Telehealth Centers of Excellence

Telehealth Utilization, Barriers, and Patient Experience in Mississippi: *A population-based survey*

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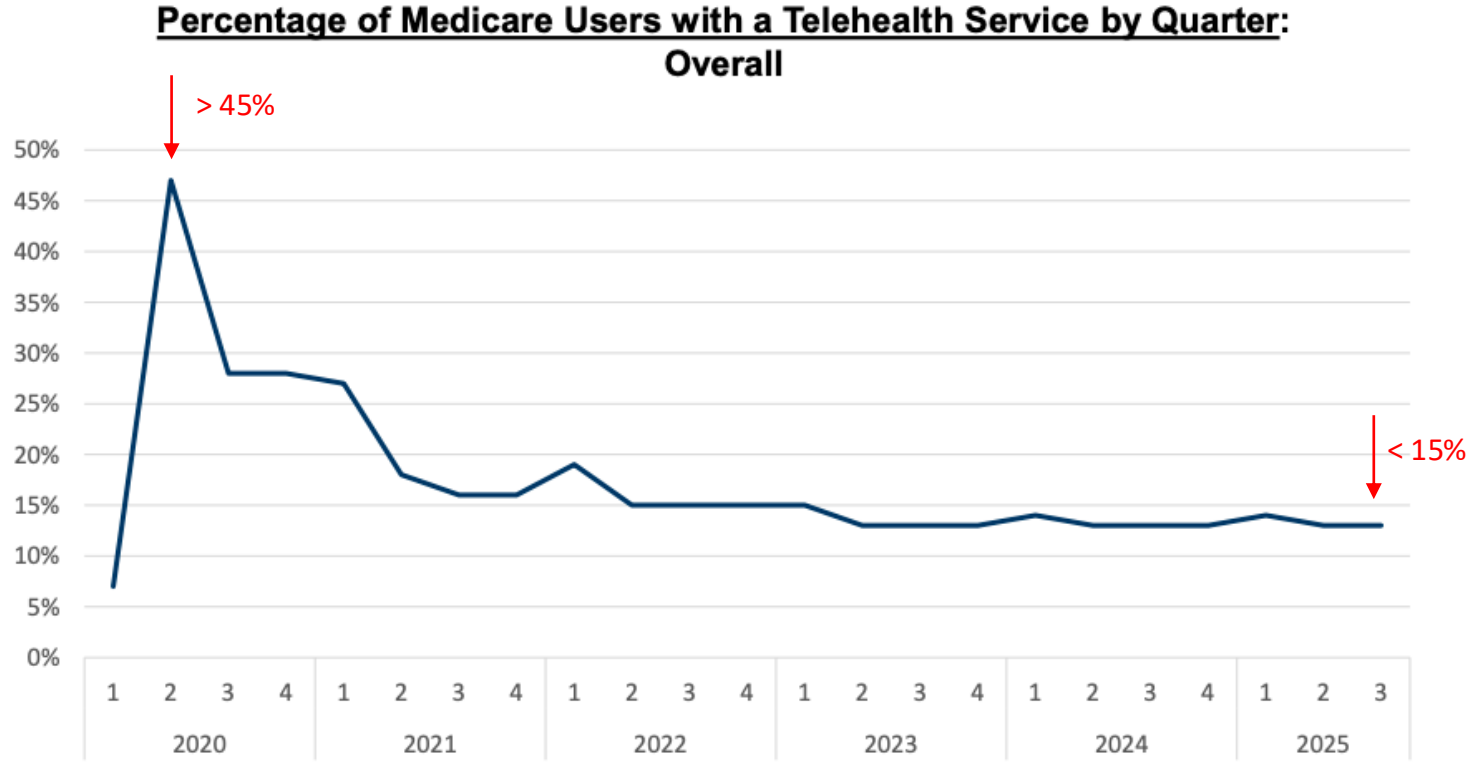
BACKGROUND

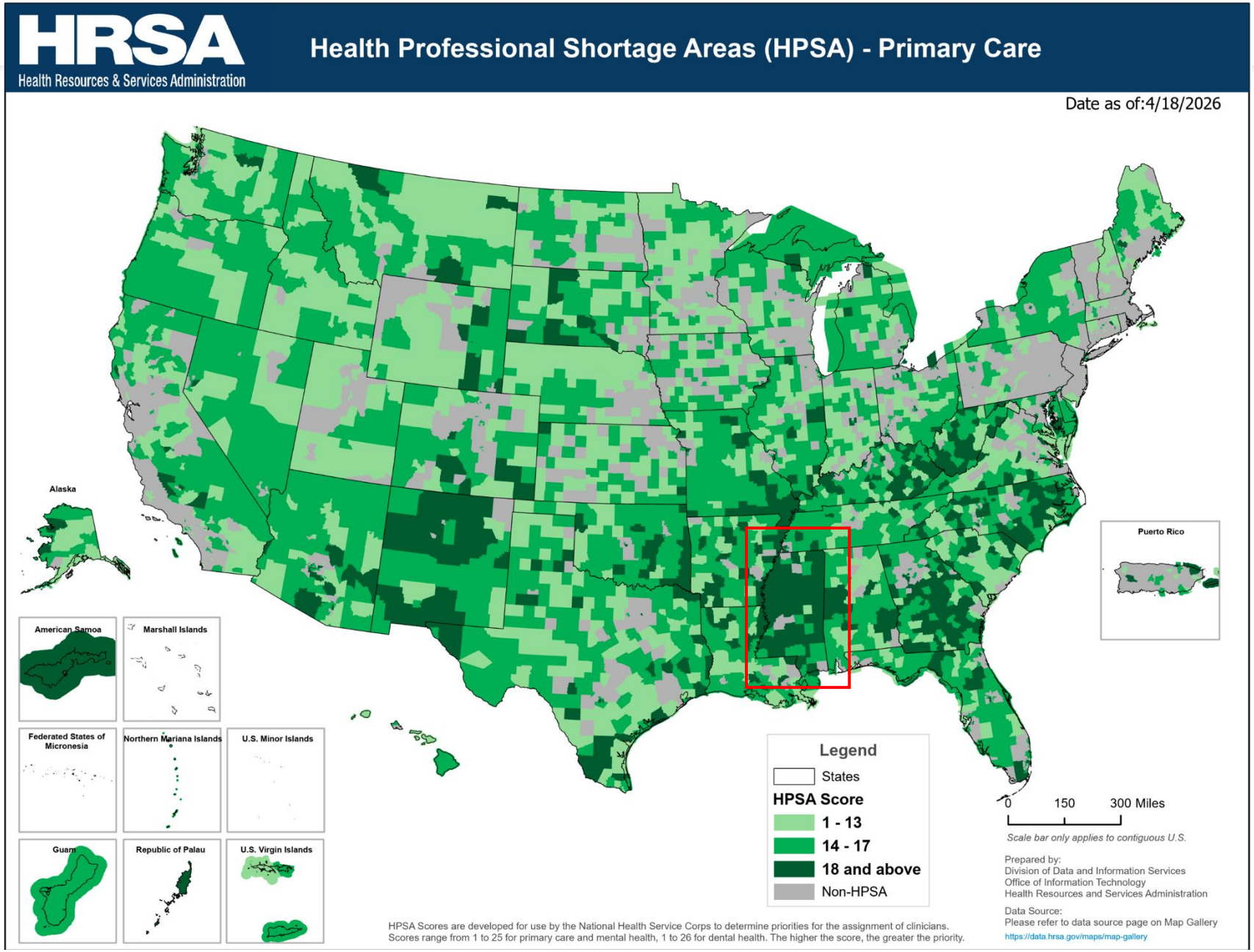
Telehealth Adoption: A Surge Without Sustained Momentum

Medicare Telehealth Trends Report

Medicare FFS Part B Claims Data: January 1, 2020 to September 30, 2025, Received by February 11, 2026



Disclaimer: All data presented in this report are preliminary and will continue to change as CMS processes additional claims for the reporting period.


HRSA
Health Resources & Services Administration
Health Professional Shortage Areas (HPSA) - Primary Care
Date as of:4/18/2026
Alaska
Puerto Rico
American Samoa
Marshall Islands
Federated States of Micronesia
Northern Mariana Islands
U.S. Minor Islands
Guam
Republic of Palau
U.S. Virgin Islands
Legend
States
HPSA Score
1 - 13
14 - 17
18 and above
Non-HPSA
0
150
300 Miles
Scale bar only applies to contiguous U.S.
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Data Source:
Please refer to data source page on Map Gallery
https://data.hrsa.gov/maps/map-gallery
HPSA Scores are developed for use by the National Health Service Corps to determine priorities for the assignment of clinicians.
Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health. The higher the score, the greater the priority.

SURVEY

Purpose

To generate population-representative data on telehealth use, access, and patient experience in Mississippi.

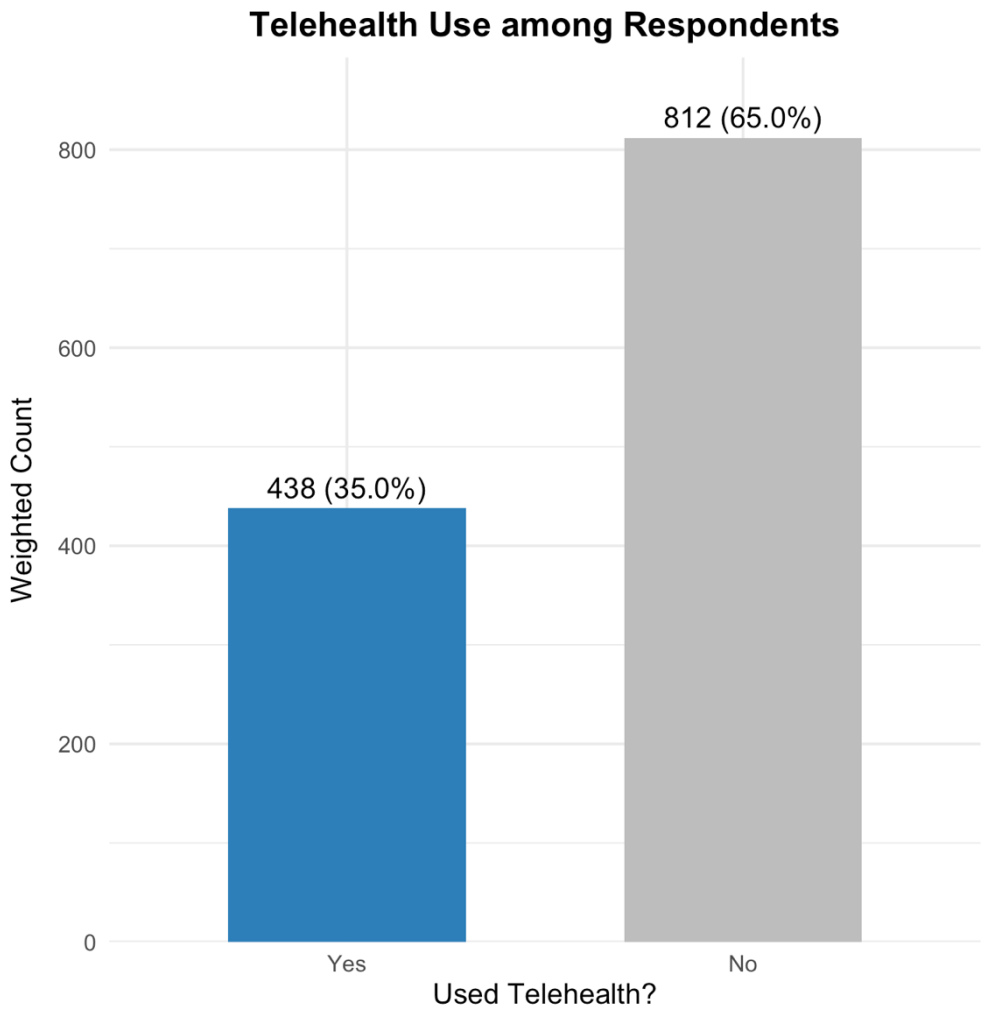
Method

- **Statewide telephone survey** of adults (≥18 years) in Mississippi
- Conducted **September 2024 – May 2025**
- **Dual-frame random digit dial** (landline and mobile) sampling
- **1,250 completed interviews**

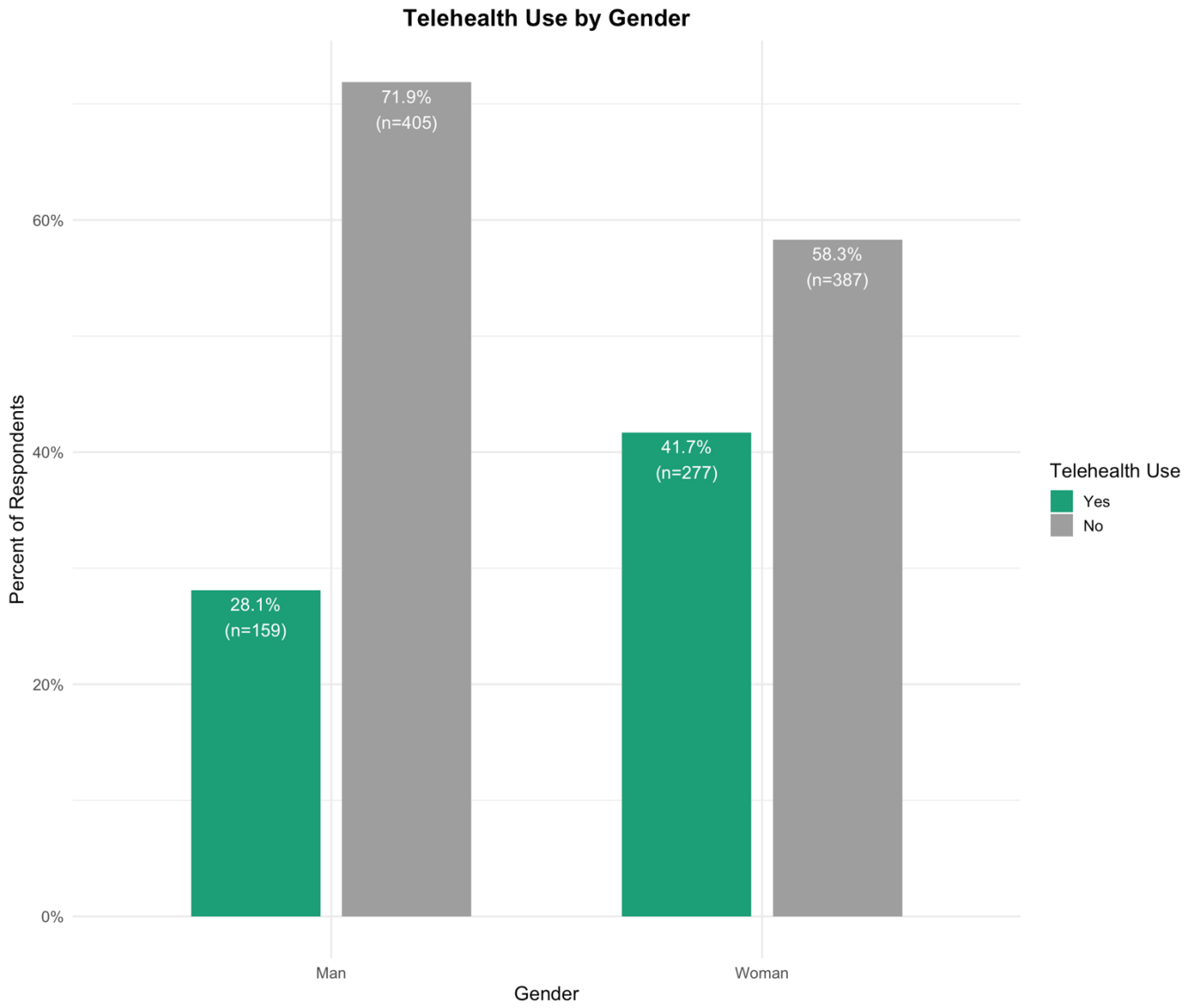
- **Probability-based design** with **survey weights** applied to produce **population-representative** estimates

RESULTS

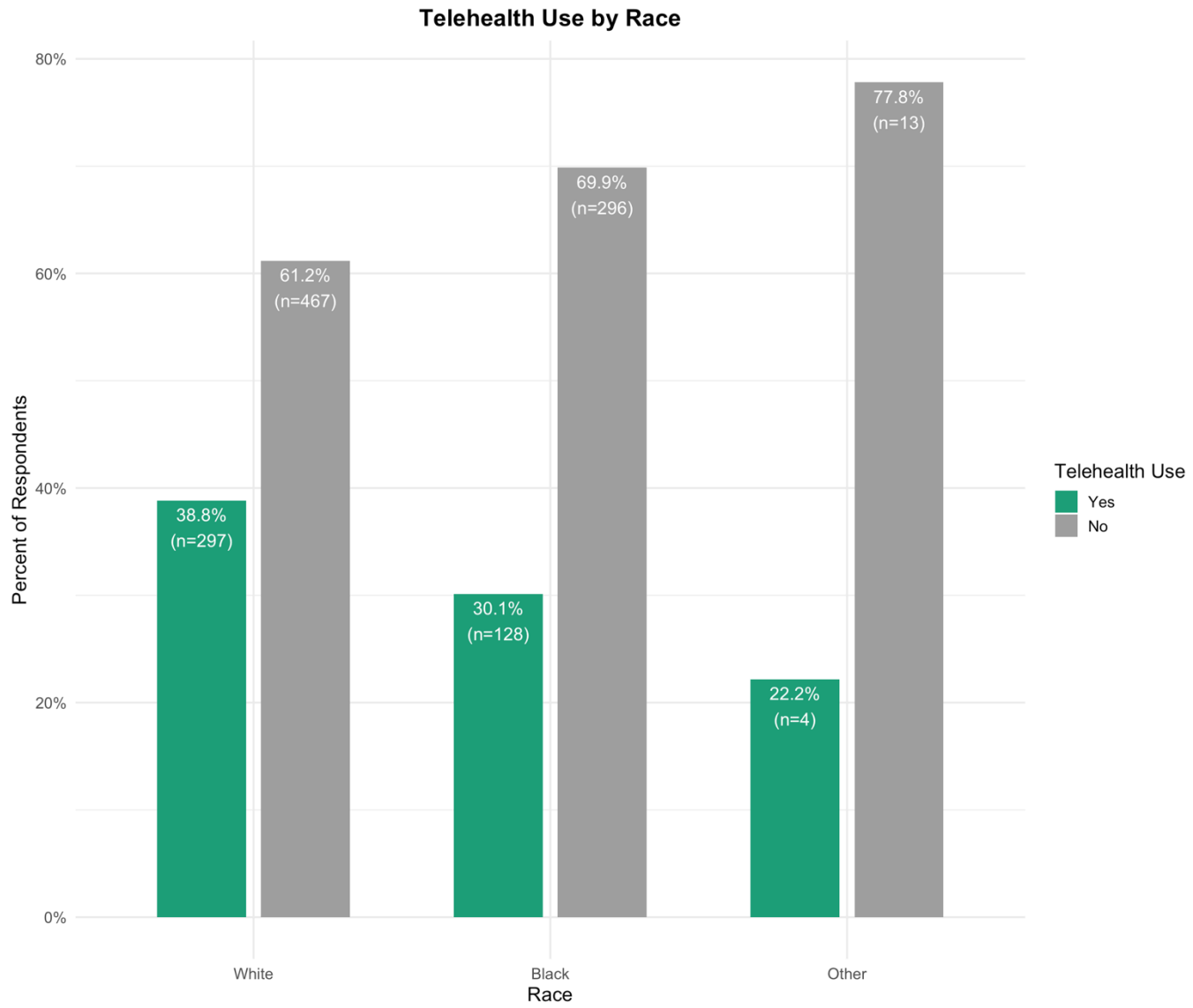
Overall Telehealth Utilization in Mississippi



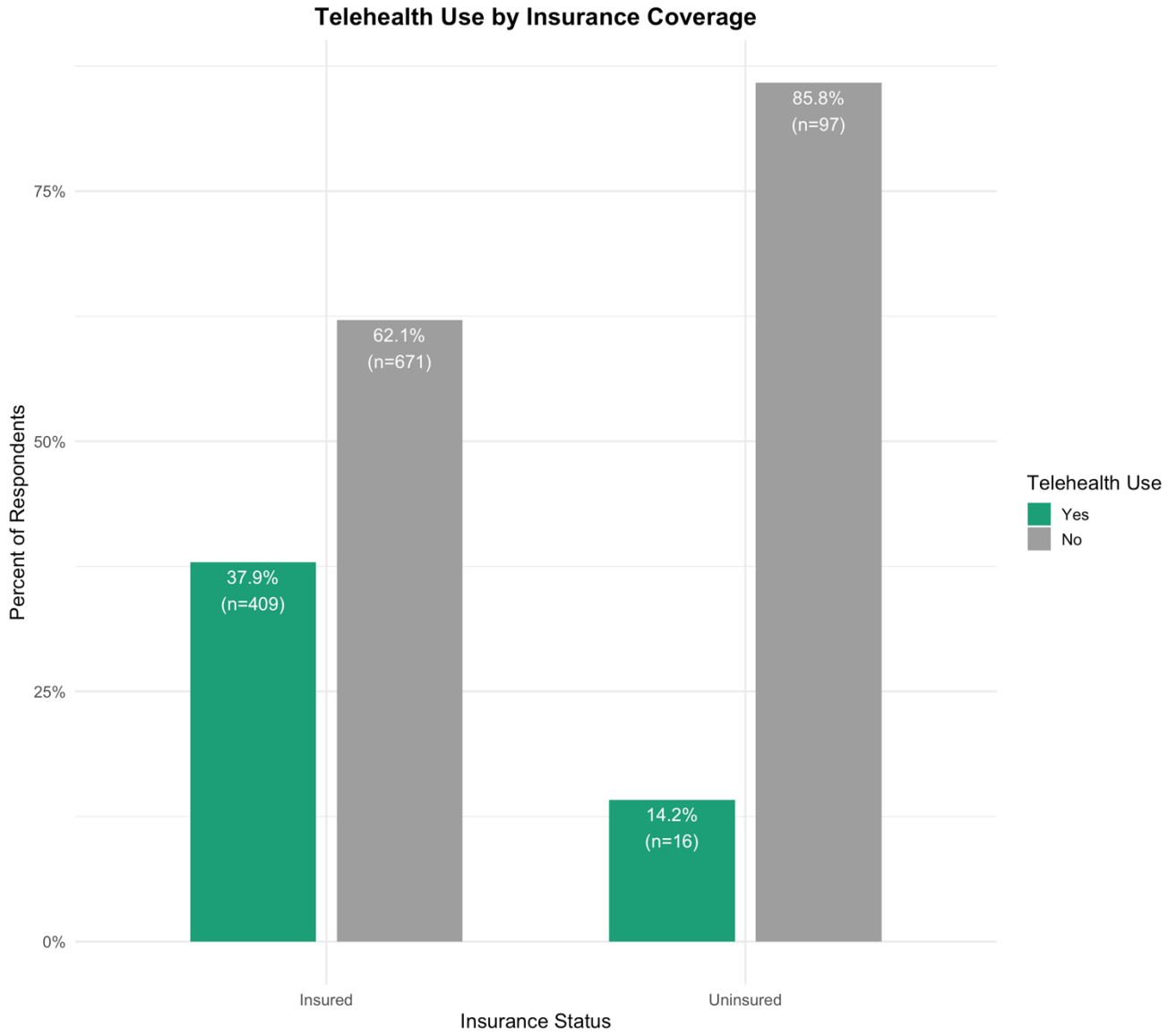
- Overall telehealth utilization in Mississippi is relatively low — only about 35% of adults had ever used telehealth.
- Nearly two-thirds (65%) reported never having used it.



- Telehealth use among men is particularly low — only about 28% had ever used it.
- Women reported higher use at about 42%.
- The gap between women and men is roughly 14 percentage points.



- Utilization is modest across all racial groups: White ~39%, Black ~30%, Other ~22%.
- White respondents show somewhat higher use than Black respondents, but the overall difference is modest.
- Estimates for the "Other" group should be interpreted cautiously because of the very small sample size (n=13).



- Among insured adults, about 38% had used telehealth.
- Among uninsured adults, only 14% had used telehealth — about 86% reported never using it.
- Insurance coverage shows the largest subgroup gap observed in our data.

Which factors are independently associated with telehealth use?

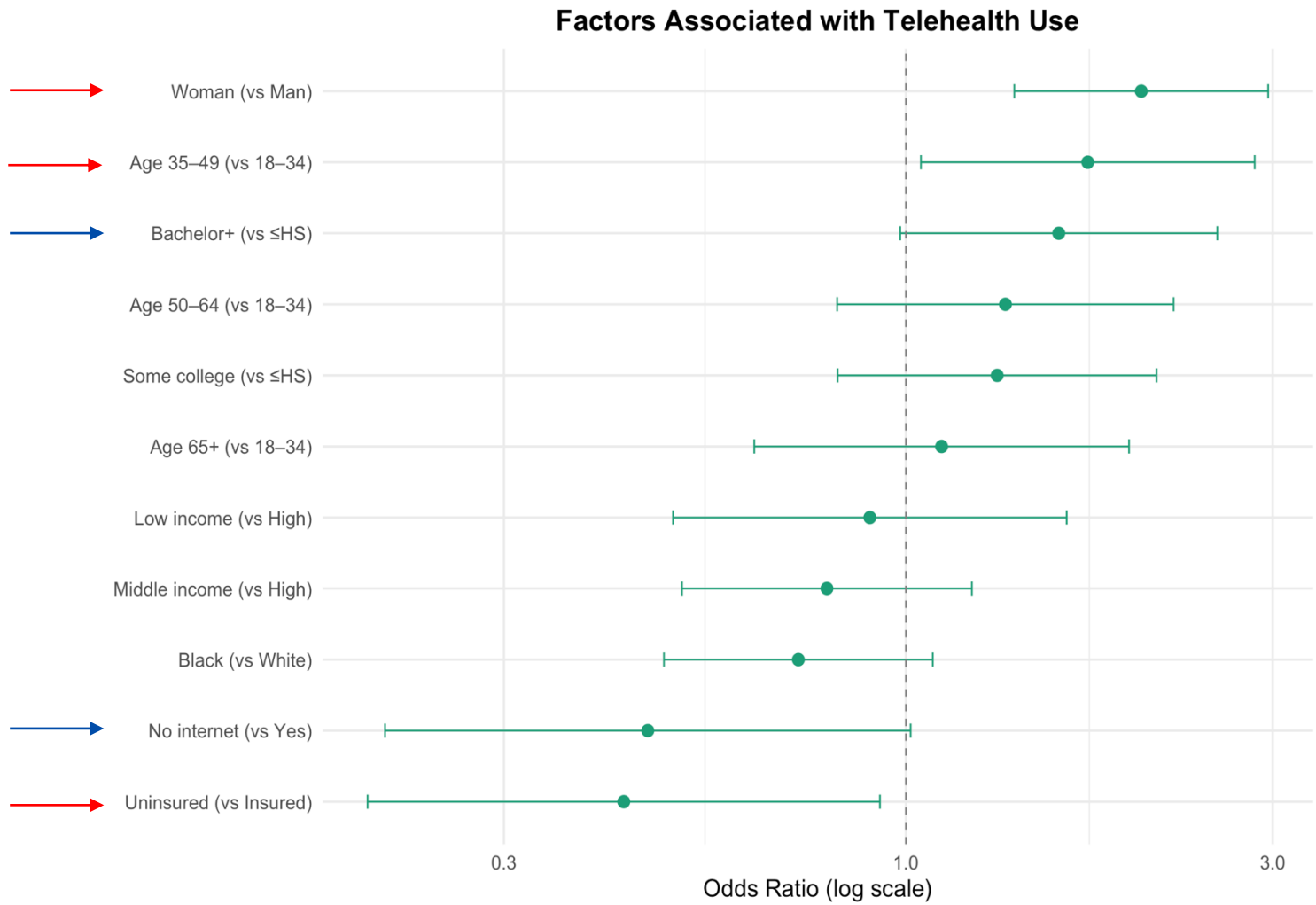
- Demographics (gender, race, age)
- Socioeconomic factors (education, income)
- Insurance coverage
- Internet access

Multivariable Logistic Regression Model

$$\text{Logit}[P(\text{Telehealth Use} = 1)] = \beta_0 + \beta_1 \cdot \text{Gender} + \beta_2 \cdot \text{Race} + \beta_3 \cdot \text{Age group} + \beta_4 \cdot \text{Education} + \beta_5 \cdot \text{Income} + \beta_6 \cdot \text{Insurance Status} + \beta_7 \cdot \text{Internet Access}$$

Survey-weighted quasibinomial model

Adjusted for demographic, socioeconomic, insurance, and internet access factors

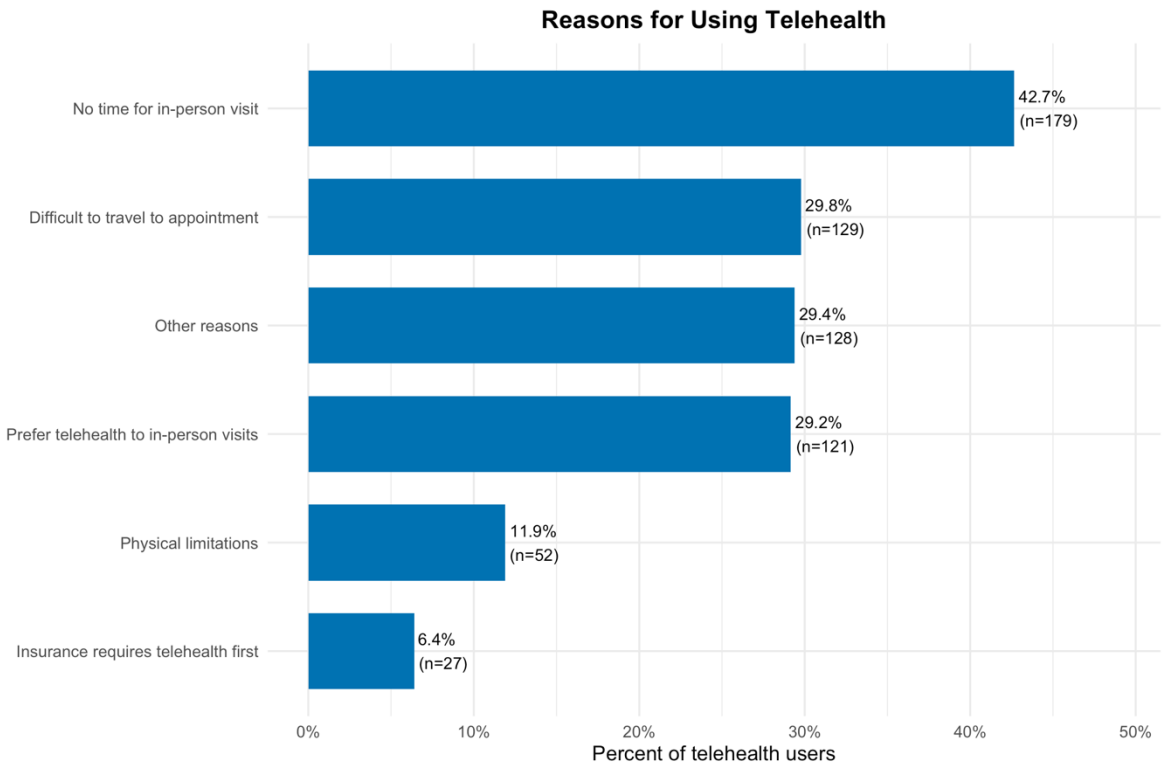


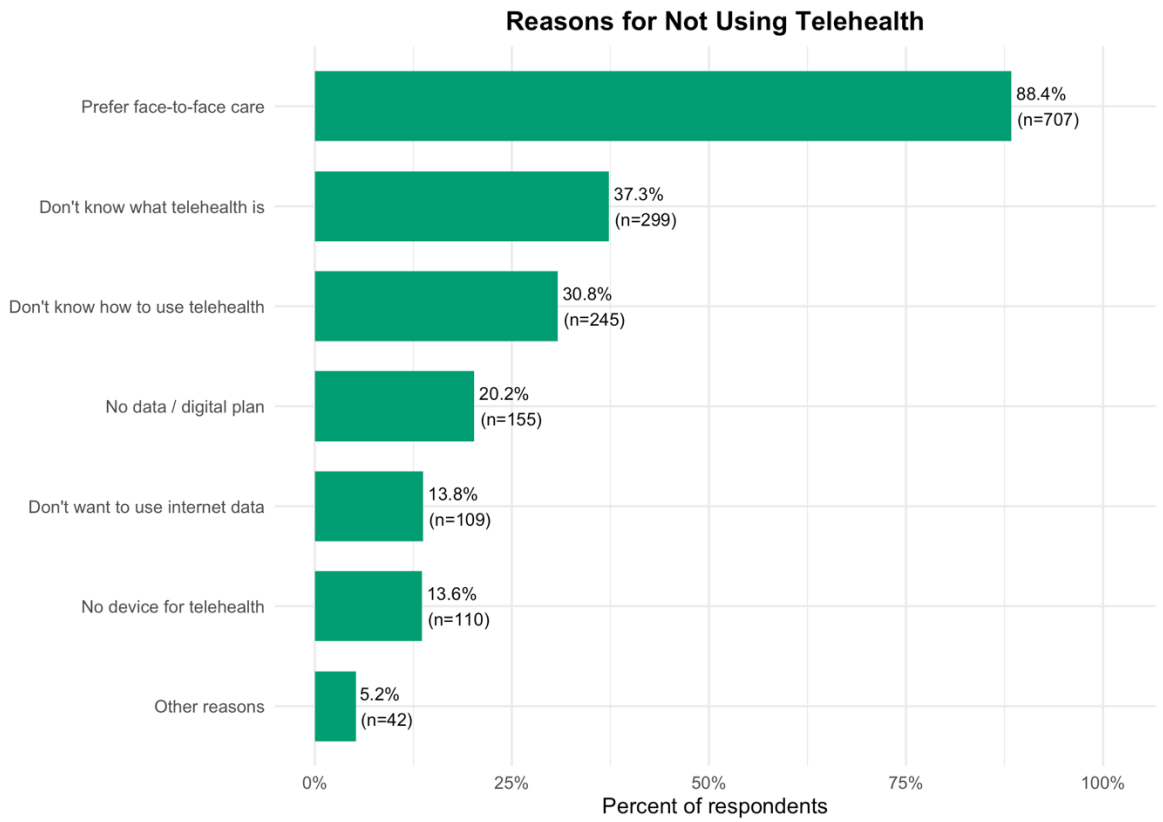
After adjustment, ***gender, age, and insurance*** stand out as the most relevant factors for telehealth use.

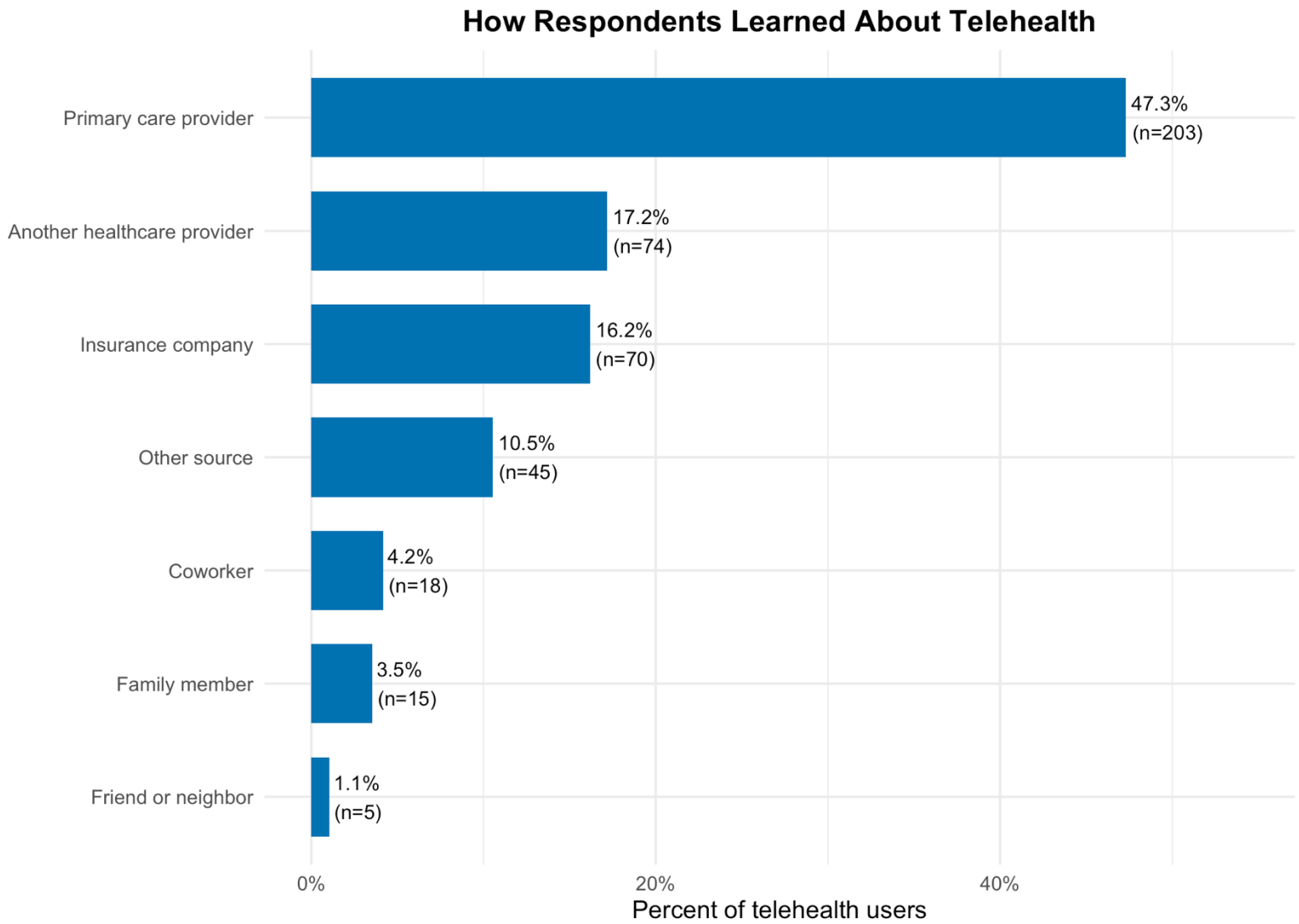
Variable	OR	CI	p_value
gender	2.02	1.38 – 2.96	0.000289
race_bwBlack	0.72	0.48 – 1.08	0.116
age_group35–49	1.72	1.05 – 2.84	0.0328
age_group50–64	1.35	0.81 – 2.23	0.246
age_group65+	1.11	0.63 – 1.95	0.709
eduSome college	1.31	0.82 – 2.12	0.262
eduBachelor's or higher	1.58	0.98 – 2.54	0.0589
income_levelLow income ($0–$25k)	0.9	0.5 – 1.62	0.719
income_levelMiddle income ($25k–$75k)	0.79	0.51 – 1.22	0.285
insuredUninsured	0.43	0.2 – 0.93	0.0309
internetNo	0.46	0.21 – 1.01	0.0542

- **Gender** shows the strongest association: women are about 2× more likely to use telehealth than men
- **Age** is associated with telehealth use, driven primarily by the 35–49 age group.
- **Insurance status** is a key factor: uninsured adults are significantly less likely to use telehealth
- Race and income are not statistically significant after adjustment
- **Education** and **internet** access show borderline effects, indicating possible access-related disparities

Drivers and barriers to telehealth use

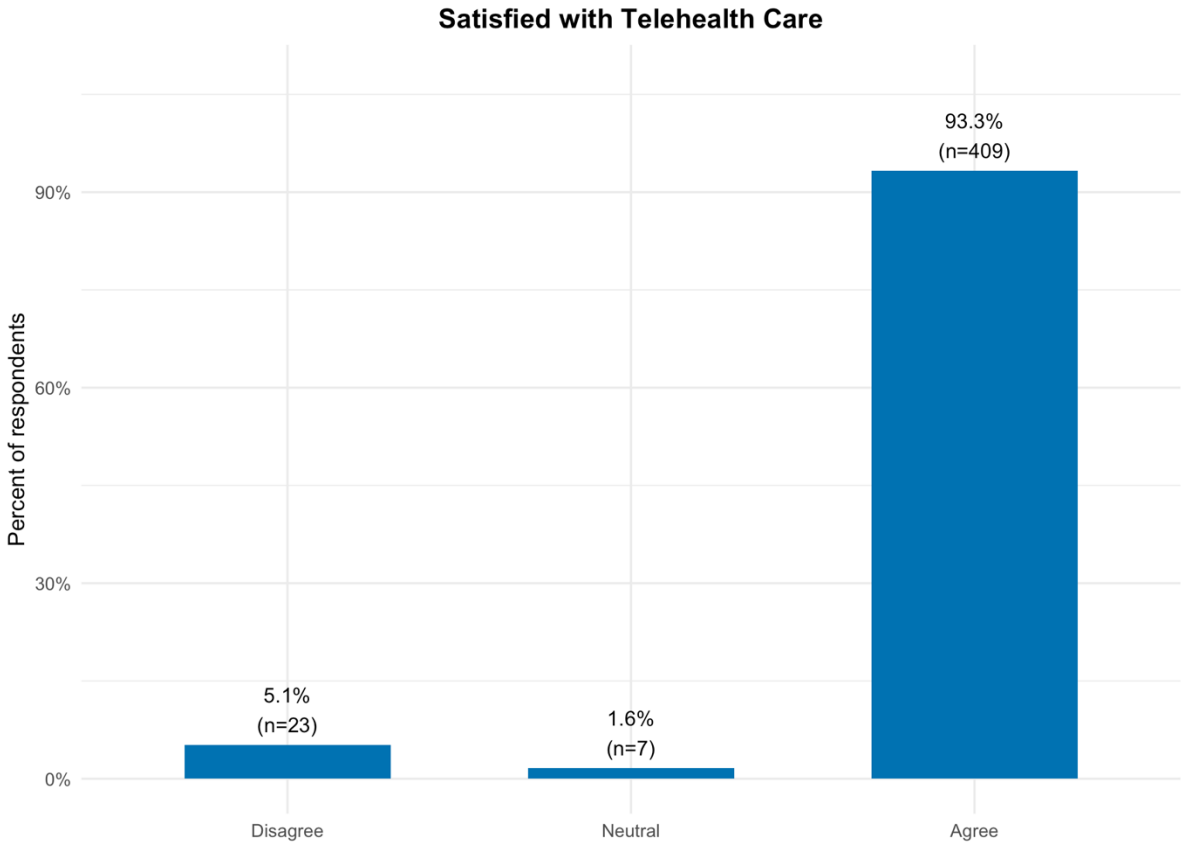


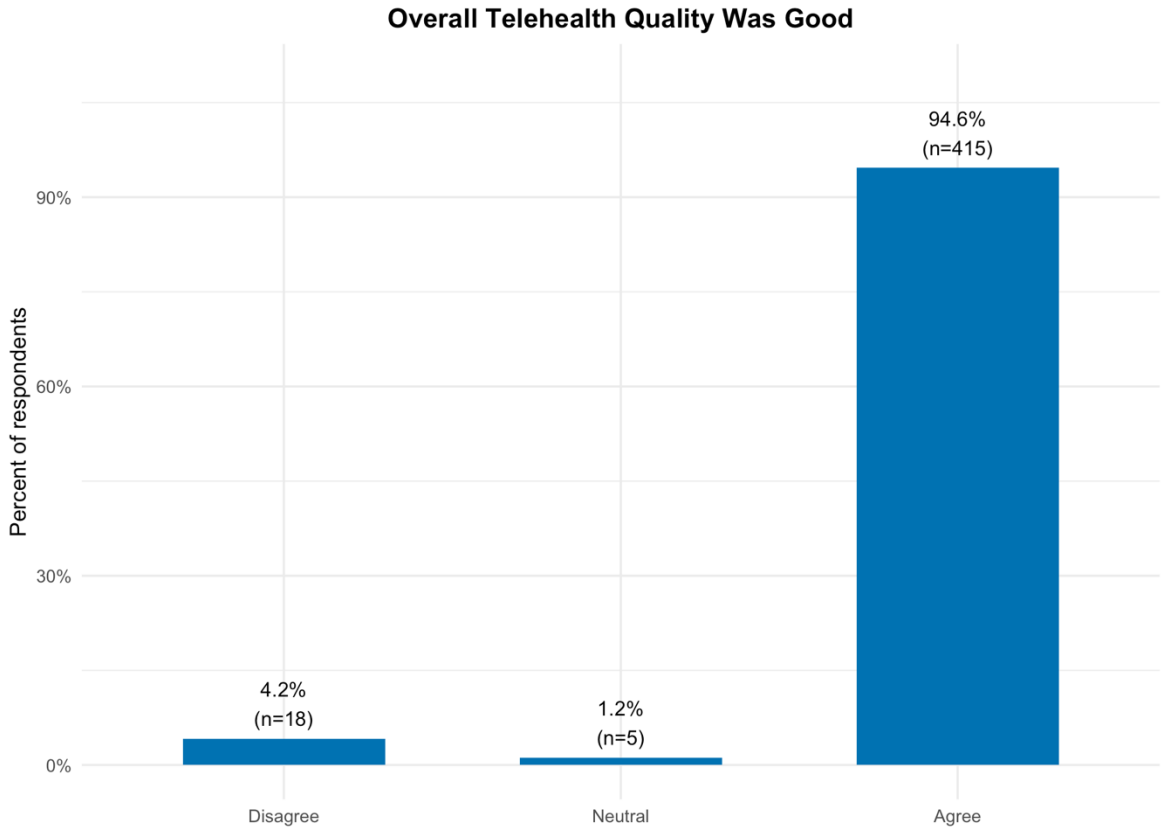



How Respondents Learned About Telehealth
Primary care provider
47.3%
(n=203)
Another healthcare provider
17.2%
(n=74)
Insurance company
16.2%
(n=70)
Other source
10.5%
(n=45)
Coworker
4.2%
(n=18)
Family member
3.5%
(n=15)
Friend or neighbor
1.1%
(n=5)
0%
20%
40%
Percent of telehealth users

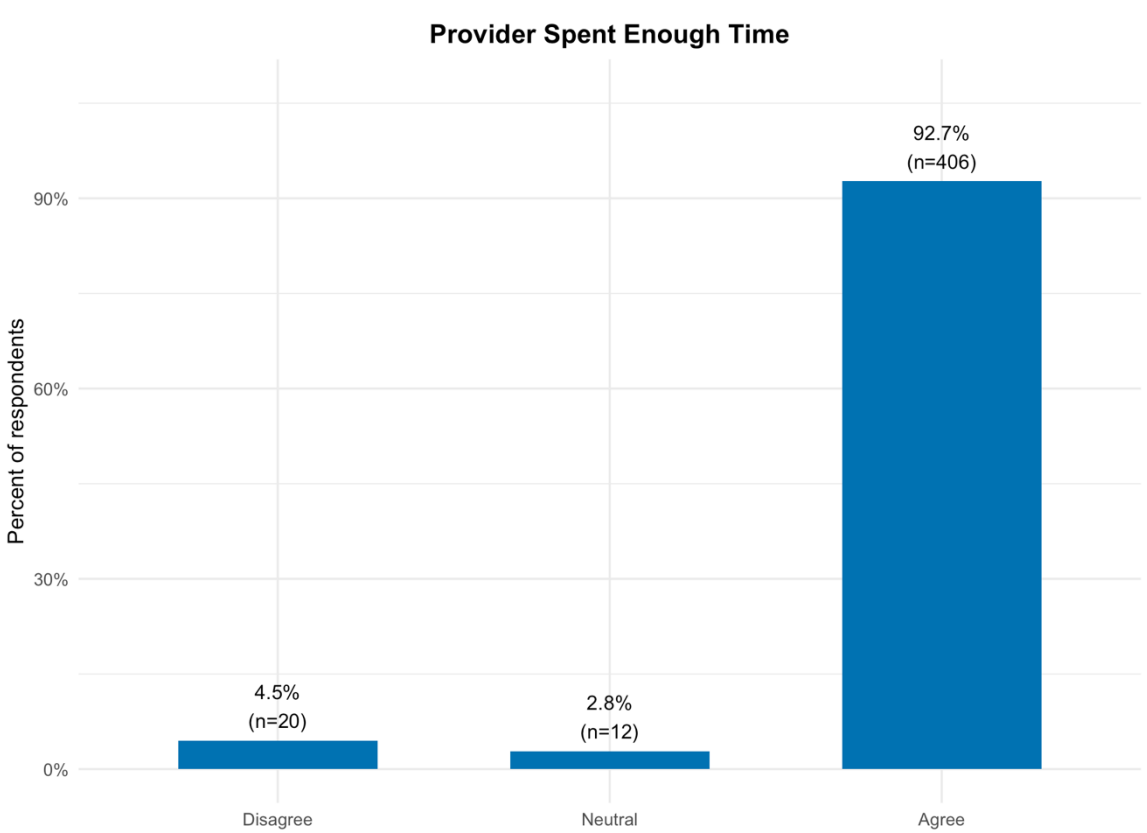
Patient satisfaction and perceived quality of telehealth experiences

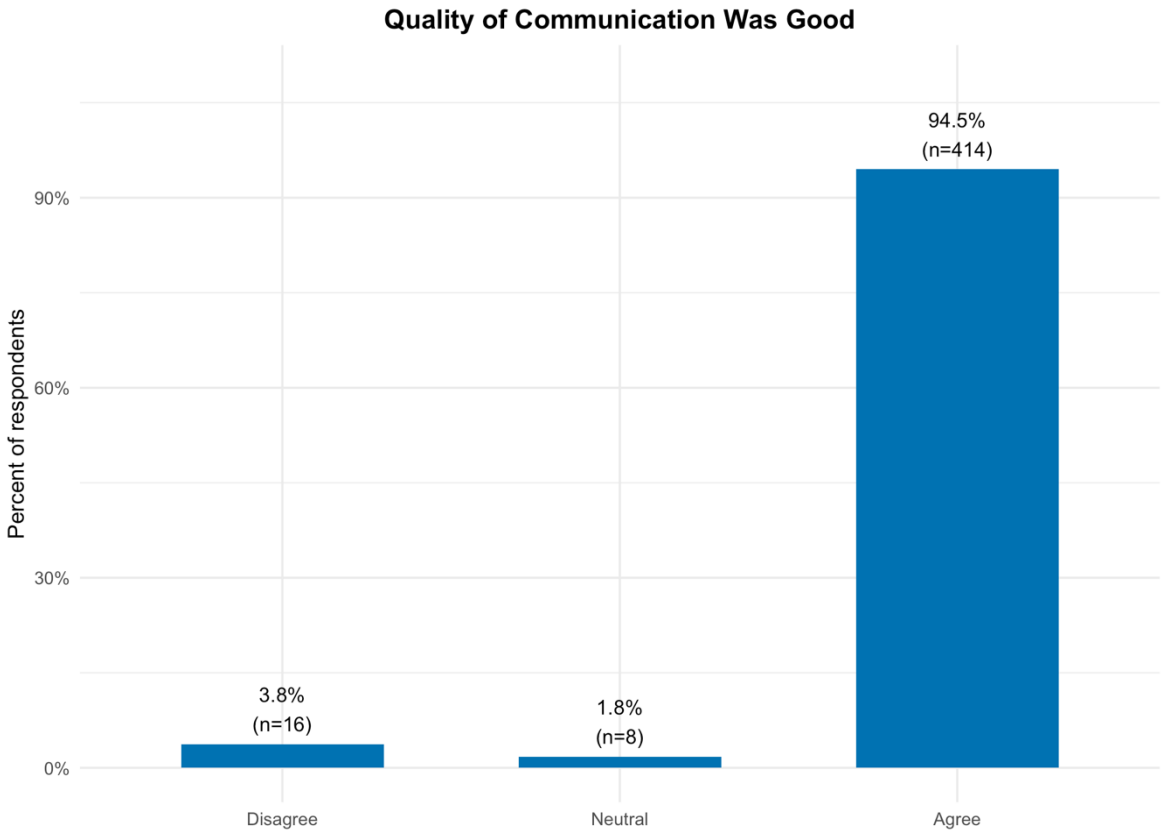
Telehealth Satisfaction and Overall Quality



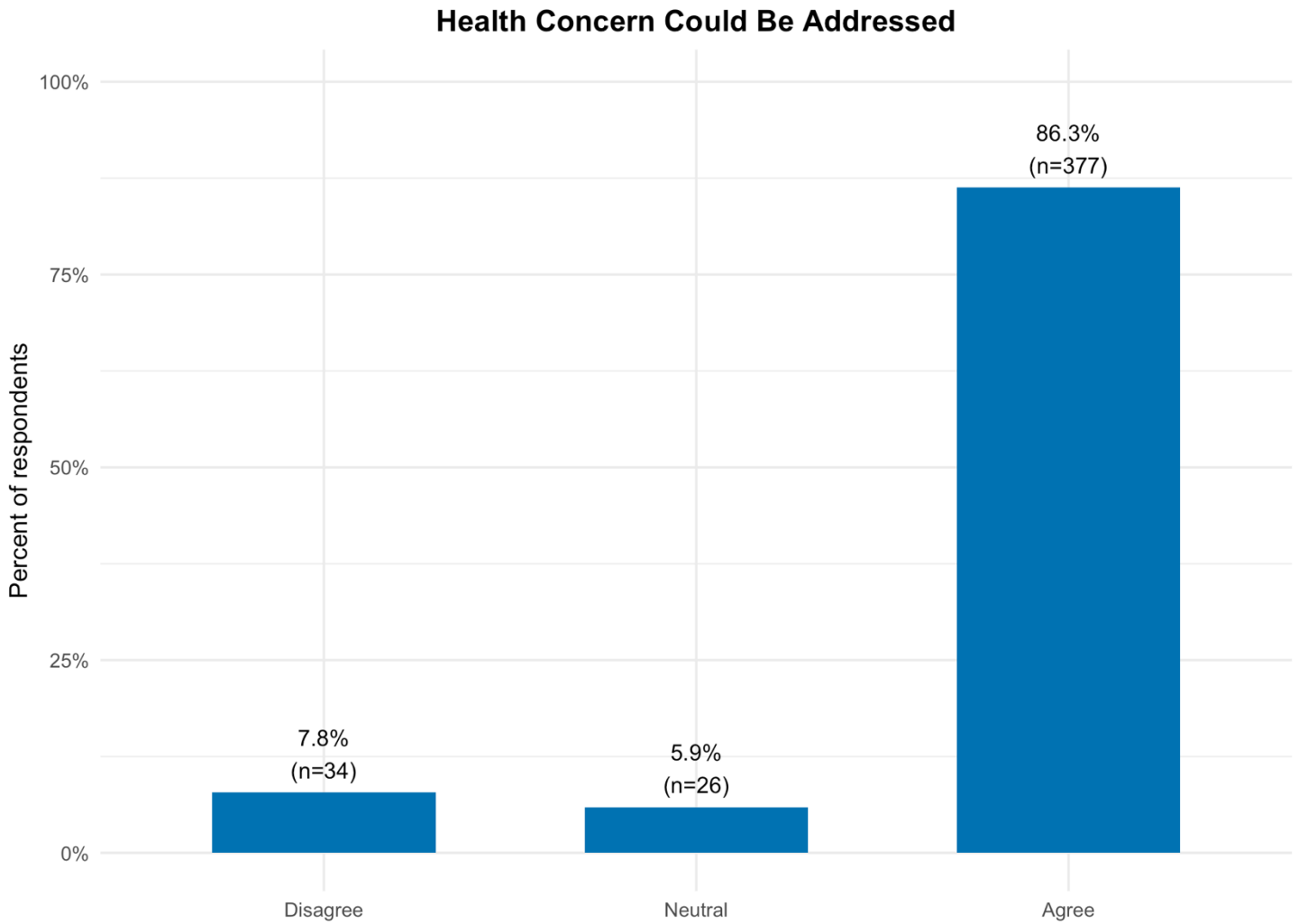


Provider Interaction During Telehealth Visits

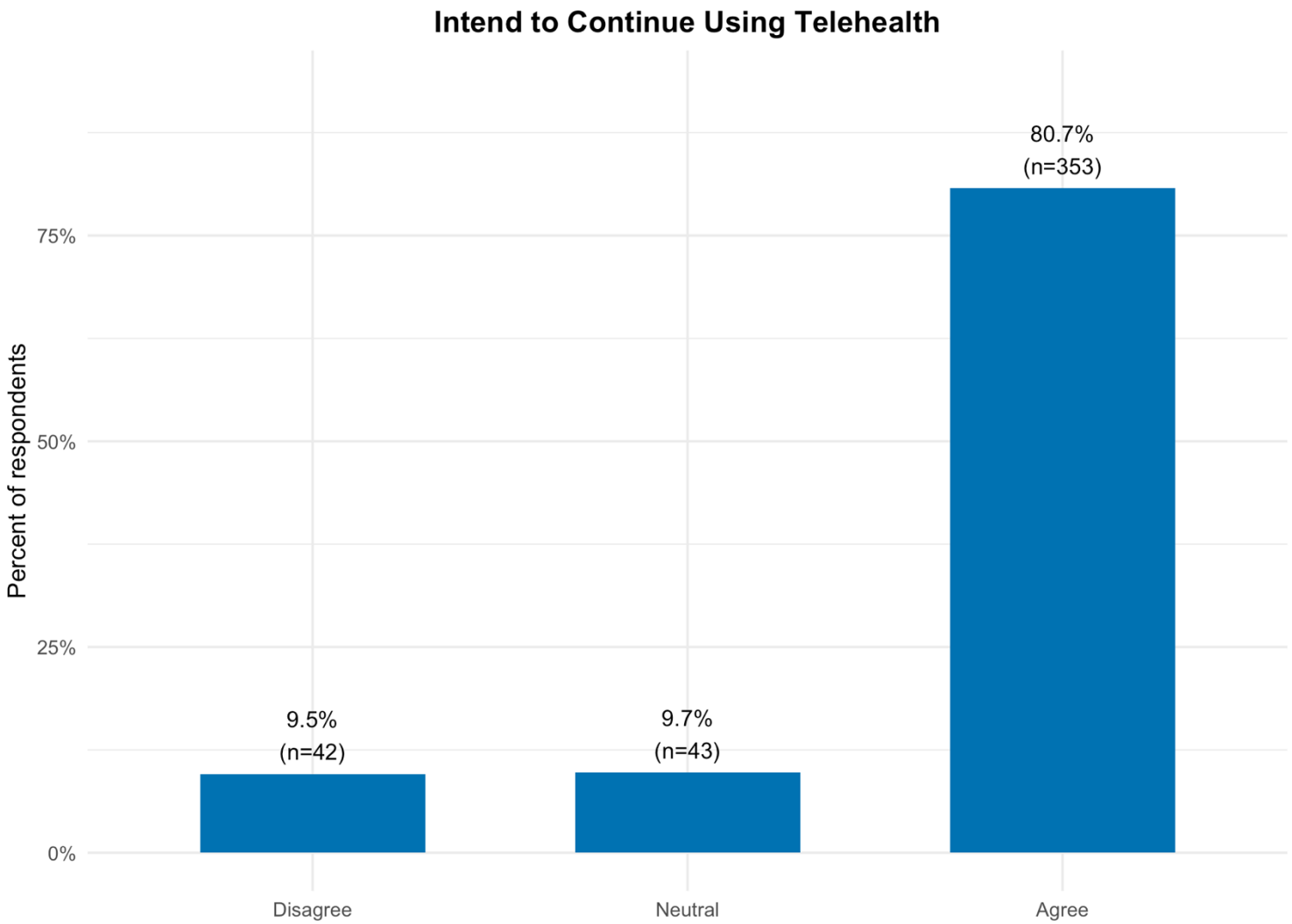




Perceived Effectiveness of Telehealth



Future Intention to Use Telehealth



DISCUSSION

Key Findings

- About one in three adults reported telehealth use, with clear disparities across groups.
- After adjustment, gender, age, and insurance status stood out as the most relevant factors.
- Women and adults aged 35-49 had higher odds of telehealth use; uninsured adults had lower odds.
- Education and internet access showed weaker associations, suggesting possible access-related disparities.
- Among users, satisfaction was high (>90%), and over 80% intended to continue using telehealth. This suggests that barriers are more related to access and awareness than to care quality.

Implications

- For men and older adults (especially Medicare beneficiaries), low utilization likely reflects limited awareness or digital readiness, not coverage. Targeted outreach and digital-literacy support are high-yield.
- For uninsured adults, the barrier is structural. Coverage expansion and safety-net pathways are essential.
- Borderline effects for education and internet access reinforce investment in digital infrastructure and skills.
- High satisfaction (>90%) and strong continuation intent (>80%) point to first-time adoption as the key leverage point.

ACKNOWLEDGEMENT

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Thank you

Questions?

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