The telehealth experience has been more nuanced than the commonly held belief that the pandemic seamlessly ushered in its wide and successful use.

There are upsides to telehealth, says the article co-written by the AMA’s vice president of professional satisfaction Christine A. Sinsky, MD. For example, telemedicine may in the future be more widely used to bring family members from afar and the patient’s other clinicians into the virtual appointment, improving patient and family centeredness and enhancing care coordination.

But telemedicine’s appropriate role in patient care is not clearly established yet.

“Our initial experience suggests that telemedicine implemented without attention to workflow risks eliminating—rather than enhancing—teamwork and by returning to a solo-hero model, risks introducing new hazards,” the authors concluded in the article, “Telemedicine and Team-Based Care: The Perils and the Promise,” published in the February Mayo Clinic Proceedings.

The paper discusses the experiences some team-based care practices had with telemedicine visits, outlines models available for team-based care within telemedicine, provides a guide for the types of patient encounters best suited to each visit type shares logistical pearls, and suggests a research agenda for moving forward.

Learn how the AMA is advancing telemedicine during the COVID-19 pandemic and consult the AMA Telehealth Implementation Playbook.

What tweaks can you make?
Here are 11 suggestions the authors recommend to implement telemedicine workflows that lessen the risk of falling into an unsafe “doctor-does-it-all” model, help provide patient-centered care and create an overall better telehealth experience for patient and physician.

**Let patients choose their visit type.** Some patients may still prefer an in-office appointment over a video visit and within the bounds of safety letting them decide is a patient-centered approach.

**Track what type of appointments patients are demanding.** Know how often patients are scheduling in-office versus telehealth visits so supply can meet demand. Some patients, for example, will wait longer for the next available in-office visit rather than scheduling a telehealth visit.

**Schedule realistic time slots for virtual visits.** It may take more time to accomplish the same care in a telehealth visit than an in-office visit.

**Help patients become familiar with the technology and establish expectations.** Have a team member call patients before their first virtual visits to walk them through the process. Remind them to be in a quiet, private location for the visit. Also, you can set up mutual expectations for the visit, for example, letting them know the visit will be 15 minutes and asking their priorities for the visit.

**Consider simulated “practice visits” for clinical teams.** Have staff members serve as patients, letting physicians and support staff experience the virtual platform from both sides. They can learn to navigate it and troubleshoot technical problems.

**Have a backup plan for technology failures.** If technology fails or user error prevents an adequate connection, Apple FaceTime, Google Duo or Doximity Dialer can be a backup plan rather than a phone call.

**Help patients assist with the physical examination.** For example, to check patients’ pulses, show them how to feel the radial artery pulse and then ask them to count out loud every time they feel a beat. For dermatologic concerns, ask the patient to send pictures ahead of time. For neurologic exams, ask patients to perform daily tasks such as putting on their shoes during the visit.

**Respect patient boundaries.** Some patients may feel it is intrusive to have physicians and their teams peer into their home. In the pre-visit phone call, let patients know it’s ok to turn on an artificial background.

**Respect physician boundaries.** Physicians may worry about privacy breeches if conducting telehealth visits from home. Be aware of what may be visible through your camera in the background and that audio connections with the patient may be active before you think they are. Use a virtual background and headphones. Understand potential consequences for conducting visits from a
personal device, for example, a phone number, email address, device IP one address or other personal information could be exposed.

**Scheduling tips.** Maintain a weekly schedule of telemedicine sessions, just as you would for in-office visits so physicians don’t feel like they are constantly on the clock. Decide whether you will schedule virtual visits and in-person visits within the same schedule block, allowing patients the flexibility to switch what kind of appointment it is at the last minute.

Or will you have in-person visits in one-time block and virtual visits in a separate time block, allowing the physician and team to focus on one particular type of visit and could allow visits to be managed from home?

**Use the flexibility of virtual care to your advantage.** Telemedicine can prevent significant disruptions in care if a physician has a minor illness or may be out of the office because of exposure.

Learn more with the AMA about why, in the shift to telehealth, you shouldn’t let team-based care get left behind.