

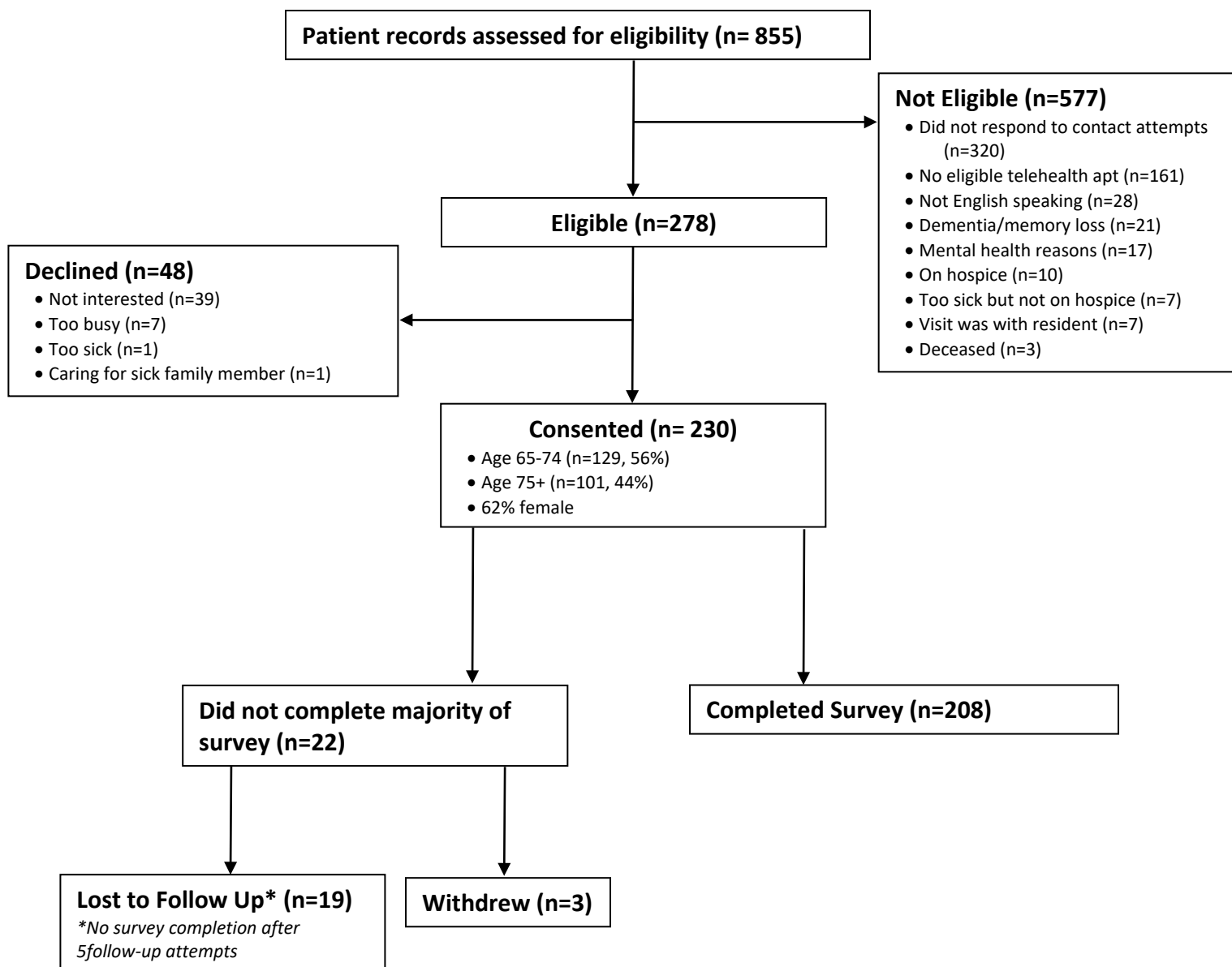
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1. Supplementary Table 1: Description of Recruitment Sites

Type	Sites	Description
Boston academic medical center	HealthCare Associates (HCA) and Senior Health	<p>Health Care Associates (HCA) is an ambulatory primary care practice affiliated with a large tertiary academic hospital located in Boston, MA. The practice is comprised of 64 attending primary care physicians, 8 nurse practitioners, and 200 residents who see approximately 43,000 patients and account for more than 105,000 visits annually.</p> <p>Senior Health is an outpatient medical practice for older adults ≥ 65 years of age affiliated with a large tertiary academic hospital located in Boston, MA. Through the help of a multidisciplinary team, Senior Health provides consults and primary care for older adults in over 7,000 visits annually.</p>
Boston area community practices	Affiliated Physicians Group (APG) of Beth Israel Lahey Health	Affiliated Physicians Group (APG) is a network of primary care physicians and extended care providers in 45 practice locations across Greater Boston, much of eastern Massachusetts, and southern New Hampshire. They provide over 300,000 visits annually. Patients were recruited from 8 different APG practices including practices in Chelsea and Dorchester, MA, that serve underserved and underrepresented populations.

2. Supplementary Figure 1: Recruitment Flow Diagram



3. Supplementary Text 1:

Capacity Questions

Now I would like to ask you some questions to check your memory and concentration. Some of them may be easy and some of them may be hard.

What year is it now? _____ (max error 1; score = ____ x 4)

What month is it now? _____ (max error 1; score = ____ x 3)

Repeat this phrase and I will ask you to remember it and tell it to me later: John Brown, 42 Market Street, Chicago

About what time is it? _____ (max error 1; score = ____ x 3)

Count backwards from 20 to 1 _____ (max error 2; score = ____ x 2)

Say the months in reverse order _____ (max error 2; score = ____ x 2)

Please repeat the phrase just given _____ (max error 5; score = ____ x 2)

Total error score _____ (if patient scores 10 or more, ineligible)

If ineligible: Thank you for speaking with me. Based on your answers to the questions above this study is not appropriate for you. Thank you again for your time and patience and willingness to hear about the study.

If eligible: Based on your answers to the questions above, you are eligible to participate in this study.

4. Supplementary Text 2: Patient Telehealth Survey

Date and time survey started

By checking yes below, I give my consent to participate in the Telehealth Patient Survey.

- 1, Yes
- 0, No

What is your gender?

- 1, Male
- 2, Female
- 3, Other

Please define other:

Before March 2020, had you ever had a virtual visit (either a phone visit or video visit) with any doctor and/or nurse practitioner?

- 1, No
- 2, Yes
- 3, Not sure
- 4, Other

Please define other:

If yes, in which hospital/clinic or health care system did you have it?

- 1, Health Care Associates at Beth Israel Deaconess Medical Center (BIDMC)
- 2, Veterans Hospital/Clinic (VA Clinic)
- 3, Retail based chains (e.g. CVS telehealth)
- 4, Not sure
- 5, Other
- 6, Another primary care practice in the community (not at BIDMC)

Please define other:

Since March 2020, how many times have you had a virtual visit (either a phone visit or video visit) with your primary care doctor and/or nurse practitioner at Beth Israel Deaconess Medical Center?

Which of the following kind of virtual visits have you had with your primary care doctor or nurse practitioner?

- 1, Phone based
- 2, Video based
- 3, Both phone and video based
- 4, None of the above

Since March 2020, have you had any virtual visits where you tried to use video but ended up having the visit over the phone due to the video not working?

- 1, Yes
- 0, No

On average, approximately how long have your virtual visit (s) been with your primary care physicians and/or nurse practitioner?

- 1, 5 min
- 2, 10 min
- 3, 15 min
- 4, 20 min
- 5, 25 min
- 6, 30 min
- 7, Longer than 30 min
- 8, Unsure/don't know
- 9, Other
- 10, Not applicable

If other, please elaborate:

Please answer the following questions. What three words or phrases come to mind thinking about your experience with virtual visits with your primary care physicians and/or nurse practitioner?

- Word 1:
- Word 2:
- Word 3:

If you had both a phone visit and a video visit which did you prefer?

- 1, Phone based
- 2, Video based
- 3, No preference
- 4, Do not know
- 5, Refused to answer
- 6, Not applicable

Please elaborate on your preferred choice:

Please answer the following questions on a scale of 0-9 where 0 means no effort was made, and 9 means maximal effort was made. Thinking about the virtual visit you had

How much effort was made to help you understand your health issues?	0, 0 = no effort 1, 1 2, 2
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How much effort was made to listen to things that matter most to you about your health issues?	3, 3 4, 4 5, 5 6, 6
How much effort was made to include what matters most in choosing what to do next.	7, 7 8, 8 9, 9= maximal effort

Did your primary care physician and/or nurse practitioner recommend that you purchase anything to make your care at home easier (e.g. pulse oximeter, blood pressure cuff?)

1, Yes

0, No

If yes, what were you asked to purchase?

Did your primary care physician and/or nurse practitioner recommend that you complete any paper work or fill-out any questionnaire prior to the virtual visit?

1, Yes

0, No

2, Not yet

3, Other (please elaborate)

Please define other:

What type of health forms did you complete?

Please rate your satisfaction with the following components of the virtual visit on a scale from 0 to 10 where 0 means you are very dissatisfied and 10 means you are very satisfied; 5 means you feel neutral. You may also say not applicable.

Video Only: Ability to see the images of the primary care physician/nurse practitioner on the monitor	0, 0 = Very dissatisfied 1, 1 2, 2
Ability to hear the primary care physician/nurse practitioner	3, 3 4, 4
Ability to get connected with the primary care physician/nurse practitioner virtually by phone or video	5, 5 6, 6 7, 7
The duration of the visit	8, 8
The treatment plan you received (e.g. any medication changes, next steps)	9, 9 10, 10 = Very satisfied
The educational materials you received by your health care provider	11, N/A

How well the staff answered your questions about the equipment/process needed to do virtual visits	
How well your privacy was respected	
Overall comfort in using virtual visits to receive care	
Overall convenience in using virtual visits to receive care	
Overall quality of health care you received virtually	

Overall on a scale of very dissatisfied to very satisfied, how satisfied are you with your virtual visit(s)?

- 1, Very Dissatisfied
- 2, Dissatisfied
- 3, Somewhat dissatisfied
- 4, Neutral
- 5, Somewhat satisfied
- 6, Satisfied
- 7, Very satisfied

How could we improve your satisfaction with virtual visits?

Please describe when a virtual visit may be most useful.

Please rate the following statements on a scale of 0-10 where 0 means strongly disagree and 10 means strongly agree. 5 means you feel neutral. You may also say not applicable or don't know.

I felt reassured about my health problems after talking with my primary care doctor and/ or nurse practitioner during my virtual visit.	0, 0 = Strongly disagree 1, 1 2, 2 3, 3
I felt comfortable putting into action the treatment plan I received from my primary care doctor and/or nurse practitioner during my virtual visit	4, 4 5, 5 6, 6 7, 7
I felt that it was easy to approach my primary care doctor and/or nurse practitioner after my virtual visit if I had any questions about the treatment plan or anything else that was discussed	8, 8 9, 9 10, 10 = Strongly agree 11, N/A 12, Not Sure

How did your virtual visit compare to a traditional visit?

- 1, Better than traditional visit

- 2, Just as good as traditional visit
- 3, Worse than a traditional visit
- 4, Not sure

Please share any thoughts you have about virtual visits compared to traditional visits.

Compared to when you see your primary care doctor or nurse practitioner in person, were you more likely, less likely, or just as likely to do the following in a virtual visit:

Ask your primary care doctor or nurse practitioner questions about multiple health problems?	1, More likely 2, Just as likely 3, Less likely
Ask your primary care doctor or nurse practitioner questions about your medicines?	
Share your worries or concerns?	

Please describe any other thoughts you have about your experience with a virtual visit and how it compared with your experience seeing your seeing your primary care doctor and/or nurse practitioner in person.

How old are you?

How tall are you?

How much do you weigh?

Which best describes your cigarette use?

- 1, Never smoked (Less than 100 cigarettes in your entire life)
- 2, Former smoker
- 3, Current smoker (smoke some days or every day)

How much alcohol do you typically drink? Note: 1 glass of alcohol equals 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled/hard liquor

- 1, One glass of alcohol per night
- 2, Two glasses of alcohol per night
- 3, Three or more glasses of alcohol per night
- 4, 3-6 glasses of alcohol per week
- 5, 1-2 glasses of alcohol per week
- 6, < 1 glass of alcohol per week

Has your alcohol intake increased since 3/15/20?

- 1, Yes
- 0, No

Please complete the following sentence: On average per glass of alcohol per night since 3/15/20, I drink:

- 1, one glass of alcohol per night
- 2, two glasses of alcohol per night
- 3, three or more glasses of alcohol per night
- 4, 3-6 glasses of alcohol per week
- 5, 1-2 glasses of alcohol per week
- 6, < 1 glass of alcohol per week

Please answer the following questions about your health:

Have you ever been told by a doctor or health professional that you had a heart attack (also called myocardial infarction)?	0, No 1, Yes 2, May be
Have you ever been told by a doctor or health professional that you have heart failure?	3, Refused 4, Don't know 5, N/A
Have you had an operation to unclog or bypass arteries in your legs? (peripheral vascular disease)	
Have you ever had a stroke or transient ischemic attack (TIA)?	
Do you have difficulty moving an arm or leg as a result of the stroke?	
Do you have asthma?	
Have you ever been told by a doctor or health professional that you have emphysema or COPD?	
If yes to above, does your chronic lung disease limit your usual activities or make you need oxygen at home	
Do you have stomach ulcers, or peptic ulcer disease?	
Have you ever been told by a doctor or health professional that you have diabetes (high blood sugar) or prediabetes ?	
Have you ever had poor kidney function (blood test showing high creatinine)?	
Have you ever needed hemodialysis or peritoneal dialysis?	
Do you have rheumatoid arthritis?	
Do you have Lupus (systemic lupus erythematosus)?	

Do you have cirrhosis or serious liver damage? (for example you have abnormal liver tests)	
Have you even been told that you have cancer (excluding minor skin cancers)?	

In general, would you say your health is:

- 1, Excellent
- 2, Very Good
- 3, Good
- 4, Fair
- 5, Poor

Because of a physical, mental or emotional problem, do you need help from other people with routine needs? These include everyday household chores, shopping or getting around for other purposes.

- 1, Yes
- 0, No

Because of a health or memory problem do you have any difficulty with bathing or showering?

- 1, Yes
- 0, No

Because of a health problem do you have any difficulty with pulling or pushing large objects such as a living room chair?

- 1, Yes
- 0, No

By yourself and without using any special equipment, how difficult is it for you to walk a quarter of a mile (about 3 city blocks)?

- 1, Not at all difficult
- 2, A little difficult
- 3, Very difficult
- 4, Can't do at all/do not do/can only do with a cane or walker

Do you drive a car?

- 1, Yes
- 0, No

If yes, how frequently do you typically drive a car?

- 1, Less than once a month
- 2, 1-5 times a month
- 3, More than 6 times a month
- 4, Not sure
- 5, N/A

How did your employment status change? (e.g. job loss, reduced hours, having to take unpaid leave)

Where do you currently live?

- 1, Own home
- 2, Own apartment
- 3, Assisted living
- 4, Nursing home
- 5, Other

Please define other:

Who else lives with you? (check all that applies)

- 1, Spouse/Domestic Partner
- 2, Your Children
- 3, Your Grandchildren
- 4, Friend/Acquaintance
- 5, Other
- 6, No one, I live alone

Please define other:

How would you define your marital status?

- 1, Single (never married)
- 2, Currently married or living as married
- 3, Divorced
- 4, Separated
- 5, Widowed
- 6, Don't know

Do you serve as a caretaker for anyone?

If yes, for whom do you serve as a caretaker? (Check all that apply)

- 1, Spouse/significant other
- 2, Child
- 3, Grandchild
- 4, Friend
- 5, Other

Please define other:

If you serve as a caretaker for someone, has the coronavirus epidemic impacted your ability to serve as a caretaker in any way?

- 1, Yes
- 0, No

If yes, please tell us how the coronavirus epidemic has altered your caretaking duties?

How do you usually get to your clinic appointments (pre-pandemic)?

- 1, I drive myself
- 2, A friend, family member, or loved one drives me to the medical appointment
- 3, I take public transit (bus/train/subway)
- 4, I use rideshare applications (Uber, Lyft)
- 5, I participate in the Hospital Mass transit program
- 6, Other

Please define other:

Does anyone usually accompany you to your medical appointments with your primary care clinician?

- 1, Yes
- 0, No

Which of the following do you have access to where you live? (check all that applies)

- 1, Cell phone
- 2, Land line
- 3, Computer with internet access
- 4, I-pad or tablet with internet access
- 5, Cell phone with internet access
- 6, Other

Please define other:

On a scale of 1-5 (not at all confident to very confident), how confident are you in using the following to do a virtual visit with a health care provider?

Using a land line phone to receive and make phone calls?	1, Not at all confident 2, Slightly confident
Using a Cell Phone to receive and make phone calls?	3, Somewhat confident 4, Moderately confident
Using a cellphone, tablet, or computer to send and receive email?	5, Very confident
Using a cellphone, tablet or computer to initiate and receive video chats (for example using programs such as: Skype, Facebook, Facetime, Zoom, Whatsapp video, etc)?	

What is the highest level of school you have completed or the highest degree you have received?

- 1, Less than 6th grade
- 2, 6th grade
- 3, 7th grade

- 4, 8th grade
- 5, 9th grade
- 6, 10th grade
- 7, 11th grade
- 8, GED or equivalent
- 9, High school or less, no diploma
- 10, High school graduate
- 11, Some college or an Associate's degree
- 12, Bachelor's degree (e.g., BA, AB, BS, BBA)
- 13, Master's degree (e.g., MA, MS, MEngineering, MEducation, MBA)
- 14, Professional School degree (e.g, MD, DDS, DVM, JD)
- 15, Nursing degree
- 16, Doctoral degree (e.g., PhD, EdD, ScD)

How often do you have someone like a family member, friend, hospital, or clinic worker or caregiver, help you read hospital materials?

- 1, Always
- 2, Often
- 3, Sometimes
- 4, Rarely
- 5, Never

How often do you have problems learning about your medical condition because of difficulty understanding written information?

- 1, Always
- 2, Often
- 3, Sometimes
- 4, Rarely
- 5, Never

Do you consider yourself to be Hispanic or Latino?

- 1, No, I am not Hispanic or Latino
- 2, Yes, I am Hispanic or Latino
- 3, Don't know
- 4, Prefer not to answer

Which of the following racial groups do you most identify with?

- 1, White or Caucasian
- 2, Black or African American
- 3, Asian
- 4, American Indian or Alaska Native
- 5, Native Hawaiian or other Pacific Islander
- 6, Other
- 7, Prefer not to answer

Please define other:

Of these income groups can you tell me which best represents your total combined household income during the last year?

- 1, < \$20,000
- 2, \$20,000-\$35,000
- 3, \$36,000-\$65,000
- 4, \$66,000-\$100,000
- 5, >\$100,000
- 6, Prefer not to answer
- 7, Don't know

Please share any other thoughts you have on your experiences with virtual visits and with coping during the coronavirus crisis:

Date and time survey completed

4. Supplementary Text 3: Patient Telehealth Codebook

1. Attitudes about telemedicine engagement during the pandemic
 - a. Negative
 - i. Worried doctor too busy
 - b. Positive
 - i. Safer during COVID
2. Future willingness to engage in telemedicine
 - a. Willing
 - i. Although often qualified
 - b. Not willing
3. When to best use telemedicine from the patient perspective
 - a. Maintenance versus Chronic Care
 - b. Simple issues or triage, when exam not needed
 - c. Not for annual
4. Telemedicine Logistics
 - a. Care coordination
 - b. Length of visit
 - c. Tech issues and features
 - d. Structure of visit
 - e. Health literacy of patient
 - f. Doctor-patient relationship
5. Video vs. phone
6. Telemedicine vs. in person care
 - a. Negative
 1. Prefers in person due to face-to-face,
 2. Prefers in person due to physical examination
 - b. Positive
 - i. Ability to get family members involved
 - ii. Accessibility
 - iii. Convenient/saves time
 1. Easier travel/parking/physical access
 - c. Neutral (Better than no visit)