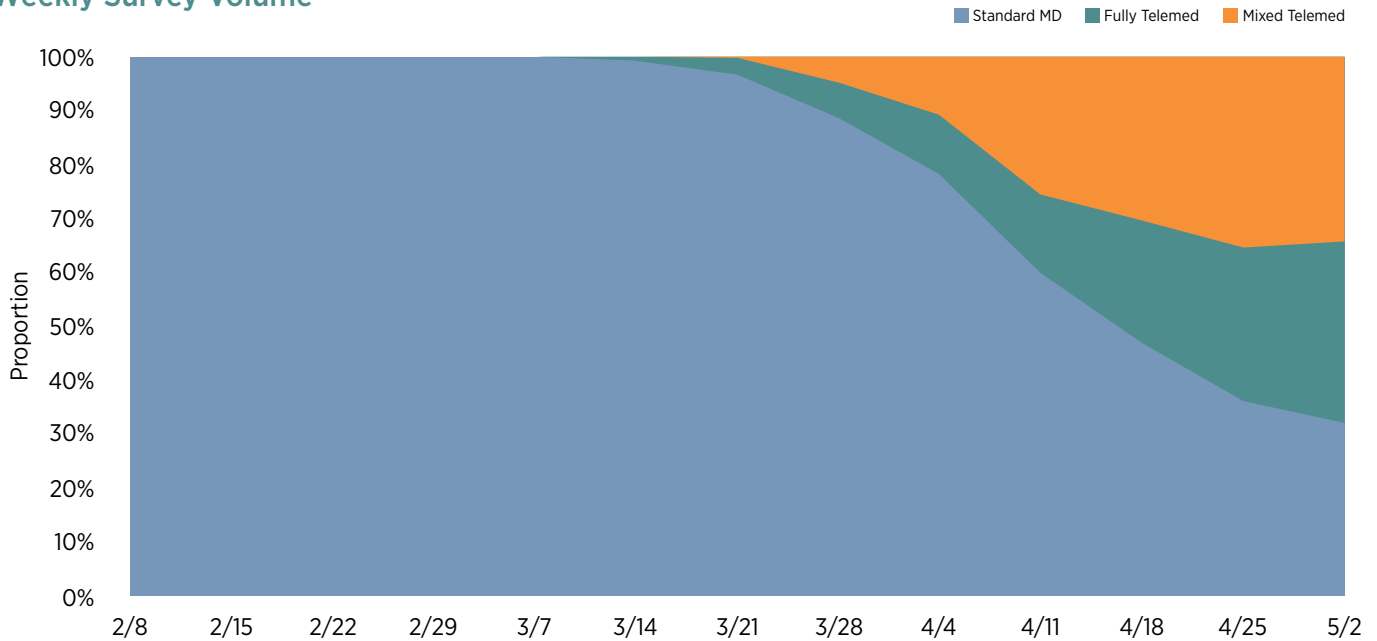


# The Rapid Transition to Telemedicine: Insights and Early Trends

## Weekly Survey Volume



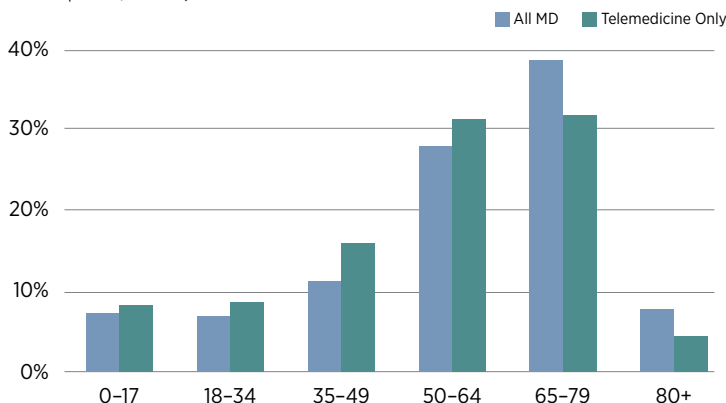
Among medical practices using telemedicine for routine and nonemergent care, telemedicine surveys comprised 54% of all medical practice surveys within an encounter week of April 18.

Telemedicine use has surged in response to the coronavirus pandemic. Over a six-week period, Press Ganey has administered more than **3.5 million telemedicine surveys**, and by the end of April, nearly 70% of returned medical practice surveys reflected full or mixed telemedicine visits, where “mixed” refers to encounters that may be entirely video-based or a combination of video and in-person, telephone, email, or text, but not documented.

These data paint a powerful picture of how rapidly health systems have transitioned to new delivery models for nonemergent medical practice visits and the survey results provide important insights for meeting patient needs as care models evolve.

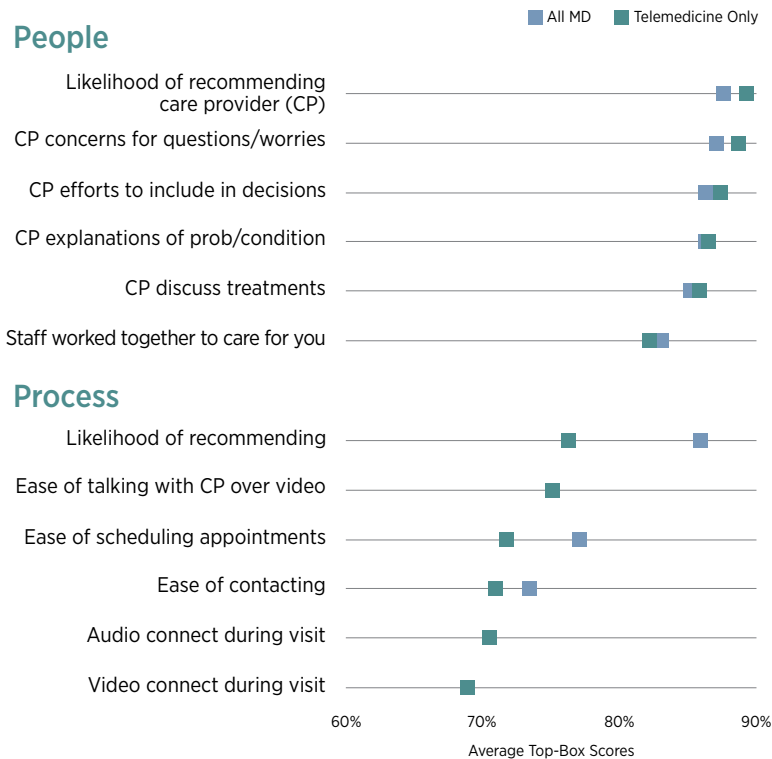
## Telemedicine Survey Volume by Patient Age

(Jan 1—Apr 24, 2020)



When considered by demographic, the average age of patients responding to telemedicine surveys is 54, compared with 58 for traditional medical practice surveys.

**Analyses of more than 30,000 early consumer responses to telemedicine surveys** received through the end of April paint a favorable picture for patient experience with virtual visits. Based on the data, patients are overwhelmingly positive about their virtual interactions with their care providers, even when technical issues posed challenges, as indicated by the lower scores for technology-related items. These patterns can be seen in the analysis below, which compares performance on “people” and “process” survey items in medical practices that have both standard and full telemedicine visits.



## Key Takeaways

- Patients participating in telemedicine visits gave positive ratings for all the care provider items, indicating that **clinicians are successfully meeting patients’ interpersonal communication needs** in this new model.
- Performance on the technology-specific items on the telemedicine survey and on process measures that appear on both the telemedicine and standard surveys is less favorable. This is not unexpected given the quick, large-scale transition to telemedicine and the learning curve for the provider and the patient. These data highlight **opportunities for enhancing the physician–patient connection** by addressing technical barriers that impede consistent and reliable communication.
- Telemedicine patients’ **likelihood of recommending the provider is very high**, which is consistent with patients’ evaluations of their provider interactions, while their likelihood of recommending the virtual visit is lower, reflecting the influence of the process and technology experience.
- The comparison of telemedicine and traditional responses shows higher telemedicine scores for most of the care provider items. While this reflects positively on early acceptance of virtual visits, contributing factors may include the high level of appreciation for all health care providers during the COVID-19 pandemic and patients’ gratefulness that they can accomplish a visit safely from home without risking exposure to the virus. In all cases, **these data suggest this alternative delivery model is being well-received and meeting the needs of patients** during this crisis.

**Segmenting the telemedicine survey responses offers insight** into the preferences and expectations of different patient groups. Trends in the analysis below indicate that patient age and gender influence ratings for certain measures. In some cases, the trends mirror those we see in the traditional medical practice survey; in other cases, they are different.

## Telemedicine Survey Responses by Patient Age and Gender

	National Average	0-17 Yrs n = 2,455	18-34 Yrs n = 1,719	35-49 Yrs n = 3,138	50-64 Yrs n = 9,163	65-79 Yrs n = 14,709	80+ Yrs n = 1,837	Male n = 14,254	Female n = 18,767
<b>Average</b>		2.8	-1.9	0.3	-0.2	0.0	-1.3	-0.5	0.4
<b>Access</b>									
Ease of scheduling appointments	70.2	4.9	4.1	4.7	0.5	-2.1	-4.9	-1.2	0.9
Ease of contacting	70.2	3.3	2.6	3.8	0.4	-1.4	-4.1	-0.7	0.5
<b>Care Provider</b>									
CP explanations of prob/condition	86.4	3.4	-5.0	-1.9	-0.9	1.1	-0.2	0.0	0.1
CP concern for questions/worries	88.5	2.6	-5.5	-1.9	-0.6	1.0	0.6	-0.1	0.2
CP efforts to include in decision	87.1	3.0	-3.8	-1.4	-0.7	0.7	-0.5	-0.1	0.0
CP discuss treatments	85.6	3.0	-3.3	-1.0	-0.7	0.7	-1.4	-0.1	0.1
Likelihood of recommending CP	89.3	1.8	-4.7	-1.9	-0.6	1.0	-0.3	0.1	-0.1
<b>Overall Assessment</b>									
Likelihood of recommending	75.9	2.1	-2.0	2.3	0.9	-1.0	-2.1	-1.4	1.1
Staff worked together to care for you	82.1	3.3	-1.8	-0.1	-0.3	0.0	-1.1	-0.8	0.7
<b>Telemedicine Technology</b>									
Ease of talking with CP over video	74.8	2.2	-1.0	0.7	-0.4	0.0	-1.9	-1.0	0.7
Video connect during visit	68.7	1.5	-1.0	1.1	0.2	-0.4	-0.8	-0.8	0.6
Audio connect during visit	69.7	2.5	-1.0	-0.2	-0.4	0.0	1.0	-0.4	0.4

Comparison to National Average

### Key Takeaways

- **For care provider measures, younger patients are more critical.** As patients age, they rate their experience more positively, except for the oldest patients. This is consistent with patterns in traditional medical practice surveys.
- A different pattern emerges with the process questions, where **younger patients give higher ratings on the technology items.** This may reflect these patients' varying comfort level with the technology.
- **Families of pediatric patients give favorable ratings for all aspects of the telemedicine experience,** likely because they appreciate the convenience and the reduced risk of exposure to infection for themselves and their children, particularly during the pandemic.

**Key driver analyses provide a window into the specific items** on the telemedicine survey that have the most influence on the global Likelihood to Recommend measures. Nearly all the patients who give top ratings for the items related to their care provider’s concern for their worries, shared decision-making, and communication about treatment and conditions report that they are highly likely to recommend the provider. Likelihood of recommending the video visit is highest when patients perceive teamwork and have a good experience with the technology.

### Top Key Drivers of Likelihood to Recommend Care Provider: Telemedicine Survey



Figure represents the odds of top box scores for Likelihood to Recommend the care provider when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 83.9%.

### Top Key Drivers of Likelihood to Recommend Video Visit: Telemedicine Survey

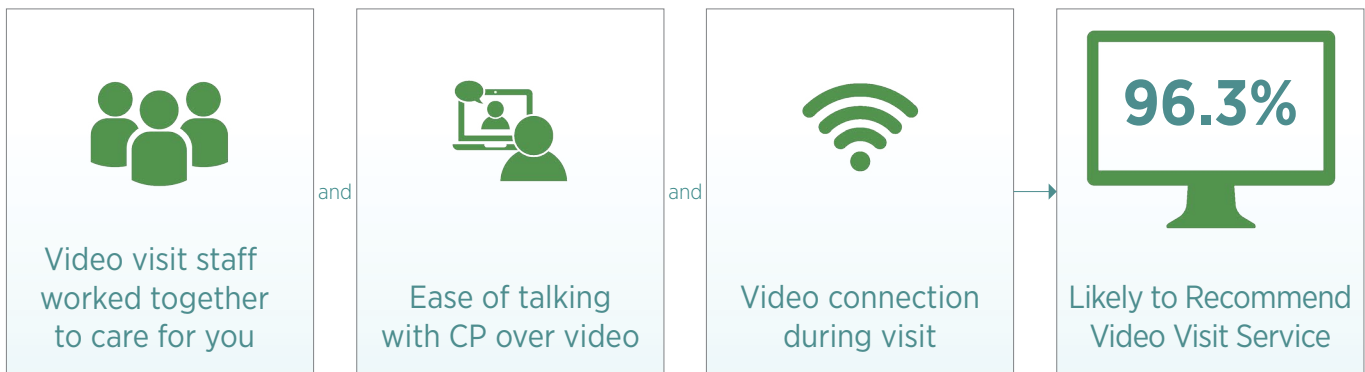


Figure represents the odds of top box scores for Likelihood to Recommend the Video Visit when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 63.5%.

## Key Takeaways

- Drivers of Likelihood to Recommend the care provider on the telemedicine survey are similar to those that are observed for traditional in-person visit models. Specifically, these include patients’ **perceptions of clinicians’ empathy for their concerns, involving patients in decision-making, and communication** about conditions and problems.
- Performance on each of **these items can substantially influence patient loyalty** to the provider. When patients feel their care providers did not show concern for their questions, scores for Likelihood to Recommend the provider drop by more than 70%.
- These are behaviors over which the clinician has full control, independent of the technology. Therefore, these **interpersonal skills should continue to be prioritized and improved** to create an optimal experience for patients.
- Patients’ Likelihood to Recommend the video visit is driven more strongly by process considerations, such as **care coordination around the virtual visit** and technology issues.
- When patients perceive a lack of **teamwork in care delivery**, scores for Likelihood to Recommend the visit drop by more than 70%.

**These early data are promising for improving the patient experience of telemedicine visits.** The strong performance on interpersonal items reflects behaviors that clinicians have full control over and thus should continue to prioritize and improve. The process and technology issues that have emerged as challenges present opportunities for addressing operational considerations that influence patients' telemedicine experience.

## Optimizing the Telemedicine Patient Experience

Patients experiencing telemedicine gave high ratings to their care providers, suggesting the efficacy of this model for nonurgent medical visits. To make these visits optimally successful, providers should focus on four key communication skills and tools to improve their interpersonal connection with patients, which will also help smooth out some of the difficulties associated with virtual interaction: authenticity, agenda setting, empathy, and closing checklists.

- **Authenticity:** Be genuine. Be more conscious of the warmth of opening and closing greetings. Confirm that the patient can hear and see you clearly. Avoid interruptions.
- **Agenda setting:** Identify and confirm the patient's priorities at the outset and communicate how these priorities will be addressed.
- **Empathy:** Consistently convey empathy through language. Check in deliberately about patients' worries or concerns throughout the visit and especially at the close.
- **Closing checklists:** Bring structure to officially closing out the session so that patients know what to expect. Summarize the post-visit plan, reinforcing patient and provider actions. Review questions and answers. Offer instructions for follow-up concerns.

Read [Four Essentials of Effective Telemedicine](#), by Press Ganey Chief Experience Officer Chrissy Daniels, for more detail on these communication tools.

Consult Press Ganey's guide,  
"Top 3 Actions to Support Safe, Exceptional Care in Crisis Situations,"  
on the COVID-19 resources page at [pressganey.com/COVID19](https://pressganey.com/COVID19).