



Virtual Visits: Telehealth and Older Adults

Telehealth allows patients to have visits with health care providers remotely using video technology. Such visits are increasingly available and have the potential to make health care more accessible and convenient for patients. In May 2019, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their experiences with and opinions of telehealth.

Experience with telehealth visits

About one in seven respondents (14%) said that their health care providers offered telehealth visits, which were defined as health care visits by video using smartphones or computers. More than half did not know if their providers offered telehealth visits (55%), while about one in three older adults indicated their health care providers did not offer telehealth visits (31%). Only 4% reported having had a telehealth visit in the previous year.

Telehealth vs. in-person office visits

Among older adults who had a telehealth visit, about half said the overall convenience of a telehealth visit was better than an in-person office visit (47%), 36% believed an in-person office visit was better, and 18% thought the overall convenience was the same. However, more than half indicated that in-person office visits were better than telehealth visits with regard to feeling cared for (56%), communicating with the health care professional (55%), and the amount of time spent with the health care professional (53%). Additionally, more than half viewed in-person office visits as better than telehealth visits in terms of overall quality of care (58%).



Interest in telehealth visits

AMONG ADULTS AGE 50-80



64% unexpected illness while traveling



58% return visit



55% one-time follow-up after a procedure or surgery



34% new health problem



28% mental health concern

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Interest in types of telehealth visits

Among older adults whose providers do not offer telehealth visits, nearly half expressed interest (*very* or *somewhat*) in a telehealth visit with a primary care provider (48%), while two in five were interested in visits with a specialist (40%). More than one in three were interested in visits with a mental health professional (35%).

If offered, two in three of all respondents indicated they would be interested in a telehealth visit for an unexpected illness while traveling (64%), nearly three in five for a return visit (58%), and more than half for a one-time follow-up after a procedure or surgery (55%). Fewer indicated that they would be interested in a telehealth visit to discuss a new health problem (34%), a sensitive health issue (29%), or a mental health concern (28%).

Concerns about telehealth visits

Older adults expressed the following concerns about telehealth visits: that health care providers would not be able to do a physical exam (71%), that quality of care would not be as good as a face-to-face visit (68%), privacy (49%), not feeling personally connected to the health care professional (49%), difficulty using the technology (47%), and difficulty seeing or hearing the health care professional (39%).

Implications

Growing numbers of health care providers have the capability to conduct telehealth visits. Because telehealth makes it possible to have a health care visit without being in the same location as the health care provider, this technology has the potential to increase health care access and convenience for many older

adults. Telehealth visits could be particularly helpful for those who need frequent health care services, have mobility challenges, or live in rural areas.

While most older adults are uncertain whether their health care providers currently offer telehealth visits, and very few have actually experienced such a visit, many older adults expressed interest in a telehealth visit in the future. For example, roughly half of older adults would be interested in a telehealth visit with their primary care provider. Many older adults would be interested in telehealth visits in specific situations, such as an unexpected illness while traveling or for a one-time follow-up visit after a procedure or surgery.

Despite this interest, the poll results also highlight concerns about telehealth visits. For example, most older adults are concerned about providers being unable to do a physical exam and the overall quality of care of telehealth visits. Nearly half have concerns about privacy and not feeling connected to the provider during telehealth visits, and many were also concerned about using the technology. Unless these concerns are addressed, they could limit the spread of telehealth visits among older adults.

Historically, relationships between older adults and their providers have been established and maintained through face-to-face office visits. Yet, advances in telehealth technology and older adults' greater comfort and experience with technology in everyday life are changing this paradigm. As more providers offer telehealth visits, these poll results point to promising opportunities for telehealth to improve access and convenience for older adults. However, older adults' concerns about telehealth must be addressed for its full impact to be realized.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC ("Ipsos"), for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using the Ipsos KnowledgePanel®, the largest national, probability-based panel in the U.S. Surveys are fielded two to three times a year with a sample of approximately 2,000 KnowledgePanel® members age 50-80.

This survey was administered online in May 2019 to a randomly selected, stratified group of older adults age 50-80 (n=2,256). Respondents were selected from the Ipsos web-enabled KnowledgePanel®, which closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.

The completion rate was 76% among panel members contacted to participate. The margin of error is ±1 to 2 percentage points for questions asked of the full sample, and higher among subgroups.

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For more information or to receive future reports, visit [healthyagingpoll.org](https://www.healthyingagingpoll.org)

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