



# Provider & Patient Expectations

Moving Forward with Telehealth

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Global Partnership for Telehealth

Georgia Rural Health Association Fall Conference



**Care Type:  
IRL or URL?**

Stand up if....

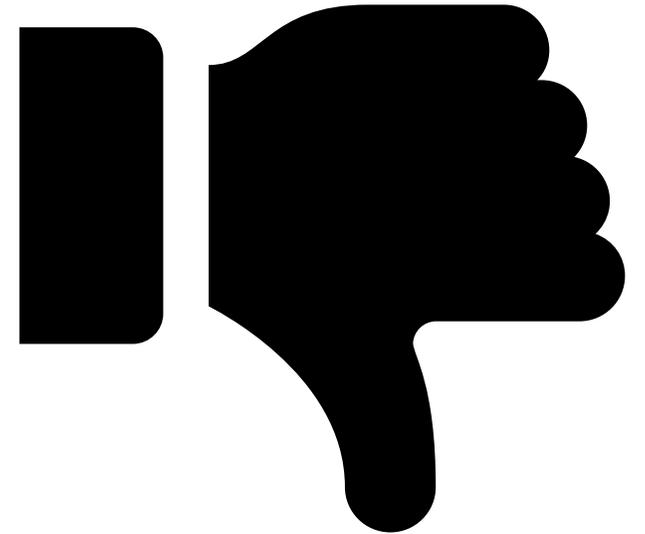
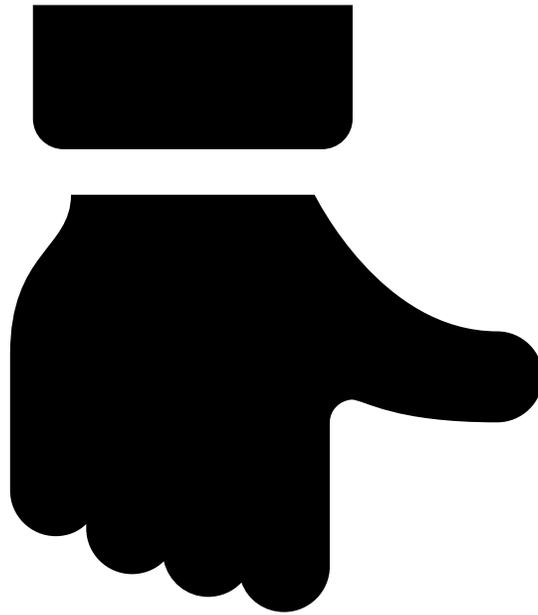
You are a healthcare  
provider.

# Stand up if....

You are a healthcare provider  
who has ever used  
telemedicine with a patient.

Even just once. *(don't sit down yet!!)*

# How was it?



# Stand up if....

You have ever been a patient.

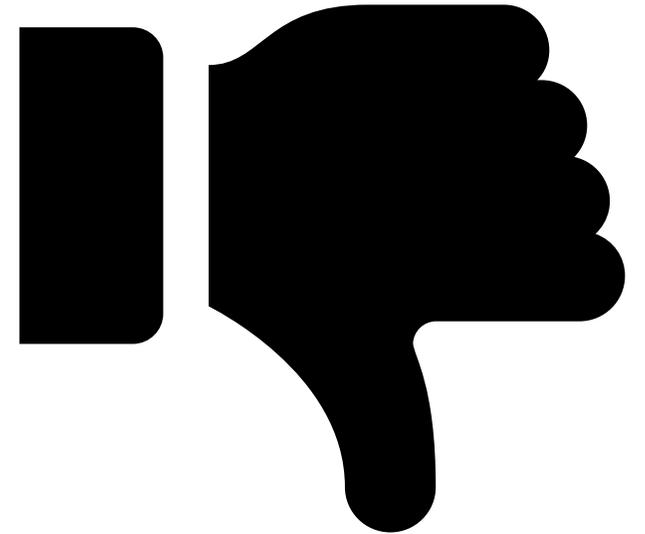
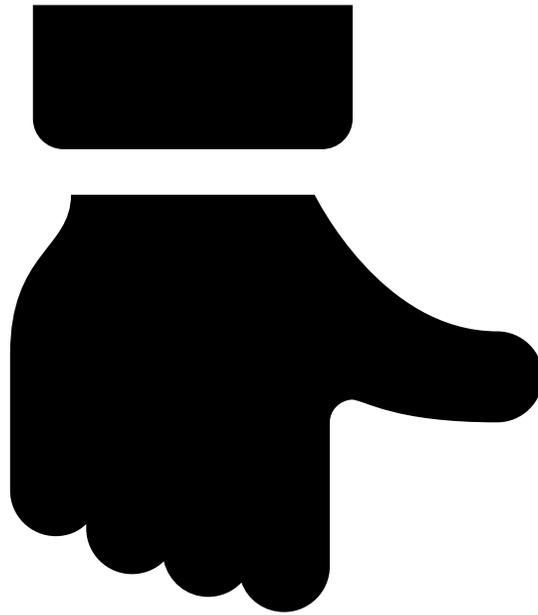
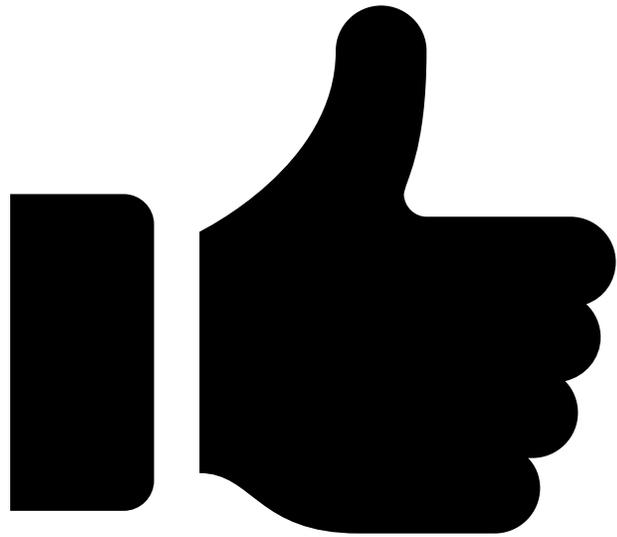
Any kind of patient.

# Stand up if....

You have ever been a patient.  
Any kind of patient. And used  
telehealth even just once.

*(don't sit down yet!!)*

# How was it?





**South:** AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

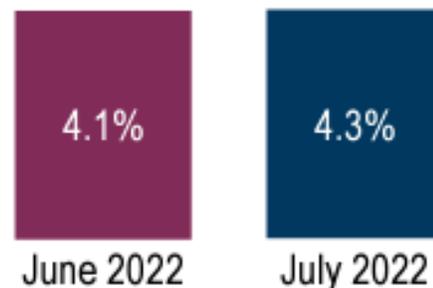
## Top Five Procedure Codes by Utilization

*In order from most to least common*

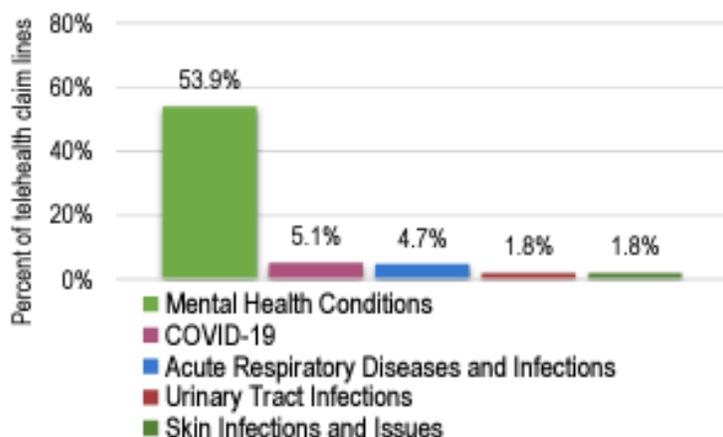
CPT®/HCPCS	DESCRIPTION	PERCENT OF TELEHEALTH CLAIM LINES
90837	PSYCHOTHERAPY, 1 HOUR	22.0%
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	17.3%
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	15.4%
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	7.0%
90834	PSYCHOTHERAPY, 45 MINUTES	6.8%

## Percent of Medical Claim Lines

Percent Change (June-July)  
4.88%



## Top Five Diagnoses



## Top Five Specialties



## Telehealth Cost Corner

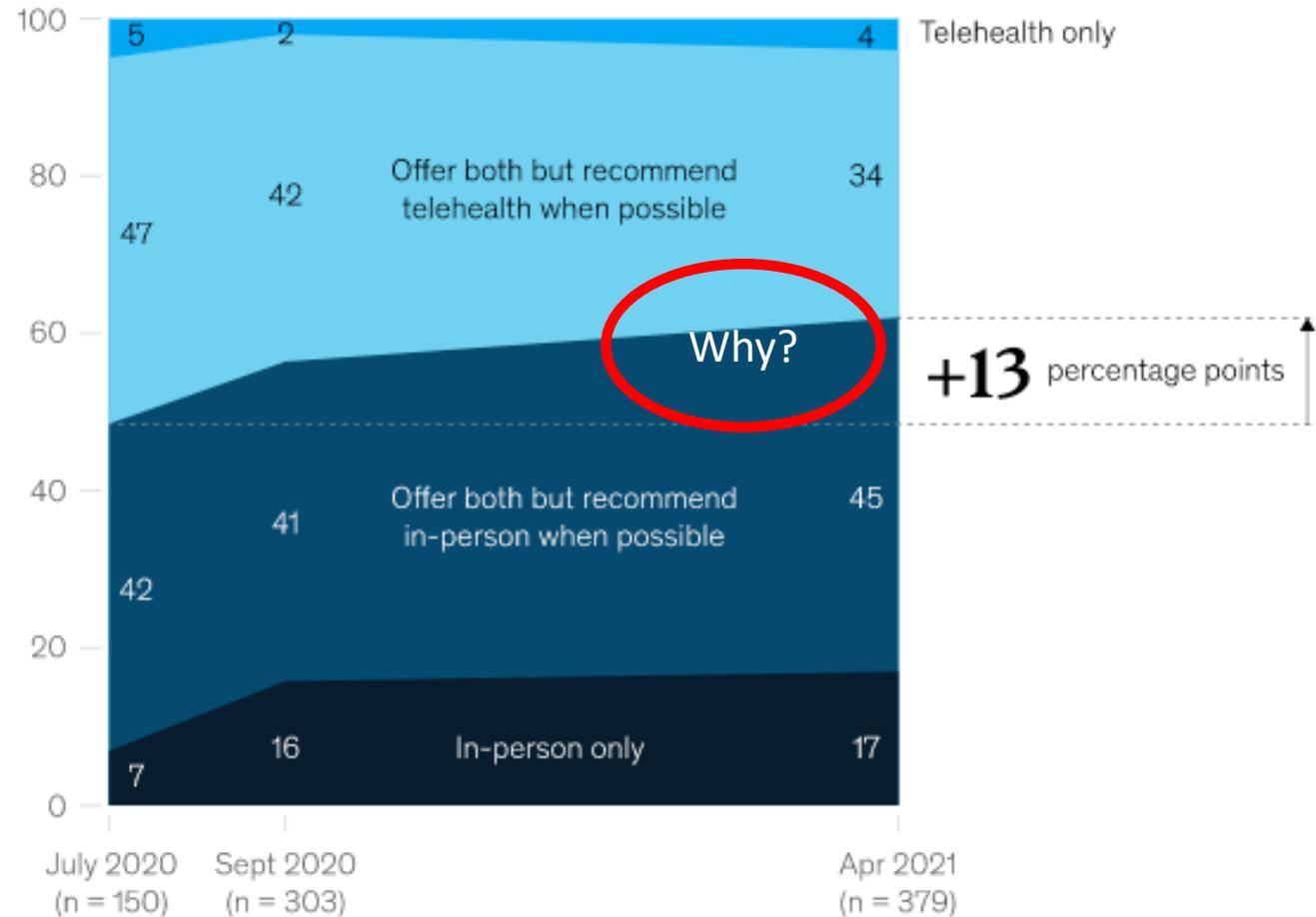
CPT®/HCPCS	DESCRIPTION
96127	ASSESSMENT OF EMOTIONAL OR BEHAVIORAL PROBLEMS

MEDIAN CHARGE AMOUNT	MEDIAN ALLOWED AMOUNT
\$20.00	\$7.74

# There has been a 13 percentage point swing in physicians recommending in-person visits over telehealth since July 2020.

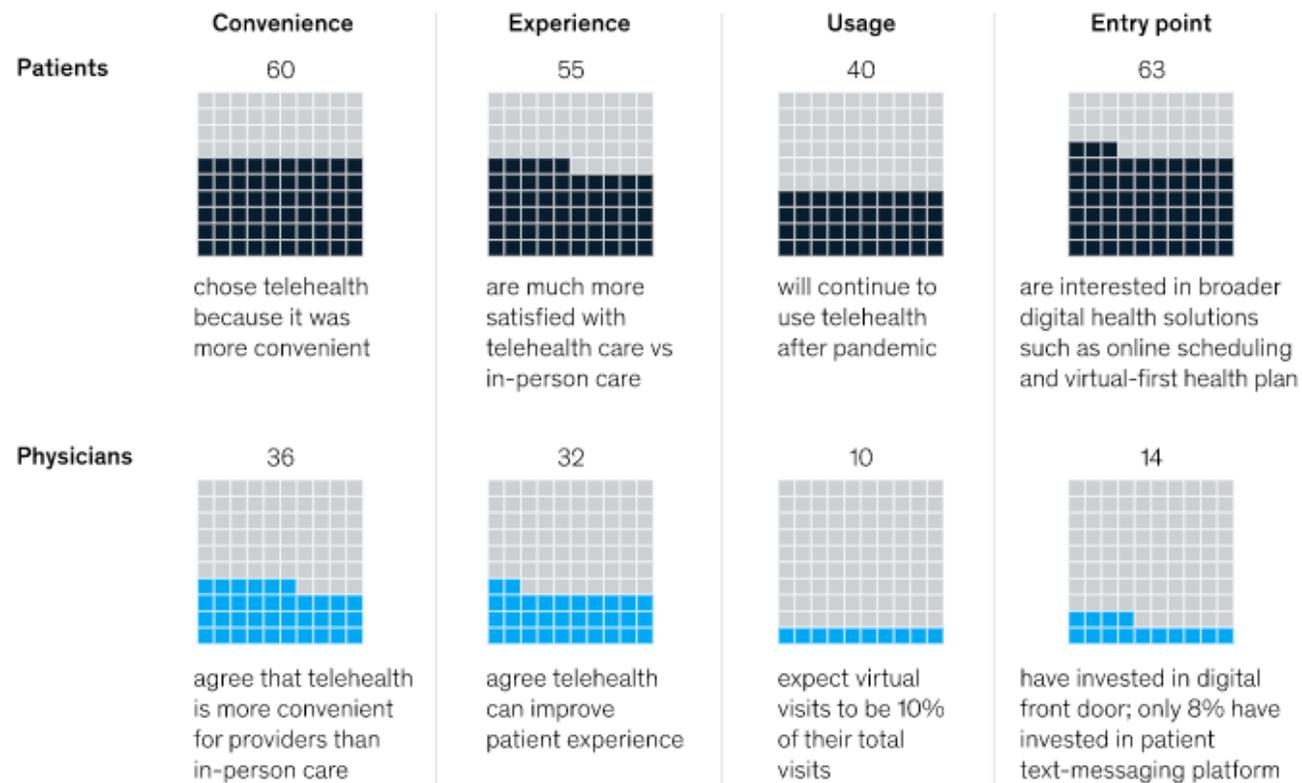
Physicians offering or recommending in-person or telehealth visits for patients,<sup>1</sup> % of respondents



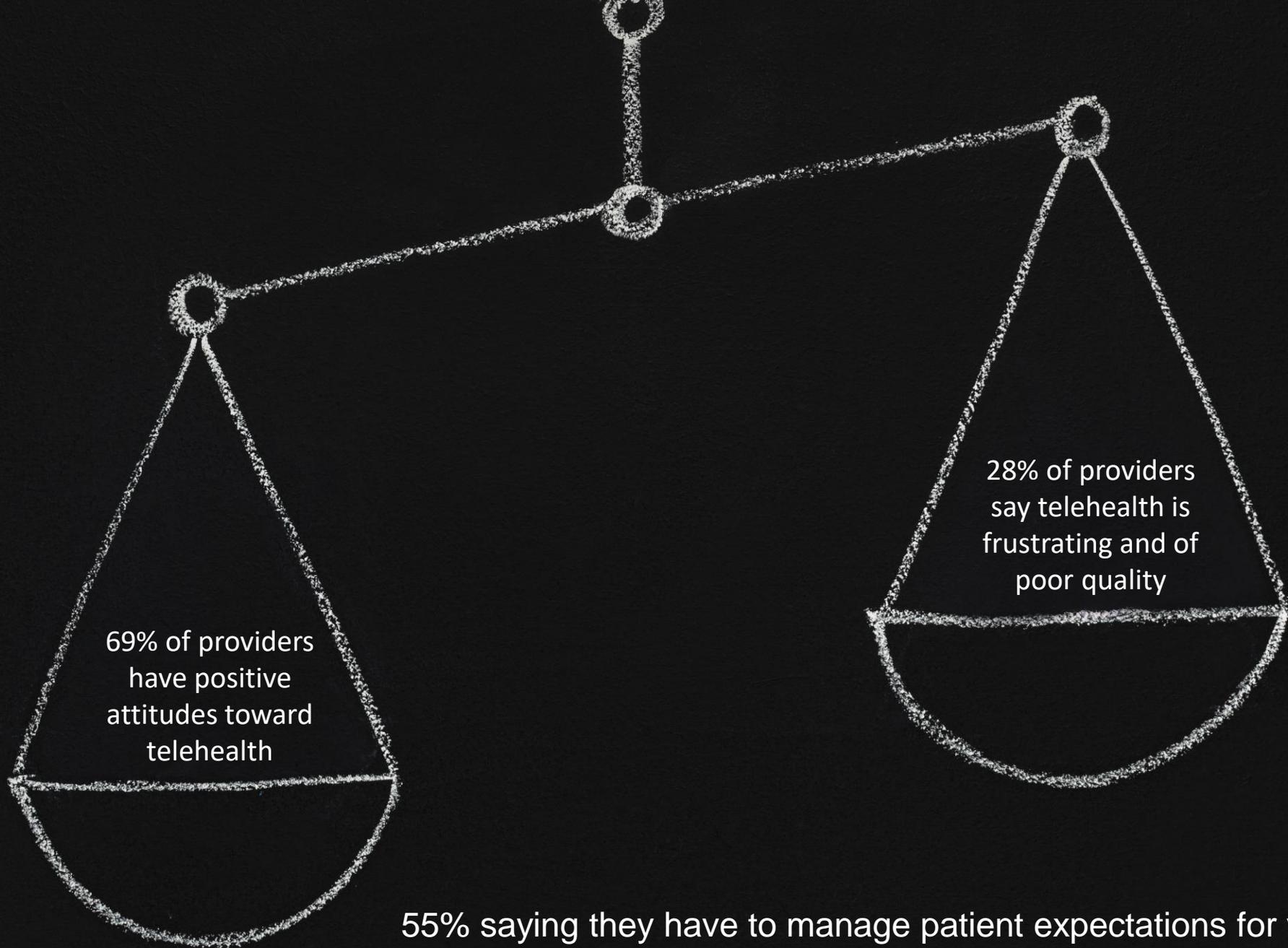
Note: Figures may not sum to 100%, because of rounding.  
<sup>1</sup>Question: What is your current approach to scheduling care for your patients?  
Source: McKinsey Physician Surveys

## Patients and physicians have differing perspectives on telehealth's convenience, impact on experience, and future outlook.

Beliefs about telehealth, % of respondents in agreement with statement



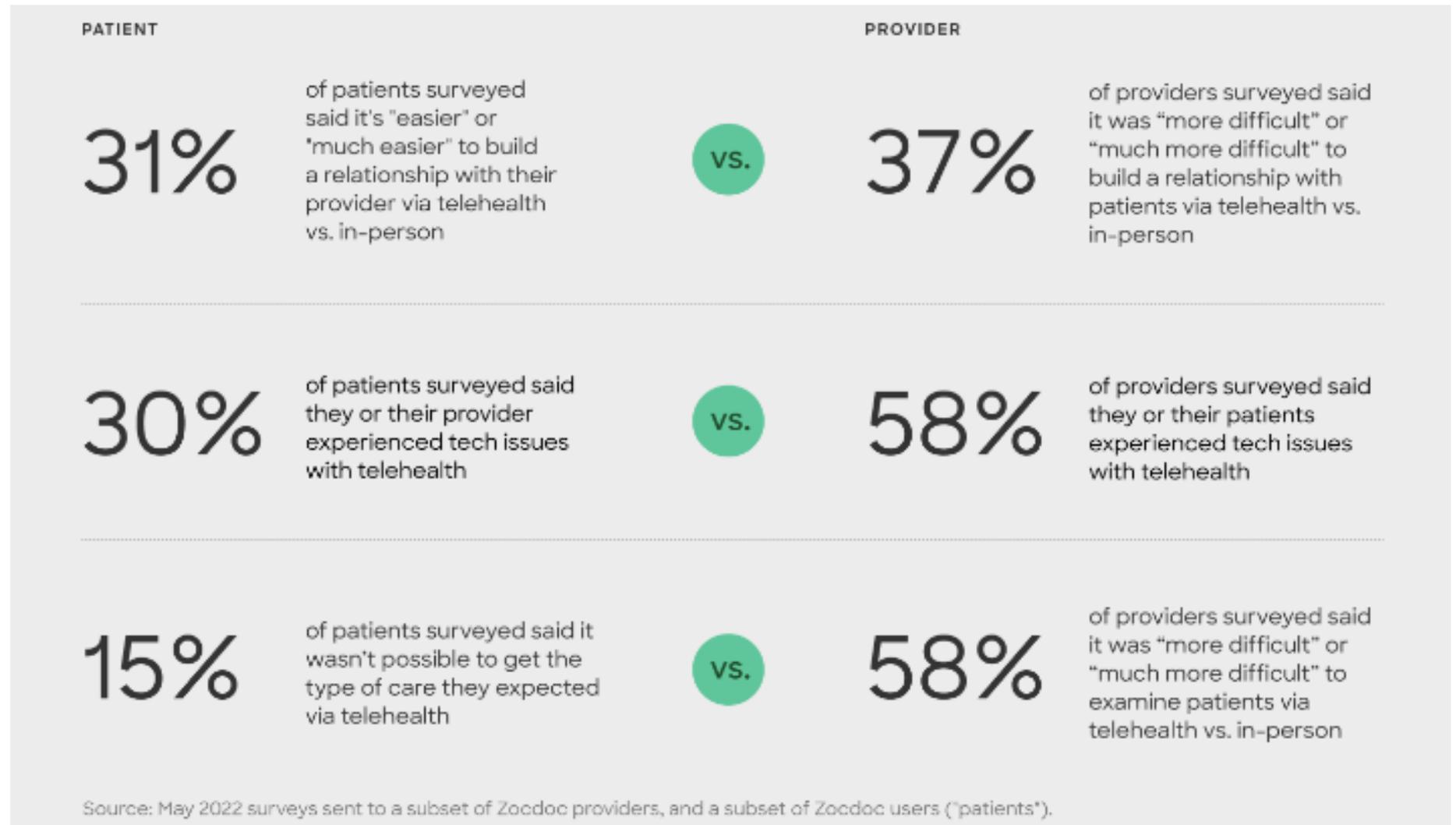
Source: McKinsey Physician Surveys and McKinsey Consumer Surveys, 2020–21



55% saying they have to manage patient expectations for virtual visits

# Quality of Care

Who's  
perception  
is correct?



# Quality of Care – Patient Perception

- 79% were very satisfied with the care received during their last telehealth visit.
- 81% said the provider was thorough.
- 84% were confident their personal information was secure and private during the visit.
- 83% believed the quality of the patient-physician communication was good.
- 73% will continue to use telehealth services in the future.
- 41% would have chosen telehealth over an in-person appointment for their last visit, even if both required a copay.



# Managing Patient Expectations



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## Managing Patient Expectations: *Privacy Concerns*

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Just because you can,  
doesn't mean you should



**Just because you can....**



*Don't. Just please don't.*

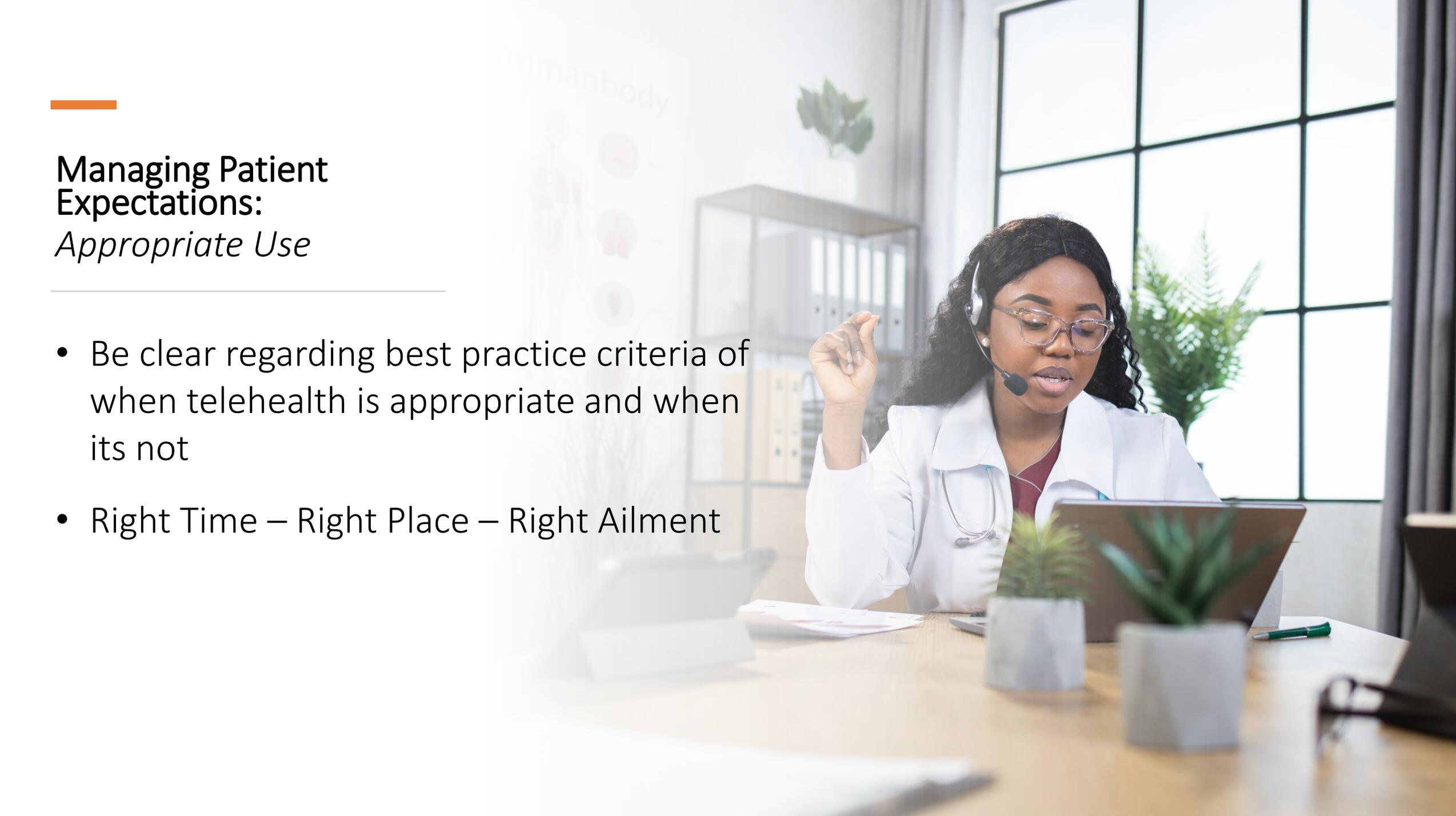
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## Managing Patient Expectations: *Privacy Concerns*

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- Show patient around the room
- Introduce everyone
- Use a secure telehealth platform



A woman with dark hair, wearing a white lab coat and a headset, is seated at a wooden desk in a bright, modern office. She is looking at a laptop screen and has her right hand raised in a gesture. The office features large windows, a potted plant, and a glass display case in the background. The word "Humanbody" is faintly visible on a wall in the background.

## Managing Patient Expectations: *Appropriate Use*

- Be clear regarding best practice criteria of when telehealth is appropriate and when its not
- Right Time – Right Place – Right Ailment

# Right Time – Right Place – Right Ailment



Probably Appropriate	Probably Not Appropriate
Follow-up Visits	Acute concerns that may require a procedure (broken bones)
Chronic Disease Management	Abdominal pain
Review of labs or test results	Multicomplex health concerns
Nutrition Counseling	Eye injury
Mental Health	Situation where medical judgement indicates an in-person visit

# Quality of Care

Type of virtual care being offered greatly impacts the quality of care.

## Direct-To-Consumer (DTC)

- Small study of patients aged 18-80
- OTC otoscope and smartphone camera (cost of scope \$35)
- $\pm$  40% acceptable images of throat;  $\pm$ 95% acceptable images of ears
- Average of nearly 2 minutes to capture ear images
- Average of 35 seconds to capture throat images

If patients are seen in their home:

- Will exam scopes be available?
- Will patient be able to report vitals?
- Will the absence of vitals and images have a negative impact on the quality of the encounter?



## Managing Patient Expectations: *Technical Support*

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- Make it easy for your patient to work through technical challenges.



# Helping Patients Navigate the Digital Appointment

1. Providers should consider using a Community Health Worker or Patient Navigator to work with patient ahead of time to determine the patient's digital literacy.
  - Explain to the patient how a telehealth appointment works
  - Teach patient how to use their own technology to connect with the provider
  - Conduct a video call to talk the patient through any technical questions or issues
2. Provide clear instructions on your website for patient to follow.
3. Create a Help Desk process with phone/email for patients.

## Managing Patient Expectations: *Technical Support*

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- Utilize a platform that allows staff to interact with the patient in a digital waiting room setting before the patient sees the provider



# Virtual Waiting Room

When used properly, the workflow with a virtual waiting room looks like this:

1. Patient enters the waiting room.
2. Medical staff is monitoring the waiting room and see the patient arrive. The staff connects to the patient to welcome them, collect updated information, and perform a quick tech check.
3. Patient returns to the waiting room until the provider is ready.
4. At the conclusion of the visit, the provider send the patient back to the waiting room where staff is there to schedule the next appointment.

A doctor in a white coat and headset is seated at a desk, looking at a laptop. The laptop screen displays a video conference with a woman. The doctor is holding a white marker in his right hand. The background shows a window with blinds and a brick wall. The text "Managing Provider Expectations" is overlaid on the right side of the image.

# Managing Provider Expectations

## Managing Provider Expectations:

### *Telehealth is Expensive*

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- What are you paying for?
- What if you need additional features?
- You get what you pay for
- Are you billing the correct codes?



## Managing Provider Expectations:

### *Patients Prefer In-Person Appointments*

- 73% will continue to use telehealth services in the future.
- 41% would have chosen telehealth over an in-person appointment for their last visit, even if both required a copay.



## Managing Provider Expectations:

*I Don't Have Time*

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- Be careful not to silo by creating a “Hero of Care” model



# Creating Teams and Workflows

1. Identify and train providers and staff who will have a role in the telehealth program
  - What has been communicated with staff and providers?
  - Can the staff and providers easily access the telehealth platform (are cameras, mics, speakers, etc. available?)
  - Does everyone have a clear understanding of the types of patients who are appropriate for telehealth vs. patients who need to be seen IRL?
2. Are the URL clinical workflows similar to the IRL workflows?
  - If the workflows are drastically different, why?
  - Who had input on the creation of the workflows?
  - Do the workflows make logistical sense?

## Managing Provider Expectations:

*I Don't Have Time*

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- Create a back up plan in case technology fails or the worse case scenario occurs.



# Where's The Life Raft?

## You Need To Create It!

Failure Modes and Effects Analysis (FMEA).

1. Steps in the process
2. Failure modes (*What could go wrong?*)
3. Failure causes (*Why would the failure happen?*)
4. Failure effects (*What would be the consequences of each failure?*)



Note: These are examples only. Your organization/team will identify your own failure modes.

Steps in the Process	Failure Mode (What could go wrong?)	Failure Causes (Why would the failure happen?)	Failure Effects (What would be the consequences of each failure?)	Likelihood of Occurrence (On a scale of 1-10, with 10 being the most likely, what is the likelihood the failure mode will occur?)	Likelihood of Detection (On a scale of 1-10, with 10 being the most likely NOT to be detected, what is the likelihood the failure will NOT be detected if it does occur?)	Severity (On a scale of 1-10, with 10 being the most likely, what is the likelihood that the failure mode, if it does occur, will cause severe harm?)	Risk Profile Number (RPN) (likelihood of occurrence x likelihood of detection x severity)	Actions to Reduce Occurrence of Failure
Triage patient to determine if they should be seen in person or virtually	Delays in treatment for an issue that should have been seen in person	All patients are encouraged to be seen virtually first	Patient deteriorates, harm occurs	4	5	8	160	Develop clinical guidelines and standards around virtual care. Request that patients complete a questionnaire about symptoms prior to being allowed to schedule a virtual visit.
Patient Health Screening	Missed opportunities to identify needs and provide services not related to the presenting complaint	Patient does not interact with multiple care team members to capture a fuller picture of the patient's health	Patient has missed underlying health concerns	6	6	7	252	Develop a checklist to remind the clinician about critical elements such as preventive screening, med rec, and to identify and address problems other than the presenting complaint.
Access to patient's health records	Missed opportunity for preventive screening, med rec, or to address problems other than the presenting complaint	Lack of Interoperability of electronic health records	Errors may result because of not having full patient medical records, history, medication list, and documentation from prior health care encounters.	4	4	7	112	Prepare to ask questions about other treatment. Encourage patients to come to the virtual visits with a medication list.

## Managing Provider Expectations:

*I Don't Have Time*

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- Practice!



## Managing Provider Expectations:

*I Don't Have Time*

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- Consider Remote Patient Monitoring for certain patients



# What's Next?

*The end of PHE is near!*

- {Almost} Anything went during COVID 19 PHE
- 60-day notice of PHE expiration (anticipate a notice in November – PHE would end in January)
- 5 month “grace period” to get into compliance
- 2023 CMS changes – be prepared!



# References

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