**Report Summary**

**Scientific Background**

Online Health Services (OHS) have emerged in response to healthcare challenges and provide a way to streamline the healthcare system. Despite their numerous advantages, various studies have presented differing findings regarding their efficacy in populations with different sociodemographic characteristics.

**Research Objectives**

To describe OHS use and its characteristics; to examine knowledge, attitudes, barriers, and usage patterns among various groups in Israel; to explore the relationship between OHS consumption and patient-reported outcome and experience measurements (PROMs and PREMs); and to present a predictive model for OHS consumption.

**Method**

A cross-sectional study was conducted among Jewish and Arab populations with a random representative sample taken according to gender, ethnicity, age, and religious affiliation. Sampling was stratified by ethnicity and geographical regions. A questionnaire was administered through iPanel’s online panel.

**Key Findings**

The sample comprised 2001 participants with an average age of 47, half of them being women. Participants were more familiar with low-level technology and used it more frequently, and most reported the absence of technological or emotional barriers. Perceived efficacy of OHS was high, but some participants preferred in-person treatment. Predictors of familiarity and use of high-level OHS included being male, Arab, insured by the Clalit HMO, and having high perceived efficacy and safety of online treatment and familiarity with online technology.

**Conclusions**

* Online treatment and in-person treatment are complementary services.
* High-level OHS and low-level OHS are two distinct types of services.
* The absence of technological barriers makes it possible to leverage and expand the provision of OHS in Israel.

**Implications and Recommendations for Policy Makers**

* Efforts should be directed toward improving online health literacy, focusing on using high-level technology.
* The elderly population’s capabilities and needs should be mapped and personalized service frameworks should be established.
* Health perception measurements should be used to predict OHS use.