

Checking In With Healthcare Professionals on the Continued Use of Telehealth in Practice

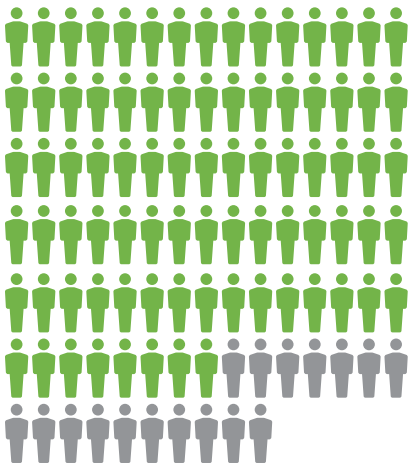
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Telehealth connects patients to healthcare providers (HCPs) to facilitate services that would otherwise be performed in person. The integration of wireless and remote monitoring devices has always been an option for a select group of patients, but rarely used to provide routine medical care. Before the pandemic, phone calls might have been used to order new prescriptions or to refill them, to translate lab values to patients or their caregivers, or to better understand symptoms to determine whether to escalate care. However, since the pandemic, almost all patients and practitioners have used telehealth for benign to more serious concerns.

From private practices to hospitals, telehealth conducted with remote monitoring systems, with both video conferencing and wireless communications, is what patients expect as a viable option when seeking healthcare in the event a face-to-face visit is not possible. The use of telehealth has become a common practice in some medical practices and is now seen as a routine modality in chronic disease management and palliative care. Private insurance and Medicare have quickly adopted coverage for many virtual healthcare services, but coverage is still limited and can cause frustration to HCPs and patients alike.

83%

of HCPs are **comfortable** conducting virtual patient telehealth visits



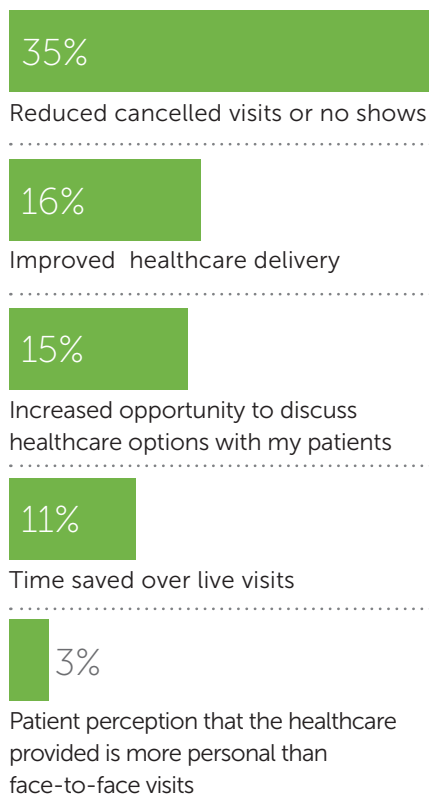
Healio Strategic Solutions Telehealth Check-In Survey

The Telehealth Check-In Survey of HCPs in the Healio network was conducted in March 2021. The survey sought to assess how the use of telehealth has impacted their practices and how they envision it would be used in the future. The survey included 10 questions regarding HCP use of telehealth before the pandemic, how telehealth has affected their practice and their patients, and how likely they are to continue using telehealth in the future now that practices have reopened and more people have become vaccinated. The survey was open for 3 weeks and three email reminders were sent within that period. All recipients were U.S. healthcare professionals (physicians, residents, nurse practitioners and physician assistants). In total, over 750 healthcare professionals across 19 specialty areas practicing in the United States completed the survey. The three specialties that had the highest number of responses were endocrinology, nephrology and cardiology, respectively.

The majority of HCPs (83%) reported being somewhat comfortable to extremely comfortable conducting virtual patient telehealth visits compared with 10% who reported being somewhat to extremely uncomfortable. When considering office visits before the pandemic, 40% of survey respondents reported being equally as busy as before, 33% reported the use of telehealth takes less of their time, and 27% reported the use of telehealth takes more of their time. Furthermore, 47% of survey takers said the use of telehealth did not increase reliance on the office staff compared with 31% who said there was more of an impact on their office staff. Interestingly, some HCPs noted that with telehealth they are able to spend more time with patients than in the office setting.

FIGURE 1.

Advantages to the use of telehealth during COVID-19



N=756

Open-field responses = 19%

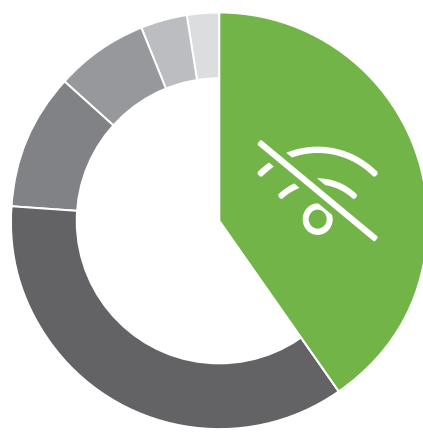
More than half the respondents (51%) reported that the impact of both the pandemic and the use of telehealth reduced the number of patients seeking care, which, according to 48%, corresponded to a decline in revenue, but paradoxically resulted in working longer hours for about a third of survey takers (31%). HCPs, like most individuals in the professional setting, have had to use teleconferencing both with and without the use of a camera. Respondents overwhelmingly (81%) reported that conducting health visits with the use of a web camera is a better telehealth modality than email or phone calls alone (13%). And like many working professionals across all industries, survey respondents noted the lines defining work and personal time are blurred, they feel isolated and frustrated with their job, and they sit for too long in front of a computer screen.

Advantages to the use of telehealth during COVID-19

Respondents reported advantages in using telehealth during the COVID-19 pandemic ranging from a reduction in cancelled visits to the amount of time saved per day conducting healthcare sessions (Figure 1). From the patient perspective, patients do not have to travel to appointments and they may be more open to talking about their health conditions in the comfort of their homes. Some patients may feel safer using telehealth, particularly those with metabolic bone disease in which follow-up appointments do not depend much on a physical examination but require more time on history, lab values and other imaging techniques. The ability to provide care to patients with significant mobility deficits and reduced immune responses were noted as a benefit related to telehealth particularly as it minimizes exposure to communicable conditions. Another advantage of using telehealth is the time between scheduling an appointment and virtually connecting with the HCP may be faster than scheduling a face-to-face visit and, in some cases, drew patients who had not seen their HCP for months or years to seek medical management more readily. However, HCPs noted that although telehealth minimized consult cancellations, patients still neglected to show up for scheduled appointments.

FIGURE 2.

Challenges faced with virtual visits



- 41% Inconsistent internet connectivity
- 36% Inability to use webcam feature
- 11% Patients' perception that care is impersonal
- 7% Inadequate amount of time allotted for visit
- 3% Language barriers
- 2% Patient concerns about privacy

N=636

Clinical time spent responding to patient questions included discussions related to physical health concerns (37%), mental health concerns (24%), prescription medications (17%), COVID-19 concerns including whether to get the vaccine and concern about symptoms following the vaccine (7%), medical devices (2%) and concern over a loved one (2%). Chronic condition management was noted as being easier than assessing an injury with telehealth, and nearly 90% of respondents noted that patient age should not dictate whether telehealth should be used for in-person, routine primary care visits.

Disadvantages to the use of telehealth

Although telehealth does have advantages, respondents noted disadvantages. Several open-field areas in the survey allowed respondents to write in comments. The comments were insightful and gave us an opportunity to understand HCP views. When asked about changes in the office setting during COVID-19, HCPs reported that many patients delayed surgeries and that health screenings and procedures were overdue. HCPs also reported wasted time struggling with technology, greater unrest and anxiety among the office staff, and a general lack of connection with patients during COVID-19. Offices were unprepared to switch to paperless technology and clinicians, being caregivers, found they missed the positive feedback often given by patients.

Nearly half the respondents (47%) noted patient-related limitations with telehealth are related to the use of technology. The most significant challenges HCPs reported are inconsistent internet connectivity (41%) and the inability of patients to use the webcam feature (36%) (Figure 2). Patient-related limitations included the perspective that underserved communities do not have the means or access to technology (34%) and the sickest patients do not use telehealth (12%). However, patient privacy did not rank high and neither did concern about personal information breaches (2% and 3%, respectively).

Discussion

Since the beginning of the pandemic, healthcare agencies recognized the need to expand reimbursement for telehealth-related expenses and relaxed many geographic restrictions that posed previous barriers.¹ Noting trends in the use of telehealth among health centers during the pandemic, the CDC reported overall average percentages in the South were significantly lower than those in the Northeast ($P < .01$) and the West ($P < .01$).¹ Urban health centers reported significantly higher overall average percentages with the use of telehealth compared with rural health centers, with the highest reported trends peaking in early July 2020 and trending downward thereafter. Historically, the geographic location of most of the Healio respondents are located in the South Atlantic (Delaware, Florida, Georgia,

Maryland, North Carolina, South Carolina, Virginia, District of Columbia and West Virginia) and Mid-Atlantic regions (New York, New Jersey and Pennsylvania).

The role of post-pandemic telehealth

Literature has shown that telehealth can be an effective tool that can yield positive therapeutic effects advancing shared decision-making between clinicians and patients.² However, now that the world has had to adapt to virtual conferencing for personal and professional transactions, which has resulted in video conferencing fatigue, is a backlash to this modality expected? A growing wealth of evidence shows that the copious use of telehealth results in shorter attention spans and lower engagement. Might HCPs use telehealth on a limited basis? Most respondents (63%) noted that telehealth will continue to be used in tandem with in-person visits (Figure 3), 18% believe telehealth will continue to be used as much as it is now as a replacement for in-person visits, and 14% believe it will be steadily phased out once the pandemic is over. Respondents to this survey noted that compared with an in-office visit, telehealth provides an opportunity to see patients' homes and have a dialogue that puts the patient more at ease.

FIGURE 3.

Continued use of telehealth



63% Used in tandem with in-person visits

18% A replacement for in-person visits

14% Steadily phased out

N=713

The use of telehealth may not work for all areas of medical care. The lowest number of respondents in the survey were clinicians working in radiology, infectious disease and ophthalmology. Psychiatrists were well represented in the survey and noted they saw greater acuity in mental psychiatric symptoms and are better able to conduct talk therapy sessions and respond to requests for prescription refills more easily with telehealth. However, in the child psychotherapy field, telehealth is difficult.

Does high-quality medical care suffer in the telehealth age?

A common theme in this survey was the frustration felt by HCPs that quality healthcare was not and could not be achieved using telehealth in place of live visits. Respondents reported their patients generally had poorer outcomes, they saw many inappropriate referrals and treatments that could result in potential malpractice suits, there was less opportunity for clinicians to provide comprehensive care, and the quality of care was often decreased. Many expressed there is no advantage to telehealth because of the inability to effectively examine the patient and read nonverbal clues, and the value of the physical examination and therapeutic touch is lost. As a result, clinicians cannot diagnose accurately given poor image or audio quality on a webcam. Furthermore, HCPs felt patients were not fully dedicated to the healthcare visits and often had to contend with interruptions during the visit.

At the start of the pandemic, nearly 90% of respondents (N = 1,291) in an earlier Healio Strategic Solutions survey experienced an increase

in telehealth services compared with before the shutdown.³ More than 50% used telehealth with their patients, primarily relating to medication concerns (73%) and the management of chronic diseases (64%). Clinicians in the current survey reported using telehealth more diversely than how they initially used it, which is a function of the long-term use of this modality as the virus spread and a vaccination had not yet been developed. Whereas initial concerns focused on reimbursement and privacy, they no longer pose the biggest threats to virtual clinical visits.

Given the widespread use of telehealth because of the pandemic, many more clinicians are skilled in using telehealth than before. This can be an advantage to patients in underserved communities and older adults. A balance is needed to understand the barriers of its use and the advantages it can serve. Nothing can replace the physical examination and the experience of speaking to a healthcare provider. We look forward to seeing how this trend will continue.

References

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