

Supplemental online content for:

## Impact of Telemedicine on Patient Satisfaction and Perceptions of Care Quality in Radiation Oncology

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*J Natl Compr Canc Netw*, doi: 10.6004/jnccn.2020.7687

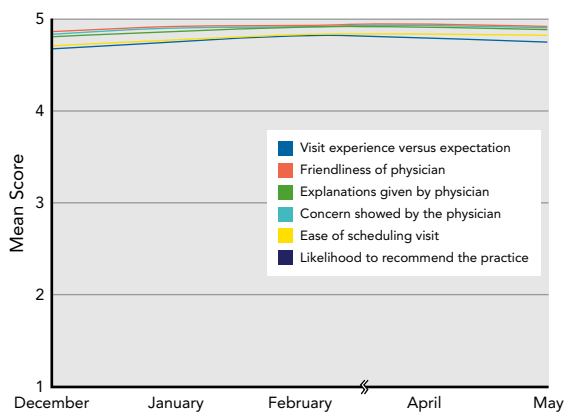
**eFigure 1:** Longitudinal Assessment of Consultation Visit Satisfaction Scores

**eTable 1:** Bivariate Analysis for Selecting In-Person Office Visit

**eAppendix 1:** Office Visit Consultation Survey

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**eAppendix 3:** Telemedicine On-Treatment Management Survey



**eFigure 1.** Longitudinal assessment of consultation visit satisfaction scores measured across the prepandemic and intrapandemic periods.

**eTable 1. Bivariate Analysis for Selecting In-Person Office Visit**

Variable	Overall Preference <sup>a</sup>		Treatment Plan Understanding <sup>a</sup>	
	OR (95% CI)	P Value	OR (95% CI)	P Value
Age	1.02 (0.99–1.04)	.16	1.01 (0.98–1.04)	.43
Karnofsky performance score	<b>1.04 (1.00–1.08)</b>	<b>.04</b>	1.00 (0.96–1.04)	.92
Sex				
Female	Ref		Ref	
Male	1.54 (0.87–2.76)	.14	1.34 (0.67–2.77)	.41
Marital status				
Married/Partnered	<b>2.26 (1.11–4.89)</b>	<b>.03</b>	1.00 (0.48–2.25)	.99
Race/Ethnicity				
Black	1.11 (0.15–10.14)		0.35 (0.05–2.27)	
White	1.07 (0.20–7.88)		0.29 (0.08–1.39)	
Asian	0.57 (0.05–6.34)		0.23 (0.01–2.26)	
Other	Ref		Ref	
Hispanic (ref: non-Hispanic)	1.21 (0.31–4.16)	.75	2.12 (0.58–6.26)	.26
Cancer diagnosis				
Prostate	1.10 (0.46–2.72)		1.23 (0.40–4.64)	
Breast	0.95 (0.37–2.51)		1.29 (0.39–4.99)	
Head and neck	0.95 (0.26–3.27)		2.44 (0.59–10.76)	
Thoracic	0.79 (0.20–2.83)		2.69 (0.70–11.41)	
Gastrointestinal	0.81 (0.23–2.74)		1.61 (0.29–7.99)	
Other	Ref		Ref	
Metastatic disease				
Yes	1.40 (0.73–2.67)	.31	1.48 (0.65–3.15)	.32
Symptomatic disease				
Yes	0.64 (0.25–1.43)	.29	0.67 (0.19–1.78)	.46
Radiation consultation intent				
Palliative	Ref		Ref	
Adjuvant	1.08 (0.43–2.94)		1.24 (0.41–4.65)	
Definitive	1.94 (0.83–4.95)		1.61 (0.58–5.74)	
Telemedicine encounter type				
Audiovisual	Ref		Ref	
Telephone only	2.03 (0.72–5.73)	.17	<b>2.25 (1.00–4.77)</b>	<b>.04</b>
Appointment length	1.01 (0.99–1.02)	.52	1.01 (0.99–1.03)	.28

Bold indicates statistically significant values.

Abbreviation: OR, odds ratio.

<sup>a</sup>Association between factors and an in-person office visit preference (ref: telemedicine visit/no difference).

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## eAppendix 1. Office Visit Consultation Survey

**On a scale of 1 (worst) to 5 (best):**

1. How would you rate the courtesy and communication shown by the clerks and receptionists upon your arrival to the department?
2. How would you rate how close your experience was compared with the expectation communicated by our office prior to your visit?
3. How would you rate the friendliness of the physician?
4. How would you rate the friendliness of the nurses and clinical staff?
5. How would you rate the explanation the physician gave you about your condition?
6. How would you rate the concern the physician showed for your questions or concerns?
7. How would you rate the concern the nurses and clinical staff showed for your questions or worries?
8. How would you rate the staff's efforts to include you in decisions about appointment scheduling, during your consultation?
9. How would you rate the ease with which you were able to schedule today's visit?
10. How would you rate the waiting time during today's visit?
11. How likely are you to recommend our practice to others?
12. Please provide any additional comments.

## eAppendix 2. Telemedicine Consultation Survey

**On a scale of 1 (worst) to 5 (best):**

1. How would you rate how close your experience was to the expectation communicated by our office prior to your visit?
2. How would you rate the friendliness of the physician?
3. How would you rate the explanation the physician gave you about your condition?
4. How would you rate the concern the physician showed for your questions or concerns?
5. How would you rate the ease with which you were able to schedule today's visit?
6. I could see my doctor clearly. [Yes; No; Does not apply to me]
7. Compared with office visits, how would you rate the overall quality of the visit?
8. Compared with office visits, how would you rate the personal connection you felt with the doctor?
9. Compared with office visits, how would you rate your confidence that your cancer will be treated appropriately?
10. Compared with office visits, how would you rate confidence in your doctor?
11. Compared with office visits, how would you rate how well you understand your treatment plan?
12. Compared with office visits, how would you rate how well you understand potential side effects?
13. Compared with office visits, how would you rate how comfortable you feel about sharing personal information?
14. Compared with office visits, how would you rate the amount of time you spent with your clinician?
15. How would you compare your treatment-related costs (including travel and time off work)? [Telemedicine is better; No difference; Office visit is better; Does not apply to me]
16. When taking account all of the factors associated with your visit (time, cost, expense, convenience, quality of care, interaction with clinical team), what type of appointment would you have preferred? [Telemedicine is better; No difference; Office visit is better; Does not apply to me]

17. I am concerned my cancer care will be negatively impacted by the COVID-19 pandemic. [Strongly agree; Agree; Neutral; Disagree; Strongly disagree]

18. I am concerned my cancer won't be successfully treated because of the COVID-19 pandemic. [Strongly agree; Agree; Neutral; Disagree; Strongly disagree]

19. How likely are you to recommend our practice to others?

20. Please provide any additional comments.

## **eAppendix 3. Telemedicine On-Treatment Management Survey**

**On a scale of 1 (worst) to 5 (best):**

1. How would you rate the courtesy and communication shown by the clerks and receptionists upon your arrival to the department for treatment?

2. How would you rate our communication of wait time for your treatment by the staff?

3. How would you rate our communication regarding any questions you had about your treatment by the staff?

4. How well prepared do you feel for what to expect in the treatment room?

5. How would you rate the friendliness of the radiation therapist team?

6. How would you rate the wait time of your daily radiation treatments?

7. How would you rate our communication about the need for weekly visits with the physician during treatment?

8. How would you rate the quality of the weekly visit with your physician during treatment?

9. How would you rate our communication of changes in your treatment schedule?

10. When taking account all of the factors associated with your visit (time, cost, expense, convenience, quality of care, interaction with clinical team), what type of appointment would you have preferred? [Telemedicine is better; No difference; Office visit is better; Does not apply to me]

11. How likely are you to recommend our practice to others?

12. Please provide any additional comments.