | 12% | 13% | 8% | 6% | 10% | 14% | 13% | 12% | 11% | 11% | 6% |
| Don't know (vol) | 1% | 1% | 1% | 1% | 1% | 0% | 0% | 3% | 2% | 0% | 0% | 1% |
| Unwt N= | 371 | 389 | 504 | 242 | 148 | 149 | 250 | 213 | 178 | 213 | 109 | 134 |

| | Education | | | | Region | | | | Health Insurance Coverage | | | |
|------------------------|------------|-----------|----------|-----------|--------|--------|---------|------------|---------------------------|------------------|-------------------------|-------------------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/South | Shore | Through Employer | Purchased by Individual | Medicare/Medicaid |
| Very comfortable | 36% | 41% | 50% | 54% | 52% | 44% | 46% | 41% | 42% | 46% | 54% | 41% |
| Somewhat comfortable | 36% | 34% | 34% | 33% | 29% | 34% | 28% | 41% | 38% | 35% | 29% | 34% |
| Not very comfortable | 12% | 13% | 4% | 9% | 12% | 10% | 11% | 6% | 7% | 9% | 8% | 9% |
| Not comfortable at all | 14% | 11% | 12% | 4% | 7% | 11% | 15% | 10% | 12% | 10% | 9% | 14% |
| Don't know (vol) | 2% | 1% | 0% | 0% | 1% | 1% | 0% | 1% | 1% | 0% | 1% | 3% |
| Unwt N= | 192 | 196 | 237 | 134 | 96 | 266 | 111 | 149 | 138 | 393 | 76* | 224 |

A follow-up visit

| | Gender | | Race | | Age | | | | Income | | | |
|------------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-------|----------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | <100K | 100K- <150K | 150K+ |
| Very comfortable | 28% | 22% | 22% | 30% | 32% | 24% | 21% | 20% | 23% | 26% | 17% | 27% |
| Somewhat comfortable | 35% | 39% | 38% | 36% | 35% | 44% | 38% | 31% | 38% | 36% | 45% | 35% |
| Not very comfortable | 19% | 16% | 18% | 16% | 19% | 17% | 15% | 19% | 14% | 20% | 22% | 16% |
| Not comfortable at all | 16% | 21% | 20% | 16% | 12% | 14% | 25% | 27% | 20% | 18% | 16% | 20% |
| Don't know (vol) | 2% | 2% | 1% | 2% | 3% | 0% | 1% | 4% | 4% | 1% | 1% | 2% |
| Unwt N= | 372 | 389 | 504 | 242 | 148 | 150 | 250 | 213 | 177 | 213 | 109 | 134 |

| | Education | | | | Region | | | | | Health Insurance Coverage | | | |
|------------------------|------------------|--------------|-------------|--------------|--------|--------|---------|----------------|-------|---------------------------|----------------------------|-----------------------|--|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/ South | Shore | Through Employer | Purchased by Individual | Medicare/ Medicaid | |
| Very comfortable | 26% | 23% | 26% | 21% | 38% | 23% | 20% | 24% | 22% | 23% | 33% | 22% | |
| Somewhat comfortable | 31% | 34% | 40% | 45% | 28% | 39% | 43% | 37% | 38% | 39% | 33% | 35% | |
| Not very comfortable | 19% | 19% | 17% | 14% | 15% | 18% | 20% | 16% | 18% | 19% | 16% | 16% | |
| Not comfortable at all | 21% | 21% | 16% | 17% | 17% | 18% | 16% | 22% | 21% | 18% | 17% | 23% | |
| Don't know (vol) | 3% | 2% | 1% | 1% | 2% | 2% | 1% | 1% | 1% | 1% | 1% | 4% | |
| Unwt N= | 191 | 196 | 238 | 135 | 96 | 266 | 111 | 149 | 139 | 395 | 76* | 224 | |

A visit for an urgent health concern

| | Party ID | | | Gender | | Race | | Age | | | | Income | | | |
|------------------------|----------|-----|-----|--------|--------|-------|--------------|-------|-------|-------|-----|--------|---------------|----------------|-------|
| | Dem | Ind | Rep | Male | Female | White | Non- wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K- <100K | 100K- <150K | 150K+ |
| Very comfortable | 13% | 14% | 14% | 18% | 10% | 10% | 21% | 15% | 16% | 10% | 15% | 15% | 13% | 6% | 15% |
| Somewhat comfortable | 22% | 24% | 21% | 26% | 20% | 18% | 31% | 30% | 23% | 16% | 21% | 22% | 27% | 15% | 17% |
| Not very comfortable | 30% | 28% | 23% | 25% | 30% | 32% | 22% | 32% | 23% | 31% | 24% | 27% | 28% | 36% | 31% |
| Not comfortable at all | 33% | 32% | 40% | 29% | 38% | 39% | 25% | 21% | 38% | 41% | 35% | 33% | 29% | 43% | 34% |
| Don't know (vol) | 2% | 2% | 2% | 2% | 2% | 2% | 2% | 1% | 0% | 3% | 5% | 3% | 3% | 0% | 3% |
| Unwt N= | 276 | 327 | 154 | 373 | 387 | 503 | 242 | 148 | 150 | 251 | 211 | 178 | 212 | 109 | 135 |

| | Education | | | | Region | | | | | Health Insurance Coverage | | | |
|------------------------|------------------|--------------|-------------|--------------|--------|--------|---------|----------------|-------|---------------------------|----------------------------|-----------------------|--|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/ South | Shore | Through Employer | Purchased by Individual | Medicare/ Medicaid | |
| Very comfortable | 14% | 15% | 14% | 12% | 24% | 13% | 12% | 11% | 10% | 13% | 11% | 15% | |
| Somewhat comfortable | 32% | 15% | 22% | 22% | 23% | 22% | 24% | 24% | 22% | 21% | 27% | 24% | |
| Not very comfortable | 25% | 27% | 30% | 31% | 23% | 30% | 31% | 25% | 30% | 30% | 27% | 22% | |
| Not comfortable at all | 27% | 41% | 32% | 35% | 29% | 33% | 33% | 38% | 35% | 35% | 34% | 35% | |
| Don't know (vol) | 3% | 3% | 2% | 0% | 1% | 3% | 1% | 2% | 3% | 2% | 1% | 3% | |
| Unwt N= | 192 | 194 | 237 | 136 | 95 | 266 | 111 | 149 | 139 | 395 | 76 | 222 | |

A therapy session or counseling

| | Gender | | Race | | Age | | | | Income | | | |
|------------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-----------|------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K-<100K | 100K-<150K | 150K+ |
| Very comfortable | 19% | 15% | 15% | 19% | 24% | 14% | 15% | 12% | 15% | 18% | 13% | 16% |
| Somewhat comfortable | 32% | 33% | 31% | 35% | 36% | 41% | 29% | 20% | 29% | 36% | 37% | 30% |
| Not very comfortable | 21% | 25% | 23% | 22% | 21% | 18% | 28% | 24% | 23% | 21% | 29% | 22% |
| Not comfortable at all | 26% | 26% | 28% | 23% | 19% | 26% | 26% | 38% | 31% | 24% | 18% | 31% |
| Don't know (vol) | 3% | 1% | 2% | 1% | 1% | 1% | 2% | 5% | 2% | 2% | 2% | 1% |
| Unwt N= | 371 | 386 | 502 | 240 | 148 | 150 | 249 | 210 | 177 | 212 | 108 | 134 |

| | Education | | | | Region | | | | | Health Insurance Coverage | | |
|------------------------|------------|-----------|----------|-----------|--------|--------|---------|------------|-------|---------------------------|-------------------------|-------------------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/South | Shore | Through Employer | Purchased by Individual | Medicare/Medicaid |
| Very comfortable | 18% | 13% | 19% | 16% | 24% | 16% | 15% | 13% | 15% | 14% | 27% | 18% |
| Somewhat comfortable | 32% | 30% | 37% | 27% | 32% | 32% | 39% | 31% | 30% | 35% | 28% | 25% |
| Not very comfortable | 20% | 23% | 21% | 30% | 19% | 22% | 27% | 22% | 24% | 24% | 22% | 20% |
| Not comfortable at all | 27% | 32% | 21% | 27% | 22% | 28% | 18% | 30% | 29% | 25% | 21% | 33% |
| Don't know (vol) | 3% | 2% | 2% | 0% | 2% | 2% | 0% | 3% | 2% | 1% | 2% | 4% |
| Unwt N= | 191 | 195 | 235 | 135 | 93 | 267 | 110 | 148 | 139 | 394 | 75* | 221 |

An initial consultation to determine whether or not an in-person visit is needed

| | Gender | | Race | | Age | | | | Income | | | |
|------------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-----------|------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K-<100K | 100K-<150K | 150K+ |
| Very comfortable | 32% | 30% | 28% | 36% | 42% | 33% | 25% | 21% | 30% | 34% | 29% | 28% |
| Somewhat comfortable | 37% | 38% | 38% | 35% | 33% | 44% | 35% | 37% | 35% | 40% | 37% | 40% |
| Not very comfortable | 13% | 15% | 14% | 14% | 15% | 9% | 17% | 16% | 15% | 11% | 20% | 13% |
| Not comfortable at all | 16% | 16% | 18% | 12% | 6% | 14% | 24% | 23% | 15% | 15% | 12% | 19% |
| Don't know (vol) | 3% | 1% | 2% | 3% | 5% | 0% | 0% | 3% | 5% | 0% | 2% | 0% |
| Unwt N= | 371 | 388 | 502 | 242 | 147 | 150 | 251 | 211 | 178 | 211 | 109 | 135 |

| | Education | | | | Region | | | Health Insurance Coverage | | | | |
|------------------------|------------------|--------------|-------------|--------------|--------|--------|---------|---------------------------|-------|---------------------|----------------------------|-----------------------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/ South | Shore | Through Employer | Purchased by Individual | Medicare/ Medicaid |
| Very comfortable | 27% | 27% | 36% | 33% | 35% | 32% | 38% | 25% | 25% | 31% | 42% | 23% |
| Somewhat comfortable | 34% | 38% | 37% | 40% | 32% | 38% | 35% | 40% | 39% | 40% | 22% | 40% |
| Not very comfortable | 14% | 16% | 13% | 12% | 12% | 14% | 12% | 13% | 19% | 13% | 15% | 13% |
| Not comfortable at all | 19% | 18% | 14% | 15% | 17% | 15% | 14% | 19% | 15% | 16% | 16% | 20% |
| Don't know (vol) | 7% | 1% | 0% | 0% | 3% | 2% | 0% | 3% | 1% | 1% | 4% | 4% |
| Unwt N= | 190 | 195 | 237 | 136 | 95 | 267 | 110 | 149 | 138 | 393 | 76* | 223 |

Q. Please tell me if each of the following scenarios would make you more likely to consult a health professional through either an electronic device or telephone instead of in person, less likely, or if it would make no difference as to how you received care:

If the cost was the same but you could spend more time with a health professional through an electronic device or phone than in person

| | | Health Insurance Coverage | | |
|------------------|-----|---------------------------|----------------------------|-----------------------|
| | | Through Employer | Purchased by Individual | Medicare/ Medicaid |
| More likely | 29% | 28% | 35% | 25% |
| Less likely | 36% | 35% | 36% | 40% |
| No difference | 31% | 33% | 25% | 31% |
| Depends (vol) | 1% | 1% | 1% | 2% |
| Don't know (vol) | 2% | 2% | 2% | 3% |
| Unwgt N= | 756 | 393 | 76* | 220 |

| | Gender | | Race | | Age | | | | Income | | | |
|------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|---------------|----------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K- <100K | 100K- <150K | 150K+ |
| More likely | 31% | 28% | 27% | 34% | 37% | 26% | 30% | 21% | 26% | 32% | 27% | 33% |
| Less likely | 32% | 39% | 36% | 35% | 29% | 32% | 38% | 50% | 36% | 37% | 37% | 28% |
| No difference | 33% | 30% | 33% | 28% | 34% | 40% | 26% | 23% | 36% | 31% | 32% | 39% |
| Depends (vol) | 1% | 2% | 2% | 0% | 0% | 1% | 3% | 1% | 0% | 2% | 2% | 0% |
| Don't know (vol) | 2% | 2% | 2% | 3% | 0% | 1% | 3% | 4% | 2% | 2% | 2% | 0% |
| Unwt N= | 369 | 387 | 500 | 241 | 148 | 150 | 249 | 209 | 178 | 211 | 108 | 133 |

| | Education | | | | Region | | | | |
|------------------|---------------|--------------|-------------|--------------|--------|--------|---------|----------------|-------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/ South | Shore |
| More likely | 29% | 24% | 36% | 27% | 35% | 31% | 26% | 24% | 30% |
| Less likely | 38% | 42% | 30% | 34% | 37% | 36% | 36% | 35% | 35% |
| No difference | 29% | 40% | 32% | 36% | 27% | 29% | 34% | 36% | 32% |
| Depends (vol) | 1% | 2% | 1% | 2% | 1% | 0% | 1% | 3% | 1% |
| Don't know (vol) | 3% | 2% | 1% | 1% | 0% | 4% | 2% | 1% | 1% |
| Unwt N= | 191 | 194 | 236 | 134 | 94 | 266 | 111 | 147 | 138 |

If the cost was the same, but you did not have to wait as long to get an appointment with a health professional through an electronic device or phone as you would in person

| | | Health Insurance Coverage | | |
|------------------|-----|---------------------------|----------------------------|-----------------------|
| | | Through Employer | Purchased by Individual | Medicare/ Medicaid |
| More likely | 32% | 31% | 42% | 29% |
| Less likely | 35% | 35% | 36% | 34% |
| No difference | 30% | 31% | 14% | 32% |
| Depends (vol) | 1% | 1% | 5% | 1% |
| Don't know (vol) | 2% | 2% | 3% | 4% |
| Unwgt N= | 755 | 393 | 76* | 219 |

| | Gender | | Race | | Age | | | | Income | | | |
|------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|-----------|------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K-<100K | 100K-<150K | 150K+ |
| More likely | 36% | 28% | 29% | 38% | 41% | 30% | 30% | 24% | 25% | 34% | 34% | 33% |
| Less likely | 30% | 39% | 35% | 34% | 29% | 31% | 39% | 42% | 35% | 39% | 35% | 27% |
| No difference | 32% | 28% | 32% | 26% | 29% | 37% | 25% | 26% | 38% | 24% | 25% | 38% |
| Depends (vol) | 1% | 2% | 2% | 1% | 1% | 1% | 2% | 2% | 0% | 0% | 3% | 2% |
| Don't know (vol) | 2% | 3% | 3% | 2% | 0% | 1% | 3% | 6% | 1% | 3% | 3% | 0% |
| Unwt N= | 369 | 386 | 499 | 242 | 148 | 149 | 250 | 208 | 177 | 211 | 108 | 133 |

| | Education | | | | Region | | | | |
|------------------|------------|-----------|----------|-----------|--------|--------|---------|------------|-------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/South | Shore |
| More likely | 33% | 26% | 36% | 32% | 37% | 57% | 28% | 26% | 30% |
| Less likely | 37% | 45% | 27% | 32% | 30% | 12% | 38% | 35% | 36% |
| No difference | 26% | 25% | 35% | 31% | 31% | 27% | 30% | 35% | 29% |
| Depends (vol) | 2% | 2% | 1% | 1% | 2% | 2% | 1% | 2% | 2% |
| Don't know (vol) | 2% | 2% | 2% | 4% | 0% | 4% | 2% | 2% | 2% |
| Unwt N= | 192 | 194 | 235 | 133 | 94 | 266 | 110 | 147 | 138 |

If the cost of seeing a health professional through an electronic device or phone was less than the cost of seeing a health professional in person

| | Health Insurance Coverage | | | |
|------------------|---------------------------|-------------------------|-------------------|-----|
| | Through Employer | Purchased by Individual | Medicare/Medicaid | |
| More likely | 33% | 32% | 36% | 27% |
| Less likely | 32% | 31% | 33% | 38% |
| No difference | 31% | 34% | 22% | 29% |
| Depends (vol) | 1% | 1% | 1% | 2% |
| Don't know (vol) | 3% | 2% | 8% | 4% |
| Unwgt N= | 755 | 393 | 76* | 219 |

| | Gender | | Race | | Age | | | | Income | | | |
|------------------|--------|--------|-------|----------|-------|-------|-------|-----|--------|---------------|----------------|-------|
| | Male | Female | White | Non-wht. | 18-34 | 35-49 | 50-64 | 65+ | <50K | 50K- <100K | 100K- <150K | 150K+ |
| More likely | 37% | 30% | 29% | 41% | 49% | 32% | 26% | 20% | 37% | 35% | 31% | 30% |
| Less likely | 28% | 35% | 32% | 31% | 23% | 27% | 37% | 43% | 29% | 35% | 37% | 25% |
| No difference | 32% | 30% | 34% | 25% | 25% | 37% | 32% | 29% | 31% | 26% | 25% | 43% |
| Depends (vol) | 1% | 1% | 1% | 0% | 0% | 1% | 2% | 1% | 1% | 1% | 1% | 1% |
| Don't know (vol) | 3% | 4% | 3% | 3% | 2% | 3% | 2% | 6% | 2% | 4% | 6% | 0% |
| Unwt N= | 369 | 386 | 499 | 241 | 148 | 150 | 249 | 208 | 177 | 211 | 108 | 133 |

| | Education | | | | Region | | | | |
|------------------|---------------|--------------|-------------|--------------|--------|--------|---------|----------------|-------|
| | HS or Less | Some Coll | Col Grad | Grad Work | Urban | Suburb | Exurban | Phil/ South | Shore |
| More likely | 25% | 33% | 40% | 31% | 40% | 36% | 31% | 27% | 30% |
| Less likely | 40% | 37% | 25% | 27% | 25% | 32% | 31% | 34% | 36% |
| No difference | 29% | 26% | 32% | 39% | 28% | 29% | 33% | 33% | 31% |
| Depends (vol) | 0% | 2% | 1% | 1% | 1% | 0% | 3% | 2% | 1% |
| Don't know (vol) | 6% | 2% | 3% | 2% | 6% | 3% | 2% | 3% | 2% |
| Unwt N= | 191 | 194 | 235 | 134 | 94 | 266 | 110 | 147 | 138 |

Q. And which of the following is your main source of health insurance coverage? Just stop me when I read the right one.

| | |
|---|-----|
| A plan through your employer | 43% |
| A plan through your spouses employer | 13% |
| A plan you purchased yourself from an insurance company | 6% |
| A plan you purchased yourself from a state or federal marketplace | 4% |
| Medicare | 19% |
| Medicaid | 5% |
| Or somewhere else (specify) | 3% |
| A plan through a parent or guardian (vol) | 3% |
| I don't have insurance (vol) | 4% |
| Unwgt N= | 769 |

* Small N; interpret with caution