

# How to Talk to Physicians about Telehealth

## Physician Leader Talking Points for Common Physician Pushback



This cheat sheet is designed to help physician leaders discuss the importance of telehealth with physicians. Use it to anticipate and address common pushback that you might encounter in medical staff meetings and in one-on-one performance conversations with physicians.

### Common points of physician pushback:

- 1 **“I need to do a physical exam. Otherwise, it’s not good medicine.”**
  - **We will only provide virtual care when it’s clinically appropriate.** That’s why we want you involved in developing and implementing our organization’s criteria for virtual visits. Virtual care can also be the right care option for patients who can’t otherwise come in. Think of your patients who frequently miss appointments or can’t get to the clinic due to work or transportation barriers.
  - **You’re right—some care requires an in-person exam. That said, there is a lot of care we didn’t think we could provide via telehealth—that we’re now finding we can.** Examples include patient or caregiver self-assessments, such as the Ottawa Knee and Ankle Rules and the Roth Score. And don’t forget, many patients will have at-home equipment like thermometers, scales, and blood pressure cuffs to assist virtual visits and give you the data you need. *If your organization has any programs to increase patient access to at-home equipment to assist in virtual visits, make sure your physicians know.*
  - **There’s also care we can do virtually that we CAN’T do in an office visit.** Telehealth is a great tool for taking better care of your patients in places you haven’t historically been able to reach them—think virtual home assessments, ongoing chronic disease monitoring, and improved medication reconciliation—you can literally ask your patient to bring you to their medicine cabinet virtually. Some patients also feel more comfortable at home, which can decrease ‘white-coat hypertension’ for blood-pressure measurements and produce more forthcoming conversations.
  - **In many cases, care doesn’t have to be either virtual or in-person only. We can use both in concert to provide longitudinal care.** For example, you can conduct virtual pre- and post-surgical consults for in-person surgeries. Or you can conduct every other visit for a patient with a chronic condition virtually. That’s going to be important to limit exposure during Covid-19 – but also has immense potential post-pandemic.

Source: Physician Executive Council interviews and analysis.

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## 2 “I don’t know how to do telemedicine,” or, “that’s not my area of expertise.”

- **You’re not ‘doing telemedicine.’ You’re doing medicine, virtually.** In five years, people won’t call it telemedicine, just medicine. It may feel different at first, but it’s just another way to deliver the top-quality care you already do in the office: The same clinical evidence applies. Your same patient-centered communication techniques apply.
- **We will train you to make it your area of expertise.** We’ve made training resources available to you.

## 3 “Patients don’t want to use it,” or, “my elderly patients don’t want to use it.”

- **The latest consumer surveys show that once patients try telehealth, they like it.** The research has been really compelling: 74% of telehealth users have reported high satisfaction. 76% say they are likely to use it in the future. Even 53% of Medicare Advantage seniors rated their telehealth experience as favorable. It’s not hard to understand why – there is a huge convenience factor for patients. If we don’t offer accessible virtual visit options, our patients may end up leaving for someone else who does.
- **Elderly patients want to use telehealth too—especially if it can save them from waiting.** The research has been compelling here, too. 59% of patients from age 56-93 would consider a virtual visit over an in-person visit that required **just one day** of waiting. And the reality is – a growing number already are using it. 44% of Medicare eligible patients report having used telemedicine.
- **As the physician, you set the tone for how your patients perceive telehealth.** Emphasize the convenience, quality, and safety amid the pandemic if you encounter patient skepticism—but I suspect you will encounter less skepticism from patients than you might be bracing for.

## 4 “It’s too impersonal,” or, “I will lose the patient connection.”

- **Telehealth can positively impact the physician-patient relationship in multiple ways.** In one *Harvard Business Review* case study of video-based visits at Brigham and Women’s Hospital, nearly three-quarters of patients said virtual interactions improved their relationship with their provider. Patients also report less of a power imbalance by holding a visit in a non-clinical setting, which can increase their comfortability and make it a more intimate experience.

Source: Advisory Board Covid-19 Consumer Survey, June 2020; “From telehealth visits to digital pharmacies, seniors have ramped up technology use during COVID-19: survey,” Fierce Healthcare, August 5, 2020; “POLL: Seniors Give Telehealth High Marks; Medicare Advantage Satisfaction Smashes New Record,” Better Medicare Alliance, May 2020, <https://www.bettermedicarealliance.org/news/poll-seniors-give-telehealth-high-marks-medicare-advantage-satisfaction-smashes-new-record/>; “Telehealth: A Quarter-Trillion-Dollar Post-Covid-19 Reality?” McKinsey and Company, May 2020, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>; Physician Executive Council interviews and analysis.

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## 5 “Telehealth is just adding visits to my schedule and I don’t have capacity for that.”

- **When done correctly, telehealth won’t add to your plate—you’ll just be seeing patients differently.** You may see patients more frequently, but virtual visits should be shorter, and patients will engage with their care in other ways. We need your help to promote telehealth modalities like asynchronous secure messaging and remote patient monitoring to connect you with your patients before a virtual visit, so you can make the most of the appointment.

## 6 “I’m not going to do telehealth if I’m not getting paid in-person rates for it.”

### Questions do remain about reimbursement, but:

- **In a time where patient volumes are down, virtual care presents a great opportunity to see more of your patients.** You should capitalize on more flexible reimbursement to see more patients virtually and recoup some of your volume losses. Also, you can help demonstrate to your payers the quality of care you’re able to provide via telehealth.
- **To remain competitive, we can’t simply return to the ‘old way’ of practicing medicine.** We know that patients prefer care from health systems they know and trust, but patients prioritize convenience—we’ve found that 60% of all consumers would consider a virtual visit if they had to wait **just one day** to see their regular provider in person. And soon (if not already), health systems will have to compete in a market where delivering virtual care better than a competitor will make a big difference.
- **Even if reimbursement is lowered, telehealth is key to increasing productivity.** For fee-for-service billing, if you conduct low-RVU visits via telehealth, then you can create time for higher-RVU visits in person. From a value-based care perspective, you can reduce total cost of care by shifting treatment to a lower-cost setting, expanding specialist coverage, and reducing avoidable emergency utilization. Some of you can even specialize in virtual visits—we’ve seen organizations use telehealth to offer extended hours and even provide 24/7 virtual care.

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