# Telemedicine Bible *for creating* Great Patient Experiences

Much more than having a good 'webside' manner and 'workleisure' attire.

The concept of telemedicine (including telehealth and teletherapy) is not new—in fact, the first mention of using a telephone as a means for a doctor and patient to connect and avoid an unnecessary visit to the doctor's office was in the British medical journal Lancet in 1879.

While the idea of a face-to-face video chat remained the stuff of science fiction for more than a century, today most of us have the technology literally in the palm of our hands or our desks to see and talk to anyone around the world in real time.

Despite all technological advances, telemedicine remained relatively uncommon, even in the 21st century. The use of telemedicine increased by 340% between 2015 and 2018, but that still represented fewer than one in four (22%) specialty and primary care physicians actively using telemedicine (up from 5% in 2015).

Telemedicine increased by 340%

Those who pursue this strategy find that not only do revenues improve, so does staff engagement, creativity, productivity and longevity. Directly involving staff in increasing the value of their work can be highly empowering.

# RAPID ADOPTION
## *with a* LASTING IMPACT

It wasn't until 2020 that providers were forced to adopt telemedicine as a regular part of their practice. As COVID-19 shut down clinics and made doctor's offices a potentially risky place for patients to visit, telemedicine offered an opportunity for remote care.

Clinics scrambled to make it work, greatly accelerating the adoption of telemedicine over a two-year period.

By 2024, there were over 116 million users of online doctor consultations worldwide, up from around 57 million in 2019.[1] This growth is expected to continue, but at a more moderate rate of 24% annually through 2030. Current telemedicine usage across all physicians is estimated at 75-80%, nearly three times the levels reported in 2018.[2]

**61% of practices reported improved patient satisfaction scores in the past year**

Recent surveys show that among the 43% of practices that track patient telemedicine visit satisfaction, 61% reported improved scores in the past year, with 33% showing no change.[3] These results are encouraging, but leave plenty of room for improvement on the patient experience side.

The main drivers for patient enthusiasm for telemedicine visits include time savings and convenience. Two studies published in the American Journal of Managed Care and JAMA Internal Medicine determined that a visit to the doctor's office was 121 minutes on average—37 minutes of travel time, 20 minutes with the physician, and the rest of the time waiting or completing paperwork and billing. Telemedicine cuts that dramatically, with people spending an average of just 13 to 15 minutes on a telemedicine call.

For providers and clinics that have not yet adopted telemedicine, or are struggling to make it work, we'll break down two separate aspects to improve telemedicine visits for better patient experiences:

**The patient side:** what providers can do to ensure a stellar patient experience for the person on the other end of a video chat.

**The clinical operations side:** how to streamline or create internal workflows to ensure proper billing, get the maximum reimbursement, work with technology, and manage your time while incorporating telehealth and telemedicine.
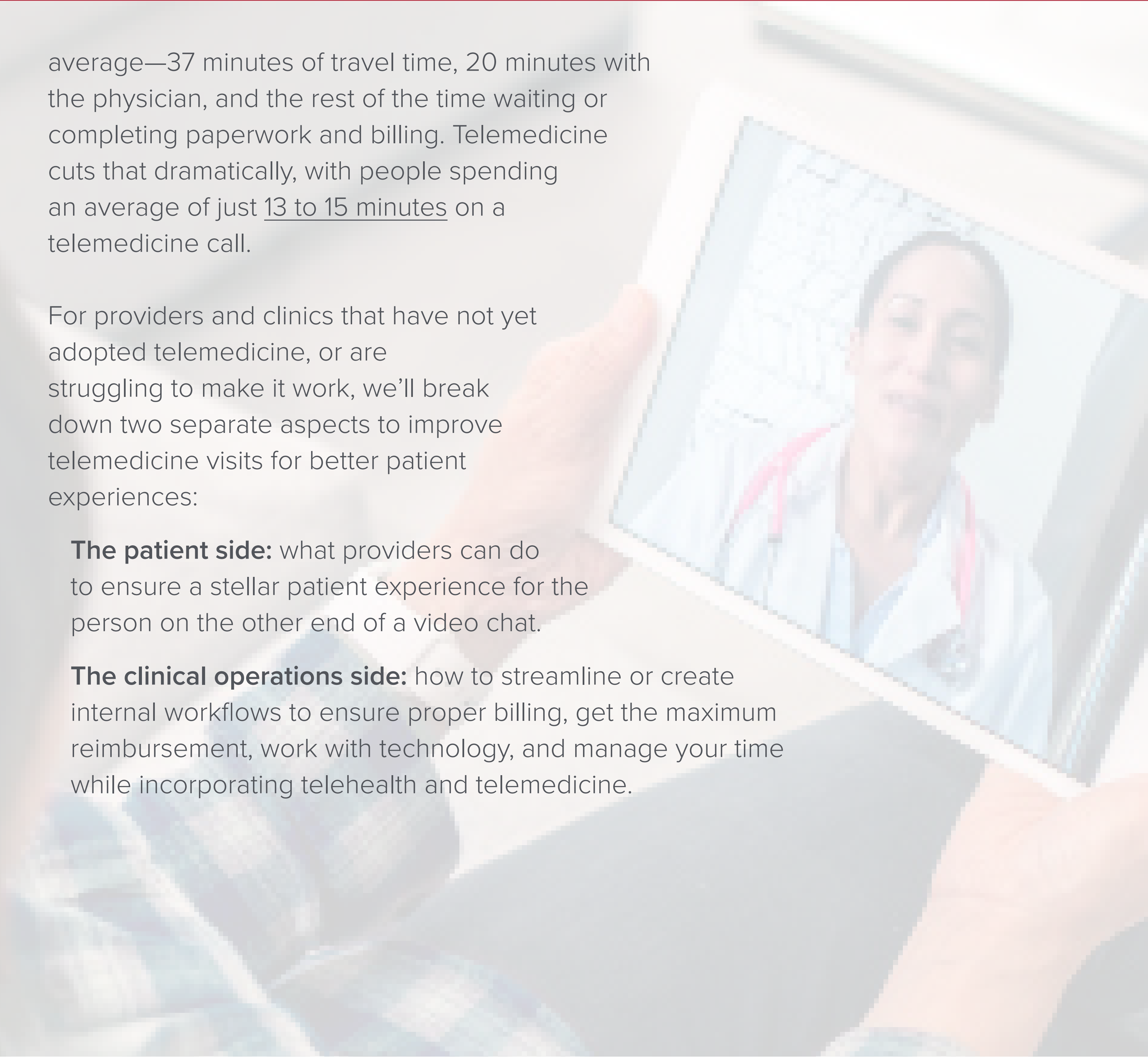
# IMPROVING PATIENT EXPERIENCES
## *during* TELEMEDICINE VISITS

### 'WEBSIDE' MANNER

Many providers focus on bedside manner as part of their clinical experience, but technology introduces a different dynamic into the provider/patient interaction. Since the visit won't be face-to-face, providers need to understand how their behaviors translate on camera. For example, if you are constantly looking away at a computer screen to see the patient's chart or typing notes during a visit, you may come across as uninterested, cold, and disengaged (even if what you're doing is relevant to the patient's care).

To improve your 'webside' manner:

- Conduct practice telemedicine visits and record yourself

- Review the videos to see how you come across on camera

- Ask another person (an office administrator, family member, or staff member) to provide honest feedback and suggestions for improvement

- Solicit patient feedback about how you come across on camera (consider updating your current patient satisfaction surveys to include a specific question about this)

### TECHNOLOGY

One of the most important factors in whether or not you and your patients have a positive telemedicine experience is the technology you use.

As providers and practices rapidly adopted telemedicine in early 2020, many were only thinking about getting something up and running as fast as possible—CMS even offered temporary waivers for the use of non-HIPAA-compliant technologies like Google Meet and Zoom video conferencing to bridge the technology gap.

Now is the time to start thinking about a more permanent, integrated and scalable solution. As you are considering new telemedicine software, look for platforms that are:

- Cloud-based

- HIPAA compliant

- User-friendly

- Thin, meaning little to no software to install

- Designed for use on any device (smartphones, tablets, desktop computers)

- Customizable based on your specialty and practice workflows

- Easy to implement

- Integrated with your scheduling, billing, EHR and other practice technology

- Supported by your primary medical office software vendor

## CLINICAL SETTING

The next step to a better patient experience during telemedicine visits is the setting in which you conduct the visit. You would never conduct a patient visit in a crowded waiting room, an office where there were staff members talking in the background, or your kitchen at home with your kids sitting next to you. Just like in-person visits in private exam rooms, virtual visits should take place in a private setting.

Find a place in your clinic with **no distractions or background noise**. An office with a door you can close is best.

The room must have **complete private** to comply with HIPAA patient privacy rules.

If you are conducting patient visits from home instead of your clinic, make sure you have a place in your house where you have **complete privacy** and other members of your household (including pets, spouses, children, partners, roommates, or parents) cannot interrupt.

Face the camera in front of a **neutral background without distractions and clutter**. Sit in front of a blank wall or one with simple wall hangings, or a bookcase or other furniture that is clean and simple.

If there is another person from your staff in the room who is not visible on camera, **identify that person to the patient** and obtain the patient's verbal confirmation that the person can stay in the room during the exam. You may need to explain why that person should be in the room if the patient doesn't understand.

## APPEARANCE

As more people work from home and conduct business virtually, there has been a rise in attire that the New York Times referred to as 'workleisure'—professional from the waist up, since that's what your co-workers see on camera. Even if you are conducting video visits from home or the patient isn't in the room with you, they can still see you on camera and your attire should be the same as it would for an in-person visit.

That doesn't have to be a suit, but it should be business casual attire, a tie, or a white coat if you prefer. Avoid casual t-shirts, sweatshirts, or other clothing that you wouldn't wear to your office.

Other things to be aware of include:

Framing – position yourself in the center of the frame as the focus on camera.

Lighting – conduct visits in a room with plenty of light, preferably front-lighting that shines on your face from behind the computer monitor. Consider buying a specialized conference call light if your room has poor lighting. Also check for glare on glasses or other lighting issues before the visit starts.

Camera position – as much as possible, try to have the camera near eye level so you can look straight into it (like you would look the patient in the eyes). Don't look at the screen; instead look straight into the camera while you talk.

## COMMUNICATION

As you conduct your visit, communicate with the patient in the same way you would in an exam room. Try to avoid being 'robotic' or making it feel like you are just checking the boxes to get the visit done. Other things you can do to improve communication include:

**Face the camera.** If you have multiple screens or monitors, place the camera on the one that you will be facing so the patient is not looking at your profile.

**Close all other windows on your computer.** Close everything except the window(s) that you need during a patient visit, especially anything that has audible alerts (like email or messaging apps). These can be distracting for you and the patient.

**Avoid typing or doing computer work.**
As much as possible, avoid any computer work during the visit, including typing or clicking through programs. If you need to take notes or access information, have a scribe or MA in the office with you to perform those tasks so you can focus on the patient.

**Talk through the entire visit.**
Your patient can't see your screen or anything else happening in the room, so communicate everything that is going on during the appointment. At the end of the visit, make sure they have clear instructions on what will happen next, especially for follow-up on lab work, imaging, and billing.

# STREAMLINING TELEMEDICINE WORKFLOWS
## *for better* CLINICAL OPERATIONS

In addition to the patient experience, providers and administrators need to have workflows and policies in place to help streamline the telemedicine experience. Creating administrative policies now will save time, reduce frustration, and improve billing processes and revenue cycle management for faster reimbursements.

## PRE-VISIT: SCHEDULING

When the patient schedules an appointment, leverage automation as much as possible. Also, have your staff clearly explain the process and what to expect for the visit. Consider offering online scheduling as it's a natural expectation for those patients who enjoy telemedicine. If your telemedicine software requires registration, provide detailed instructions to the patient about what they need to do before the visit. Follow up with written instructions by email or text messaging. Include links and instructions for every step of the process, as well as timelines for when the patient needs to complete each one. For example:

**The day they schedule:** click a link to access (or download) any software, programs, or apps, and register (if required).

**One day before appointment:** email a link for electronic check-in, verify that they can still make it to the appointment or give options to reschedule.

**30 minutes prior to appointment:** login to the system and test your camera and microphone.
Fill out any additional intake or consent forms for check-in, and electronically pay co-pays or other amounts due.

**15 minutes prior to appointment:** login and wait for the provider to start the visit.



## PRE-VISIT: ELECTRONIC CHECK-IN

Patients will need to check in electronically prior to their appointments.

Provide information via email at least **24 hours in advance** of their appointment.

Send an additional **text message reminder** at the same time.

Use a telemedicine software that **integrates with your billing systems** so the patient can pay their co-pay and any other outstanding balances prior to the visit (if possible, provide an estimate of the charges for the upcoming visit as well; pricing transparency can improve revenue collection efforts later).

Find telemedicine software that **automates this process,** so you and your staff don't have to manually schedule or send reminders.
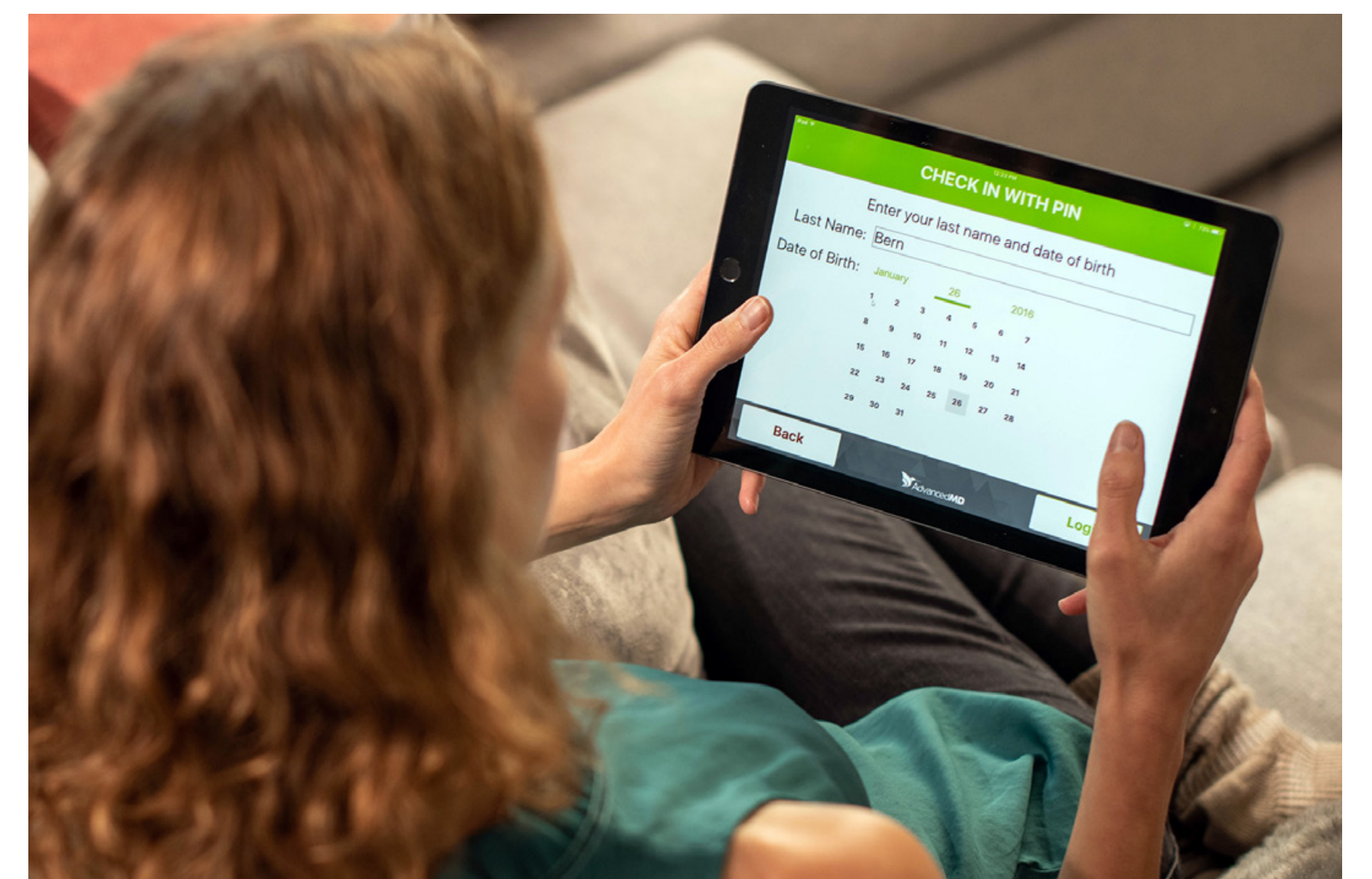
## PRE-VISIT:
## TECHNOLOGY CHECK

Offer a way for patients to check their own devices before the visit. This test run gives the patient a chance to make sure they have the necessary software and tools with plenty of time to work out kinks before the visit with the provider.

A member of your front office staff or one of your MAs or nurses can conduct test visits. Provide instructions to patients on this availability of this option and how to use it.

It's also important to check your device prior to a visit so you can start the visit on time and won't be struggling with downloads, updates, audio levels, or other technology challenges while the patient waits. Assign a staff member to test the computer at least 30 minutes before the first telemedicine visit of the day.

## DURING THE VISIT:
## EHR AND NOTES

Just as you would with an in-person visit, limit the time you spend looking at the computer and typing during your visit. If you need to take notes or access the EHR, it's best to have a staff member (scribe, MA or nurse) who is present and can work on the computer while you are talking to the patient.

Schedule enough time in between telemedicine appointments to finish notes or add information to the EHR after the visit (for lab work, imaging, additional appointments, etc.). Try to stick to your allotted timeframe for each visit, since other patients will be online waiting and may log off if you don't show up on time.

## POST-VISIT:
## APPOINTMENT FOLLOW-UP

Workflows for patient follow-up are particularly critical after telemedicine visits because your staff cannot check them out in person. You may have a system where the provider finishes the appointment and a staff member takes over on camera to schedule follow-up appointments, lab work, or imaging tests. Or your provider can finish the visit and tell the patient someone from the clinic will call to follow up. Give them a specific timeframe when this will occur (one to two business days is best) so the patient knows what to expect.

Staff members must understand the workflow to make those follow-up calls on time, so the patient does not feel like they are being ignored or abandoned.

## POST-VISIT: LAB WORK, IMAGING, AND REFERRALS

If you need to schedule lab work and imaging, have a member of your team assigned to oversee that process. Make sure the information is clearly indicated in your EHR and set up automatic notifications for the person who will contact the patient to schedule and/or coordinate with imaging, the laboratory, or other providers for referrals.

## POST-VISIT: BILLING

The final step after a telemedicine appointment is billing. In a normal practice workflow you might have someone who checks the patient out, but with telemedicine that will move online. Use a telemedicine platform that is integrated with your billing and coding software so the information from the visit is automatically transferred once the visit is over. Consider using a third-party billing service if your coders are not familiar with the right codes, modifiers, and other information required to be reimbursed for telemedicine, especially as the information changes rapidly right now.

Set up your billing system to send email notifications and text reminders to the patient when they have a balance due.

Have the necessary software and tools with plenty of time to work out kinks before the visit.

## THE FUTURE *is* HERE

Telemedicine and technology offers significant opportunities for better, more efficient, and more convenient patient care. While the healthcare industry has been slow to adopt it, the recent rapid transformation is likely to shape medicine for years to come.

The right telemedicine software and workflows can make every telemedicine visit an exceptional patient experience and help you bring in new patients and increase retention in the months and years to come.

1 https://www.statista.com/topics/12106/telemedicine/#topicOverview
2 https://www.ama-assn.org/practice-management/digital/74-physicians-work-practices-offer-telehealth
3 https://www.mgma.com/mgma-stats/almost-one-year-into-covid-19-patient-satisfaction-with-telehealth-growing

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