

Supplementary Online Content

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eAppendix 1. Survey Instrument 1

eAppendix 2. Survey Instrument 2

This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix 1. Survey Instrument 1

Phone calls made to sample of brick-and-mortar dermatology practices in close proximity to IHS sites

“My name is [...] and I am calling from Massachusetts General Hospital to conduct a phone survey study, the purpose of which is to understand the current availability of dermatology services for American Indian communities. Faculty Dr. Matthew Tobey is the primary investigator for this survey and it has received Institutional Review Board approval for research ethics. This study is an unfunded volunteer effort. If you request, we will direct you to our [study website](#) so that you can read more, also, Dr. Tobey can be reached directly at 617-643-5189. The survey will take approximately 5 minutes and your clinic is one of approximately 20 clinics that we hope to enroll. We obtained your clinic’s contact information through an online search. At your request, we will call you back at another time. You can ask to stop the survey at any time or decline to answer any question or questions. We will follow best practices to maintain the confidentiality of what you share with me today, but we cannot exclude the possibility of a breach of confidentiality. We will record your name and title so that we can contact your clinic again in case either we are disconnected or there is a further study in the future. This survey will not be recorded and you will not be remunerated. It is not a problem if you don’t know the answer to every question. Would you be willing to answer the survey, or would you like to designate someone else to answer these questions? Finally, if you’d like to speak to someone not involved in this research about your rights as a research subject, or any concerns or complaints you may have about the research, contact the Partners Human Research Committee at 857-282-1900.”

1. “What is your name and title at work?”
2. “How many days per week do you have clinic time?”
3. “What is the current wait time for a new patient to be seen?”
4. “Does the clinic accept Medicaid?”
 - a. If YES: “Could you estimate the percent of patients who are covered primarily by Medicaid?”
5. “Does the clinic see free care patients?”
 - a. If YES: “Could you estimate the percent of patients who are free care?”
6. “Do you have phototherapy on-site?”
7. “We are interested in thoroughly identifying pathways for dermatology care for American Indian communities. Do any of your providers care for patients at any Indian Health Service or tribally-run sites?”
 - a. If YES: “At which site? How many half-days per month?”
 - b. If NO: “Do you know of any other dermatologists that do provide care at Indian Health Service or tribally-run sites?”

If NOT SURE for any questions, at the end of the survey: “Do you know if anyone else at the clinic may know the answer to the question(s)?”

eAppendix 2. Survey Instrument 2

Phone calls made to the program coordinators of tele dermatology programs

“My name is [...] and I am calling from Massachusetts General Hospital to conduct a phone survey study, the purpose of which is to understand the current availability of tele dermatology services for American Indian communities. Faculty Dr. Matthew Tobey is the primary investigator for this survey and it has received Institutional Review Board approval for research ethics. This study is an unfunded volunteer effort. If you request, we will direct you to our [study website](#) so that you can read more, also, Dr. Tobey can be reached directly at 617-643-5189. The survey will take approximately 5 minutes and your clinic is one of approximately 12 tele dermatology practices that we hope to enroll. We obtained your clinic’s contact information through an online search. At your request, we will call you back at another time. You can ask to stop the survey at any time or decline to answer any question or questions. We will follow best practices to maintain the confidentiality of what you share with me today, but we cannot exclude the possibility of a breach of confidentiality. We will record your name and title so that we can contact your clinic again in case either we are disconnected or there is a further study in the future. This survey will not be recorded and you will not be remunerated. It is not a problem if you don’t know the answer to every question. Would you be willing to answer the survey, or would you like to designate someone else to answer these questions? Finally, if you’d like to speak to someone not involved in this research about your rights as a research subject, or any concerns or complaints you may have about the research, contact the Partners Human Research Committee at 857-282-1900.”

1. “What is your name and title at work?”
2. “Does your program provide tele dermatology services to any Indian Health Service or tribally run sites?”
 - a) “Have you in the past?”
 - b) If NO: “Do you have future plans to work with IHS or tribally run sites?”
3. “Is a store-and-forward [photos with asynchronous review] or live tele dermatology model used, or both?”
4. “What are barriers or challenges that you’ve encountered in terms of financing, human resources, logistics, or other?”*
5. “What are the opportunities that your program sees for collaboration with IHS or tribally run sites?”
6. “Are there any lessons you’ve learned through these collaborations?”
7. “Is there anything else you would like to share?”
8. “We are interested in thoroughly identifying pathways for tele-dermatology care for American Indian communities. Do you know of other services that provide tele-dermatology care to IHS or tribally run sites?”

If NOT SURE for any questions, at the end of the survey: “Do you know if anyone else at the clinic may know the answer to the question(s)?”

*Responses to questions 4-7 were not included in this analysis due to space constraints and a decision to focus solely on presenting the quantitative data in this Brief Report. The qualitative data will be published separately.