



FORUM SPOTLIGHT SERIES

Jefferson Health's Strategies to Enhance the Telehealth Experience

Speaker: Judd E. Hollander, MD, Senior Vice President, Associate Dean, Thomas Jefferson University



It's not about the technology, it's about the experience.

At Jefferson Health, that's the philosophy that underpins the practice of virtual care. With 14 hospitals, five urgent care centers and 19 outpatient centers across the greater Philadelphia area and southern New Jersey, Jefferson's ability to reach patients virtually expands their already broad geographic reach.

"You could have the best telemedicine platform in the world, but if people don't know how to use it and if providers don't know how to interact with patients on it, you're not going to get it done well," says Judd Hollander, MD, SVP of Healthcare Delivery Innovation, Thomas Jefferson University and Associate Dean for Strategic Health Initiatives, Sidney Kimmel Medical College. Hollander outlined Jefferson's virtual care approach during a session at Forum 2021.

Begin with training

Jefferson's approach to ensuring a positive virtual care experience begins with training providers, both to use the technology without "hiccups" and to optimize interactions with their patients during virtual visits.

Toward that goal, Jefferson established the National Center for Telehealth Education and Research (NCTER) to advance the use of virtual health services and share knowledge on best practices for a virtual care delivery model. Hollander points to one of the unique challenges of implementing virtual health among providers: "When you're a young clinician learning how to practice, the older clinicians teach you how to interact with patients. But they didn't do telemedicine, so they don't know how to either." The National Center for Telehealth Education and Research trains clinicians on how to use virtual care services in a way that delivers a great experience to both consumers and providers.



14
hospitals



5
urgent care centers



19
outpatient centers



Jefferson Health's National Center for Telehealth Education and Research trains clinicians on how to use virtual health services to deliver high-quality experiences for patients and physicians.

NCTER training programs focus on all aspects of the patient and provider experience, helping clinicians understand the nuances that make a difference. Onboarding training, for example, focuses on issues like lighting during virtual care appointments. If the light is behind the provider, turning the caregiver into “an amorphous shadow” without facial expression, the consumer experience will be uncomfortable. Managing eye contact is also critical, so providers are taught to position their webcams so that they always appear to be looking at the patient, even when they need to look at the EHR. Providers are also coached on the use of body language to demonstrate active listening and empathy.

“We need to remember,” says Hollander, “that for providers, this may be 1 of 30 calls in a couple of hours. But for patients, this is their crisis. We need to make sure we’re giving the patient our undivided attention, to give them time to speak, and ask if we’ve helped them.”

Technical hiccups can also be detrimental to the experience of telemedicine. So, Jefferson Health trains providers to overcome any technical issues that might arise during a visit. For a positive experience, says Hollander, “hiccups need to be fixed now, not found out historically in a survey a month from now.” During the pandemic, for example, they noticed some providers were running into connection challenges more than others. Jefferson geo-located those providers, most of whom turned out to be near local high schools. With the pandemic forcing many of these to do remote teaching, students taking courses over virtual platforms were putting an extra strain on local internet broadband. Providers were advised that during school hours, they should use the JeffConnect app’s Quick Connect tool enabled by Teladoc Health—an easy, alternate way to connect with patients that required a less robust internet connection.

Best practices during virtual visits:



Position your light source in front of you to avoid shadows



Position the webcam at eye level to ensure eye contact



Use body language to convey empathy and active listening



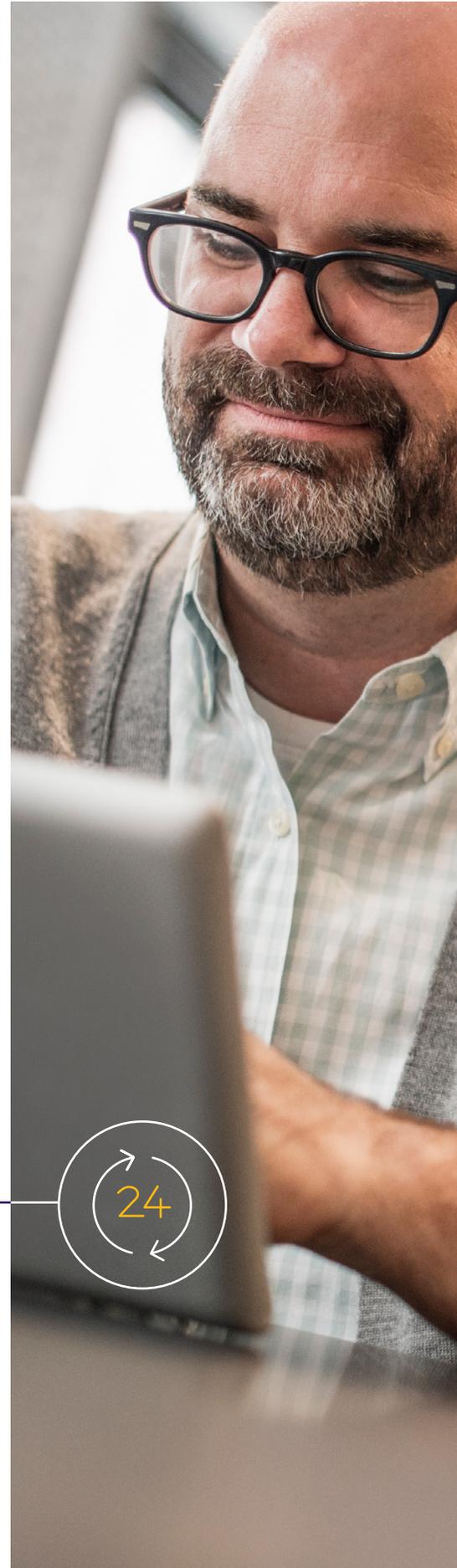
Use technology to enable proactive care interventions

Jefferson's philosophy that delivering a quality experience matters most in virtual health extends to the way they leverage virtual channels to deliver proactive care interventions. When patients can schedule virtual visits quickly and conveniently, they are more likely to seek care proactively. "When [patients] fall off their baseline, whether they be an entirely complex hypertensive diabetic in their late 70s, or a perfectly healthy college kid who's 22 years old, they get a little sick," says Hollander. "If they don't call us or get care, they may get more sick, and ultimately they may show up in the emergency department." By making it easy to seek virtual care, Jefferson empowers patients to reach out when they feel "a little sick," rather than when their condition has worsened. The timing of care changes health outcomes altogether—earlier interventions make it easier to move the patient back to baseline.

But this proactive approach to seeking care doesn't always have to be patient-initiated. Jefferson offers scheduled virtual visits, for example, for post-acute care and for those with chronic conditions. These serve to connect patients with their primary care providers on an ongoing basis. Providers can then monitor the patient's health at regular intervals, catch any declines in health early on, and refer the patient to a specialist when necessary.

As Hollander notes, when patients have easy access to care, their satisfaction improves. And when providers can intervene before a patient reaches the point of a visit to the ED, so do patient outcomes. The JeffConnect program enables both. A key goal of the program is to employ virtual health to keep patients at their healthiest baseline, through an approach that combines virtual and in-person in a way that is best suited to the patient's specific care needs.

The JeffConnect app also enables 24/7/365 virtual ED program in which tests and labs can be ordered without the patient visiting the ED at all.



Measure and monitor progress in real-time

Ensuring a positive experience also relies on data. And Jefferson collects a lot to understand how their consumers and providers are experiencing virtual care. For Jefferson, comprehensive, data-driven quality control means surveying patient satisfaction constantly. But it also means deploying real-time assessments of the virtual visit to understand the experience from the provider side.

While many organizations survey patient satisfaction, few leverage provider insights into the quality of the experience as well as Jefferson. Real-time assessments are done after every single virtual visit and gathered into daily reports for different use cases. And by acting on provider feedback, they are often also tackling many of the issues that patients are experiencing in the visit. This approach allows Jefferson Health to respond to issues in real time and improve provider and patient experience alike.

With data-driven visibility into all aspects of their virtual health programs, Jefferson knows exactly what's working, what's not and how to fix it.

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The provider selects the platform that they use, and they rate the quality of the visit. So we immediately get this feedback that runs through our tech support team. We don't need people to call the solution center or put in tickets. We can monitor how things are going on a moment-to-moment basis.

Judd E. Hollander, MD, Senior Vice President, Associate Dean



The impact of virtual care: reassessing health outcomes and patient experience

This commitment to comb through virtual visits for areas of improvement has led to some impressive outcomes. Consumer survey results indicate that Jefferson's approach to virtual health is meeting the health system's goals for a positive consumer experience. In a 2020 survey of patients who used virtual services through the JeffConnect platform, more than 85% strongly agreed that their health complaint was addressed as well as they hoped. Another 86% strongly agreed or agreed that they felt they got the same level of care as an in-person visit. An astounding 81% of respondents also said they would recommend JeffConnect (with an NPS of 73). Perhaps even more inspiring is that, at the time of the survey, 74% of those interviewed had already recommended it!



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of the same respondents strongly agreed or agreed that the level of care was the same as that of an in-person visit.



On the technical side, Jefferson's troubleshooting methods have also paid off. Hollander and his team receive a daily report of the "hiccup percent" or the rate of imperfect telehealth calls. While in many programs, hiccup rates can hover at 20% or go as high as 50%, at Jefferson Health monitoring and interventions keep the hiccup rate under 10%.

For Jefferson, virtual care has opened up new opportunities to redefine the consumer and provider experience. They have leveraged technology and insights about what matters to people in order to truly enhance the virtual care in ways that often exceed the quality and satisfaction reported in more traditional avenues of care. When it comes to virtual care, "our overriding philosophy," noted Hollander, "[is that] telehealth is not about the technology. It's much more about the workflows and operations, because that is the way consumers [and providers] largely think of the experience." Their efforts have undoubtedly paid off, but this has taken a strong human-centric focus, one that encompasses both patient and providers, and is embedded through their philosophy of care.

Visit our [Resource Center](#) to learn more about the power and potential of whole-person virtual care.

Rate of imperfect telehealth visits



20-50%
industry average



under 10%
Jefferson's average



Actionable takeaways

- 1 Focus on improving the consumer and provider experience in virtual visits to deliver high-quality care.
- 2 Start by training providers, and give them the tools and support necessary to understand both the technology and the behavioral subtleties of virtual visits.
- 3 Use real-time data to monitor and improve the quality of virtual visits and couple it with patient and provider feedback to understand gaps in your virtual services.

Speaker bio



Judd E. Hollander, MD, is Senior Vice President of Healthcare Delivery Innovation at TJU and Associate Dean for Strategic Health Initiatives at Sidney Kimmel Medical College at Thomas Jefferson University and Professor of Emergency Medicine. Responsibilities include the JeffConnect Telemedicine Program and Jefferson Urgent Care. He graduated from New York University Medical School in 1986, completed an Internal Medicine Residency at Barnes Hospital in 1989, and an Emergency Medicine Residency at Jacobi Hospital in 1992. His research interests include innovative care delivery models (including telemedicine), risk stratification of patients with potential cardiovascular disease; cocaine-associated cardiovascular complications; and laceration and wound management. Dr. Hollander has published over 600 peer-reviewed articles, book chapters, and editorials on these and other topics. Dr. Hollander was President of the Society for Academic Emergency Medicine, chaired the SAEM Program Committee and Emergency Medicine Foundation Scientific Review Committee and was Deputy Editor for the Annals of Emergency Medicine, and co-chaired the National Quality Forum (NQF) committee to create a framework to support measure development for telehealth. Dr. Hollander was awarded the ACEP Award for Outstanding Research in 2001, the Hal Jayne SAEM Academic Excellence Award in 2003 and the SAEM Leadership Award in 2011.

Judd E. Hollander, MD

Senior Vice President, Associate Dean

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