New Report Provides Early Look into Patients’ Telemedicine Experience

By Diana Mahoney

Patients value empathy, communication, and shared decision-making, regardless of whether care is delivered in person or virtually, new research has shown. An analysis of more than 30,000 early consumer responses to telemedicine surveys received through the end of April found that patients were overwhelmingly positive about their virtual interactions with their care providers, even when their visits were hindered by technical issues. The findings, which are shared in a new report titled “The Rapid Transition to Telemedicine: Insights and Early Trends,” suggest the importance of prioritizing the patient–caregiver relationship in building patients’ comfort with and confidence in telemedicine.

The surge in telemedicine use in response to the coronavirus pandemic was neither anticipated nor planned. And for most health systems, the challenges involved in quickly pivoting to telemedicine for delivering nonurgent care extended beyond safety, quality, and technology issues. With little time to prepare patients for the new look and feel of care, providers had no idea how patients would react to the changes or whether the changes would negatively influence their perceptions of care.

These are valid concerns, according to Chrissy Daniels, Press Ganey Chief Experience Officer. “Many of the approaches that clinicians use to establish rapport and create comfort during in-office visits are missing from telemedicine visits. There’s no handshake or physical touch, body language is limited, and even those relational questions that physicians use to put patients at ease can seem stilted on a video call, as both doctor and patient get used to talking in turns and not over each other.” Despite these differences, the early data tell us that connecting with patients remotely can be just as effective as an in-person visit.

In particular, the analysis showed that patients who participated in telemedicine visits due to COVID-related care changes rated their virtual interactions with care providers favorably. Process considerations related to care logistics and technology, such as scheduling care, contacting the provider, and the technical quality of the virtual connection, were rated less favorably.

In a key driver analysis, nearly all the patients who gave top ratings for the items related to their care provider’s concern for their worries, shared decision-making, and communication about treatment and conditions reported a high Likelihood to Recommend the provider.

Male patients give more favorable ratings than male patients for both provider and process measures of the telemedicine visit.

For care provider measures, younger patients are more critical. As patients age, they rate their experience more positively, except for the oldest patients, which is consistent with traditional medical practice surveys.
For process questions, younger patients give higher ratings on the technology items.

Families of pediatric patients give favorable ratings for all aspects of the telemedicine experience.

Finally, key driver analyses were conducted to determine which factors weigh the most heavily on patient loyalty, as indicated by their Likelihood to Recommend the provider or the virtual visit through the practice. Nearly all the patients who gave top ratings for the items related to their care provider’s concern for their worries, shared decision-making, and communication about treatment and conditions reported a high Likelihood to Recommend the provider. Likelihood of recommending the video visit was highest among patients who gave top scores for how the staff worked together to provide care and for their experience with the technology.

These drivers can exert a powerful positive or negative influence on global outcomes, according to the report. For example, when patients did not give top-box ratings for providers’ concern for their questions, Likelihood to Recommend the provider dropped by more than 70%. And scores for Likelihood to Recommend the visit dropped by approximately the same amount among patients who perceived a lack of teamwork in care delivery.

These data suggest that patients are willing to engage in this new model of care delivery for nonurgent and routine medical visits. While it will take time to iron out the process glitches that have been encountered as a result of the largely unplanned large-scale rollout of telemedicine, providers who focus on their interpersonal communication can help deliver an excellent care experience immediately, Daniels stressed in a recent blog post, Four Essentials of Effective Telemedicine. In the post, she describes the following key communication skills and tools that clinicians should use to strengthen the virtual connection with patients.

- **Authenticity**: Be genuine. Be more conscious of the warmth of opening and closing greetings. Confirm that the patient can hear and see you clearly. Avoid interruptions.
- **Agenda setting**: Identify and confirm the patient’s priorities at the outset and communicate how these priorities will be addressed.
- **Empathy**: Consistently convey empathy through language. Check in deliberately about patients’ worries or concerns throughout the visit and especially at the close.
- **Closing checklists**: Bring structure to officially closing out the session so that patients know what to expect. Summarize the post-visit plan, reinforcing patient and provider actions. Review questions and answers.

The COVID-19 pandemic has fundamentally changed how health care systems think about how to best provide care. And while not all the changes will be enduring, “telehealth is here to stay and it has an important role in delivering care that delights patients and meets their needs,” Daniels said.