"Together for good measure"

From Pandemic Fix to Permanent Fixture - Improving the Telehealth Experience

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Massachusetts Health Policy Forum

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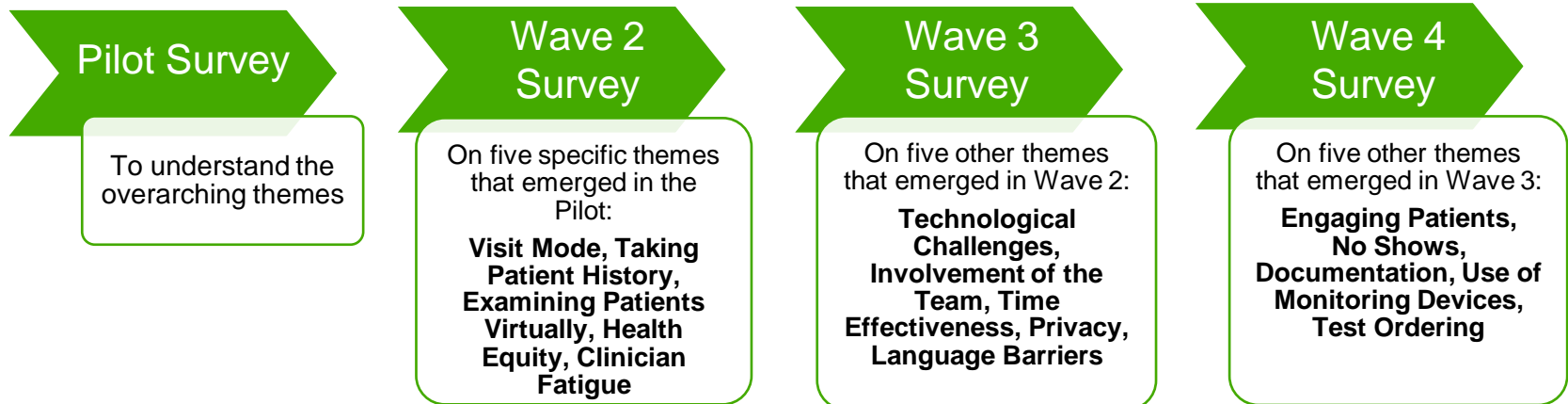
Telehealth: Context and Policy Considerations

- Telehealth is in its early stages, yet holds promise of improving access, efficiency and continuity of care.
- This experiment was driven/enabled by the COVID-19 pandemic and easing of restrictions on telehealth.
- Now we are looking to establish post-pandemic policies that balance the benefits of telehealth with concerns about overuse and misuse.
- There are many tradeoffs in telehealth (e.g. improving access vs privacy) that need to be considered when establishing policies.
- User experience should inform policies. MHQP can contribute feedback from both clinicians and patients on the telehealth experience.

Together for Better Telehealth

MHQP launched an initiative to help clinicians share what they were learning in their telehealth experiences to foster the development of emerging best practices.

- We've fielded 3 surveys and are in the process of fielding our 4th survey.

Pilot Survey	**Wave 2 Survey**	**Wave 3 Survey**	**Wave 4 Survey**
To understand the overarching themes	On five specific themes that emerged in the Pilot: **Visit Mode, Taking Patient History, Examining Patients Virtually, Health Equity, Clinician Fatigue**	On five other themes that emerged in Wave 2: **Technological Challenges, Involvement of the Team, Time Effectiveness, Privacy, Language Barriers**	On five other themes that emerged in Wave 3: **Engaging Patients, No Shows, Documentation, Use of Monitoring Devices, Test Ordering**

Results are online at: http://bettertelehealth.mhqp.org/

Who Responded to Our Clinician Surveys?

This was a convenient sample of Massachusetts clinicians. A survey link was distributed largely through physician organizations.
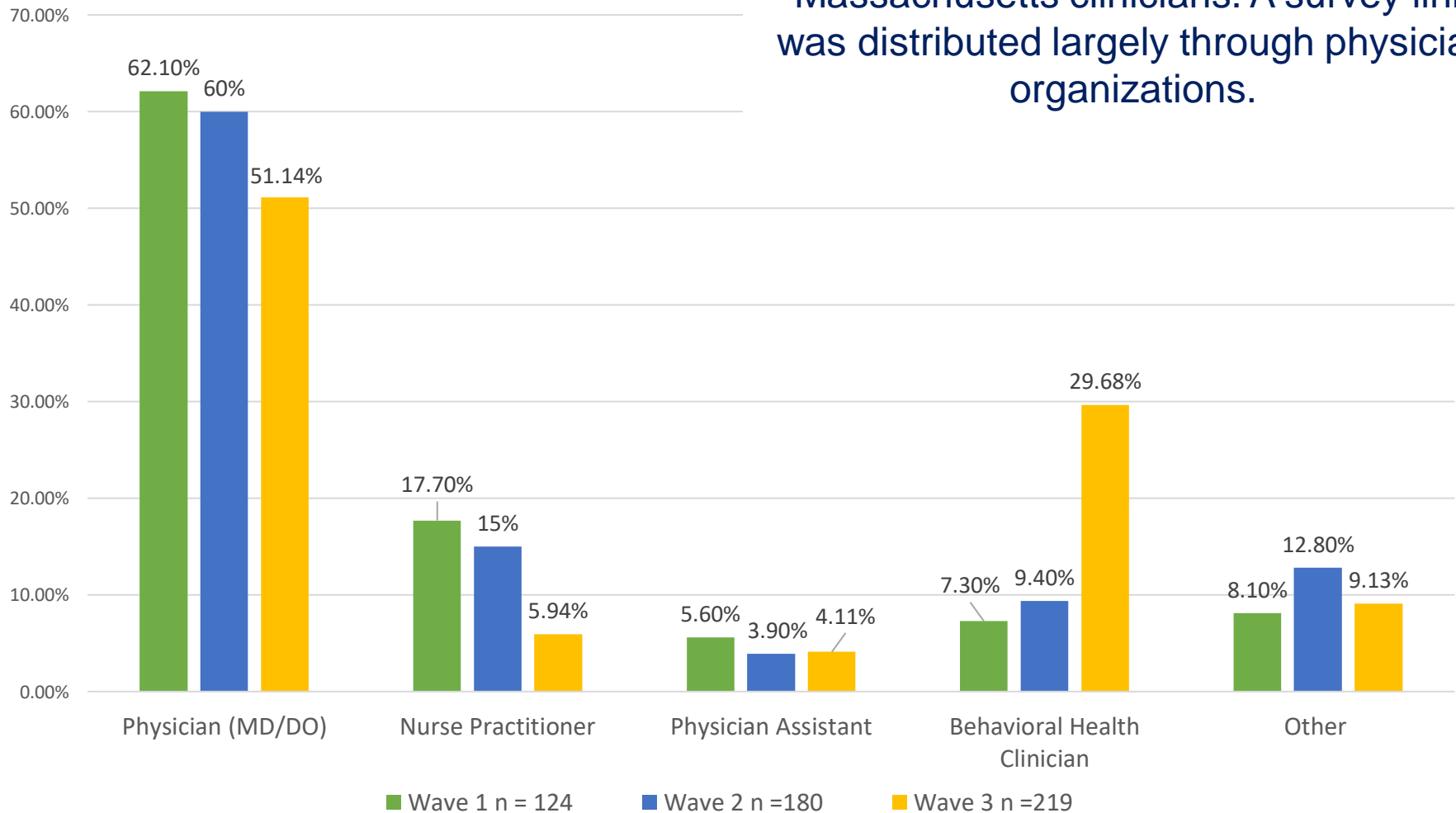
Many Clinicians Make a Strong Case for Telehealth

- *"Telehealth is a blessing much needed in primary care. This way of practice is modern, fresh and needed reform in our practice. It helps to get patient care faster and more efficient. **Based on my experience at least half of the primary care visits don't need the patient to be at the office."***

- *"Many **patients seem more honest and less tense** when discussing stressors, anxiety, and depression from the comfort of their own homes".*

- *"**Stress on the entire system can be lessened** when selected patients are handled by telehealth for selected visits."*

- *"**Our most at-risk patients are now engaged** in care due to the ease of telehealth when previously they have not been able to leave work to come in for care!"*

- *"For the patients, **a 30 minute visit takes 30 minutes**. An in person visit for the patient it is more like 3 to 4 hours if you count travel time, parking time, signing in, and waiting for late staff or doctors."*

Yet, Many Are Concerned about Access Challenges

- 22.5% said   …they have <u>not</u> been able to reach patients across diverse (socio) economic circumstances with telehealth.

- 60.6% said   …they find it harder to overcome language barriers (e.g., limited English proficiency) in virtual care visits vs. in-person visits.

- 38% said   …they have either "Sometimes" or "Frequently" been concerned that a patient could not speak openly due to privacy concerns on a telehealth visit.

- 70% said   …they "Sometimes," "Frequently" or "Very Frequently" experience technical problems that interfere with a telehealth visit.

Health Equity
How much do you agree with the following statement?
"With my existing patient population, I have been able to use telehealth to reach patients across diverse (socio)economic circumstances"

"Telehealth increases access for everyone."

"All my clients have access to a telephone, though very few have video capability or knowledge of how to use it."

"Patients with language, literacy, cognitive, issues and low socioeconomic backgrounds have difficult access."

"Telehealth is highly depending on the patient or family member having technical competence and adequate equipment."

"Some people do not have smart phones, tablets or computers so I am unable to engage them with video visits."

"More limited reach to older population who is not as comfortable with technology. More limited reach to lower SES due to limited access to technology."
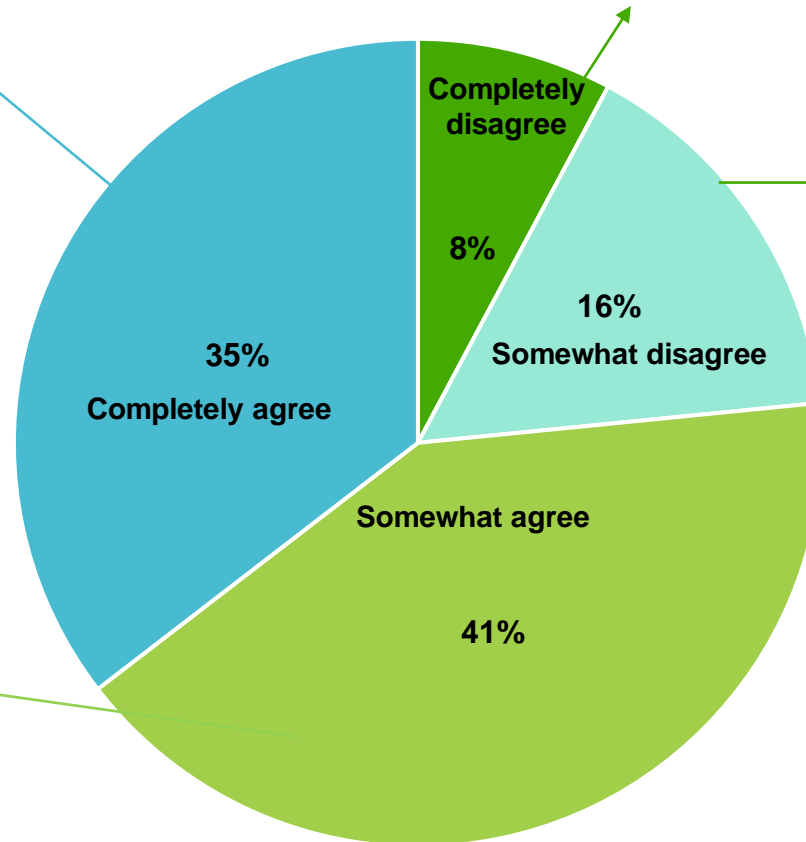
"Lack of technology can make video visits challenging for those in lower socioeconomic circumstances."

"Hard for really elderly to get on phone. End up needing to have someone else help."

Completely disagree
8%

16%
Somewhat disagree

35%
Completely agree

Somewhat agree
41%

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Time Effectiveness

Comparing the time effectiveness of your telehealth visits to your in-person visits, which of the following are you finding to be true? Telehealth visits are:

Much less time effective

"It's harder to keep the conversation going through telehealth."

"More difficult to end session. Time spent trouble shooting. Calling back when people don't answer the first time."

"Families never seem to have weights or temps taken ahead of time as requested. Always seem to be delays with connections."

"Preparation for mental health visits (e.g. sending out standardized questionnaires and getting them returned and scored) is more inconsistent and difficult with telehealth (though number of "no-show" visits for behavioral health seems to be less)."

"For the patients, a 30 minute visit takes 30 minutes. An in person visit for the patient it is more like 3 to 4 hours if you count travel time, parking time, signing in, and waiting for late staff or doctors."

"At times setting up the initial Telehealth visits is a longer process. But once set up, patients, families and staff find it very quick and easy."

"Less travel time; but greater initial time wasted teaching pts how to access/use the technology."

"I spend more time talking to patients."

Pie chart segments:
- Much less time effective: 4.1%
- Much more time effective: 18.6%
- Somewhat more time effective: 25.8%
- About the same: 30.9%
- Somewhat less time effective: 20.6%

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What We've Learned from Interviews with Patients

- Patient experience of telehealth: overall positive

- Benefits for patients:
  - Convenience (less time away from work/responsibilities)
  - Safer re: COVID-19 for patients/providers
  - Better access (patient with mobility issues, rural patients, patients juggling responsibilities)
  - As good/better than in-person visits for some visits/tasks: medication check-ins, medication reconciliation; follow up visits re: procedures/hospitalizations; behavioral health
  - Less stressful for some patients: patients with dementia, autism

- Phone telehealth important for many (low/no broadband coverage; low tech savvy)

Next Steps

- Telehealth use is evolving; too early to set policy in stone.
  - Workflow needs to be worked out – include other care team members; how to do warm hand offs; when/how to do follow-up in-person visits
  - Technology must be improved
  - What is the right balance between telehealth vs in-person?

- User experience is important to driving policy that works.
  - Don't want to make the same mistake we made with EHRs

- We want to fully understand the benefits of telehealth before curtailing use because of concerns about overuse and misuse.

- We do not want to see telehealth become a boutique benefit only used as a convenience service for those that have access already – price points/modality restrictions can do this.

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Thank you!

For more information:

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