

FACTORS AFFECTING THE RECOMMENDATION INTENTION OF TELEMEDICINE APP AMONG GENERATION Z

Mehzabul Hoque Nahid, Nazmina Yesmin, Khandakar Tahurul Islam*

American International University Bangladesh, Dhaka, Bangladesh

*Correspondence: tahurul.islam@aiub.edu

ABSTRACT

PURPOSE:

This study aims to identify the factors influencing the recommendation intention and continued use of telemedicine services, focusing specifically on Generation Z users.

DESIGN/METHODOLOGY/APPROACH:

A quantitative, positivist approach was adopted, integrating the UTAUT and the DOI model. The study used a cross-sectional survey with a sample size of 580 respondents to objectively measure and analyze the factors influencing telemedicine adoption.

FINDINGS:

The findings indicate that perceived usefulness, perceived trust, openness to change, and actual use are significantly associated with users' recommendation intention toward telemedicine services, whereas social influence does not show a significant direct relationship with recommendation intention.

RESEARCH LIMITATIONS/IMPLICATIONS:

The study's reliance on self-reported data may introduce bias, and the cross-sectional design limits causal inferences. Future research should consider longitudinal studies for deeper insights.

PRACTICAL IMPLICATIONS:

The findings provide actionable insights for healthcare providers to enhance telemedicine services tailored to Generation Z's preferences, ultimately improving patient engagement and satisfaction.

ORIGINALITY/VALUE:

This study contributes original evidence on telemedicine adoption by showing that recommendation intention among Generation Z users is shaped more by openness to change and post-adoption evaluations than by traditional cost- or trust-based usage drivers.

OBJECTIVE:

To explore how various factors influence Generation Z's intention to recommend telemedicine services.

KEYWORDS

Telemedicine, Generation Z, Technology Acceptance, Healthcare Delivery

INTRODUCTION

Telemedicine, characterized by the remote diagnosis and treatment of patients via telecommunications technology, has emerged as an influential force in healthcare. The importance has intensified in recent years owing to technological breakthroughs, global health problems like the COVID-19 pandemic, and the rising need for comprehensive healthcare services. According to [1], telemedicine addresses critical challenges in modern healthcare, including geographical barriers and healthcare professional shortages. Despite its growth, gaps remain in understanding user acceptance, particularly among Generation Z, who are digital natives and increasingly reliant on technology for health-related needs. Generation Z, often referred to as Gen Z, encompasses individuals born roughly between 1997 and 2012. This demographic cohort follows the Millennials and precedes Generation Alpha. The defining characteristics of Gen Z are shaped by their experiences growing up in a digitally connected world, with the internet and smartphones being integral parts of their lives from a young age [2]. This study aims to fill that gap by exploring factors influencing Generation Z's adoption with telemedicine services. Initial research on telemedicine primarily aimed to assess the viability of remote consultations. [3] investigated how telemedicine could connect rural patients with specialists, highlighting its potential benefits for underserved communities. However, they also pointed out significant challenges, such as inadequate internet infrastructure and the high costs of technology, which impeded early adoption [3]. As telemedicine evolved, studies shifted focus to managing chronic diseases. [4] discovered that telemedicine could improve care for patients with conditions like diabetes and heart disease by facilitating real-time monitoring and enhancing self-management strategies. Nevertheless, issues such as patient adherence and technology usage, particularly among older adults, limited its effectiveness in this demographic [4]. The COVID-19 accelerated the growth of telemedicine, with [5] demonstrating its crucial role in maintaining healthcare access while reducing virus exposure, particularly for vulnerable populations. However, this rapid transition also revealed disparities in digital access; individuals in rural or low-income areas encountered significant barriers to obtaining the necessary technology and reliable internet connections [5]. Previous research has not adequately addressed the specific factors that drive telemedicine adoption among Generation Z users. While studies have explored general telemedicine usage, [6] they often overlook the unique perspectives of this demographic. Prior studies indicated that social influence and perceived usefulness significantly impact user satisfaction in telemedicine [7]. However, existing literature lacks a focused examination of these factors within the context of Generation Z. Considering this, the study seeks to answer the following research question:

RQ: What factors influence Generation Z's recommendation intention of telemedicine applications, and how does their adoption behavior shape this intention?

LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

The theoretical framework provides the foundation for understanding the factors affecting the recommendation intention of telemedicine applications among Generation Z users. This study integrates two key theoretical models: the UTAUT and the DOI Model. By leveraging these theories, we explore the relationships between social influence, perceived usefulness, perceived trust, price value, openness to change, and actual use, assessing their impact on recommendation intention. The UTAUT model [8] posits that user acceptance of technology is driven by four key determinants: performance expectancy, effort expectancy, social influence, and facilitating conditions. [9] DOI Model explains how new technologies gain traction within a population. The model emphasizes five attributes influencing adoption: relative advantage, compatibility, complexity, trialability, and observability. This study incorporates the concept of openness to change from the DOI model to assess its influence on telemedicine adoption.

THEORETICAL INTEGRATION OF UTAUT AND DOI

While UTAUT effectively explains technology adoption through performance, effort, and social mechanisms, it primarily models adoption as a rational evaluation process. In contrast, DOI emphasizes users' broader orientation toward innovation and change. In this study, DOI is not employed as a parallel acceptance model but as a complementary lens

that captures individuals' predisposition to embrace novel healthcare delivery mechanisms. By operationalizing DOI through openness to change, the model extends UTAUT by incorporating a dispositional innovation mindset, which is particularly salient for Generation Z users who are accustomed to rapid technological evolution and institutional transformation.

Other DOI attributes such as compatibility, trialability, and observability were not included to avoid conceptual overlap and model redundancy. Compatibility and complexity partially overlap with UTAUT's effort expectancy, while trialability and observability are less relevant in a telemedicine context where services are already widely accessible and frequently used. Openness to change, however, captures a higher-order psychological readiness for innovation that is not explicitly addressed by UTAUT constructs.

SOCIAL INFLUENCE (SI)

Social influence measures to what extent users perceived that health care personnel or friends and family expect them to use a mobile-app based telemedicine solution. Study finds the direct effect of social influence on e-health literacy or on perceived usefulness with TAM framework [10]. Therefore, we posit the following hypothesis:

H1: Social Influence has positive and significant relation on actual use of Telemedicine App.

H2: Social Influence use has positive impact on user Recommendation Intention of Telemedicine app.

PERCEIVED USEFULNESS (PU)

Perceived usefulness is a critical factor in measuring user intention to actual use of telemedicine. It reflects the degree to which users perceive that using a telemedicine service enhances their healthcare experience. Research consistently shows that PU significantly influences user satisfaction, which is important for the continued adoption and use of telemedicine services [10]. Therefore, we posit the following hypothesis:

H3: Perceived usefulness has a positive impact on actual use of Telemedicine app.

H4: Perceived usefulness has positive impact on user Recommendation Intention of Telemedicine app.

PERCEIVED TRUST (PT)

Perceived trust is a vital factor in measuring user intention to actual use of telemedicine. Trust influences how patients perceive the quality and reliability of care they receive through telemedicine, impacting their overall satisfaction and willingness to continue using these services [11]. Although studies have found that perceived trust is a particularly significant factor in user intention to actual use [12]. Therefore, we can posit the following hypothesis.

H5: Perceived Trust positively impacts on actual use of Telemedicine app.

H6: Perceived Trust has positive impact on user Recommendation Intention of Telemedicine app.

PRICE VALUE (PV)

Customers' cognitive trade-off between the applications' alleged benefits and the financial expense of using them is known as price value. [13]. Although there is direct connection with recommendations but not with actual use in telemedicine, further study is needed. Therefore, we hypothesize the following:

H7: Price value has positive and significant relation on actual use of Telemedicine App.

H8: Price Value has positive impact on user Recommendation Intention of Telemedicine app.

OPENNESS TO CHANGE (OC)

Openness to change is an essential factor influencing user intention to actual use of telemedicine. It reflects individuals' willingness to adopt new technologies and adapt to changes in healthcare delivery methods. [10]. While openness to change is a significant factor influencing user intention to actual use of telemedicine, there is no direct study on telemedicine that measures effect of openness to change to measure user intention to actual use. Therefore, we posit the following hypothesis:

H9: Openness to change has potential impact on actual use of Telemedicine app.

H10: Openness to change has positive impact on user Recommendation Intention of Telemedicine app.

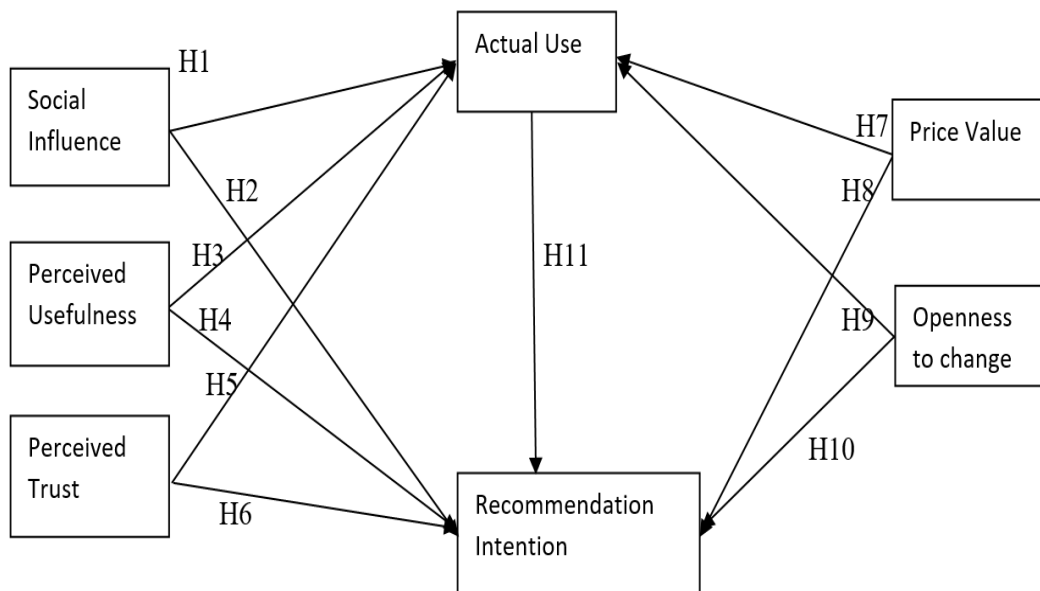
ACTUAL USE (AU)

There is a strong positive correlation between user's actual use of telemedicine and their subsequent satisfaction is significant, with research indicating that positive intentions often lead to higher satisfaction levels after using the service. Studies indicate that satisfaction derived from actual use significantly influences users' attitudes towards recommending telemedicine services [14]. However, measurement limitations highlight the need for more standardized, comprehensive, and longitudinal research to fully understand this relationship.

Therefore, we hypothesize the following:

H11: Actual use has positive impact on user Recommendation Intention of Telemedicine app.

FIGURE 1: CONCEPTUAL FRAMEWORK AND HYPOTHESIS



RESEARCH DESIGN AND METHODOLOGY

This study employed a cross-sectional survey research design to examine factors influencing telemedicine utilization, such as social influence, perceived usefulness, trust, price value, openness to change, and actual usage. A purposive sampling strategy was employed to ensure that respondents met the study's specific inclusion criteria, namely belonging to Generation Z and having prior experience or familiarity with telemedicine services. This approach was appropriate given the study's theory-driven objective of examining technology adoption behavior within a clearly defined user group rather than estimating population parameters. Although purposive sampling limits statistical generalisability, it is commonly used in technology acceptance research where access to relevant users is essential and where theoretical explanation rather than population inference is the primary goal. A total of 580 responses were initially collected. Following data screening and cleaning procedures, 282 responses were retained for final analysis. Responses were excluded due to incomplete questionnaires, failed attention checks, duplicate submissions, and responses that did not meet the predefined inclusion criteria (e.g., lack of telemedicine experience or Generation Z age range). The final sample size exceeded the minimum requirements for PLS-SEM analysis and was adequate for estimating the proposed model. A structured online questionnaire was developed by adapting validated multi-item scales from prior telemedicine and technology acceptance studies. The instrument measured social influence, perceived usefulness, perceived trust, price value, openness to change, actual use, and recommendation intention using a six-point Likert scale, and its reliability and validity were confirmed during PLS-SEM analysis.

DATA ANALYSIS

This study adopts a positivist research paradigm and employs a quantitative, cross-sectional survey design to examine the factors influencing Generation Z users' adoption and recommendation intention of telemedicine services. A structured questionnaire was used to collect numerical data suitable for statistical analysis and hypothesis testing. The quantitative

approach is appropriate given the study's objective of examining causal relationships among latent constructs derived from established technology adoption theories. The study employed a purposive sampling method to choose participants according to particular criteria pertinent to the aims, concentrating on adults from Generation Z who have used or are knowledgeable with telemedicine services. Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) through SmartPLS 4. PLS-SEM was selected due to its suitability for theory testing, prediction-oriented research, and complex models involving multiple latent constructs. The analysis followed a two-step procedure: (1) assessment of the measurement model to evaluate reliability and validity, and (2) assessment of the structural model to test the hypothesized relationships among constructs. Statistical significance was evaluated using bootstrapping procedures.

TABLE 1: OUTER LOADINGS MATRIX

Constructs	Outer loadings values	Constructs	Outer loadings values
AU-1 -> AU	0.774	PEU-1 -> PEU	0.766
AU-2 -> AU	0.871	PEU-4 -> PEU	0.793
AU-3 -> AU	0.769	PEU-6 -> PEU	0.711
AU-4 -> AU	0.770	PEU-7 -> PEU	0.775
OC-4 -> OC	0.814	PT-1 -> PT	0.749
OC-5 -> OC	0.812	PT-2 -> PT	0.817
OC-6 -> OC	0.804	PT-3 -> PT	0.759
OC-7 -> OC	0.847	PT-4 -> PT	0.762
PU-2 -> PU	0.778	SI-1 -> SI	0.784
PU-3 -> PU	0.815	SI-2 -> SI	0.784
PU-4 -> PU	0.793	SI-2 -> SI	0.838
RI-1 -> RI	0.818	RI-5 -> RI	0.761
RI-2 -> RI	0.819		
RI-3 -> RI	0.858		
RI-4 -> RI	0.824		

RESULTS AND DISCUSSIONS

The data has been cleansed, processed, and prepared utilizing MS Excel prior to testing. This work employs structural equation modeling (SEM) to evaluate and analyze the interactions among the components, highlighting their significance within the suggested model. Analysis of the measurement model and estimation of structural model have been done in Smart-PLS4. After importing the data in Smart-PLS4, a path diagram of conceptual model (Fig 2) was drawn, and then PLS-SEM algorithm was commanded to initiate the analysis process. The Construct Reliability and Validity table evaluates the internal consistency and validity of the constructs used in the study. Three key metrics were analyzed: Cronbach's Alpha, Composite Reliability (CR), and Average Variance Extracted (AVE). Cronbach's Alpha scores for all constructs exceeded the acceptable level of 0.7, signifying strong internal consistency. The Composite Reliability (CR) scores above 0.7, so affirming the constructs' reliability.

The Average Variance Extracted (AVE), which evaluates convergent validity, exhibited values over 0.5 for all constructs, signifying that over 50% of the variance in the observed variables is accounted for by the constructs. This indicates that the constructions accurately assess their intended objectives.

TABLE 2: CONSTRUCT RELIABILITY AND VALIDITY

Constructs	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
AU	0.808	0.816	0.874	0.636
OC	0.837	0.840	0.891	0.671
PT	0.776	0.782	0.855	0.596
PU	0.710	0.713	0.838	0.633
RI	0.875	0.876	0.909	0.667
SI	0.723	0.723	0.844	0.643

The study's values elucidate the strength and relevance of the interactions between numerous variables and their corresponding indicators about telemedicine adoption among Generation Z consumers. The mean values represent the average strength of relationships between constructs. For instance, the path from Actual Use (AU) to Recommendation Intention (RI) has a mean of 0.145 and a standard deviation of 0.068, reflecting a moderate positive relationship with low variability among the participants. Similarly, the path from Openness to Change (OC) to Actual Use (AU) shows a mean of 0.205 and a standard deviation of 0.079, suggesting that those open to new technology are more likely to use telemedicine apps, with this relationship being consistent across respondents. Lower standard deviations indicate greater consistency, while higher standard deviations suggest more variation in how respondents experience these relationships. The T-values in Table 3 are used to assess the strength and statistical significance of the relationships between the variables. A T-value greater than 1.96 indicates that the relationship is statistically significant at the 5% level, meaning there is less than a 5% chance that the relationship occurred by random chance. For example, the relationship between Openness to Change (OC) and Recommendation Intention (RI) has a T-value of 3.535, well above the 1.96 threshold, showing a strong and significant impact of openness to change on users' willingness to recommend telemedicine apps. Similarly, Actual Use (AU) to Recommendation Intention (RI) has a T-value of 2.078, indicating that the more frequently users engage with telemedicine, the more likely they are to recommend it to others. However, not all relationships are significant. For instance, Perceived Trust (PT) to Actual Use (AU) has a T-value of 1.341, suggesting that perceived trust does not have a statistically significant influence on actual use in this context.

The P-values measure the probability that the observed relationship between two variables occurred by chance. A P-value below 0.05 indicates that the relationship is statistically significant. In this study, several relationships were found to be significant based on their P-values. For instance, the relationship between Actual Use (AU) and Recommendation Intention (RI) has a P-value of 0.038, meaning the impact of actual use on users' intention to recommend telemedicine is statistically significant. Similarly, Openness to Change (OC) to Recommendation Intention (RI) is highly significant with a P-value of less than 0.001, suggesting that individuals open to adopting new technologies are much more likely to recommend telemedicine. Another significant relationship is Perceived Usefulness (PU) to Recommendation Intention (RI), with a P-value of 0.030, showing that users who perceive telemedicine as useful are more inclined to recommend it to others. On the other hand, relationships like Perceived Trust (PT) to Actual Use (AU), with a P-value of 0.180, are not statistically significant, indicating that trust in telemedicine services does not directly affect the frequency of use in this study.

Overall, Table 3 highlights important insights into the relationships between key constructs in the study. The findings suggest that users who frequently use telemedicine, are open to technological change, and find the service useful are more likely to recommend it to others. Several hypothesised relationships were not supported by the structural model, highlighting the importance of avoiding over generalisation of technology adoption drivers. These non-significant findings provide meaningful insights by indicating which commonly assumed predictors may be less relevant for Generation Z in the telemedicine context. Although perceived trust and price value are frequently cited as important drivers of technology adoption, the present findings indicate that neither construct has a statistically significant direct effect on actual use of telemedicine among Generation Z users. This suggests that, for this cohort, continued usage decisions may be less influenced by cost considerations or trust perceptions alone and more strongly shaped by factors such as openness to

change and social influence. However, perceived trust remains a significant predictor of recommendation intention, indicating that trust plays a more prominent role in post-adoption evaluative judgments rather than in initial or continued usage behavior. Similarly, the non-significant effect of price value on both actual use and recommendation intention suggests that telemedicine adoption among Generation Z may be relatively price-insensitive, possibly due to low switching costs, promotional access, or the prioritisation of convenience over monetary considerations.

TABLE 3: HYPOTHESIS TESTING

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values	Findings
AU -> RI	0.142	0.145	0.068	2.078	0.038	Supported
OC -> AU	0.202	0.205	0.079	2.552	0.011	Supported
OC -> RI	0.273	0.271	0.077	3.535	0.000	Supported
PT -> AU	0.129	0.129	0.096	1.341	0.180	Not Supported
PT -> RI	0.253	0.258	0.083	3.041	0.002	Supported
PU -> AU	0.093	0.097	0.082	1.138	0.255	Not Supported
PU -> RI	0.160	0.157	0.073	2.177	0.030	Supported
PV -> AU	0.152	0.149	0.098	1.557	0.120	Not Supported
PV -> RI	-0.011	-0.007	0.089	0.121	0.904	Not Supported
SI -> AU	0.150	0.151	0.064	2.359	0.018	Supported
SI -> RI	0.069	0.065	0.079	0.877	0.381	Not Supported

Table 4 displays the R-squared values. The R-squared value is an essential parameter in regression analysis, quantifying the proportion of variance in the dependent variable elucidated by the independent variables. The range is from 0 to 1, with elevated values signifying more explanatory power of the model. Essentially, it helps determine how well the model fits the data. In research, an R-squared value closer to 1 means that the model accounts for most of the variability in the data, while a lower value suggests that there are other factors influencing the dependent variable that are not captured by the model.

In this paper R-squared value, which indicate the proportion of variance explained by the independent variables. The R-squared value for Actual Use (AU) is 0.315, meaning that 31.5% of the variance in Actual Use can be explained by variables like Openness to Change, Perceived Usefulness, and Social Influence. This demonstrates that while these factors play a role in driving telemedicine usage, there may be other unexplored factors contributing to the decision to use telemedicine.

The R-squared value for Recommendation Intention (RI) is 0.484, indicating that 48.4% of the variance in users' intention to recommend telemedicine is accounted for by the variables in the model. This signifies a robust model, since around fifty percent of the variance in recommended behavior can be ascribed to characteristics like Actual Use, Openness to Change, Perceived Trust, and Perceived Usefulness. While R-square reflects the proportion of explained variance, Adjusted R-square corrects for model complexity. The minimal differences between these values in this study suggest that the model maintains explanatory power without overfitting, supporting the robustness of the structural relationships.

TABLE 4: R-SQUARE AND R-SQUARE ADJUSTED.

Item	R-square	R-square adjusted
AU	0.315	0.302
RI	0.484	0.472

Figure 2 provides a visual depiction of the structural equation model, illustrating the relationships between the constructs and their respective path coefficients. The significant relationships between Openness to Change and both Actual Use

and Recommendation Intention underscore the importance of adaptability to new technologies among Generation Z users in driving both the use and advocacy of telemedicine. The path from Perceived Trust to Recommendation Intention highlights the critical role trust plays in motivating users to recommend telemedicine services to others.

FIGURE 2: STRUCTURAL EQUATION MODEL

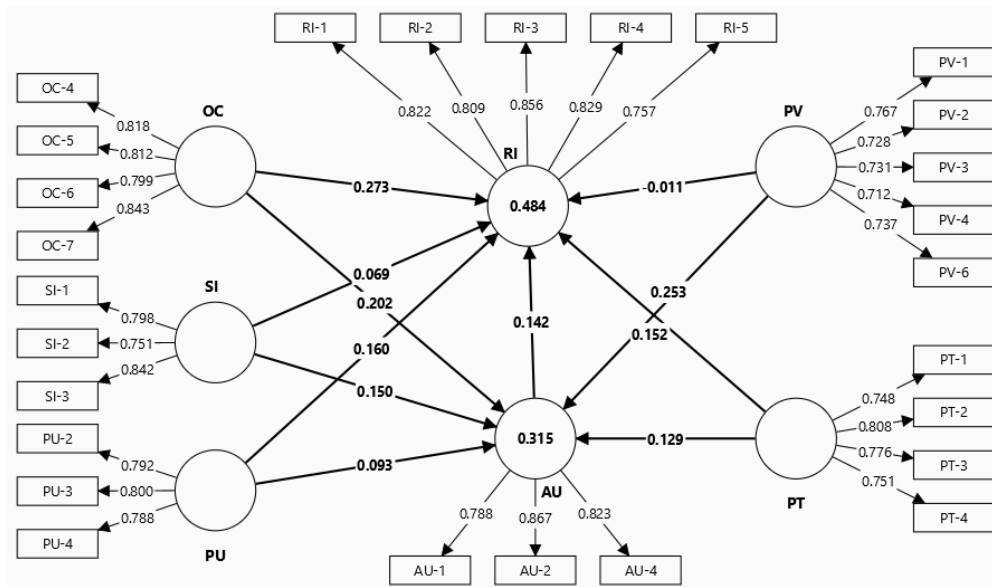


Table 3 provides a concise overview of the key hypotheses tested in the study and their corresponding outcomes. The table confirms that several factors positively and significantly impact the Actual Use and Recommendation Intention of telemedicine apps among Generation Z users. Specifically, it shows that Social Influence and Openness to Change significantly influence Actual Use, also Perceived Usefulness and Openness to Change positively impacts the Recommendation Intention of telemedicine services. These findings validate the hypotheses that users who perceive Social Influence and are open to adopting new technologies are more likely to engage with telemedicine and recommend it to others.

For hypotheses that are not supported, such as when perceived trust or perceived usefulness does not significantly impact actual use.

LIMITATION

In spite of the insightful observations, the study's cross-sectional design, dependence on self-reported data, and Generation Z focus are limitations that could restrict how broadly the results can be applied. As the study employed a non-probability sampling approach and relied on self-administered online surveys, the possibility of non-response bias cannot be entirely ruled out. Although standard data screening procedures were applied, future studies are encouraged to conduct formal non-response or attrition bias analyses and to employ probability-based sampling techniques to enhance generalisability.

CONCLUSION

The study on the recommendation intention of telemedicine, utilizing an integrated framework of the DOI and the UTAUT, reveals critical insights into the evolving doctor-patient relationship in a digital context. By demonstrating that factors such as openness to change, perceived trust, social influence, and actual intention to use telemedicine apps significantly influence recommendation intentions, the research underscores the importance of fostering an environment conducive to change and building trust among healthcare providers and patients. This integration enriches our understanding of technology acceptance in healthcare, facilitating a more accessible and efficient healthcare delivery system.

Moreover, the study's implications suggest that healthcare organizations should develop targeted marketing strategies and invest in training programs for professionals to improve confidence in telemedicine technologies. This approach not only aligns with the study's insights but also supports broader digital transformation efforts in healthcare, ultimately leading to improved patient outcomes.

ETHICAL APPROVAL

The study's survey approach complied with ethical guidelines and featured human participants. The American International University Bangladesh authorities, where the study was carried out, duly approved the method.

FUNDING INFORMATION

No funding was received for this study.

CONFLICT OF INTEREST

The Authors declare that there is no conflict of interest.

References

1. Wootton R. Twenty years of telemedicine in chronic disease management--an evidence synthesis. *J Telemed Telecare*. 2012;18(4):211–20.
2. Seemiller C, Grace M. *Generation Z: A century in the making*. Routledge; 2018.
3. Perednia DA, Allen A. Telemedicine technology and clinical applications. *Jama*. 1995;273(6):483–8.
4. Bashshur RL, Shannon GW, Smith BR, Alverson DC, Antoniotto N, Barsan WG, et al. The empirical foundations of telemedicine interventions for chronic disease management. *Telemed e-Health*. 2014;20(9):769–800.
5. Mann DM, Chen J, Chunara R, Testa PA, Nov O. COVID-19 transforms health care through telemedicine: evidence from the field. *J Am Med Informatics Assoc*. 2020;27(7):1132–5.
6. Raheja R, Pani PK, Riaz S. Antecedents for the adoption of telemedicine in India: Scale development and validation. *Asia Pacific J Heal Manag*. 2024;19(3):131–41.
7. Wang J, Cao Y. Factors influencing continuous intention to use telemedicine after the COVID-19 pandemic in China: an extended technology acceptance model. *Open J Soc Sci*. 2022;10(12):344–59.
8. Venkatesh V, Morris MG, Davis GB, Davis FD. User acceptance of information technology: Toward a unified view. *MIS Q*. 2003;425–78.
9. Rogers EM, Singhal A, Quinlan MM. Diffusion of innovations. In: *An integrated approach to communication theory and research*. Routledge; 2014. p. 432–48.
10. Jang M. Why Do People Use Telemedicine Apps in the Post-COVID-19 Era? Expanded TAM with E-Health Literacy and Social Influence. In: *Informatics*. 2023. p. 85.
11. Orrange S, Patel A, Mack WJ, Cassetta J. Patient satisfaction and trust in telemedicine during the COVID-19 pandemic: retrospective observational study. *JMIR Hum factors*. 2021;8(2):e28589.
12. Bahari G, Mutambik I, Almuqrin A, Alharbi ZH. Trust: How It Affects the Use of Telemedicine in Improving Access to Assistive Technology to Enhance Healthcare Services. *Risk Manag Healthc Policy*. 2024;1859–73.
13. Dodds WB, Monroe KB, Grewal D. Effects of price, brand, and store information on buyers' product evaluations. *J Mark Res*. 1991;28(3):307–19.
14. Khairat S, Chourasia P, Muellers KA, Andreadis K, Lin JJ, Ancker JS. Patient and provider recommendations for improved telemedicine user experience in primary care: A multi-center qualitative study. *Telemed Reports*. 2023;4(1):21–9.