

Appendix

Survey Instrument Used For The Study

Background

A specialist consultation for dermoscopic evaluation of a skin lesion usually requires a co-pay amount of **\$30** if you have insurance coverage, and **\$200** if you have no insurance coverage. It can take up to 3 months to see a specialist.

ASU student health services in partnership with Mayo Clinic Dermatology will offer Telemedicine as an effective alternative to face-to-face consultation:

Tele-dermoscopy evaluation using a Smart phone can occur while you are with your primary care physician and requires no separate appointment. You will get back the results of your consultation in **2 business days** from receipt and availability of clinical records/imaging to consultant.

In answering the Willingness to pay questions below, consider that:

You would be paying for a Tele-dermoscopy services by a specialist from Mayo Clinic, Arizona.

- The specialist Tele-dermoscopy service will be offered without wait for an appointment while you are with your primary care physician.
- You will get the results of your consultation in 2 business days from receipt and availability of clinical records/imaging to consultant.

Please Read Before Proceeding To The Survey

For the questions asked regarding your willingness to pay, please consider the financial implications of your decision. Ask yourself the following question

If I Were Really Going For A Tele-Dermoscopy Service And Had To Pay For Consultation Cost Out Of My Pocket, Would I Really Want To Spend My Money This Way?

If you really did, you would indicate YES, and you would pay for the consultation (meaning the prices presented in the survey). If you did not wish to spend your money this way, you would indicate NO, you would not elect to go for the consultation at the stated price. We ask that you respond to each of these questions exactly as you would if you were making this decision at your physician's office and were to face the consequences of your decision, that is, you would have to pay real cash in order to go forward with the consultation.

(the online survey instrument automated the branching logic. The \$ amounts were randomly changed for subjects as explained in the manuscript)

1. Given the above information, would you consider paying \$50 for Tele-dermoscopy consultation?
 1. Yes
 2. No
2. (If NO on Q1 above) Would you consider paying \$30 for Tele-dermoscopy consultation?
 1. Yes
 2. No
3. (If YES on Q1 above) Would you consider paying \$70 for Tele-dermoscopy consultation?
 1. Yes
 2. No

4. (If YES on Q3 above) What is the maximum you would pay for Tele-dermoscopy consultation? (enter the amount)
5. (If NO on Q2 above) Would you consider paying anything at all for Tele-dermoscopy consultation?

1. Yes
2. No

6. (If YES on Q5 above) Please state the minimum amount you would be willing to pay (enter

the amount in dollars):

7. (If NO on Q5 above) Given that you are not willing to pay anything, please check ALL statements that best represent your reasoning:

- a. I prefer a face-to-face consultation
- b. I do not want a specialist consultation
- c. I will go to another primary care physician for a second opinion
- d. I am afraid of going to a specialist for evaluating my skin lesion

(For questions 8 – 10 response was Likert scale 1 – 7)

8. (Service Convenience) With Tele-dermoscopy,

- A. I can get the benefits of the consultation with minimal effort.
- B. Obtaining specialist opinion will be easy
- C. The time required to receive the benefits of the consultation is appropriate

9. (Brand Reputation)

- A. Mayo Clinic has a good reputation in health-care services
- B. Mayo Clinic has a good history in providing health-care services

C. I fully believe that Mayo Clinic has the skills to provide good Tele-dermoscopy consultation

10. (satisfaction) I am Satisfied with the following aspects of ASU Student Health Center

- A. The friendliness of employees (providers and staff)
- B. How well the employees (providers and staff) know me
- C. How well the employees (providers and staff) listen to me
- D. Quality of healthcare offered

11. What is your annual household income?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- More than \$100,000
- I do not wish to disclose

12. Were you born in the U.S.?

- Yes
- No
- I do not wish to disclose

13. What is your race?

- White/Caucasian
- African American
- Hispanic
- Asian
- Native American

- Pacific Islander
- Other
- I do not wish to disclose

14. What is the highest level of education you have completed?

- Less than High School
- High School / GED
- Some College
- 2-year College Degree
- 4-year College Degree
- Master's Degree or higher

15. What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Retired
- Unemployed
- Disabled
- Other

16. Do you currently have medical insurance coverage?

- Yes, Private/Employer Offered Insurance (e.g. PPO, HMO, etc.)
- Yes, I am a member of a government funded program (e.g. Medicare, Medical, etc.)
- Yes, I pay for it myself (self-paid)
- No, I am uninsured

- I don't know