

ARIZONA  
TELEMEDICINE  
PROGRAM



# Effectively Engaging Families in Telehealth

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Q: What types of conditions would you seek telemedicine treatment for?



**48%**

ALLERGY, EAR  
NOSE THROAT



**45%**

ROUTINE  
PREVENTIVE VISIT



**45%**

MENTAL / BEHAVIORAL HEALTH /  
COUNSELING / THERAPY



COVID-19  
screening



GI / stomach-related  
issue



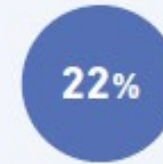
Pain management /  
regenerative  
medicine



Arthritis  
(rheumatology)



Dermatologic or  
cosmetic surgery  
consultation



Eye-related  
issue



Physical /  
occupational therapy



Respiratory  
issue



Urgent care



Pediatric  
care



Heart-related  
(cardiology) issue



Oral / dental  
care

Q: Which factors would help you decide to make a telemedicine appointment?



**69%**

**EASY-TO-USE  
TECHNOLOGY**



**57%**

**COMMUNICATION THAT  
TELEMEDICINE SERVICES  
ARE AVAILABLE**



**47%**

**ONLINE  
SCHEDULING  
OPTIONS**



**47%**

**IMMEDIATE  
AVAILABILITY**



Understanding  
how my insurance  
covers  
telemedicine



A secure  
communication  
platform that  
protects my privacy



Reading reviews from  
other patients about  
their telemedicine  
experience



The ability to see  
the same  
provider in a  
practice



Information on what  
types of services  
can be provided via  
telemedicine



Credentials and  
expertise of the  
physician /  
healthcare provider

# Keys Successful Telemedicine Practice

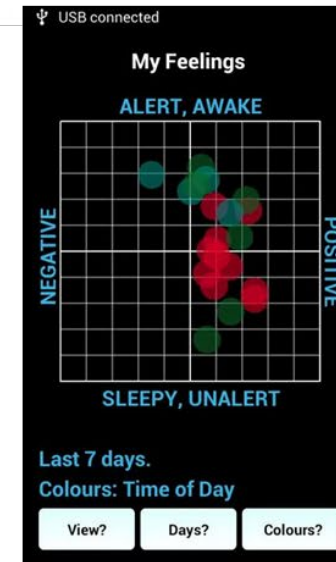
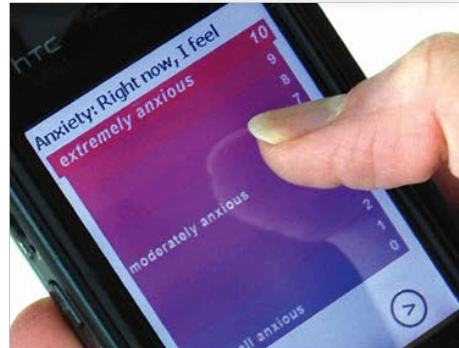
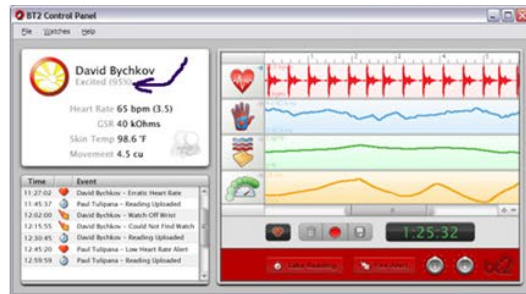
- **Business plan, reimbursement, licensure, champion, technology etc. etc. etc.**
- **Integration into existing practice**
- **Hub-spoke, enterprise-wide system, service provider, direct-to-patient**
- **Workflow, workflow, workflow**
- **It's the people – not the technology!**



# CLINICAL ENCOUNTERS



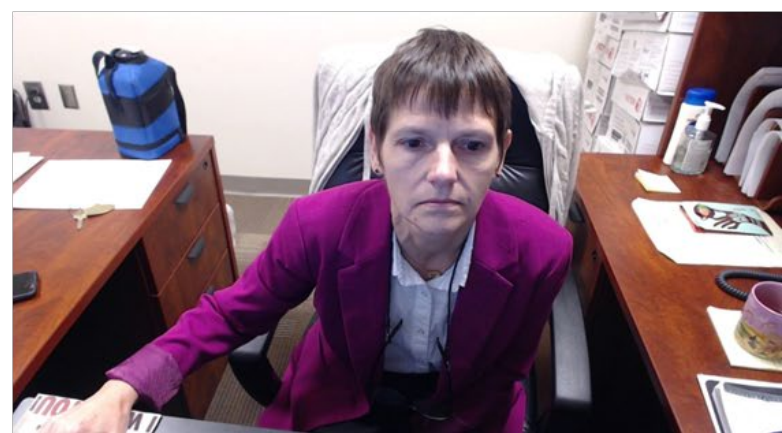
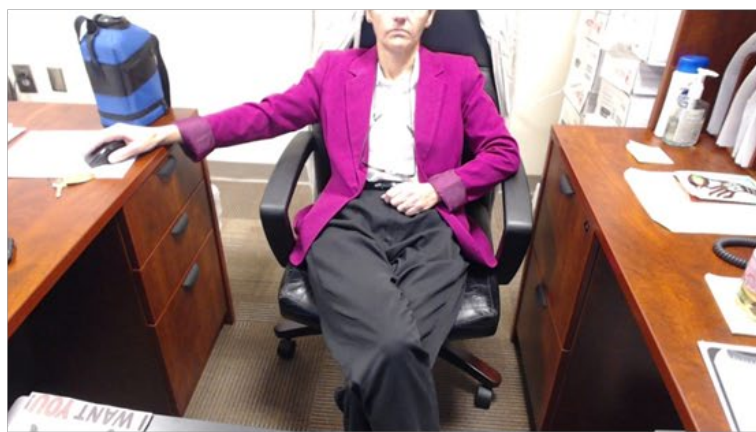
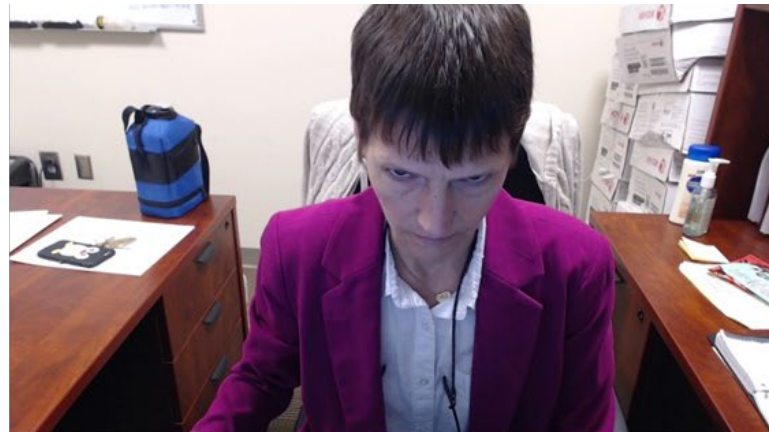
# WEARABLE/USABLE DEVICES



# “Human” Factors

- Senses
  - Touch – healing/therapeutic, handshake, pat on back, hug
  - Visual – impairment, scope/FOV, subtle movements
  - Smell – alcohol, drugs, hygiene
  - Hearing – impairment, changes tone, volume, tremor
  - Taste - ?
  - 6<sup>th</sup> sense – presence, gut reactions
- Comfort, ease, rapport, satisfaction
- Outcomes







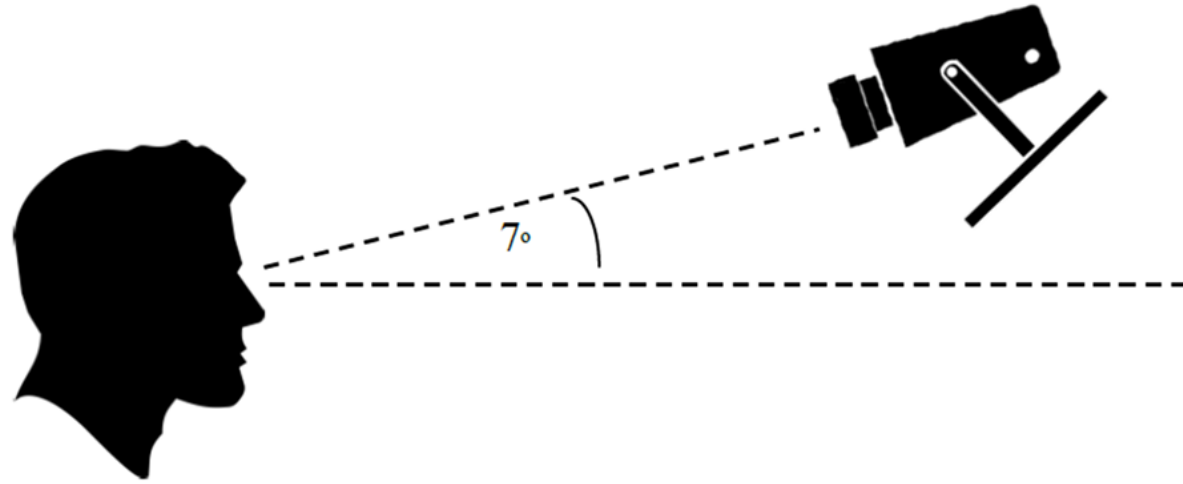
# The Eyes are the Windows.....

- **Eye contact one of most important aspects human interaction**
- **Fundamental to REDE (Relationship, Establishment, Development, Engagement) model patient provider interaction**
  - **Skill set checklist covers eye contact**
  - **Impacts patient's sense dignity**

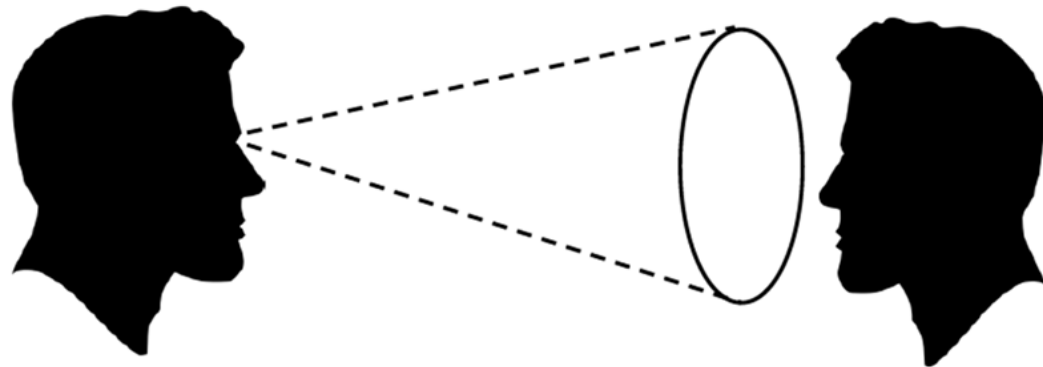
# Gaze vs Eye Contact

- **Gaze = directed looking at person/object**
- **Eye contact = gaze directed at another's eyes**
- **Mutual eye contact = two people make eye contact simultaneously**
  - **Helps establish rapport & trust**
  - **Keeps participants focused on each other (i.e., gaze directs attention)**
  - **Encourages interaction**
  - **Facilitates memory**
  - **Influences likeability & attractiveness**
  - **Affects perceived emotion**
  - **Creates sense inclusion when present & sense isolation when not**
  - **Allows use non-verbal cues**

## Camera Position



## Cone of Gaze



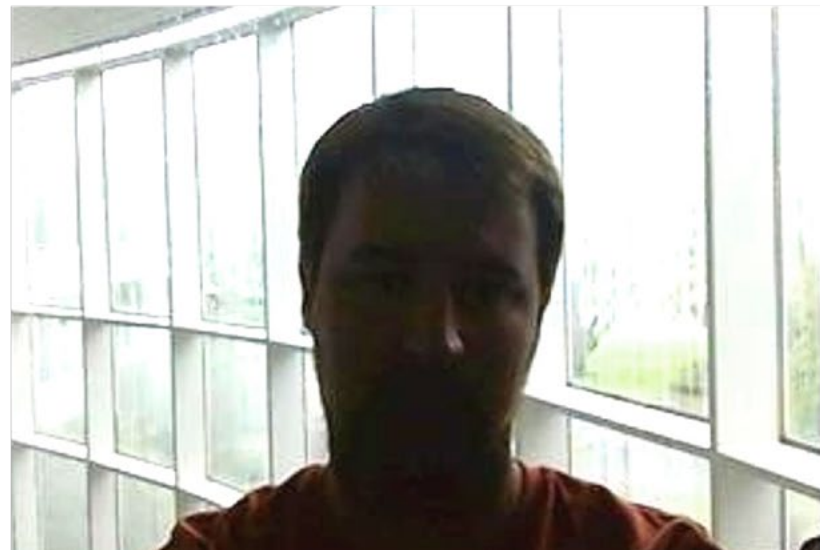
# Cultural Factors

- **Different cultural associations with direct eye contact versus indirect eye contact**
  - **Arabs, Latin Americans & Southern Europeans make more eye contact during conversation than Asians & Northern Europeans**
  - **Japanese consider eye contact rude & people taught to look at person's Adam's apple instead of eyes; also social rank - eye contact with superiors avoided**
  - **In general women make more eye contact than men**
  - **Eye contact changes with age: increases ages 4-6 & 6-9, decreases from 10-12, increases into adulthood**

Bad Lighting



Good Lighting



# Zoom Tips

- **Stands for tablets/phones (so not looking down/moving)**
- **Test microphone & speakers before you start – consider headphones**
- **Check your video & look at yourself before connecting**
- **Introduce everyone at beginning**
- **Ensure clean, work-appropriate background**
- **Features to practice: share screen, break-out rooms, chat, waiting rooms**
- **Record only if necessary – note to client & get permission**
- **Practice – do fake sessions with different scenarios with colleagues!**



**Didactic UAMS & UofA**



**Simulated Patient**



**Simulated Counselor**



**Observers**

# Crucial First Minute

- **Important aspect developing rapport over TH is having professional, confident, authentic tone - if provider anxious, unsure, hesitates awkwardly, has informal tone at visit beginning caller doesn't trust provider with personal thoughts & feelings**
- **After be warm, open & respectful – “Sure, I’ll be happy to help you with that” – implies know what talking about & prepared**
  - **Be participatory (not 1-way) – be in their world, talk at their level, explain things using common language, smaller words, metaphors, be motivational**
- **Setting stage or pre-education – let patient know what to expect, limitations, follow-up processes etc. & allow for Q&A – solidifies trust & makes everyone comfortable**
- **Informed consent – may not be required for this type of encounter but always useful to get**



# Additional Factors

- Environmental factors – minimize distractions (both sides), lighting, room size, need for activity, furniture, toys, tools
- In case lose connection – this is what we'll do
- Cultural competencies – selecting right provider, if possible someone with similar background as patient or at least experience/comfort with
  - Gender, race, ethnicity, age, sexual orientation .....
- Clarify roles & expectations – include others (parents, caregivers etc.)
- Review prior info/history with them
- Teachable moments
- Post-visit communication
- Always be aware of escalations & ER contacts



- **Be conscious warmth of opening & closing greetings – smile!**
- **Confirm patient can hear & see you clearly**
- **Allow for extra pause after patient speaks to ensure they have completed their sentence to avoid interruptions**
- **Explain when you have to look away to reference EHR or other documents**
- **Identify reason for visit & priorities**
- **ID anyone else in room + their room**
- **Ask twice, is there anything else – keep asking until confirm nothing else**
- **Negotiate if needed – that’s a lot to cover today, let’s deal with X since it sounds like your most pressing concern & Y next time as is less critical – then restate agenda**
- **Consistently convey empathy – be active listener, get their opinions**

# Basic TH Intro

- Ask if ever seen a doctor on a phone or computer - may be helpful use common technology (e.g., Facetime) & explain key differences
- Explain why telehealth being used - “we are using technology to meet with patients during COVID-19 so everyone can stay as healthy as possible”
- Communicate/affirm session happening in “real time” - comment on the patient’s gestures, or what they are wearing - children in particular seem to enjoy as proof being seen
- Discuss security if needed – adults & teens might understand encrypted technology & HIPAA but if younger children express concerns about who else can hear/see them so describe as “electronic tunnel from the camera where I am to where you are.”
- Some patients appreciate being reassured session not “on the internet” nor will it be placed online
- Inform patients if session being recorded & must obtain explicit consent from the patient
- Establish visual context of where you are sitting - ask patients if would like to see your office & use camera’s zoom & pan features or manually move to give patients a virtual tour of your office

# Closing Checklist

- Summarize plan
- Reinforce any care provider actions, such as calling in prescription, labs,
- Reinforce any actions patient will take, such as increasing activity, changing diet, complying with medication
- Review questions & answers
- Provide guidance on what to watch for should problem worsen
- Offer instructions for follow-up questions or concerns



# Resources

- **AMA Telehealth Implementation Playbook**
- **ATA QuickStart Guide to Telehealth**
- **AHRQ How to Obtain Consent for Telehealth**
- **TRC fact sheets, tips & videos for providers & patients**
- **Most professional societies especially psychiatry/psychology**
- **Talking with others to see what works**



# Summary

- **Technology should not be barrier to eye contact & establishing rapport**
- **Technological tools can facilitate & even enhance what we can learn about someone's health status & how we can help them**
- **TM creates very different work environment & devices that patients & providers must interact with**
- **Human factors studies can help optimize both experiences & reduce potential for injuries & errors**
- **Lots of resources with tips, methods, protocols etc.**



# Thank you!

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