7

Ways to do more of

WHAT WORKS

and less of what

WHAT DOESN'T (DUH!)

AdvancedMD

Maximizing patient likes and minimizing staff dislikes about telemedicine

New research illuminates bright spots and areas for improvement that make telemedicine attractive, productive and profitable for both providers and patients.

As the COVID-19 pandemic accelerated, the healthcare system strained to respond appropriately. The dilemma for private practices was less about emergency care and more about how to continue providing services for patients when clinic doors were suddenly closed to in-person routine visits.

Telemedicine (also known as telehealth or teletherapy for mental health clinics) quickly became the most practical way for providers to stay connected with patients, provide needed care and still receive reimbursement. Once past the technical, system and billing issues, most patients and providers found the interactions productive and even preferable for many types of visits.

However, for most practices the sprint toward telemedicine meant diving in without all the answers as to what would work and what wouldn't. Was this a stop-gap solution or something that would become more mainstream long-term? Would patients respond positively to a virtual visit? Could our office and staff make this a productive, efficient component of the workflow and care delivery systems?

Flying Half-Blind

Practices suddenly found themselves stuck with the dilemma advertisers have dealt with for decades: Without knowing exactly which ads or advertising mediums will work best, they take their best shot, watch the results, and then apply this this brilliant axiom:

"Do more of what's working and stop doing what's not working."

While doctors are obviously smart enough to apply the start/stop axiom, the trick with telemedicine is knowing what's working and what's not. Thus far, in the absence of good data, it's been a lot of anecdotal evidence and best guesses.
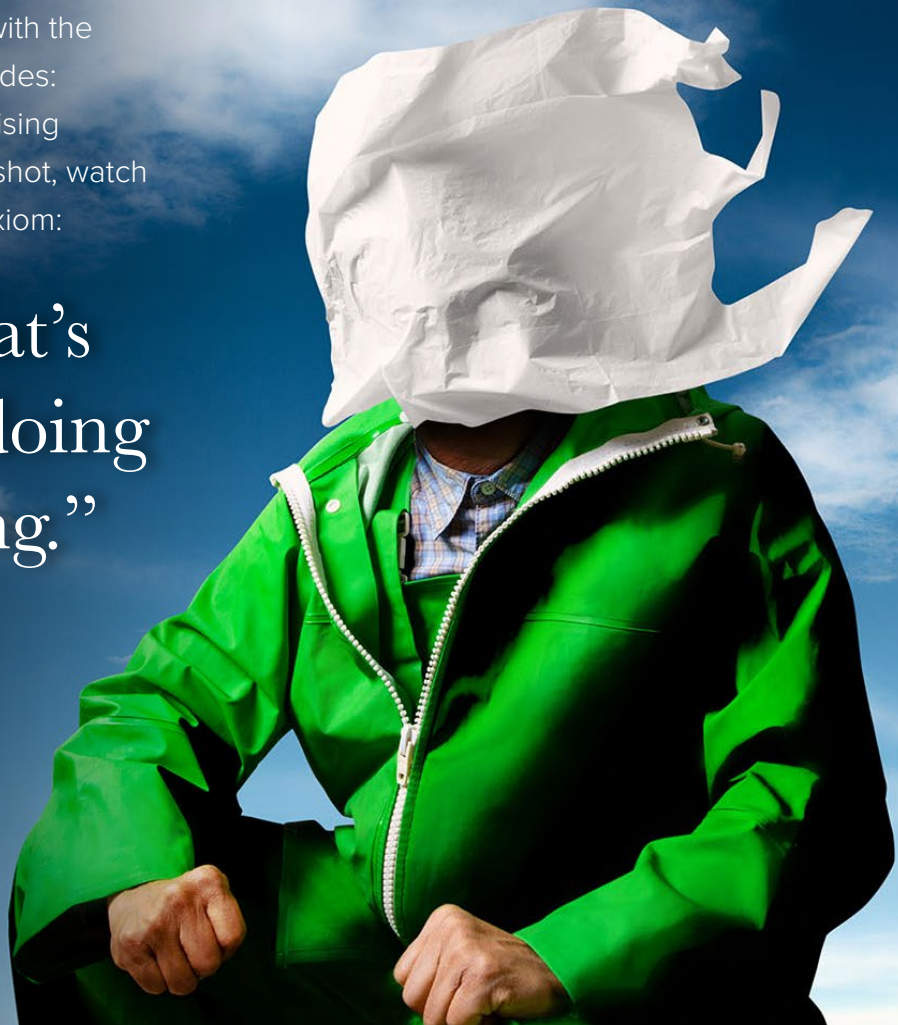
"Utilize research findings to stop doing what doesn't work and to start focusing on improving areas."

New Research Answers

A new national Press Ganey survey[1] that returned 1.3 million completed patient questionnaires across 154 practices between January and August 2020 gives solid insights into what has worked and what hasn't during the run-up in telemedicine adoption during the pandemic. Key findings include:

89%

Telemedicine is here to stay. Usage has leveled off at roughly 15% of visits, down from an early COVID peak of 37%, but significantly up from the pre-pandemic baseline of less than 1%.

Feedback on telemedicine visits was surprisingly positive: 89% of patients would recommend their provider after having had a telemedicine visit.

The shortfall was in the delivery process: only 76% would recommend a video visit with their doctor.

Simply stated, telemedicine is working for many patients and providers, and should be considered a solid component of any practice going forward. The opportunity is to now utilize these research findings to stop doing what doesn't work and to start focusing on improving those areas patients found most troublesome with telemedicine visits.

[1] https://hbr.org/2020/12/what-patients-like-and-dislike-about-telemedicine?utm_campaign=hbr&utm_medium=social&utm_source=twitter

7 Ways to do more of *What Works and Less of* What Doesn't

Here are seven data-based things you can do right now to improve your telemedicine interactions with patients.

What to Stop

Stop wondering if telemedicine will go away.
While telemedicine won't be the majority of your ongoing visits, as the research is demonstrating, it will continue to make up a sizable and growing part of interactions patients prefer. Best to embrace it and get lahead of the curve rather than playing catch-up.

Stop treating telemedicine as an add-on, disconnected from your main workflow and technology. It's time to make the full commitment and incorporate telemedicine as a seamless, integrated service within your practice workflow. The best way is to make certain you have a strong technology platform that facilitates this move.

Your practice automation system should integrate telemedicine functionality tightly into in-office workflow to create a seamless experience for both providers and patients. Specific functions are outlined in more detail in point #5.

Going forward, access to good data will be one of the most important requirements for continuing to improve the telemedicine experience. An automation system with strong reporting and analytics capabilities running on a unified data platform will provide the best opportunity to analyze and compare telemedicine with in-office visit performance and make necessary adjustments.

What to Start

Make someone – one person – the owner of the telemedicine process in your practice.

Having one designated person who oversees the process beginning to end will help ensure that things stay on track and remain a focused priority without getting lost in the day-to-day shuffle of patient care.

This person should frequently change hats for a balanced perspective. For example, view portions of the workflow experience from the perspective of the patient, a staff member or the provider to identify potential blind spots and opportunities for improvement.

Triage visits into options for virtual care.

Recent research[2] also showed that over 50% of medical care could reasonably be provided virtually. This suggests that many visits, particularly those that are non-critical, could be converted to virtual visits, saving both patient and provider time and money. Advanced scheduling systems can facilitate this by creating custom visit types that are flagged for a telemedicine option.

"over 50% of medical care could reasonably be provided virtually."

Here are a few quick pointers on implementing this approach:

Proactively give patients the option for a virtual visit based on specific criteria and visit type. Make it a standard part of the scheduling and follow up process, both with a live scheduler or as part of the self-serve online appointment scheduling system.

Give them a seamless experience. Poor delivery can skew patient feedback, obscuring, for example, the fact that patients actually prefer virtual visits, they just don't prefer your brand of virtual experience. Also, if staff lack confidence in the practice's ability to deliver, they will be less inclined to encourage patients toward the virtual option.

Benchmark your virtual visit percentages against others in your area or specialty to see if improving the virtual visit rate is warranted.

[2] Ibid

Promote it.

Promote telemedicine in your waiting room, on signage in the halls, on your website, on-hold music, social media posts and one-on-one conversations with patients, their friends and family.

Leverage automated surveys and invite patients to provide feedback and post positive online reviews about their experience. Utilizing the automated reputation management technologies in

your practice management system can make this nearly effortless. The more patients are exposed to telemedicine messages, and they sense your enthusiasm for it, the more likely they will be to at least give it a try.

Address areas where patients clearly feel the process of telemedicine falls short.

The research suggests especially focusing on those parts of a virtual visit that potentially contribute to the patient sentiment of liking their provider enough to recommend them, but not being willing to recommend a virtual visit with them.

Much of this has to do with a patient's comparison of the virtual experience with what they expect in person: the perception of consistency, reliability, attention, ease of flow and follow-up, and personal touch.

Here are some of the more crucial starting points:

For Providers & Staff

Seamless video visit initiation with a single click directly from the EHR or schedule. No fumbling with technology, delays and flusters because of the interface or difficulty in wrestling with the system.

Seamless visit workflow support. Providers should be able to document, order, prescribe, view images, etc. for a virtual visit just as they would in person. This contributes to the provider's ability to focus on the patient experience and make it feel like the normal flow of a personal visit.

For Patients

Email/text appointment confirmation and reminders with clear, simple instructions on visit initiation and embedded access links.

Simple one click visit initiation from the email/text confirmation or reminder.

Telemedicine help documents on the website and portal to ensure patients can use the system properly. Prominently display phone numbers to staff who can help.

Option for a telephone call rather than video visit for those who prefer or are technology challenged.

Provide clear login instructions on your website, flyers and electronic PDF that can be emailed.

For Overall Brand Experience

Ensure the look, feel and experience is consistent across providers, locations and specialties in your practice. The virtual experience should overall feel like a familiar live visit and not vary from one visit or provider to the next. This includes the more obvious points of interaction like scheduling, reminders, intake and onboarding.

But also pay attention to the more subtle points, such as the virtual equivalent of check-in and checkout, payment, waiting for the provider (virtual waiting room), rooming/time tracking, and follow-up items like prescriptions and scheduling follow up visits before leaving the encounter. Even the background behind the provider should be as consistent and inviting as possible.

Smoothing these interactions and putting your practice's personal touch on them will help patients erase reticence about not seeing their doctor in person.

Ensure anytime you participate in a live video feed that you are using high-quality cameras and audio. This also equates to a quiet setting with good acoustics and a plain, simple and uncluttered foreground and background.
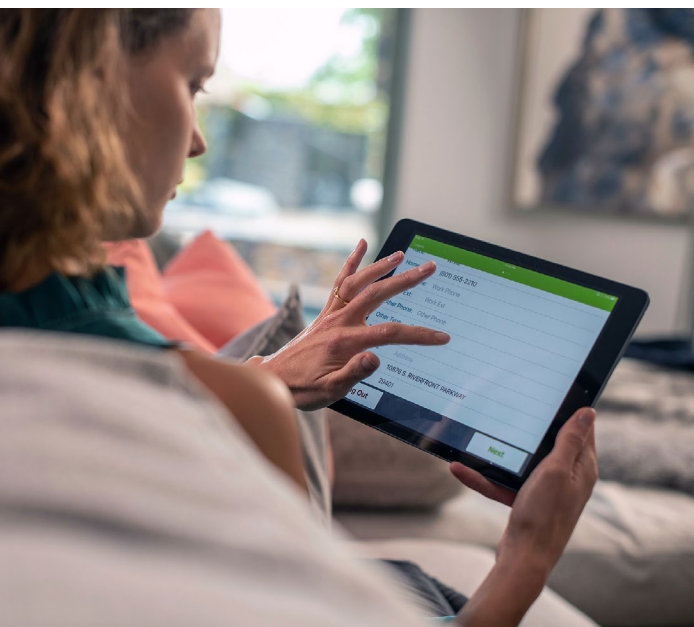
Train everyone.
Providers and office staff should be trained in your specific brand of virtual-care operational and communication practices to support the goal of delivering a consistent patient experience. Training should be revisited periodically to update staff and providers on continuous improvement updates.

Fine Tuning
What Works

Telemedicine is quickly settling into a productive space in healthcare delivery, and hopefully within your practice.

If you initially dove in with more faith than answers during the heat of the pandemic, this is your opportunity to make some data-driven adjustments and fine-tune your virtual visit delivery based on solid research and patient input.

Better yet, you'll be way down the road from those advertisers who are still guessing half the time at what works to sell you the next gee-whiz widget. Your patients will appreciate that.

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