

Provider Telehealth Experience Survey

We are providers at the University of Michigan who are interested in providers' experiences taking care of pregnant patients, and how they would like prenatal care to be delivered.

To gather information, we are asking all maternity care providers to answer approximately 20 survey questions. Should you choose to participate in this survey, you will be asked to share your experiences providing maternity care. We are eager to hear your perspective!

To protect your confidentiality, your survey responses will be anonymous. If you would like to participate in an interview after the survey, we will ask that you leave your e-mail or phone number in a separate section. This email address/phone number will only be used to contact you to set up an interview time.

Please keep in mind that we will not link any identifying information to the survey. If you could please be as truthful as possible, it will really help us in our efforts to help make pregnancy a safe and healthy time for patients and babies.

Participating in this survey is voluntary. You do not have to participate, can stop answering questions at any time, and can skip any questions you do not wish to answer. The benefits of this study are improving prenatal care delivery for patients and the providers who care for them. The risks to participation in this survey are minimal, and include only the time to complete the survey: about 10 minutes.

Background

1. Did you provide prenatal care during the COVID-19 pandemic?
[yes/no]
2. Did you provide virtual prenatal care (phone or video appointments) during the COVID-19 pandemic?
[yes/no]

If you have not provided virtual prenatal care, please answer the following questions regarding how you think you would feel providing virtual care. (skip to question 4)

Training

3. I participated in the following training activities:
[1:1 training, MiChart Video, other]
[If answer yes to any, how helpful was this training activity 1=not at all helpful, 4=very helpful]
4. I felt well prepared to do virtual visits.
[strongly agree/strongly disagree]

5. What would have made your training experience better?
[free response]

Experience with Virtual Visits: (6-point scale: strongly agree/strongly disagree)

6. It is easy to conduct virtual visits.
7. I think virtual visits improve patients' access to prenatal services.
8. I think the quality of virtual visits is the same as in-person visits.
9. I think the virtual visits are as safe as in-person visits.
10. Overall, I think virtual visits are a positive change for our patients.
11. Overall, I am satisfied with doing virtual visits.
12. After COVID-19, I would like for our department to continue doing virtual visits.
13. I had difficulty seeing patients virtually because of technical issues.
14. I was able to express myself effectively during virtual visits.
15. I am more productive when I provide virtual visits rather than in-person visits.

16. I think remote monitoring with a blood pressure cuff is important for virtual prenatal care.
17. I think remote monitoring with a fetal doppler is important for virtual prenatal care.

18. What do you like about doing virtual visits?
[free response]
19. What do you wish was different about virtual visits?
[free response]

Experience with New Prenatal Care Model (6-point scale: strongly agree/strongly disagree)

*During the COVID-19 pandemic, the Department of OB/GYN transitioned to the "4-1-4" model of prenatal care for all **low-risk pregnant patients**. The "4-1-4" prenatal care model includes 4 in-person visits, 1 anatomy ultrasound scan, and 4 virtual visits (conducted over the phone or video).*

20. The "4-1-4" model is designed for low-risk patients. Which of the following patients do you think would **NOT** be appropriate for the "4-1-4" model. (select all that apply):
[Pregnant patients with chronic medical conditions]
[Pregnant patients with mental health disorders such as depression or anxiety]
[Pregnant patients with difficulty accessing resources like transportation or housing]
[Nulliparous patients]
[other- free response]
[I believe the "4-1-4" model is safe for all pregnant patients]

Please share your thoughts about the "4-1-4" prenatal care model for **low-risk** patients.

21. I think the "4-1-4" prenatal care model is safe for our patients.
22. Overall, I think the "4-1-4" prenatal care model is a positive change for our patients.
23. Overall, I am satisfied with the "4-1-4" prenatal care model.

24. After COVID-19, I would like to continue the “4-1-4” model for low-risk patients.
25. The “4-1-4” prenatal care model effectively takes care of patients’ medical needs.
26. The “4-1-4” prenatal care model effectively takes care of patients’ educational needs.
27. The “4-1-4” prenatal care model effectively takes care of patients’ support needs.

28. What do you like about the 4-1-4 model?
[free response]
29. What do you wish was different about the 4-1-4 model?
[free response]

Provider Characteristics

30. Age
[free response]
31. Gender
[male/female/transgender/non-binary/prefer to self-describe/prefer not to say]
32. Years of practice post-residency
[1-5/5-10/10-15/15-20/>20]
33. Do you identify as Latinx?
[yes/no]
34. Racial/ethnic group
[White/Black or African-American/Asian/American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander/Two or More/I prefer not to say]
35. Division
[Women’s Health/GYN/MFM/CNM/Family Medicine]
36. What percentage of your time do you spend doing prenatal care?
[<25%/25-49%/50-75%/>75%]