

TELEHEALTH COMMUNICATION STRATEGIES

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DISCLOSURES

- I have no financial disclosures to declare.

OBJECTIVES

- Discuss Telehealth's place in care of the future
- Review the importance of strong communication skills for Telehealth
- Discuss ways to optimize interactions
- Review physical exam techniques for virtual visits

TELEHEALTH

- One year in now!
- It's here to stay
 - Benefits to patients
 - Benefits to practice
- Reimbursement after the pandemic?
 - Phone – not as a “visit”
 - Video – will remain in place
 - Inequity issues of this are beyond this talk

BACKGROUND WORK

- Educate patients about the option
- Set appropriate standards for visits where TH can be used
 - Will be different for phone vs. video
- Determine if new patients will be seen by TH
- Figure out how they will fit into the schedule
 - Full session of TH
 - Fit into regular in-person schedule
- Identify triage questions for scheduling appropriate visits
- Decide who will provide TH visits
 - All providers vs. select providers
- Ensure the patients are located in a place (in-state vs. out-of-state) where TH can be provided with the licensure of the providers
- Educate the patient in the connection process for when the visit time arrives

IDENTIFICATION OF APPROPRIATE TH VISITS

Video

- Acute illness/injury/rash
- Pre- and Post-op checks
- Self management groups
- Routine prenatal care
- Dementia coordination
- Routine monitoring for controlled meds
 - ADHD
 - Chronic pain
- Behavioral interventions
- And all on the phone/e-visit list

Phone/E-visits

- Check-ins between visits for patients with chronic conditions
- Remote monitoring
 - Home INR's
 - BP and glucose (also pregnant pts)
- Follow-up after tests/labs
- Low-risk acute concerns

THINGS TO AVOID ON TELEHEALTH

- Ear pain/infection evaluation
 - Need to have an in-person exam
- STI's unless it's just coverage of a known exposure
 - You can get history and have patient come to the lab for urine/blood collection
- Anything that requires a **START** of a controlled medication
 - Allowable by waiver of many state laws, but just not good practice
 - OK if stable on a controlled med and it's just follow-up care without a dose adjustment
- Even if the patient will need to come in for an exam, get a good history on the TH visit so the office encounter is streamlined

WORKFLOW

- Who will initially contact (“room”) the patient?
 - Front office staff
 - Nurse/MA
 - Provider
- Will initial contact be by phone or TH platform?
- What about TH platform “crashes?”

SETTING THE STAGE

- Quiet area
- No outside distractions
- “Bland” background
- Professional attire
- No multitasking
- Review the chart before the visit
 - Have a mental or written agenda for yourself
- Relax and take a deep breath before starting

STARTING THE VISIT

- Have the note open before you make the call/connection
- Start by verifying identity of the patient with 2 points – name and DOB
- Verify that they agree to hold the visit via TH and that insurance will be billed like an in person visit
- Confirm whether it is a good time to talk
- Ask if they are in a safe and confidential place to talk
 - May be driving, on a bus, at work
 - Lacks the inherent privacy of an office visit
- Make sure the patient can hear/see you and assess for delay in transmission
- Discuss reconnection if there is a disruption related to technology

COMMUNICATION TIPS

- Use the same mannerisms you would in an in-person visit
 - Smile, use good eye contact
 - Speak slowly and use a warm tone of voice
 - Leave frustrations regarding connections/technology out of the visit
 - Acknowledge patient input/responses verbally or by nodding if on video
 - Avoid jargon
 - Wait for patient responses, there may be a delay in the connection
 - Express empathy just as you would do in person
 - Summarize after the patient has presented their story to ensure you have heard correctly

SETTING THE AGENDA

- Discuss your understanding of the visit purpose
 - May be from the schedule
 - Nurse/MA may have already screened the patient and obtained concerns
- Discuss whether you will be documenting during the visit if on video
 - May seem more disruptive than during an in-person visit
- Elicit the patient's concerns/reasons for the visit
- Negotiate what you can cover in the allotted time

CONDUCTING THE VISIT

- Notify the patient when documenting or looking through the chart
- Periodically ask the patient what they understand and have them read back to you
- Ask what questions they have
- Assess for any red flags that would warrant an in-person assessment

PHYSICAL EXAM – GENERAL AND HEENT

Video

- Same as Audio only PLUS
 - Comment on general appearance – sick or not sick, toxic, behaviors that may seem odd or inappropriate
 - Observe affect and general interaction, fluency, etc.

Audio only

- Vitals the patient can obtain
 - BP with calibrated cuff
 - Temp if they have a thermometer
 - Pulse ox if they have a monitor
 - Pulse from a monitor or self-measured
- Ask orientation questions
- Patient can press on sinuses – ask them to push on the boney part at the top of the cheeks and the ridge above their eyebrows
- Listen to voice and assess quality – raspy, hot potato

PHYSICAL EXAM – LYMPH AND RESPIRATORY

Video

- Same as audio only for lymphatics
- Add observation of breathing and look at chest movement, especially in children with shirt off
 - Retractions
 - Belly breathing

Audio only

- Ask patient to touch their neck and assess for tenderness in the A/P cervical chain and submandibular
- Ask patient to describe their breathing
 - Faster, slower, the same as normal
 - What could you do when you felt good that you can't do today?
- Observe if patient is:
 - Speaking in full sentences
 - Audibly wheezing
 - Audibly coughing and if it sounds wet or dry

PHYSICAL EXAM – ABDOMEN

Video

- Ask the patient to push on their abdomen in specific areas to see where their pain is:
 - soft spot under right ribs
 - soft spot under left ribs
 - soft spot above right groin
 - soft spot above left groin
 - right at belly button
 - right above belly button

Audio only

- Same as video

PHYSICAL EXAM – MSK, RENAL AND SKIN

Video

- Coach patient through:
 - AROM for the body part
 - Strength testing for involved part
 - Use screeners such as the Ottawa Ankle/Foot rules and coach the patient through the locations to palpate
- Same as audio only
- Get as close a view of the rash with good lighting as possible
 - Very challenging if lighting is suboptimal
- Look at general skin color and tone with good lighting
- Still may need an in-person visit if lighting doesn't allow for good exam

Audio only

- Ask for the patient to be as specific as possible about the location of pain – e.g. for hip pain
 - Crease of groin
 - Outside of hip
 - Back of hip area above buttocks
- Coach the patient through pounding on back for CVA tenderness
- Get as detailed a description of rashes as possible
 - Likely needs to come in to be seen if video isn't possible

PHYSICAL EXAM - SKIN

Video

- Visualize with good light
- May still need to come in if unable to get a good look at the area of concern

Audio only

- Get as detailed a description as possible
- Likely needs to come in to be seen if video isn't possible

CLOSING THE VISIT

- Summarize near the end and tell the patient you only have a few more minutes for the plan and next steps.
- Review what you discussed during the visit and the plan, be clear about next steps
 - Medication additions/changes
 - Talk about what will happen after the visit
 - Discuss who to contact if the patient has concerns/questions
 - Ask if the patient has additional questions and have them read back the plan to you
 - Encourage the patient to sign up for the patient portal, if one is available
 - Send a summary to the portal or mail it to the patient if they aren't on the portal
 - Order the follow-up as discussed with the patient and make sure the follow-up is designated as TH or in-person

REVIEW OF IMPORTANT POINTS

- Have a workflow for TH visits and notify patients how to schedule and access the visits
- Determine which types of visits are allowable in your practice for TH
- Make sure you confirm the identity, location and agreement to bill insurance from the patient
- Use good communication techniques, just as you would in an in-person visit
- Get as detailed a history and physical exam as possible based upon the communication modality used
- Ensure there are no red flags that would warrant an in-person visit
- Confirm the plan and have the patient read back to express understanding
- Make sure the follow-up is clear to the patient and appropriately scheduled

RESOURCES

- https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
- <https://www.ama-assn.org/practice-management/digital/ama-telehealth-helpful-resources>
- <https://www.acponline.org/practice-resources/business-resources/telehealth>
- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/compendium.aspx>
- <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>
- <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>



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Questions are the path to learning