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Use of Online Health Services under Mobility Restrictions during the COVID-19 Pandemic

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Abstract

Background

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. In response, many countries worldwide, including Israel, issued guidelines that restricted mobility and limited leaving one's home. Online health services emerged as one of the key solutions for maintaining public health during the pandemic and the associated mobility restrictions.

Study Objectives

To characterize patterns of use and patients' experiences with online health services during a period of restricted access to public spaces, and to examine these patterns through comparisons across population groups.

Methods

Data for the study were collected through two surveys: an online panel survey conducted among Jewish respondents between April 30 and May 3, 2020, and a telephone survey conducted among Arab respondents between May 6 and May 10, 2020. Survey respondents were aged 20–64. The study sample included 1,241 Jewish respondents and 307 Arab respondents.

Key Findings

During the period of mobility restrictions imposed as a result of the COVID-19 pandemic (March–April 2020), 32% of respondents contacted a healthcare provider through online means, and 42% viewed their personal medical information on their health plan's website or mobile application. Six percent of respondents had not contacted a healthcare provider online in the two years prior to the pandemic but did so during the first two months following its outbreak; this figure was 7% among Jewish respondents and 3% among Arab respondents.

The likelihood that Jewish respondents contacted a healthcare provider online was 11 times higher than that of Muslim Arab respondents and 4 times higher than that of Christian Arab respondents. Women were 1.9 times more likely than men to make an online contact; individuals with chronic illness were 1.9 times more likely than those without chronic illness; and respondents with children under the age of 18 in their household were 1.5 times more likely to make an online contact than those without children.

The most common reasons for contacting a healthcare provider online were a medical condition requiring routine follow-up (31%) and an urgent medical problem (23%). The most common type of service provided by the healthcare professional was consultation (53%).

Overall, patients reported a positive experience with online health services. Sixty-two percent reported feeling comfortable using the online services, 67% expressed trust in the healthcare provider, and 83% felt that the online service met or exceeded their expectations. Nevertheless, the majority of patients (58%) reported that the online encounter was less satisfactory than an in-person, face-to-face visit.

A high proportion of respondents who contacted a provider for general consultation (72%) or medical follow-up (71%) expressed trust in the provider, compared with 58% among those who contacted a provider due to a new or urgent medical problem. A high level of trust was also reported by respondents who received treatment instructions (74%). In contrast, only 56% of respondents who received diagnostic services expressed trust in the provider.

Summary

Arab respondents used online health services less than expected. Usage gaps between Jewish respondents and Muslim and Christian Arab respondents persisted even after adjustment for health status and could not be explained by healthcare needs. These lower usage rates are likely influenced by non-health-related factors, such as lower awareness of online services or insufficient cultural adaptation of the services.

Individuals without academic education adopted the use of online health services during the pandemic. In the two years preceding the pandemic, respondents with academic education were more likely than those without academic education to contact a healthcare provider online. In contrast, educational attainment did not predict online contact during the early months of the pandemic, and no differences were found in the proportion of first-time users across education groups. This finding suggests that, at the onset of the pandemic, individuals without academic education increased their use of online health services relative to their use under routine conditions.

The reason for contacting a healthcare provider and the type of service received were associated with the level of trust in the remote provider. Respondents who contacted a provider for medical follow-up or general consultation reported higher levels of trust and a more positive visit experience than those who contacted a provider due to a new or urgent medical problem. Assuming that medical follow-up reflects prior familiarity

between the parties, prior face-to-face interactions appear to facilitate trust-building and improve both the experience and effectiveness of online services. The type of medical service provided also affected trust levels: trust was relatively lower among patients who received diagnostic services or remote physical examinations, likely because such services are inherently more difficult to deliver remotely.

Key Recommendations

1. Develop guidelines and protocols to identify medical conditions and patient health characteristics suitable for online service delivery, and to define which types of services can and should be provided through online encounters.
2. Develop public information campaigns to clarify which services are recommended for online use under routine conditions and which should be delivered through in-person visits.
3. Develop culturally adapted approaches and initiatives to encourage the use of online health services among the Arab population.
4. Examine in greater depth the relationships between reasons for seeking care, the type of medical service provided, patient trust in the remote provider, and the extent to which in-person encounters can be substituted, from both the provider's and the patient's perspectives.