

FEATURED SPEAKER



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**HAWAII  
PACIFIC  
HEALTH** | KAPI'OLANI  
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# Lights, Camera, Action! Coaching your physicians to exceptional telemedicine experiences

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**27<sup>th</sup> Annual NRC Health Symposium – Omni Nashville Hotel**  
**Nashville, Tennessee**  
**August 4–6, 2021**

## The Rabbit Effect

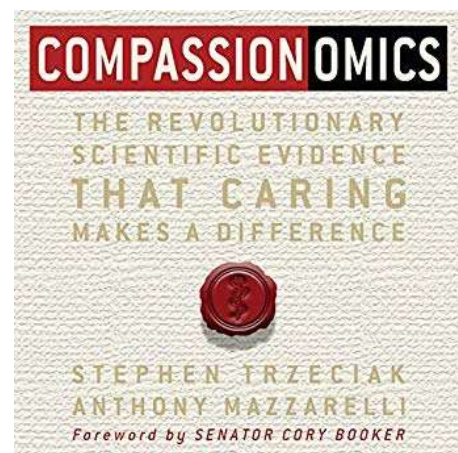
- 1978 Study
- Why did the bunnies heal?
- What is “Patient Experience?”



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## Compassionomics

- Dramatic improvement in clinical outcomes tied to perception of compassion in caregivers
- Compassion is trainable
- Behavioral tactics



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## Three (or four) Barriers to Telemed

1. Tools: Don't have a mobile device
2. Technology Poor internet/cellular connectivity
3. Time (Payment model)
  - Medicine under a microscope



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## Why doctors like it.

- Virtual house calls
- Get to know the family
- Identify issue and hazards
- Easier to document and talk.
- I can work in Shorts!

## Why patients Love it!

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I don't have to look for parking

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I don't have to be near sick people

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Skip the waiting room

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More convenient time slots, IE from work or when I'm home with kids

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More frequent contact

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Don't need a mask!!

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# Enter Covid-19

## Pre covid

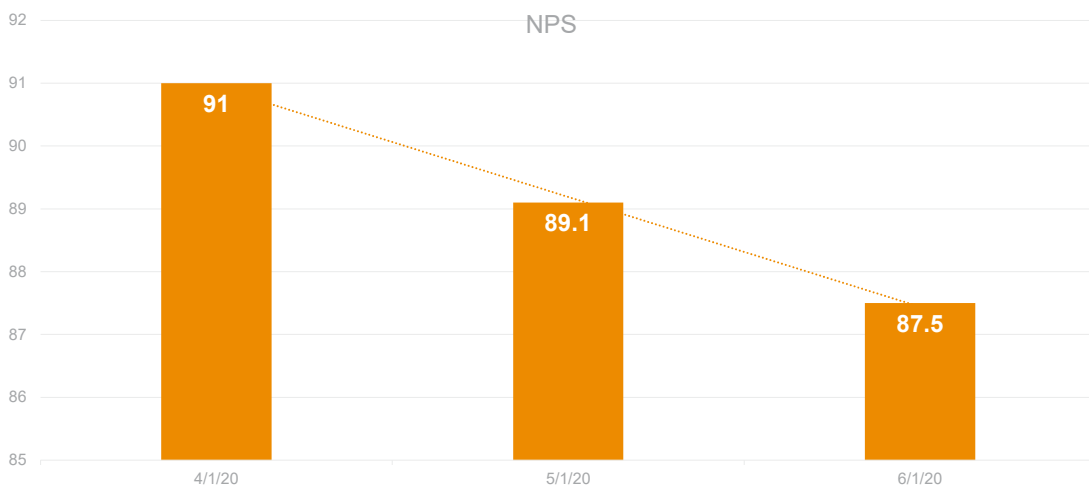
- Our insurance providers and Medicare refused to cover telemedicine unless it was with their providers
- Telepsych
- Physicians unfamiliar with the technology and how to optimize it
- Patients unaware of or did not trust technology

## Post Covid

- Sudden dramatic need for telemedicine
- Shortage of cameras, computers, software licenses
- Patients did not want to come to clinics
- Software not ready for prime time
- Unknown patient experience

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# Not what we expected...



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## Telemedicine vs. Television Medicine

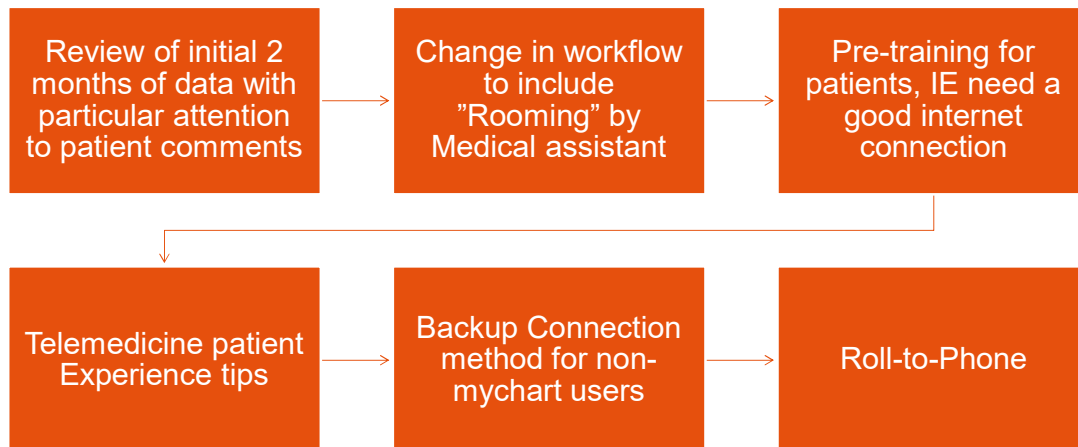


### Patient Concerns

- Pixilating, freezing and poor connection
- Poor audio
- People in background
- It just didn't work

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## Interventions



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## Tips for earning your Telemedicine Emmy...

- SET
- Process
- People skills
- Technology



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### Bad Lighting



### Good Lighting



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## Not too hot, Not too cold, but JUSSST right...



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## Lighting

- Lighting
- Not directly overhead
- Use a diffuser or filter
- Use ring lights or natural light
- Not backlit
- Warm Color temperature
- Up lighting makes you look younger
- Camera on adjustable mount
- Diffuse and Direct



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Before After

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## “Quiet on the Set!!”

### Sound

- Good headset with microphone
- Run soundcheck before starting
- No background noise
- Don't run too many apps
- Bandwidth
- Avoid shared workspaces
- Convert one exam room for telemedicine



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## Rounding for Process Improvement



- Absolutely have an assistant help the patient “connect”
- Schedule telemedicine appointments in groups
- Select a calming, professional background
- “On Air” sign on the door
- Solid Camera or device mount
- Round on your docs, do practice video visits.

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# “You need acting lessons...”

## People skills that create Professional “Presence”

- Smile! (Check your teeth)
- Dress appropriately
- Look at the CAMERA when the patient is speaking to you
- Describe what you are doing off camera or use screenshare
- Speak clearly, don't mumble
- Record yourself on zoom and play it back
- Give the patient time to respond
- “Can you hear and see me okay”
- Roll to Phone PRN



### HAWAII PACIFIC HEALTH MEDICAL GROUP VIDEO VISIT QUICK START GUIDE

Virtual video visits are different than what you are used to in the office, and creating a great experience requires a little practice. Here are some tips to get you started:

#### PREPARATION: *Lights, Camera, Action!*

- Check the quality of your camera, microphone and internet connection.
- **Environment:** Quiet, private, without distracting sound or visuals, or other people visible. Place a sign outside to prevent interruption.
- Dress Professional. Remember, patients can see everything you do. Wear simple color combinations, avoid complex patterns. Name tag facing forward, Clean your Teeth.
- **Lighting:** Patient should see your face clearly without glare or shadows. Avoid direct overhead lighting or bright backlighting. Small USB lights can sometimes be placed under the monitor to provide uplighting.
- **Positioning:** Make sure you sit straight and are “in Frame” and can easily make eye contact with the camera.

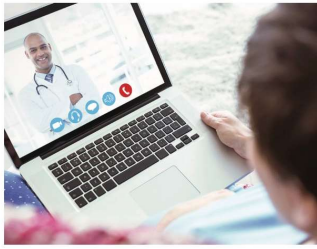


#### BEGINNING YOUR VISIT:

- Review your schedule for the day.
- Each visit should begin with an agenda which lists the patients concerns as well as your own, this can be established verbally at the beginning.
- **Time:** It is important to let patients know how much time you have so you can remain on schedule. Patient can schedule another visit if needed.
- Introduce yourself to new patients by giving your name, your specialty, and a number of years have been in practice.
- Ask if the patient can hear and see you okay before you begin. Offer to switch to a telephone visit if needed.
- You begin the visit by restating what you already know from the history, then ask the patient to tell their story from there.

#### MANAGING TIME:

- Spend most of the visit listening whenever possible. Allow the patient to tell their story for at least 2 minutes without interrupting. Look directly at the camera when speaking to the patient. This is socially equivalent to making eye contact.
- If you plan to type during the visit, ask the patient's permission “Do you mind if I take some notes while we talk?” Mute your microphone while you are typing.
- Nod your head and maintain as much eye contact as possible to show patients that you are actively listening. Repeat phrases, or summarize out loud occasionally.
- When you have obtained adequate history you may proceed with a patient-assisted exam if appropriate.
- Be sure to state your diagnosis, next steps and follow up clearly. Document these on the AVS.



#### ENDING YOUR VISIT:

- Ask the patient what additional questions they have.
- Thank the patient for participating in this virtual visit and make sure they understand how results will be followed up, what pharmacy medications have been sent to, and who will contact them next.

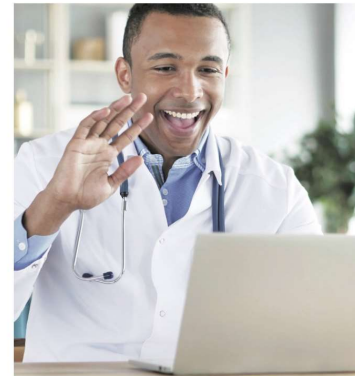
#### OTHER TIPS:

- If the patient's words or expressions suggest they are worried about something, express empathy and acknowledge how they may be feeling. "It sounds like this was difficult for you". "What can I do to help?"
- Talkative patients will try to keep you online. Gently redirect them by saying "tell me more about" or lets focus on... or "We have just a little time before our labes with you"

#### COMMON MISTAKES:

- Not checking sound, lighting, camera, internet, logon before you begin your day.
- Not checking your appearance on camera.
- Not reviewing the chart.
- Frequently looking away from the camera or offscreen. (you appear distracted)
- Forgetting to silence your cell phone
- Not managing time well.
- Not putting a sign or light outside the door to prevent interruptions or eavesdropping
- Food in your teeth.
- Talking too loud or too soft or not asking the patient if the sound is okay for them.
- Loud typing audible to patient because the mike wasn't muted.
- Failing to occasionally make eye contact with the camera. It takes practice.
- Lack of internet bandwidth for you or the patient, poor technical connection.
- Failing to eliminate background noise.
- Failing to use the Doxy.me pre-call test for bandwidth.

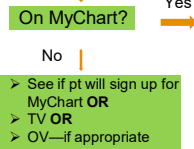
## HAWAII PACIFIC HEALTH MEDICAL GROUP VIDEO VISIT QUICK START GUIDE



For more information visit:  
[HawaiiPacificHealth.org/CoronaVirus](http://HawaiiPacificHealth.org/CoronaVirus)

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Patient calling for a f/u appt



- Schedule VV using Visit Code: 3171 +Location Service Code: 2522 (pt's home)
- Send patient instructions/message via MyChart portal (see patient instructions on slide #2)

## Video visit workflow

### 15-20 minutes before visit | Patient

- Patient does eCheck-in:**
- Med recon-including select pharmacy
  - Review Allergies
  - Insurance and payment info
  - Consent to do video visit
  - Complete respiratory symptom questionnaire

#### \*\*\*Please note:

- Do NOT open any visits in your virtual waiting room, unless that patient is on your schedule
- Consider getting an iPad with cell service for your video visits
- Consider doing Pre-visit Documentation of your note and AVS before the visit--makes the flow go faster (see verbiage you need to include in the note on slide 3)

### 3-5 minutes before visit | MA

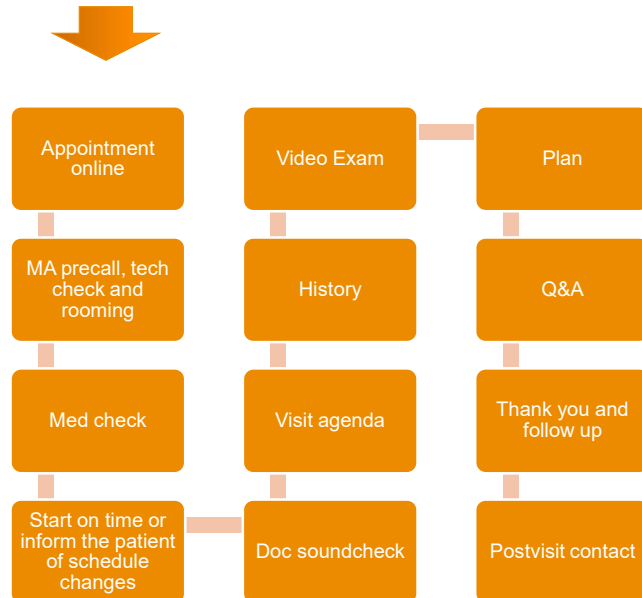
- MA opens video visit on device:**
- Welcome
  - Sound and video check
  - Makes sure patient **Arrived** on schedule (secure message to PSRs if not done) **\*\*this is important\*\***
  - Enter **Chief Complaint**
  - Enter **Vital signs**-if pt has done them
  - Under Pt Clinic Review: review answers to questionnaire for MyChart COVID--if positive, let provider know
  - Make sure patient did **Med Recon**-if not done, then MA does it under Video Visit tab--Medication Review
  - Warm hand-off to provider

### At visit time | Provider

- Provider takes over visit:**
- Signs into Epic and opens visit--Video tab (with video icon top menu bar)--Pt Clinic Rev
  - Review info under Pt Clinic Review
  - Opens Progress Note (include Video Visit phrase on slide #3) and visit as usual
  - Complete Visit DX+Plan and Wrap-Up as with OVs
  - **LOS: usual 99213-99215 + Modifier 95**

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## The video workflow



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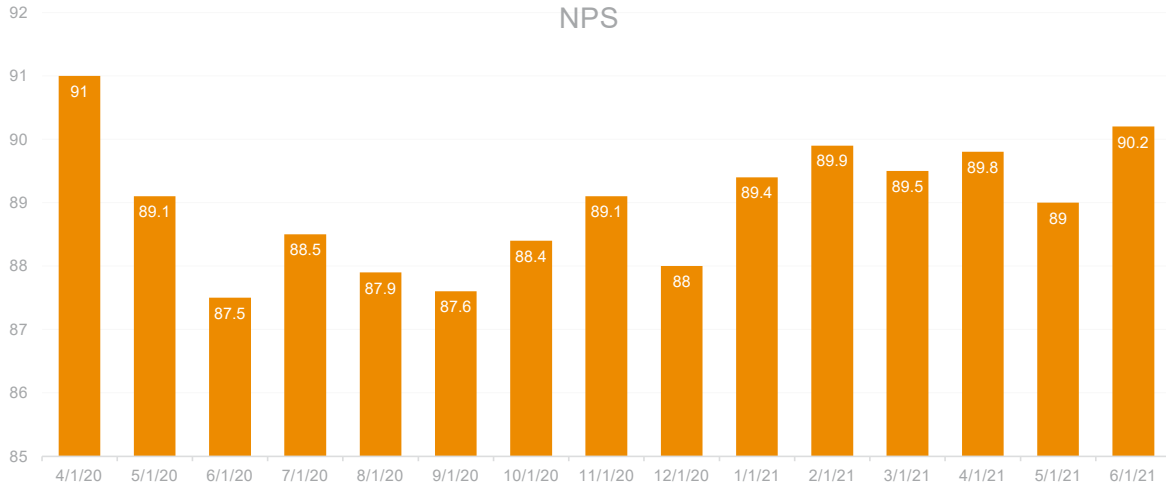
## Expect the unexpected



- Patients connecting while driving
- Connecting in a crowd
- Poor connection
- The "flasher"

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# Sustainable Improvement



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“People will not always remember what you said or did, but they will always remember how you made them feel”

-Maya Angelou



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Fear divides us  
And isolates us  
Love unites us  
Compassion  
heals us

**“IF YOU  
WANT OTHERS  
TO BE HAPPY,  
PRACTICE  
COMPASSION.  
IF YOU WANT  
TO BE HAPPY,  
PRACTICE  
COMPASSION.”**

~ Dalai Lama

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## Top Ten Telemedicine behaviors that build trust

- Be prepared (chart lights, sound)
- Previsit Call
- Look at the camera, not the screen
- Tell the patient what you are doing (screenshare)
- Be focused and Mindful
- Visit agenda
- Manage time
- Find personal Connection
- Identify top concern/Alleviate fear
- Express Gratitude

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# Questions?

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