Maintaining a human touch when using telehealth platforms

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with health care professionals on updates regarding the COVID-19 pandemic including how physicians can maintain the human touch when using telehealth platforms. Learn more at the AMA COVID-19 resource center.

Speakers

- Stacy Lloyd, MPH, director, AMA Digital Health and Operations
- Adrienne Boissy, MD, MA, chief experience officer, Cleveland Clinic
- Jen Horonjeff, PhD, founder and CEO, Savvy Cooperative

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today we'll be talking about how to maintain the human touch in telehealth. I'm joined today by Stacy Lloyd, the AMA’s director of digital health and operations in Washington, DC. Dr. Adrienne Boissy, chief experience officer at the Cleveland Clinic in Cleveland. And Dr. Jen Horonjeff, founder and CEO of Savvy Coop in New York. I'm Todd Unger, AMA's chief experience officer in Chicago.

COVID-19 has led to an increased use of telehealth, Dr. Boissy, long before the pandemic, you gave a TED Talk on the importance of empathy and health care and steps you've taken at the Cleveland Clinic to operationalize it. How can physicians maintain that same empathy within a digital environment?

Dr. Boissy: Sure. Well, I have the advantage, Todd, of being a practicing neurologist. I happen to care for multiple sclerosis patients. So I'm going to speak personally and then from the organizational perspective. So if you really think about empathy at a operational scale, which is making life easier for
patients, reducing suffering, reducing time spent waiting, digital tools have enormous potential. So for MS patients, if you think about somebody who needs a walker to come to an appointment or has to get on a bus or get a friend to take them there, empathy at its finest would be about making it as easy as humanly possible, and digital tools help us bring that right into our patients' homes. So I get to see my patients. I get to see the rugs they trip on, the food in their fridge, the family that I've never been able to meet through those tools.

So if we're intentional about asking and staying curious about people's lives and environment beyond just their medical condition, it offers a beautiful window. For the organization at scale, we created a digital playbook in terms of how can physicians and clinicians connect with patients over virtual interfaces, not just the billing and the process, but particularly around how do we maintain relationships through those with effective communication. So you got to bake those into the process to make digital feel human.

**Unger:** And Dr. Horonjeff.

**Dr. Horonjeff:** Yeah, I would add from both a personal and a professional's perspective, myself as a patient, I had my very first telehealth appointment in the pandemic. And since I work in health technology, so many people were surprised that this was actually my first visit, but because I see so many specialists, I hadn't been afforded the opportunities to have telehealth care, especially where many of mine are across state lines.

And while telehealth is wonderful that it opens up the opportunity for more and more patients to have just what Dr. Boissy was speaking of, the ability to let people into their homes and to not have to travel to appointments. There are certain limitations to it. I actually had a reflection of being very sad afterwards because I'm so used to this constant in my life of going to see my care team. And while it was smooth and everything went off just perfectly, it was a signal to me that something was wrong.

And so I sort of grieved that moment of recognition that the world had changed. And in the context of letting people into one's homes, not everybody has this kind of backdrop that they can share. So we also need to be cognizant for people who are living in different situations that may not have a safe space to talk about whatever it is that they're trying to connect with their clinician about. They might have a disarray behind them that they're embarrassed about. So just things that we need to still consider as technology and health tech, in particular, rolls out more and more.

**Unger:** Miss Lloyd, anything to add?

**Lloyd:** Yeah. It's so great to be here with Jen and Dr. Boissy. I get the opportunity to lead a lot of the resources that we put out at the AMA around implementation and adoption of these solutions in practice. And I also previously worked in the clinic environment. So I really approach a lot of the work that I get to do here at the AMA with that lens and bringing that experience to it. And then I was
fortunate enough as I joined the AMA to get the opportunity to meet Dr. Boissy and Jen, that continue to kind of inspire that approach that I take with our work.

And the playbook, the Telehealth Implementation Playbook that we have at the AMA, by design, is a resource for physicians and practices to implement digital health solutions in the clinical environment. And we've been very intentional about physicians, care team members, and patients being a part, an integral part of the development of those best practices and content, because there really won't be true adoption and scale of these technologies without the input of physician and patient buy-in. So it's really great to be here today with them and really getting to share some of the resources that we've created with physicians and patients really at the forefront. So, yeah.

Unger: Dr. Horonjeff, as physicians look to create meaningful connections in their telehealth encounters, what roles should patient input and feedback play?

Dr. Horonjeff: I think as more technology rolls out, we need to be cognizant that different patients have different needs. And let's not also ignore the current conversation that's happening right now about the black community and what we need to do to make sure that we're understanding the needs of these different communities that we're trying to serve. And so rather than just assume that the technology that we in a vacuum have developed, we need to do the work to make sure that we're getting patient insights along the way throughout the entire development process, from the idea stage all the way up through, what is that marketing? How do we get this to patients to be able to make sure that it's meeting their needs, it fits seamlessly into their lives? I find that sometimes one of the biggest burdens of a patient, we throw all this stuff at them and it was never designed together. And then we call them noncompliant because they're not using it, but we haven't designed it in such a way that they can seamlessly interact with it.

Unger: Dr. Boissy?

Dr. Boissy: Well, I'm just going to double down on everything she said. A couple great points were raised. First of all, it isn't about the tool. It's actually about the experience you're trying to deliver. And I feel like I have to keep saying that because I sense a lot of enthusiasm and "how cool post-COVID we're going to virtualize. Yay!" And I have just a little bit of cautious optimism in the sense that it's great we've sped into launching those tools, but I would argue we didn't always do it the way that we dream of doing it, which is in co-design with the people they're meant to serve, which is making sure they meet all patients' needs. And to the point that was made about empathy, empathy is imagining that person's experience. And so I have patients through which these tools don't work.

And when you offer in-person or virtual, they'll say, "I need to see you." Another patient recently asked for a hug. You can't hug people online. And so for me, part of my, I hope, healer judgment is being able to figure out which tools are the right tools for the right relationship and the right person. The AMA did an amazing study a couple years ago. I want to remind this audience about, where they
looked at when physicians adopt the tools and they adopt digital tools, you know better than I do, but I'm going to serve it up for you here as best as I recollect. They adopt the tools when it enhances the relationship with the patient, keeps them safe and reduces burnout and pain and burden on their end. And right, those are the opportunities right in front of us if we grab them.

**Unger:** Spoken like a true fellow chief experience officer. Miss Lloyd, can you comment on that? In terms of the development of the resources from the AMA, how did you take into account the need for patient feedback and input?

**Lloyd:** Yeah, so I mean we really strive to include physician and patient input from the time of concept all the way through to clinical integration, right? So we have the Physician Innovation Network where we've been really striving to connect physicians with entrepreneurs, so that the tools that they're making get physician input early and often. And we, a few years ago, had started talking about how we bring patients to that table and came across Savvy Cooperative and Jen, and instead of recreating the wheel and knowing that they are already patient owned and founded and ran, that's their expertise, why not collaborate? So, we continue to have a really good relationship with Savvy Cooperative and kind of encourage entrepreneurs and tech creators to really get both of those end user inputs and feedback, if you will.

And then from an implementation perspective, from the very first playbook that we created back in the fall of 2018, I really strived to make sure that we had patients at the table when we were doing our qualitative research. We really needed to have both physicians, nurses, medical assistants, practice managers, and patients, really to tell us about their experiences, to be able to create a set of best practices. So that's been really important for us.

And I just kind of want to go back to that notion that digital doesn't work for everyone. And I think we're living in this time of COVID right now where it's been a bit of a forced situation because we're trying to keep people in their homes safe, not to be spreading COVID. So, there's been this massive surge of telehealth and I think it stepped up to the plate in a time that it needed to, but there's still a lot we need to learn about how it can be used in a more normalized environment.

And we're working really hard to gather that data, not only utilization of telehealth services to look at the coding and the actual diagnoses and CPT codes using all of those things, but really also doing physician and patient surveys to gain that experience; really understand challenges and barriers that they're facing so that we can develop additional tools and resources as well as help develop advocacy strategies at the AMA to make sure that what is working well can stay in place and what isn't—maybe we need to figure out where those gaps are and create some change around those.

**Unger:** Well let me ask you one last question, Dr. Boissy. We know the COVID-19 pandemic has exacerbated a lot of the problems that already existed in health care. The one I wanted to talk to you about is physician burnout, which was a huge challenge going into this, and now it's... could be even
greater. Do you see telemedicine as helping or hurting that going forward?

Dr. Boissy: A couple quick thoughts. So we launched telehealth surveys as soon as we stood up these platforms, probably back in March. We had been experimenting with them. The feedback from patients is pretty phenomenal that they’re easy to do, that it’s a huge satisfier, they would recommend it, right? So we have some quantitative data around that. Easily over 86% to about 90% of patients would use it and use it again. So I think we’ve been off to a great start. We also surveyed clinicians and credit to our IT team here to make sure that their experience was also easy and meaningful, and we’re hearing that back as well. So we’ve got a great opportunity. We all desire connection and I don’t think we’re bounded by any single platform. And if physicians and clinicians were hesitant to use them before, they’re definitely jumping on board. I just want to, again, reinforce that that connection is part of why many of us went into health care and these platforms can enable that if we really are listening to that type of feedback from both parties.

And also, when we talk about digital, it’s not just telehealth. I mean COVID is changing everything from the way we check in patients, home check-in, home co-sign, home copay, home all... We’re launching virtual concierge financial services for patients who may have lost their jobs. So, right? And some of those are real pain points for patients. The finance piece of it, the access piece, the registration. And so as much as we have an opportunity in telehealth when we’re talking about those visits per se, I see it as a much larger book to greet the pain points of patients. Our job is to create meaning and it’s to create meaning for patients and our people. If we’ve learned anything from COVID, it better be that. And I think it’s our responsibility to make sure that happens.

Unger: Well, that's an excellent way. Miss, Lloyd?

Lloyd: Yeah, I would love to just add to that. I think, again, that is a piece of the data that we're trying to look at as we start to talk to physicians and their use of telehealth, what their experience is like. Another area of our department is focused on physician burnout and really lessening that. So we’re definitely very well aware of looking at that when we are looking at the data that we’re collecting and the physician experiences that we’re hearing. And we have the telehealth initiative, which we had kicked off prior to COVID. I guess there was some foresight there and we’re working with three state medical associations and 24 physician practices to help support their implementation of telehealth.

And kind of bringing it back to the empathy piece of this and driving the human connection, what I've observed and found really amazing is to hear the physicians talking about their experiences with their patients on video and how they’re able to do med reconciliations a lot easier because they’re able to see all their pill bottles and really do a solid assessment of that. And I'm also hearing stories about just a different level of comfort and willingness to talk, because maybe they're more comfortable in their home or it's challenging for them to get to the office.

And by the time they get there, they may be frustrated or tired. And having that conversation via video
has been a completely different positive experience. So I think there are so many ways to actually... It
isn't even creating that empathy via the digital modality that you're using to deliver care, but I think it's
creating this new level of understanding of what their patients may be going through when they're
coming to the office that creates a new level of empathy as well. So I think that's been really amazing
to hear throughout the experiences that we've been able to talk about with physicians.

**Unger:** Well, it's fascinating to hear the word of the day and this discussion is around experience and
it is about bringing technology and product, marketing together to really serve the needs of the patient
and the physician. So thank you very much, Dr. Boissy, Dr. Horonjeff, Miss Lloyd for your
perspectives today, and that is it for today's COVID-19 update. We'll be back tomorrow with another
segment. For updated resources on COVID-19, go to AMA-ASSN.org/COVID-19. Thanks for being
with us here today and take care.

**Dr. Boissy:** Thank you.

**Lloyd:** Thanks.

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