

Telehealth In Practice

On-Demand Series



Best Practices and Caring Communication

Ted J. Hudspeth, MD, FAAFP

Webinar Series Topics

- Why You Should Develop a Telemedicine Practice
- How to Choose a Telemedicine Platform
- Telemedicine Pre-Visit Workflow
- Telemedicine Visit Workflow and Documentation
- Urgent Care in Telemedicine
- Chronic Care in Telemedicine

Webinar Series Topics

- Marketing Your Telemedicine Practice
- Value Metrics in Telemedicine
- Disparities in Care: Telemedicine Potential
- Hardware in Telemedicine
- Literature Review in Telemedicine
- Special Considerations in Telemedicine

Webinar Series Topics: On Demand

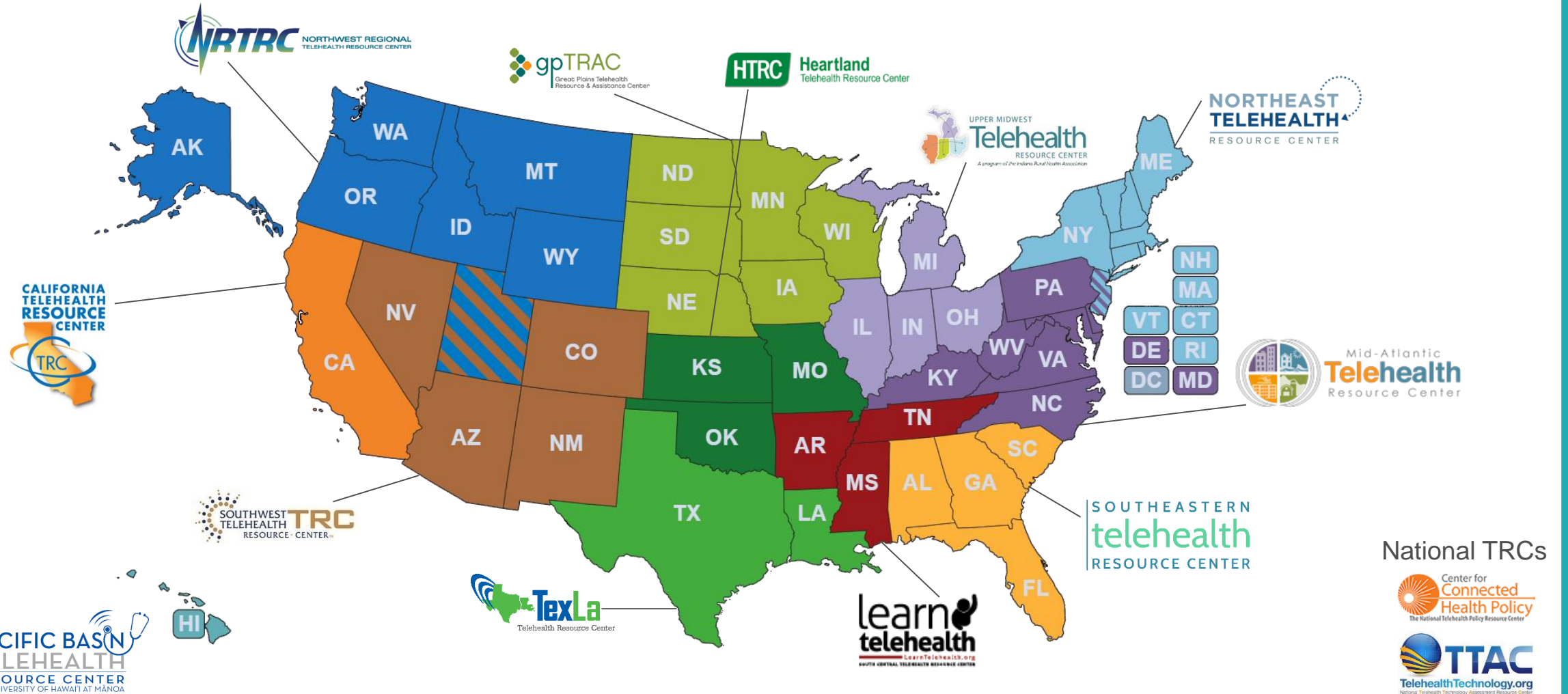
- On Demand: Team Troubleshooting
- On Demand: Professionalism & Legal Considerations
- **On Demand: Best Practices & Caring Communication**
- On Demand: Telemedicine Billing

TexLa Telehealth Resource Center

- The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.
- The F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is the support representative for Texas. Well-Ahead Louisiana, the chronic disease prevention and healthcare access arm of the state Department of Health, is the support representative for Louisiana.

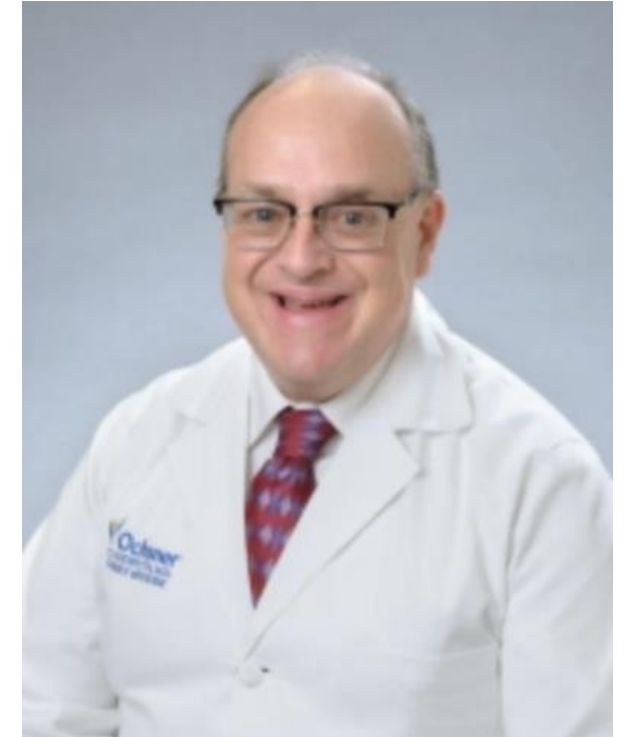
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Telehealth Resource Centers



Speaker

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 - Grew up in Amite, LA
 - BS in Microbiology at LSU Baton Rouge
 - Doctorate at LSUMC in New Orleans
 - Family Practice Residency at LSUMC Shreveport
 - Practices at Ochsner Health Center Hammond and Ochsner Hospital of Baton Rouge since 1993
 - Currently serving as the Ochsner Medical Director of Informatics of the Baton Rouge Region



“A caring heart that listens is often more valued than an intelligent mind that talks.”

—Michael Josephson

OVERVIEW

Overview

- Drivers of value
- Caring communication
- Trust
 - Empathic connection
 - Authenticity
 - Logic, understanding
- Outcomes
- Best practices
- Empathy video

DRIVERS OF VALUE

Drivers of Value Summary

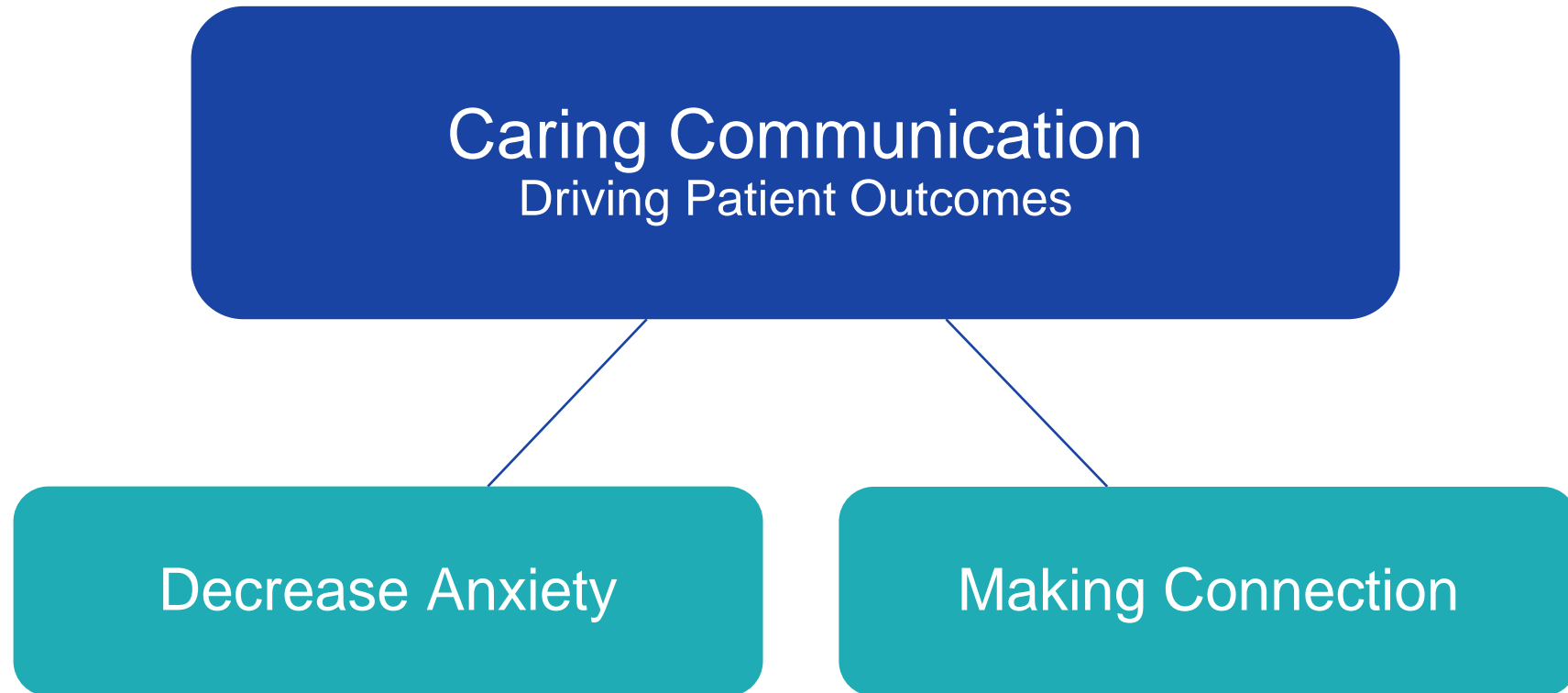
- Patients have choices and seek value
- Choices are driven by experiences
- Experiences are driven by connection
- Connection is driven when providers use Caring Communication and patients
 - Feel like you know them
 - Know that you care
- People know that you care and are more engaged when your emotional intelligence and use of empathy is high

Drivers of Value Summary

- Engagement drives patient activation and compliance
- Compliance drives better outcomes and therefore, better value
- Providers gain purpose when they successfully employ these techniques with patients
- Purpose drives resilience
- Resilience reduces burnout

CARING COMMUNICATION

Caring Communication



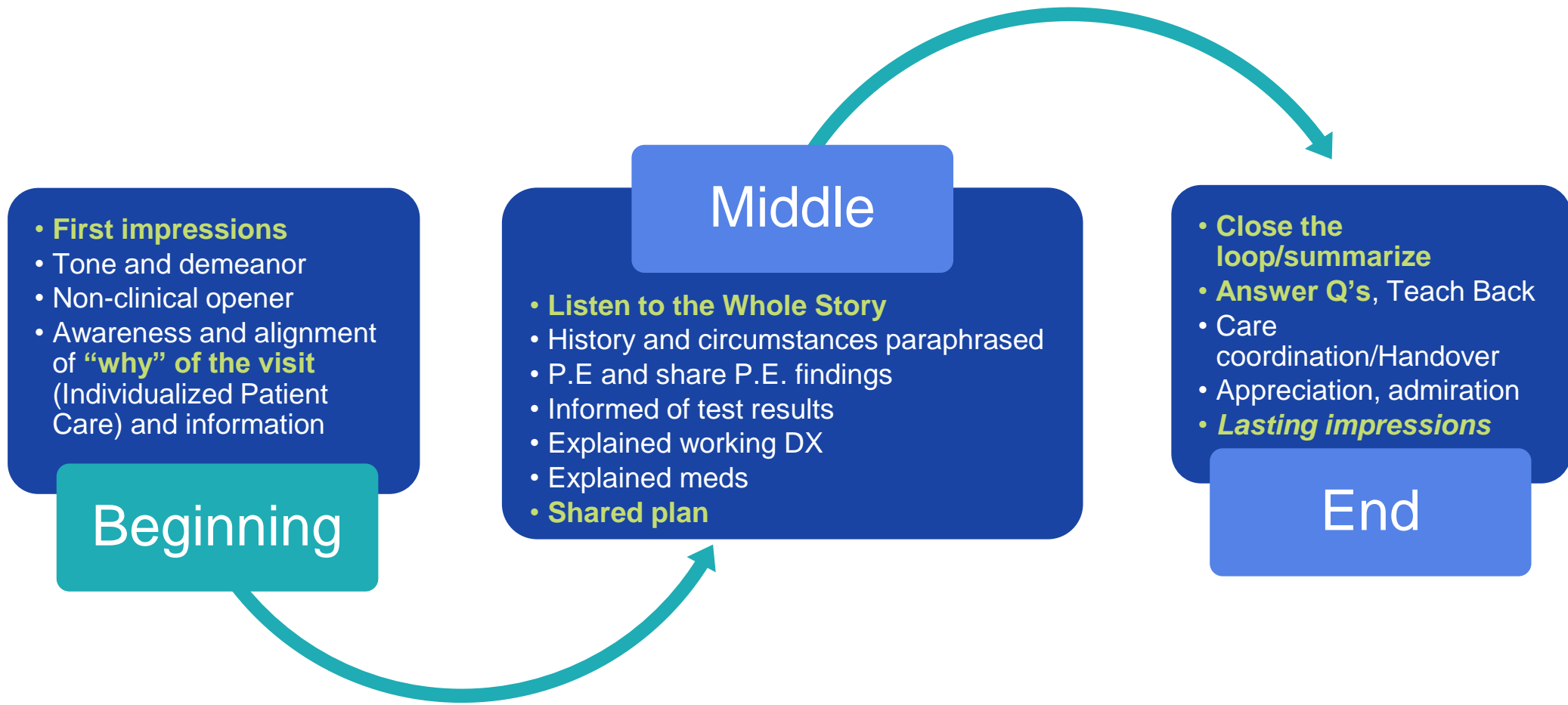
Decreased Anxiety Increases Adherence



Patient Wants and Needs

- Steps to answer patient's unspoken questions?
 - Acknowledge
 - You are important; I respect you.
 - Introduce
 - You can count on us. "Team."
 - Duration
 - I respect your time.
 - Explanation
 - I want you to understand so you feel safe and confident about your care
 - Thank You
 - I appreciate you allowing me to assist you.

Phases of a Patient Encounter



TRUST

Establishing Trust

Authenticity

I experience the real you.



Logic

I know you can do it; your reasoning and judgment are sound.

Empathy

I believe you care about me and my success.

Trust

- Evidence shows that patient trust is important for higher patient satisfaction scores
 - Perceive care as better
 - Believe their providers are competent and have made clinical decisions that are best for a patient's conditions
 - Generating a high level of trust is not always easy
 - Appointments are generally short
 - Most patients only visit the doctor once or twice each year
 - Building trusting relationships with vulnerable patients can be even more challenging
 - More work must be done to overcome barriers especially for
 - Low-income patients
 - Those who have experienced adverse social situations

Trust

- Strong communication skills are essential for providers to build trust
- Keys to creating trust include:
 - Conveying understanding in a language that the patient feels comfortable (Logic)
 - Creating a positive and non-judgmental environment (Empathic Connection)
 - Being honest with patients (Authentic)

Making a Connection with Patients



Empathy

Empathy

- Unlike sympathy, which is defined as feeling sorry for another person, clinical empathy is the ability to
 - Stand in a patient's shoes
 - Convey an understanding of the patient's situation
 - Show the desire to help
- And more than 70% of hospitals and health networks are using patient satisfaction scores in physician compensation decisions
- Empathy can be learned: “Empathetics” classes
- Demographics and economics are driving this

Empathy

- Because a lack of empathy and poor communication drive many malpractice cases, large malpractice insurer, MMIC, is urging doctors it insures to take the “Empathetics” courses
- Empathy training appears to combat physician burnout
- Empathy drives outcomes
- Never answer a feeling with a fact

Empathy as a Part of Creating Trust

- Empathetic Phrases
 - “Must be...”
 - “Sounds like...”
- Eye Contact
- Warm tone
- Proximity
- Admiration
- Acknowledgment

Empathetic Phrases

- “Must be” and “Sounds like”
- “That must be difficult.”
- “That must be very frustrating for you.”
- “Sounds like you’re going through a lot right now.”
- “That must be miserable.”
- “I can’t imagine what you must be going through right now.”
- “That must have been awful for you.”

Positive Empathetic Phrases

- “I’m so glad you’re feeling better.”
- “You are completely healed. This makes my day!”
- “Your cancer is shrinking. I’m thrilled!”
- “We’ve gone through a lot together, and I’m so glad you’re better.”
- “It has been a long road for you. Go reward yourself.”
- “You were injured in the war? Thank you for your service.”

Logic

Logic as a Part of Creating Trust

- Explain reasons behind plans in a way that aligns with a patient's education and intellect
- Make plans as a shared decision process
- “Teach Back” is a tool to verify comprehension of key information and to show patience and care for their understanding
- “I know that there is a chance that your son is going to ask you about our visit after you return home. Would you mind telling me what you will tell him regarding your health condition and our treatment plan?”

Key Words

- “I want to make sure I spend enough time discussing...”
- “Let me explain this more clearly”
- “Now it’s my time to listen...what questions do you have?”





Narrate the Care

Authenticity

Authenticity as a Part of Creating Trust

- Authentic people possess common characteristics that show they are psychologically mature and fully functioning as human beings. They...
 - Have realistic perceptions of reality
 - Are accepting of themselves and of other people
 - Are thoughtful
 - Have a non-hostile sense of humor
 - Express emotions freely and clearly and show vulnerability
 - Are open to learning from mistakes
 - Understand their motivations
 - Are true to oneself and others
 - Have qualities that show healthy non-defensive functioning and psychological maturity

Motivational Interviewing

- Motivational interviewing is a method for changing the direction of a conversation in order to stimulate the patient's desire to change and give him or her the confidence to do so
- Motivational Interviewing is more focused, goal directed, and patient centered
- Puts patients in the drivers' seats of their health behavior change journey
 - Change needs to come from the patient
- The goal for clinicians is not to identify the behavior change, but instead to guide patient toward creating the change plan
 - It also helps the patient identify values and goals in health improvement and help understand what to do when there are setbacks

Motivational Interviewing

- Success hinges on a positive interpersonal relationship, and from there, clinicians can ensure that the behavior change process is entirely patient-centric
- Empathy toward the patient is critical for success
- The provider should support self-efficacy, allow the patient to be responsible for his or her own progress, and let the patient identify and articulate his or her intrinsic values and goals

OUTCOMES

Physician Empathy

- Higher Empathy
Good Control
- Lower Empathy
Poor Control

“Our results show that physicians with high empathy scores had better clinical outcomes than other physicians with lower empathy scores.”



good control*
(A1c < 7.0 percent)

moderate control*
(A1c ≥ 7.0% and A1c ≤ 9.0%)

poor control*
(A1c > 9.0 percent)

good control*
(LDL < 100 mg/dL)

moderate control*
(LDL ≥ 100 and ≤ 130 mg/dL)

poor control*
(LDL > 130 mg/dL)

BEST PRACTICES IN TELEMEDICINE

Best Practices In Telemedicine: Preparation

- Dress professionally and have your badge on to show professionalism
- Mute your pager or phone so that you have no distractions
- Ensure that you are in a private space that is appropriate for a HIPAA-compliant conversation
- Test your internet connection to ensure that speeds are appropriate to support a well-working video feed

Best Practices In Telemedicine: Preparation

- Set up your workspace so that you are front lit, the camera view covers approximately your head and shoulders, and the camera is at eye height
 - You should seem to be looking neither up at, nor down to, the patient
- Make sure the patient can see your face
 - Having a window or light behind you can make the camera darken your face so the patient cannot see your facial features.
- Make sure the background is uncluttered and not distracting, and that you are dressed professionally
- Review patient complaints and records before beginning the visit

Caring Communication Best Practices

- Framing the Visit: Front End
 - Begin with introduction and stating that you have reviewed their record and your understanding is...and then ask for them to tell you more
- Framing the Visit: Back End
 - In a seated position, sum up the visit and then, “Now it’s my turn to listen...what questions do you have for me? (Not “Any questions?”)”
- Show of empathy for suffering
 - Responding to patient’s pain/suffering/sad stories with “That must be...” or “Sounds like you’ve been going through a lot.”
- Deliberate show of empathy for joy
 - Letting the patient know that you are personally happy when they’re doing well. “I’m so glad you are healed now. That makes my day.”

Caring Communication Best Practices

- Narration of Care
 - Tell what you are doing. while you are doing it. during encounter and give results. “I’m reviewing your medicine list” or “I am looking at the way that you are breathing.”
- Managing up
 - Speak about your staff by name and explain to the patient how thorough they are with scheduling tests, returning calls, working closely with you on your telemedicine patients, etc.
- Engaging of the EMR: Triangulation
 - Explain how the patient portal or their access to their data helps them
 - Explain how to use certain features of your portal if you have some
- Waiting for the period at the end of the sentence
 - In the back and forth exchange, focus on waiting for the patient to complete their sentence down to the last word before you begin.

Best Practices in Telemedicine: During the Visit

- Be sure to communicate instructions to the patient on what to do if the connection cuts out and you cannot reconnect (e.g., you might tell them that you will call the patient and continue the visit over the telephone)
- Demonstrate comfort with and confidence in the technology (regardless of how you are feeling about it) to help patients feel at ease and focus on their care instead of the virtual modality

Best Practices in Telemedicine: During the Visit

- Remember that the patient cannot see what you are doing off-screen and may feel you are being inattentive if you look away from the camera
 - To help the patient feel comfortable, narrate actions or even ask permission if you are working off-screen (“Is it OK if I type while you are talking? I want to make sure that I am recording all of the important information you are saying.”)
- Demonstrate for the patient how to help you with the exam (tap on your own sinuses if you want them to do that)

Best Practices in Telemedicine: During the Visit

- Speak clearly and deliberately
- Pause to allow for transmission delay
- Ask a lot of questions and listen carefully to the patient
 - Let the patient know you are listening by providing cues such as nodding your head and saying things such as “I see.”
- Express empathy by practicing the S.A.V.E. method
 - Support or partnership statements
 - Acknowledge the situation
 - Validate the patient’s feelings or experience
 - Name their emotion

Best Practices in Telemedicine: During the Visit

- Verbalize and collaboratively determine next steps, such as follow-up appointments, care plans, or prescription orders
- Express gratitude for their engagement in the visit
- Invite the patient to ask questions and to end the encounter
 - Many patients appreciate the feeling of autonomy that gives, and it also allows the patient to determine whether they have any final questions or concerns

Best Practices in Telemedicine: During the Visit

- “Web-side” manner can be more challenging in audio-only visits when you lack access to the patient’s facial expressions and body language
- Even if your patient can see you, here are some tips to make audio-only visits more productive and meaningful
 - Smile when you greet a patient on the telephone (research shows that people can tell by the tone of your voice if you are smiling)
 - Reflect on something you admire about the patient

Best Practices in Telemedicine: During the Visit

- Elicit reactions overtly (e.g., “What do you think about that?”)
- Use empathic statements to make up for the lack of visual cues
- For patients whose first language is not English, telephonic interpreter services can be integrated into telehealth encounters, as long as your practice ensures that the interpreter service has access to your telehealth platform or can call in through a conference line

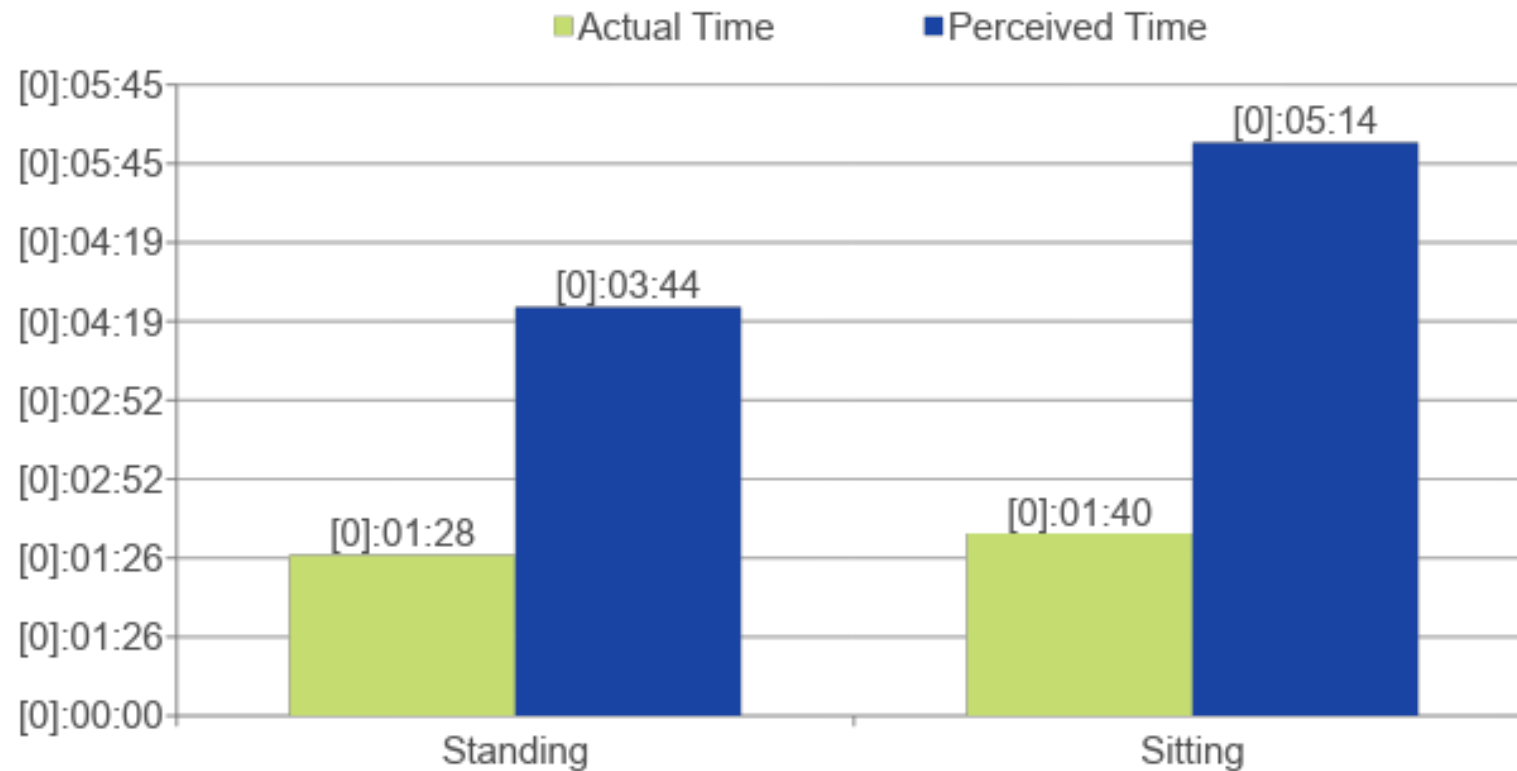
Best Practices in Telemedicine: Express Empathy Verbally with S.A.V.E.

- **S**upport or partnership statements: “I’m here for you.” “Let’s work together to figure out what’s going on.”
- **A**cknowledge the situation: “This has been really hard for you.” “It sounds like this has been affecting your day-to-day
- **A**ctivities: “I wish there were better alternatives.”
- **V**alidate their feelings or experience: “Given your situation, I think many people would feel the same way.” “Yes, it’s exhausting when we don’t feel our best!”
- Name their **E**motion: “I can’t imagine how scared you must be.” “You sound frustrated.” Or ask them to clarify how they are feeling: “How do you feel about it?”

Best Practices in Telemedicine: After the Visit

- Share the post-visit summary and action plan
- Assist with scheduling referrals
 - If a patient needs to see a specialist, make sure your scheduling team provides a warm handoff by assisting with scheduling the visit, or at least providing the specialist's contact information and the referral
 - Your practice may check in on a weekly basis with the patient to make sure they saw the specialist

Effect of Sitting vs. Standing on Perception of Provider Time at Bedside



Effect of Eye Contact in Telemedicine

- Why Is Eye Contact Important?
 - One of the most important aspects of human (provider-patient) interaction
 - One of many non-verbal cues that take time to process remotely
 - Fundamental to the REDE (Relationship, Establishment, Development, Engagement) model of provider-patient interaction for optimizing relationships
 - Important to clinical encounters and used as part of medical skill set checklists
 - Impacts patient's sense of dignity
 - Helps establish rapport; trust (keeps participants focused on each other; encourages interaction; facilitates memory; influences likeability and attractiveness; affects perceived emotion; creates sense of inclusion when present and sense of isolation when not)
 - Allows for the use of non-verbal cues in communication

Eye Contact Etiquette

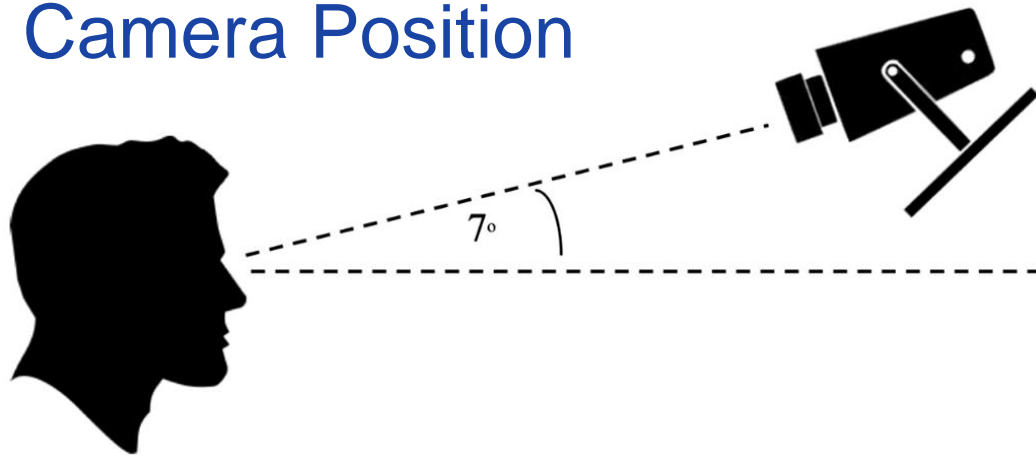
- “Rules” of direct versus indirect eye contact can differ by culture
 - It is important to be aware of possible cultural heuristics:
 - Arabs, Latin Americans and Southern Europeans make more eye contact during conversation than Asians and Northern Europeans
 - Japanese may consider eye contact rude, and people are taught to look at a person’s Adam’s apple instead of the eyes; eye contact with superiors is avoided
 - Women generally make more eye contact than men
- Eye contact changes with age
 - Increases from age 4-9
 - Decreases from 10-12
 - Increases again into adulthood
 - Certain mental health, medical and vision conditions impact the ability or willingness of some patients to make and/or maintain eye contact

Tips for Telemedicine Viewing Angles

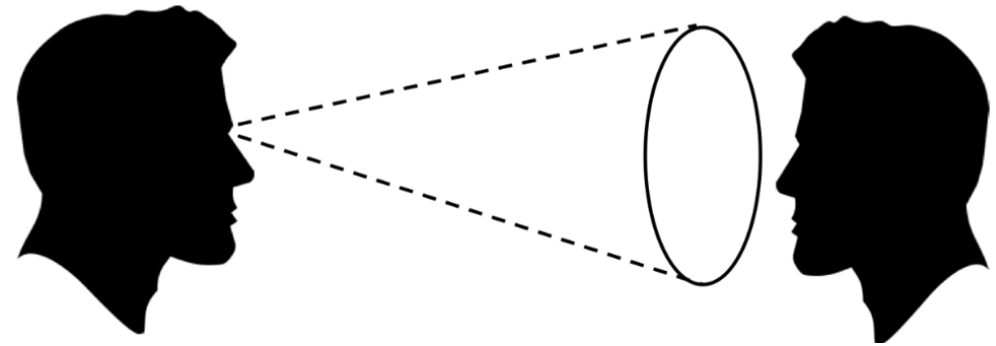
- Locate camera above the face for accurate estimation of gaze
 - Preferably 7 degrees (of viewing angle) or less above from transmitter's position
- Initial viewing distance (introductions) should be close enough for “passport” view (head and top of shoulders)
- Avoid placing camera too close to yourself
 - Close placement can make the viewer feel as though their “personal space” is invaded from a distance

Tips for Telemedicine Viewing Angles

Camera Position



Cone of Gaze



Tips for Telemedicine Viewing Angles

- Avoid the parallax problem, or the inclination to look at face on screen rather than into camera
- Replicate real eye-contact patterns by looking into the camera frequently
- If the viewing distance is correct, you will see the patient on the monitor and the camera simultaneously
- Higher resolution cameras and monitors are preferred
 - Produce sharper images making it easier to see and follow eye gaze
 - Sharper images are less tiring to look at if you are providing remote services for long periods.
- Use camera zoom features to adjust your apparent distance (your image size) from the camera as necessary

Tips for Telemedicine Viewing Angles

- Clinician Positions

- Maintain direct gaze—people are very sensitive to small shifts in gaze
 - At greater distances from the camera, gaze can shift more often and at a wider angle while still maintaining proper perception of contact
- Proper distances for viewing angles and apparent closeness can be controlled using zoom features, i.e., moving physically back from the camera and zooming to appear close
- Perception of gaze is influenced by head orientation
- Ensure image of the patient is as close to camera as possible at least initially
- Consider clinical information that may be gained/lost from proximity to camera
- Sit back from display until eye contact achieved
- Keep yourself centered in the camera's field of view at near and far distances

Tips for Telemedicine Viewing Angles

- Additional Pointers
 - Be aware of blinking
 - Speaking increases blinking rate (0.7 to 2 times/sec) while listening reduces it (0.5 to 1.5 times/sec)
 - Maintain focus but don't stare
 - Shift occasionally from eyes to forehead etc.
 - Locate light source to illuminate your face: 1 main source located as close as possible behind the camera
 - Use diffused lighting to avoid shining in users' eyes and reducing eye contact
 - Multiple lights from different angles reduces shadow effects and glare

Tips For Telemedicine Viewing Angles

- Additional Pointers
 - Try to understand gaze indicators as misunderstanding may lead to improper interpretation of interactions
 - Check/test your image initially to ensure good quality/placement, but don't continue to look at yourself during encounters
 - Ideally, good quality control includes a view of yourself from someone else's device
 - We tend to assume we are seen as we see the incoming transmission
 - There are limits to technology
 - Question the appropriateness of the remote encounter if the clinical information obtained is not consistent with your judgment of what is required to make clinical assessment

Empathy Video



*“Nobody cares how much
you know, until they know
how much you care.”*

—Theodore Roosevelt

RESOURCES

Resources

- [Texas Medical Association Telemedicine Vendor Evaluation](#)
- [American Medical Association \(AMA\) Digital Health Implementation Playbook](#)
- [Centers for Medicare & Medicaid Services \(CMS\) General Provider Telehealth and Telemedicine Toolkit](#)
- [National Telehealth Technology Assessment Resource Center](#)
- [TexLa Telehealth Resource Center](#)
- [American Health Information Management Association Telemedicine Toolkit](#)

Resources

- [AAFP Telehealth Toolkit](#)
- [AAFP General Provider Telehealth and Telemedicine Toolkit](#)
- [Center For Connect Health Policy Current State Laws And Reimbursement Policies](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Patient Take Home Prep Sheet](#)
- [Consumer Technology Association Digital Health Directory](#)
- [AMA Telehealth Playbook](#)

Chronic Disease Data Downloads

- [Spending County Level: All Beneficiaries, 2007-2018 \(ZIP\)](#)
- [Prevalence State/County Level: All Beneficiaries by Age, 2007-2018 \(ZIP\)](#)
- [Prevalence State Level: All Beneficiaries by Race/Ethnicity and Age, 2007-2018 \(ZIP\)](#)
- [Prevalence State Level: All Beneficiaries by Sex and Age, 2007-2018 \(ZIP\)](#)
- [Prevalence State Level: All Beneficiaries by Medicare-Medicaid Enrollment and Age, 2007-2018 \(ZIP\)](#)
- [Utilization/Spending State Level: All Beneficiaries, 2007-2018 \(ZIP\)](#)

Health Professional Resources for Chronic Care Management

- [CMS Connected Care Toolkit](#)
- [Chronic Care Management Services Fact Sheet \(PDF\)](#)
- [Chronic Care Management Outreach Campaign on Geographic and Minority/Ethnic Health Disparities](#)
- [Chronic Conditions in Medicare](#)
- [Chronic Conditions Data Warehouse](#)
- [Searchable Medicare Provider Fee Schedule](#)

References

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- [Comparing the latest telehealth solutions](#)
- [Technical Specifications for Selected Platforms](#)
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- [Picking The Right Telehealth Platform For a Small or Solo Practice](#)
- [Cleveland Clinic Digital Health Playbook](#)

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- [Best telemedicine software of 2021](#)
- [National Telehealth Technology Assessment Resource Center \(TTAC\)](#)
- [Videoconferencing–Technology Overview](#)

Contact Information

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 - [Louisiana Health Professionals Facebook group](#)

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On-Demand Series

