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### How Do Patients React to Telemedicine?

#### Dr. Elwing:

So how do patients react to telemedicine? How do they feel about telemedicine? Well, I think we first have to understand what patients want out of their visits. They want to know how to improve their physical function, improve their quality of life, look at their financial, social, emotional status, and they want treatment and visit convenience. Whereas we as the providers want to look at their exercise capacity, their hemodynamics, their biochemicals, their walk distance, their peak V02, and sometimes these don't marry well. So we need to understand what the patients are looking for and try to help them understand why we're looking for the things we're looking for, because our improvements, most of the time, will result in what they're looking at and their goals of care. So we need to marry those in a better way.

We as physicians are looking at symptoms, exercise capacity, biomarkers, hemodynamics, and survival, but that's only the tip of the iceberg in terms of what we're trying to achieve with our patient interactions. Our patients are looking to us to change their quality of life, improve their stability, improve their interaction with other people and patients, reduce their frustration, their worry, and the stress of this disease, and also, they're looking to us for help with the cost of their care, but we do encounter barriers. We encounter fear, anxiety, self-doubt, and apprehension about communication and testing. So, we need to be aware of these things so we can optimally communicate and allow patients to be able to express these things to us.

So again, looking at the patient's perspective, that's what it's all about, right, isn't it? We want the patient to improve, and in doing so, have the best experience they can have with this illness, pulmonary arterial hypertension. Patients experience living with pulmonary hypertension and the impact on him, her and the caregivers around them is extremely important. It includes their symptoms, their intellectual interactions, psychosocial aspects, spiritual aspects, and goal-oriented dimensions of disease and treatment. We need to be able to understand these and communicate at multiple levels with the patient and other healthcare providers about these important issues. Others involved in patient's experience may include those healthcare providers that are their primary care physicians but also could include mental health workers, spiritual counselors, family, their social network, and other healthcare influencers, which we may not think about, their insurers, the medical industry, government issues where they have to apply for assistance and things of that nature. So they're all affecting the patient's experience, and they really impact their perspective.

So how can we bridge what we usually think about when we care for a patient and what the patient is looking for from their experience? Well, we need to understand it, and we've talked a little bit about that. As I said, most of the time we're on the tip of the iceberg of what is important to the patient. The patient's experience is influenced over time by this relationship we build and by us being open to them expressing their concerns. The traditional approach of looking at symptoms, testing, and treatment recommendations, probably not adequate. Understanding the burden of illness and impact of patient's quality of life really requires this bidirectional exchange of opinions and a discussion between all of us. Patient-centered collaborative care includes decision-making by all of the people involved, and it empowers us and the patients on their treatment course. So extremely valuable, extremely important, and the only way patients will successfully improve because so much of the work that is done in pulmonary hypertension is done by the patient in their homes, trying to be active, taking their medications every day, and we need to understand everything we can to be able to improve that.

So how satisfied are patients with this telemedicine approach to care? Online survey-based study of cardiology patients probed the

limitations of telemedicine accessibility, patient satisfaction with telemedicine relative to in-person visits, and the perceived advantages and disadvantages of telehealth. No-show rates for telehealth in this study was about 17%, which was the same as their face-to-face visits, so no different. Both in-person visits and telehealth visits were viewed favorably, but in-person visits were rated higher across all domains of patient satisfaction. So, patients were a little bit more satisfied when they saw us face to face. The only significantly lower mean score for telehealth was in clinical competence domain. So, we need to be aware of that. We need to make sure we express ourselves adequately so they're confident in our clinical recommendations. Reduced travel time, lower visit wait time, cost savings were also seen as significant advantages. Poor internet connectivity was rated at least somewhat as a factor of an influence of how they tolerated and felt about telemedicine in about 1/3 of respondents. So, this was impactful. They were aware that they could have internet connectivity problems and that could influence their telemedicine experience.