

Addressing Evolving Patient Concerns Around Telehealth in the COVID-19 Era

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Over the past decade, there has been a push to help patients become activated and engaged, positioning them in the “driver’s seat” of their health care.^{1,2} This framework requires greater attention, consideration, and responsiveness to patients’ expectations and their needs, preferences, and values.^{3,4} Considering these factors helps health care organizations achieve the goals of the Quadruple Aim, with incentives introduced to further emphasize the need to pursue patient-centered care.^{5,6}

However, being a patient in a pandemic is different. As the nature of health care delivery evolves—with perhaps one of the most salient changes induced by coronavirus disease 2019 (COVID-19) being a rapid increase in virtual care delivery—the experience of receiving care has also changed. With the move to telehealth modalities, patients have needed to acclimate to new ways of receiving care and communicating with, or “seeing,” their doctors. Elements of this unprecedented shift in care delivery are likely to remain as we move forward; however, the emergence from quarantine into what has been described as the “next normal” will be complex.⁷ Health care organizations and clinicians must develop sustainable approaches to align with shifting patient expectations and concerns. Policy makers must consider the implications of virtual care delivery, including incentives for encouraging high-quality, patient-centered care. Here, we discuss 3 areas that reflect changing patient expectations: (1) preferences for continuing to use telehealth, (2) concerns about the privacy of health information, and (3) uncertain expectations about the quality of virtual care. We then offer patient-centered recommendations for how clinicians, organizations, and policy makers can respond to these challenges and suggest the need to continue to examine the concept of patient-centered care in the telehealth context.

Telehealth Is More Convenient...But Is It Meeting My Needs?

The hallmarks of health care delivery during COVID-19 have included rapid adoption of telehealth modalities, increased use of remote monitoring, expanded access to digital therapies, and more home-based care.^{8,9} Although a “digital divide” persists as some patients

TAKEAWAY POINTS

Patients may have new needs, concerns, and expectations around technology-mediated health care within the context of coronavirus disease 2019 (COVID-19).

- ▶ Some patients may develop a preference for care via telehealth whereas others may have concerns about privacy or about the quality of care they are receiving virtually.
- ▶ Clinicians and health care organizations should proactively address patient concerns (eg, about privacy) given that telehealth is likely to remain an option beyond COVID-19.
- ▶ It is important to understand how to evaluate the quality of care delivered via telehealth, including its implications for patient-centeredness.

struggle to access care due to limited computer and/or broadband access, others who received virtual care via these modalities have reacted favorably to telehealth. Looking ahead, some patients will likely question the value of and need for brick-and-mortar office visits.^{10,11} For instance, virtual care options can be convenient for patients because they can mitigate the risks associated with COVID-19 and reduce the costs associated with in-person visits, such as childcare, transportation, or time off from work.^{12,13}

Despite the added convenience that telehealth offers, it will require that clinicians emphasize building and maintaining rapport with patients and that they work toward shared decision-making virtually.¹⁴ For instance, in this context, one decision to be made is whether patient needs can be adequately addressed virtually or whether an in-person visit would be needed. Optimal shared decision-making in this scenario may require that clinicians encourage patients to express their preferences and/or concerns about modes of care delivery; they may potentially need to engage with family caregivers to understand patients’ social circumstances. Clinicians will also need to discuss safety protocols with patients, particularly when in-person visits are strongly preferred or required. In contrast, when virtual care is both appropriate and preferred, clinicians and their organizations need ways to assess patients’ capacity to use telehealth in light of the digital divide.¹⁵ In this

assessment, organizations could ask whether patients have access to devices that enable telehealth visits and whether they have adequate digital literacy prior to scheduling an appointment that involves telehealth.¹⁵ Shared decision-making could also include a discussion with patients about referral procedures and policies, as well as encouraging patients to ask their insurance provider about the need for prior approvals and/or referrals for virtual visits.

How Do I Know My Privacy Is Protected?

When patients communicate with clinicians via phone, email, telehealth platforms, or asynchronously via secure messaging, they may worry about how their personal information is collected, used, stored, and shared with clinicians and across networks.^{16,17} Given recent breaches involving personal information, patients may be more aware of and concerned about the protection and confidentiality of their information and may expect information about their clinician's and organization's data sharing policies and procedures before engaging in telehealth encounters.¹⁸⁻²⁰

Patients and clinicians have also begun leveraging applications (eg, FaceTime) to use patients' personal devices (eg, smartphones) for conducting virtual visits.²¹ Patients may now share information from the comfort, convenience, and safety of their homes, or they may be challenged by the need to participate in visits from public establishments such as work settings or cafés.²² Clinicians now have the ability to learn about their patients' social and environmental contexts. This new information could improve care quality if clinicians are better able to assess health and safety risks, such as fall risks, or challenges with other social determinants of health (SDOH).²³ However, patients may have concerns about involuntarily exposing aspects of their lives (eg, housing situation) to their clinicians or disclosing sensitive information about their clinical conditions or stigmatized diagnoses in front of other household members.²⁴

Clinicians and health care organizations should help prepare patients for upcoming telehealth visits by explaining how their personal health information will be shared with other providers who are comanaging their care and by ensuring that patient consent is obtained before releasing records. Clinicians, who are gatekeepers of personal health information, could explain to patients how an understanding of their environment may support health care decision-making, and they can suggest that patients move to a comfortable area of their home that meets their privacy preferences. Policies will need to be developed to (1) facilitate family caregiver involvement in telehealth visits and (2) govern the use of SDOH data that may be gathered during telehealth visits.

How Can I Trust That I Am Still Getting the Best Care Virtually?

In an opinion piece in the *New York Times*, Richard Goggin reflected on his experience of going to a cancer center for a part of his treatment during COVID-19 and being told that he should not be at a hospital; he asked, "Do you think my cancer knows that?"²⁵

Similarly, patients may be concerned that their health needs are being compared against COVID-19 and subsequently overlooked by clinicians. Building relationships, expressing empathy for the changes that everyone is working through, and increasing trust between patients and clinicians will be critical to the transition to the next normal. For example, in virtual environments, mistrust may be exacerbated when there are limited opportunities for building trust and rapport between clinicians and patients and, further, if patients do not trust the technology used in the interaction.²⁶ In the context of virtual care delivery, patients will need to trust their clinicians to (1) give sufficient attention to non-COVID-19-related concerns, (2) be honest about the most appropriate mode of care delivery given patient circumstances and needs, and (3) protect their personal health information, including their social and environmental circumstances.²⁷

Indeed, clinicians may face organizational restrictions affecting their ability to see patients without COVID-19 in person, or they may be concerned about putting patients without COVID-19 at risk of infection transmission by allowing them to come to in-person visits. Patients may also compare in-person experiences with their clinician against virtual visits to determine whether and how much they trust the quality of care delivered via virtual means.²⁸ It will be critical to examine what quality means in the telehealth context and how it differs from our extant definitions of quality in traditional clinical encounters (eg, structure, process, outcomes; the 6 dimensions of health care quality—safety, equity, efficiency, effectiveness, timeliness, and patient-centeredness), as well as to evaluate the implications of these differences from the perspectives of both patients and clinicians. For instance, differences in how we measure and evaluate quality could have implications for telehealth payment parity because traditional quality frameworks may not be directly applicable to virtual care delivery.

Clinicians and health care organizations may benefit from performing outreach to invite patients to obtain the care they may need and discuss challenges, concerns, and alternatives with patients who are skeptical of virtual care delivery; this can contribute to building trust with patients. For example, clinicians supporting patients with limited English proficiency may consider reaching out to ensure that they have access to an interpreter and are not forgoing appointments, are not feeling reluctant to disclose their needs due to concerns about communication, and are not relying on family members who are not licensed professionals for interpretation.^{29,30} In such cases, health care organizations should provide patients with access to licensed interpreters who follow regulations, for example, by including the interpreter on the video display,³¹ and consider opportunities to connect patients with clinicians who speak other languages. Researchers and organizations should examine how the rapid growth of telehealth has affected access to remote interpretation services, the challenges associated with implementing these services during COVID-19, and whether the quality of in-person interpretation services is different from that of virtual interpretation.

Conclusions

As we look ahead to the next normal, it will be important for clinicians and organizations to ensure that the shift to telehealth does not overlook patients' needs, values, and preferences. Policy makers should work with health care organizations to advocate for adequate reimbursement rates for virtual visits to further enable clinicians to use telehealth modalities to monitor, manage, and address patients' health needs. Patients' expectations are likely to evolve as they acclimate to virtual care delivery options, and how clinicians respond and adapt to these expectations can shape how health care is delivered beyond the current pandemic. ■

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