



New Mexican's Experiences with Telehealth: Highlights from a Recent Statewide Survey

Research Brief

Authors

**Gabriel R. Sanchez
Melanie Sayuri Dominguez
Betzaira Mayorga Calleros
Jordin Tafoya**

Commissioned by:



NOTES & DISCLAIMER

This publication is a product of The University of New Mexico Center for Social Policy with research from BSP Research commissioned by the New Mexico Office of the Superintendent of Insurance. The views expressed in this report are those of the authors and do not necessarily represent those of the UNM Center for Social Policy, the University of New Mexico, collaborating organizations, or funders.

Editor In-Chief: Gabriel R. Sanchez, Ph.D.

UNM Center for Social Policy
1 University of New Mexico
MSC02 1645
Albuquerque, NM 87131

Phone: 505.277.0130
Email: center@unm.edu

Copyright @ University of New Mexico – June 2023.

Executive Summary

A new survey commissioned by the New Mexico Office of the Superintendent of Insurance and implemented by The University of New Mexico Center for Social Policy and BSP Research sheds new light on the attitudes and experiences of New Mexicans with the health care system in the state. This includes their experiences with telehealth or telemedicine, an important subject area, following the increase of virtual provider visits during the pandemic and potential for telemedicine to address health care access challenges for patients.

In summary, the survey finds that roughly 6 in 10 New Mexicans have utilized telehealth to meet with health care professionals across a variety of channels, with telephone visits being more common than video-based visits. While meeting with a primary care provider is the most common service New Mexicans are currently receiving virtually, many New Mexicans are also using telemedicine to meet with specialists and mental health providers. Although New Mexicans who have utilized telehealth have mixed attitudes when asked if they prefer telehealth or in-person visits with a provider, the data shows that there is a preference for telemedicine. Finally, given that the majority (62%) of New Mexicans (and higher among those under 40) who have utilized telemedicine in the past are likely to prefer to use this approach relative to in-person visits in the future, New Mexico should prepare for the subsequent increased demand for telemedicine.

Telehealth has Become More Common Nationally

The COVID-19 pandemic brought about many changes to people's everyday lives, including the introduction of social distancing and increased virtual interaction. One of the areas where people have increasingly opted for virtual interaction are doctor visits. Telehealth, or telemedicine, provides alternative options to in-person office visits, including talking to healthcare providers via phone or video chat, sending and receiving messages online, and remote monitoring from home. Although inequalities resulting from the digital divide excludes some Americans from the full use of telemedicine, the convenience of telecommunication for health care helps address challenges such as access to care and slowing the spread of infectious diseases ([U.S. Department of Health and Human Services, Health Resources and Services Administration](#)). During the COVID-19 pandemic, legislation expanded coverage for telehealth services. However, reimbursement policies for telehealth services still vary state to state ([U.S. Department of Health and Human Services, Health Resources and Services Administration](#)).

People increasingly utilized telehealth visits to meet with primary care providers, mental health professionals, and other medical specialists. Furthermore, there is evidence that Americans covered through Medicaid and Medicare, Black Americans, and members of lower earning households had higher rates of telehealth visits which suggests that this mode of interaction may help serve people who are less likely to be adequately served by the medical system.

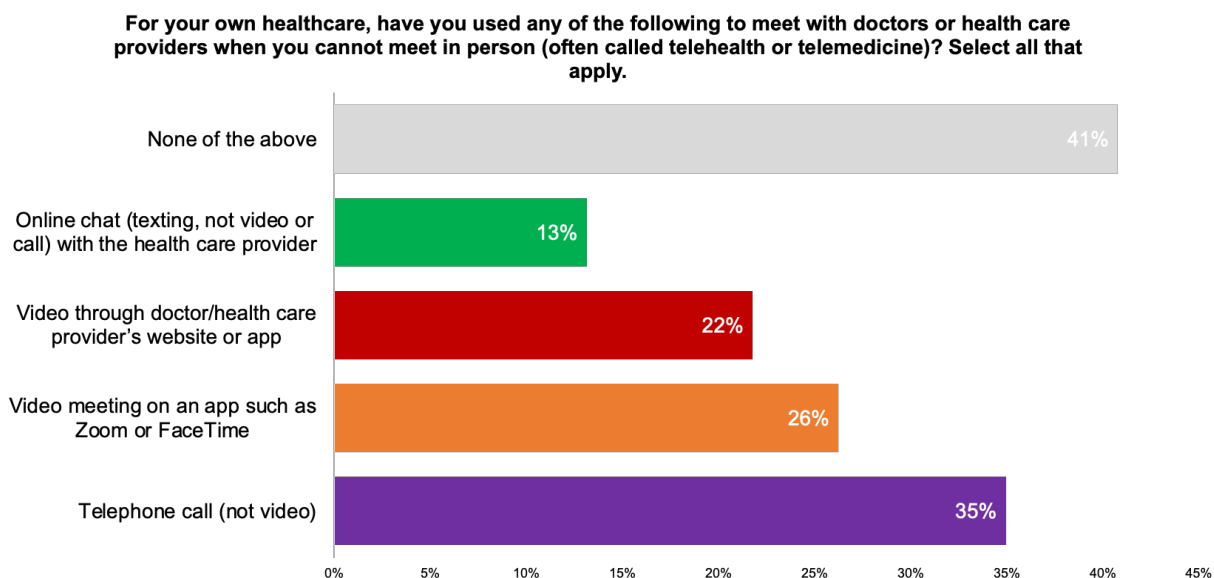
Utilization of Telehealth in New Mexico¹

New Mexico provides an interesting case-study for research on telehealth utilization. New Mexico's Project ECHO has used telehealth to provide specialized care to more rural and impoverished communities in the state that often lack the needed medical personnel for some time. [Telehealth in New Mexico has also been useful in providing services to newborn infants born prematurely or with health problems that require special care near their homes.](#)

¹ https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1009&context=nmhc_workforce

To provide some additional information regarding how New Mexicans are engaging with telehealth the survey asked the sub-sample of respondents who have used some form of telemedicine what type of services or health care they utilized.

Most New Mexicans (53%) used telemedicine to connect with their primary care practitioner for a regular visit with their doctor, nurse practitioner, or physician assistant.



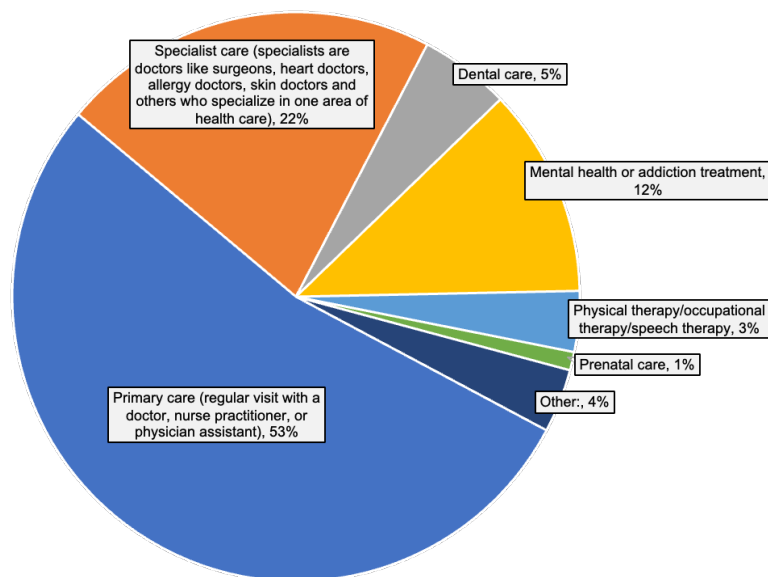
While telemedicine appears to be a tool that has provided greater access to specialist care, a challenge in New Mexico is due to a limited and decreasing number of providers.² More specifically, 22% of New Mexicans who have used some form of telemedicine indicated they did so to connect with specialist care, such as surgeons, cardiologist, allergists, dermatologists, and others who specialize in one specific area of health care.

Additionally, national research suggests that largely due in part to the need to practice social distancing during the pandemic there was a significant increase in the use of telemedicine to access mental health services.³ In New Mexico, the survey indicates that 12% of New Mexicans who have used some form of telemedicine did so to access mental health or addiction treatment. A smaller percentage utilized telemedicine to receive dental (5%), physical, speech or occupational therapy (3%), or prenatal care (1%).

² https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1009&context=nmhc_workforce

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8294826/>

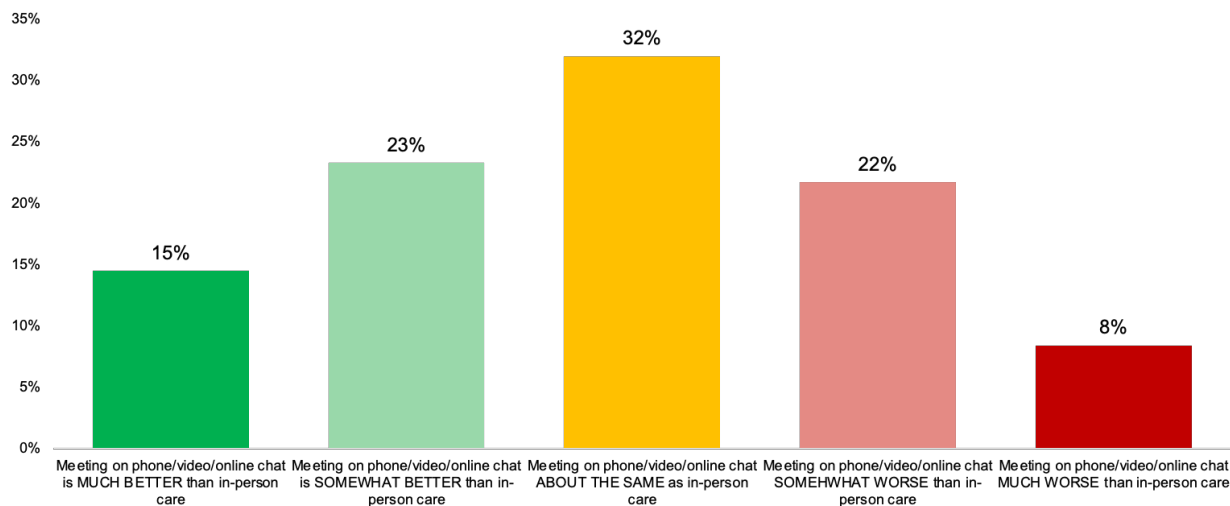
What type of service or care did you get during your most recent telemedicine appointment?



Satisfaction with Telehealth or Telemedicine

Respondents were asked to provide their satisfaction level with telemedicine. The survey asked respondents to evaluate their experiences with telemedicine relative to meeting with a medical provider in-person. As the figure below shows, 15% of respondents felt that their telehealth visit was “much better” than in-person care, followed by 23% of respondents who evaluated it as “somewhat better.” About a third (32%) of respondents felt that the visits were about the same, 22% felt that the telehealth visit was “somewhat worse,” followed by 8% of respondents who felt it was “much worse.” Although our findings indicate mixed feelings toward preference for either telehealth or in-person visits, when we combine categories, we find that 38% of respondents viewed telehealth visits more positively compared to 30% who preferred in-person visits.

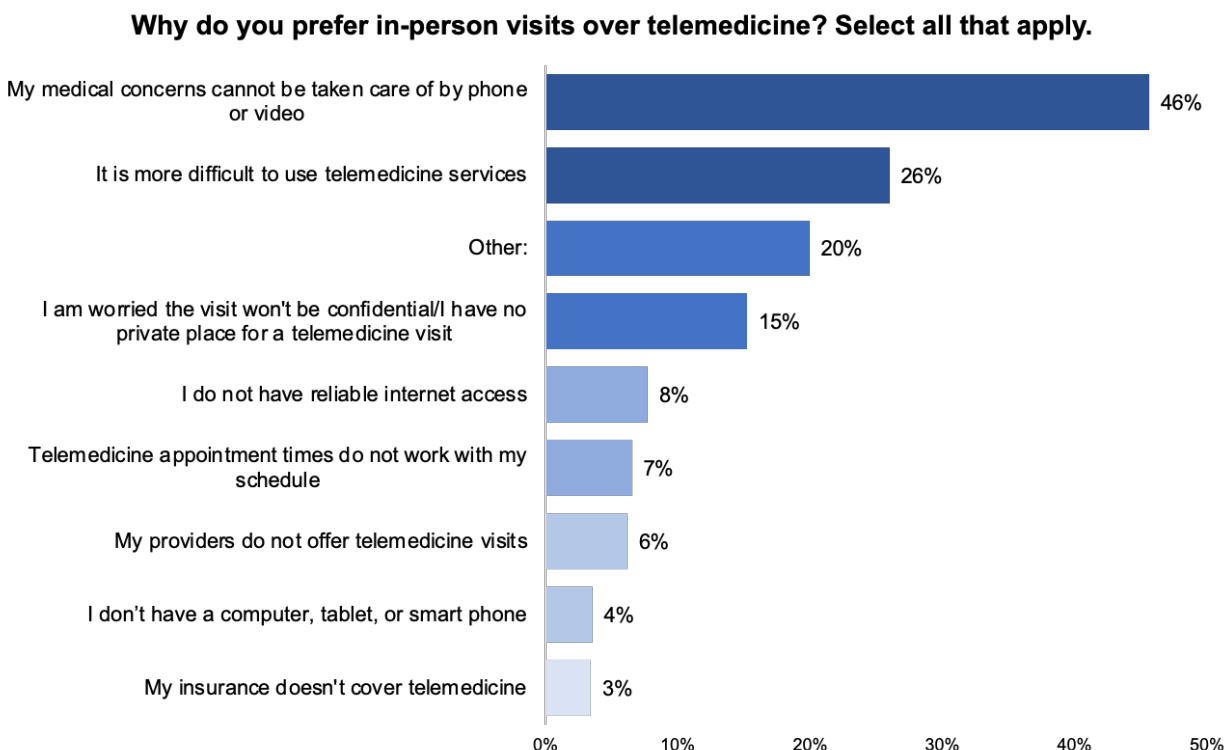
Overall, compared to meeting in-person, how would you describe your experience(s) meeting with health care professionals over the phone, video appointments, or online chat (often called tele-health or tele-medicine).



Our research also found little difference between the experiences of New Mexicans covered through Medicaid vs. private insurance. However, among demographic factors, New Mexicans who make \$70,000 or more per year are the most likely to believe their telemedical experience was better than in-person (+20%). Latinos are the racial group most likely to perceive that meeting virtually was better than in-person, and men are slightly more favorable to meeting virtually as well. Furthermore, age is the biggest source of variation across the sample, with New Mexicans over the age of 60 being more likely to perceive that meeting with their medical care professional virtually was worse than in-person. In regard to language, New Mexicans who live in Spanish speaking households are more likely to report (+5%) that their experience was better virtually than in-person (+5%).

New Mexicans who live in rural areas of the state have more positive experiences with virtual care than they do with in-person visits. This is an important and promising finding given the potential for telemedicine to help reduce or close inequities in access to care for rural communities.

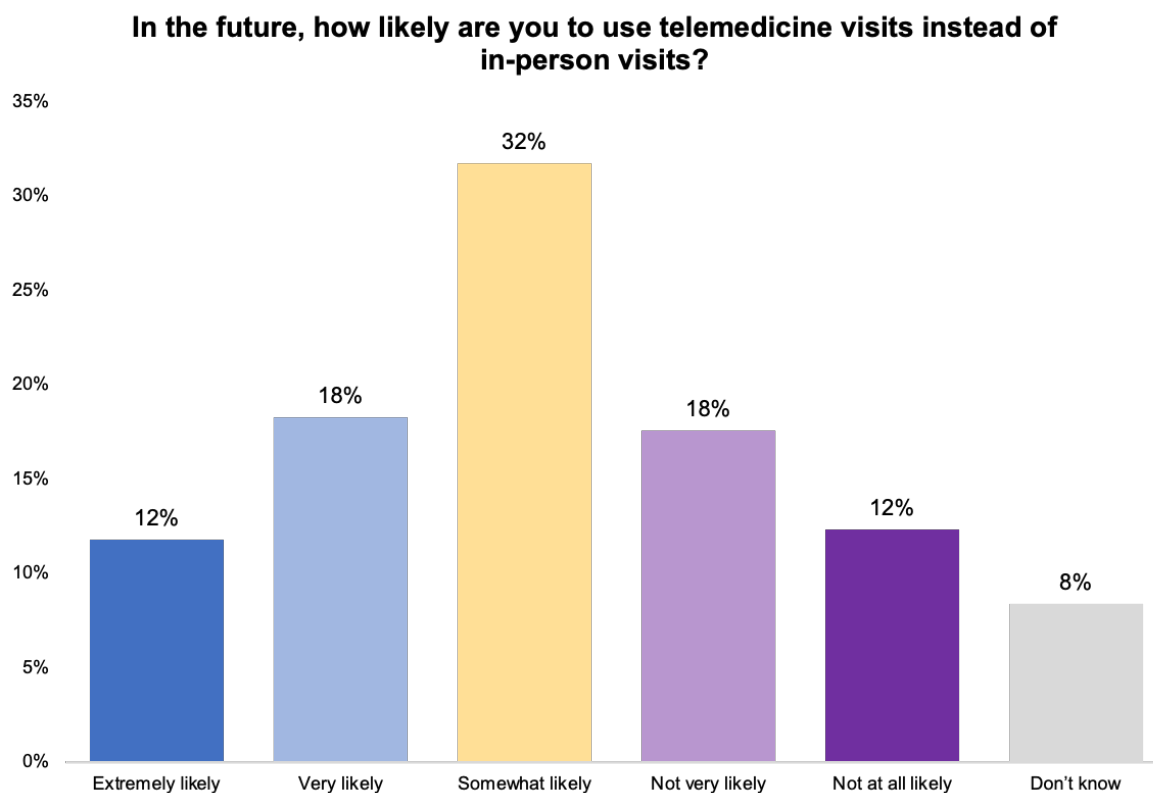
The survey also asked respondents who are not likely to use telemedicine why they preferred in-person care over tele-health. The most common response (46%) was that their “medical concerns cannot be taken care of by phone or video.” This was followed by 26% who reported that “it is more difficult to use telemedicine services,” and 15% who are “worried that they don’t have a place to meet virtually that is private and their visit won’t be confidential.” Confidentiality was of particular concern for Spanish speaking households and among female respondents.



It is also important to note that there are some structural factors that are obstacles to wider utilization of telemedicine in the state. This includes digital divide issues, a well-recognized challenge that New Mexico has been looking to address through recent legislation.⁴ A combination of 12% of respondents indicated that they either did not have reliable internet access (8%) or a computer tablet or smartphone (4%). Another 6% of respondents indicated that their providers “do not offer telemedicine visits,” and 3% that their “insurance provider doesn’t cover telemedicine services.” However, since this question was only asked of respondents who have used telemedicine in the past who were able to make a comparison to in-person care, the percentages likely underestimate digital divide and health care system level obstacles in the state.

What Does the Future Look like for Telehealth in New Mexico?

In closing, we examine what respondents said when asked whether or not they plan to continue using telemedicine in the future. While the pandemic that caused many residents to turn to virtual healthcare is behind us, it is plausible that many New Mexicans who became familiar with the process through their experiences may continue to utilize virtual healthcare in the future. The survey supports this theory, as 62% of respondents who have used telemedicine in the past said they are likely to use telemedicine visits instead of in-person visits in the future with 30% either very or extremely likely.



⁴ House Bills 160, 232, 262, 155, 452: <https://www.doit.nm.gov/2023/04/06/governor-signs-package-of-broadband-bills-which-break-down-systemic-barriers-to-better-internet/>

Our research also found that respondents under the age of 40 are more likely to prefer virtual medical visits over in-person visits compared to older New Mexicans. This suggests that the state may see an increased demand for telehealth over time. Extant research suggests that this may be a positive trend for New Mexico if the state can capitalize on the benefits associated with higher telehealth use among residents.

In general, research suggests that the use of telehealth is associated with cost savings for both states and patients. A research team recently estimated that there are robust savings for consumers of telehealth relative to those who rely on in-person health care due to travel expenses for medical visits and lost income from missing work due to the time needed for medical visits and travel.⁵ Furthermore, states see benefits from a greater share of residents utilizing telehealth.

Actualizing these opportunities will require states to improve the infrastructure for telemedicine so that the state can meet a growing demand and provide patients with quality service that continues to lead to satisfaction for consumers. This includes continuing some of the flexibility that was common during the Public Health Emergency, including allowing urban residents to use telehealth rather than just allowing only rural areas access. Other options include allowing Medicare patients to connect with providers virtually from their homes for telehealth visits rather than requiring travel to a health care facility in order for the visit to be covered. States can follow New Mexico's lead by [allowing Medicaid recipients to be reimbursed for multiple telehealth services](#), including live video, store-and-forward, and audio only. Given the digital divide and the high percentage of state residents from the survey who are using telephone only visits, expanding the ability for telehealth to be delivered using audio-only technology (such as a telephone and apps like WhatsApp for Spanish speakers). This is important for those lacking a device needed for audio and video, such as a smartphone or computer. The HHS guide offers a list of best practices across patients and communities that should be considered.⁶

Survey Methodology

The data referenced in this brief comes from the 2023 New Mexico OSI Healthcare Survey of New Mexicans. The survey was designed by UNM's Center for Social Policy in collaboration with BSP Research who fielded the state-wide survey of 1,900 adults in New Mexico. The poll, commissioned by the New Mexico Office of the Superintendent of Insurance, gathered insights to gauge public sentiment regarding health insurance and healthcare in the state. The poll was fielded from May 2 to May 30, 2023, and conducted in both English and Spanish with surveys completed over the telephone (both landline and cellphones) and online. The survey data was weighted to ensure that the demographics of the sample closely mirrors those of the population of New Mexico residents as defined by the U.S. Census. Respondents were screened based on their primary residence to ensure that the data reflects adults whose primary residence is in New Mexico.

⁵ JAMA Netw Open. 2023;6(1):e2250211. doi:10.1001/jamanetworkopen.2022.50211

⁶ https://telehealth.hhs.gov/providers/best-practice-guides?gclid=Cj0KCQjwqNqkBhDIARIsAFaxvwx7PXMSe-6_NeXd2g4RxRJPtvc0UJWaA9zx3y4hhgBdzv7pAtGz_waAmA6EALw_wcB

About Our Author Team

Gabriel R. Sanchez, Ph.D., is a Professor of Political Science and Founding Robert Wood Johnson Foundation Chair in Health Policy at the University of New Mexico, Director of the UNM Center for Social Policy, and a Non-Resident Fellow of the Brookings Institution.

Melanie Sayuri Dominguez is a Ph.D. Candidate in Political Science and a Fellow at the UNM Center for Social Policy.

Betzaira Mayorga-Calleros, is a doctoral student of Political Science and a Fellow at the UNM Center for Social Policy.

Jordin Tafoya is a doctoral student at Arizona State University and a Research Associate at BSP Research.