

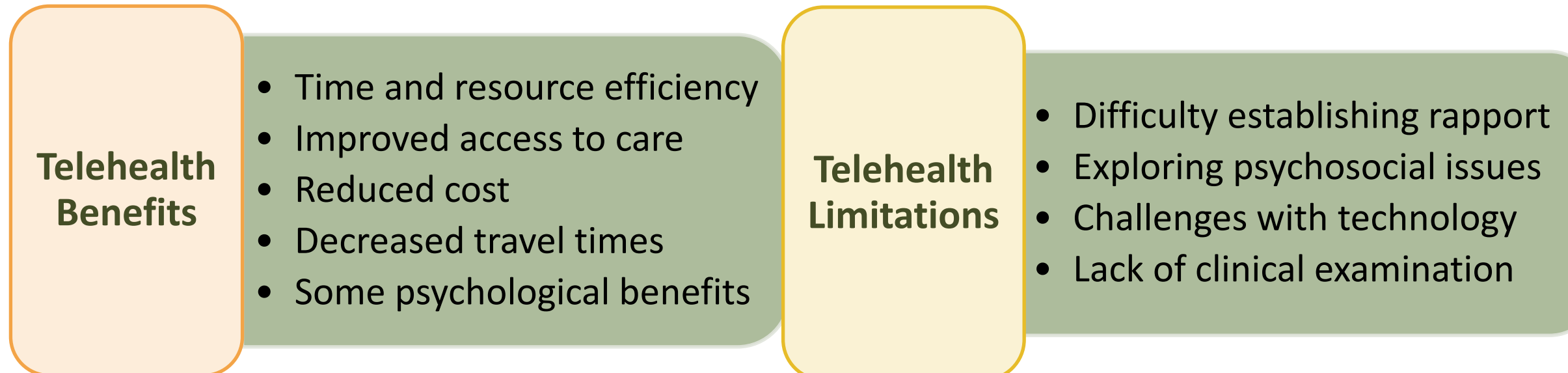
# Before and during COVID-19: Genetic counselor preferences for modality of telehealth changed, but reimbursement did not

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## BACKGROUND

Genetic counselors' use of telehealth has increased over time



- Our research team previously investigated genetic counselors' satisfaction with telehealth and their perceived advantages, disadvantages and barriers (Zierhut et al, 2018)
- Significant change in healthcare delivery occurred in response to the COVID-19 pandemic

## PURPOSE

This study aimed to evaluate genetic counselors' satisfaction, perceived advantages, disadvantages and barriers to telehealth across three timepoints: prior to 2017, prior to the onset of COVID-19, and approximately seven months after the onset of COVID-19

## METHODS

Participants from Zierhut et al (2018) were recruited via email; additional participants were recruited through the NSGC Student Research listserv and social media posts

Participants completed an online (Qualtrics) survey

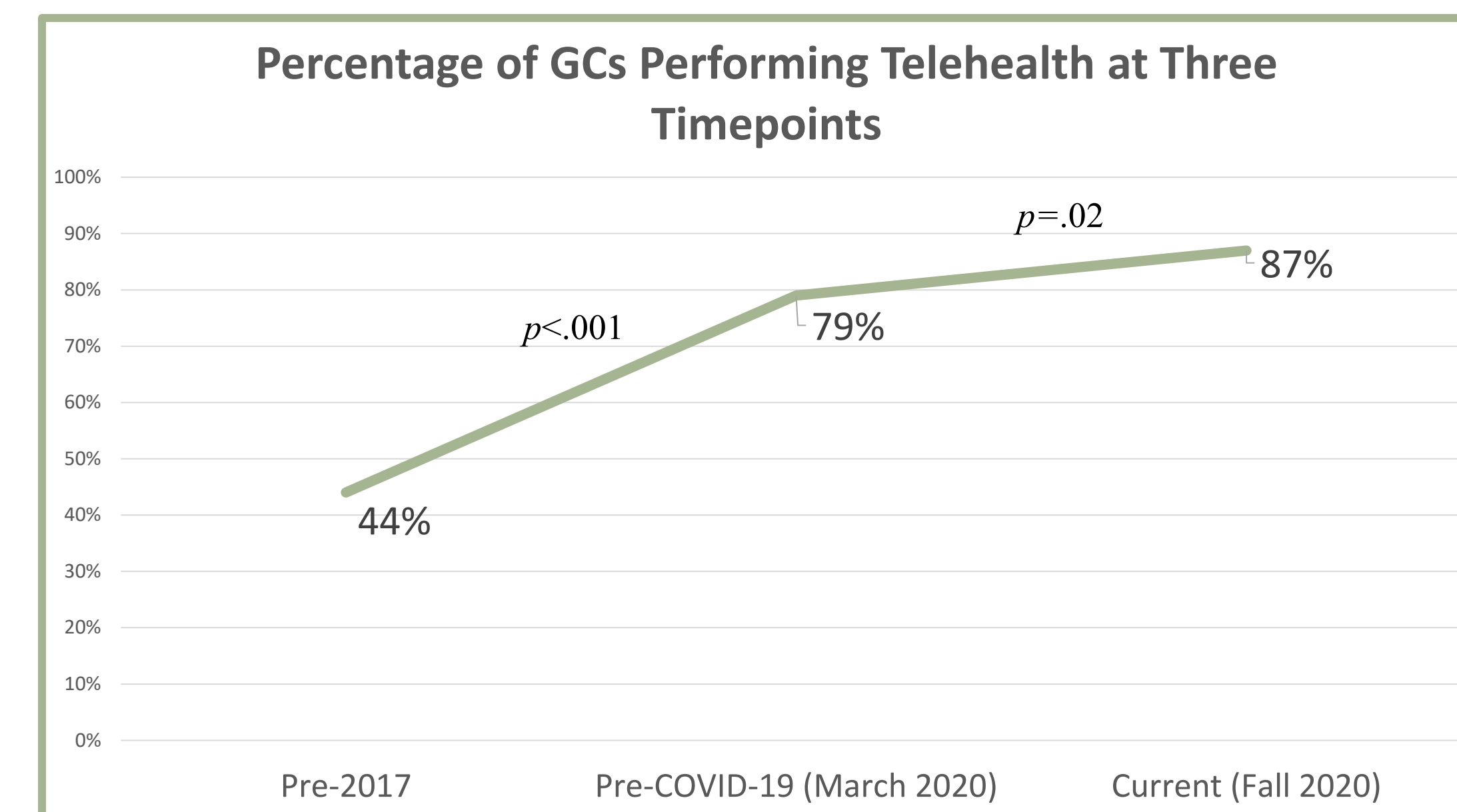
- 48 questions: Experience with telehealth before and after onset of COVID-19 pandemic including hours worked and mode of delivery, appealing and unappealing features of telehealth, perceived barriers, satisfaction and demographic questions
- Telehealth was defined as "provision of genetics services by means of telecommunications technology," specifically "telephone and video genetic counseling"

Data collection took place between 8/31/2020 – 11/6/2020

## RESULTS

### Participants

- 77 genetic counselors completed the online survey
  - Participants were primarily White (84%), non-Hispanic or Latino (88%) and female (81%)
  - Average years of experience was 7.71 years
- All reported providing telehealth at some time in their career
  - 79% provided telehealth prior to COVID-19



### Impacts of COVID-19

- There was **no significant change in the total number of hours worked** from pre-COVID-19 to the time of survey completion
- There were **no significant changes in the amount of time spent on clinical responsibilities** or interfacing with patients
- The number of hours worked in telehealth increased
  - 70% (n=52) worked <10 hours prior to onset of COVID-19 vs. 72% (n=53) worked >10 following onset of COVID-19 ( $p < .001$ )
- The percent of time spent interacting with patients via telehealth increased
  - 48% vs. 65%;  $p < .001$ ,  $d = .44$

### Preference for Telehealth Modality



- 17% (n=13) preferred telephone over video
- Accessibility and reliability of the telephone and the ability to perform patient-related tasks such as charting or looking up resources while counseling

*"I think telephone is the most accessible mode of telehealth service delivery. Not everyone has access to devices with video conferencing ability (laptop/smartphone), but regular phone calls are more universally accessible." - Participant A*



- 83% (n=64) preferred video over telephone
- Significant increase from Zierhut et al (2018) where 59% preferred video ( $p < .001$ )
- Ability to build rapport, assess non-verbal cues, and more easily engage in psychosocial counseling

*"Being able to see the patient and interact with visual aids I would traditionally use in person creates the most cohesive and consistent environment to that of in person services." - Participant B*

### Perspectives on Telehealth

- 56% (n=43) indicated **the ability to work from home** was the **most appealing** characteristic
- 44% (n=34) indicated **limited social interaction with colleagues** was the **most unappealing** characteristic
  - Inconsistent with Zierhut et al (2018) which found that inability to see non-verbals was considered the most unappealing characteristic
- 39% (n=30) indicated **billing and reimbursement issues** was the **largest barrier** to telehealth
  - Consistent with Zierhut et al (2018) where 30% cited reimbursement as primary barrier

## CONCLUSIONS

- Telehealth increased over time with an acceleration of utilization following the onset of COVID-19
- Preference for telehealth via video increased
- Billing and reimbursement continue to be a barrier to utilization of telehealth
- GCs in clinical roles continued to provide patient care throughout the COVID-19 pandemic with little impact on hours worked or hours interacting with patients

*Limitations: Telehealth utilization was much greater than reported in the recent PSS, suggesting results may not be generalizable and there may have been a sampling bias. There is a risk of recall bias and other limitations related to self-reported data*

## PRACTICE IMPLICATIONS

Continued efforts to improve billing and reimbursement for genetic counseling offered via telehealth are needed  
Future research should investigate patient preferences for telehealth modality

## ACKNOWLEDGEMENTS

The research was considered exempt from review by the UNCG and UMN IRB.

This research has been published since Abstract submission: Mills et al. (2021). Genetic counselor experiences with telehealth before and after COVID-19. *Journal of genetic counseling*, 30(4), 999–1009. <https://doi.org/10.1002/jgc4.1465>

## REFERENCES

Gorrie et al, 2021; <https://doi.org/10.1002/jgc4.1418>  
Zierhut et al, 2018; <https://doi.org/10.1007/s10897-017-0200-x>