Sofia: Interviewer
Lilliam: Guest/Interviewee

Sofia: When it comes to providing quality care, healthcare professionals know that building trust with their patients is key. Patients who trust their doctor are more likely to attend follow-up appointments, take their medications, and receive the care they need. But how do you build that trust in the world of telemedicine? I'm Sofía Ortiz Beyley, Senior Project Coordinator at Impactivo, where we collaborate with the Telehealth Working Group under the Region II Public Health Training Center (R2PHDC) program.
Additionally, I am a Type 1 diabetic patient. Today, I have the pleasure of joining you on behalf of the South Central and Southeast Telehealth Resource Centers. In this episode of Telehealth Talks, we will explore how to strengthen trust between doctors and patients in the field of telemedicine, alongside Lillian Rodríguez-Capo, Chief Executive Officer and Founder of VOCES, the Immunization and Health Promotion Coalition. Now, let's begin with some questions we have for Lillian Rodríguez-Capo.
So, Lillian, shall we get started?

Lilliam: Of course, Sofia. Thank you for this opportunity to share with both the Impactivo team and the Telemedicine Group of this Region II project.

Sofia: Thank you very much, Lillian.
When we talk about building trust with patients, what are the differences between an in-person consultation and one via telehealth?

Lilliam: Well, look, Sofia, in the experience we've gained at VOCES, and thank you for mentioning our full name as an organization, many people associate us only with vaccinations. However, during the pandemic, together with other organizations, such as the Puerto Rican Diabetes Society, the Puerto Rican Lung Society, which unfortunately no longer exists, the American Cancer Society (ARP), and the Puerto Rico Regional Council, we joined forces to develop education specifically about telehealth, because we understood that building that trust between patients and healthcare professionals was going to be a huge challenge, especially in the case of Puerto Rico, where our older adult population is much larger than our younger population, which has much greater technological skills. Therefore, when we talk about developing trust, we need to understand that there are some very marked differences that we will have to overcome: the fear of technology in the case of older adults, the language we will use during that virtual interview, and the trust we will develop between the healthcare professional and the patient.
For example, when we go to a doctor's office, we first interact with a staff member, a staff member who will inspire our trust, a nurse. When we go to the doctor's office, we see their diplomas, we see all the resources that tell me that the person in front of me inspires my trust. So, when we're interviewing via telehealth or telemedicine, we're going to have to overcome certain communication barriers. For example, when we go to the office, we're going to have that physical contact between the patient and the doctor, which we won't have through telemedicine.
However, the doctor can achieve this by providing a clear and friendly introduction. For example, "*good morning, Sofia, I'm Dr. Perez, an internal medicine specialist. I want to make sure you feel comfortable with this appointment.*"
Here we build trust. Another thing we'll have to overcome is ensuring the patient knows whether the doctor is alone or not, avoiding noise and distractions in the environment, people coming and going, and

ensuring the patient feels there's confidentiality between the patient and the doctor. And if another person will be involved in the interview with the patient, it's important to communicate this with the patient.

For example, the nurse, let's say this nurse's name is Carmen, might say *"good morning, Sofia, I'm Carmen, Dr. Pérez's nurse. I'll be accompanying Dr. Pérez during our interview."* This way, through visual language, body language, and the atmosphere we'll create throughout the interview, we can build trust.

Sofia: Thank you for these very relevant aspects, not only differentiating between in-person and telehealth consultations, but also other factors that healthcare professionals must also take into account regarding trust. But what can healthcare professionals do during telehealth consultations so that patients feel as safe and confident as they would during an in-person visit?

Lilliam: Well, look, I would say that one of the additional things this healthcare professional could do, in addition to what we previously shared, is to ensure that the patient has access to the internet. Given the generational gap that may exist between the patient and that healthcare professional, in the case of a young doctor and an adult patient, we also have to ensure that the patient feels that the doctor's office is ensuring that they have the basic skills needed to be able to connect through a telecall or a teleconsultation over the internet.

In addition, it's also good to prepare the patient before the visit, perhaps with an instructional brochure or a discussion about, for example, *how I prepare for my doctor's appointment*. For example, often in a face-to-face meeting, we have a little more time to break down that barrier. The doctor keeps the record; often, the patient doesn't bring the lab work, or brings it with them, so it's important for the patient to have the lab work and medications on hand, and, if possible, have written notes of what they want to share with the doctor during the interview so that communication between them is effective.

Another very important thing is that when the doctor is speaking with the patient, he or she speaks clearly and friendly. He or she also tries to maintain eye contact with the patient. He or she doesn't, for example, have to work with a chart here and talk to the patient, but rather has the patient's full attention and also makes sure the patient understands what he or she is communicating. We achieve this by validating certain questions the doctor should ask. "*Sofia, are you understanding?*" "*Sofia, do you have any questions?*" Which can be done with open questions to foster clearer and more trusting communication between the doctor, patient, and patient/doctor.

Sofia: Thank you very much, Lillian. Continuing with aspects of technology, sometimes technology can be a bit overwhelming for patients.

How can healthcare providers explain telemedicine technology to patients to alleviate their concerns?

Lilliam: Adding a bit more to what I presented to you already, we're going to work with the understanding that there is a technological OCAP, what we call technological equity. So it will depend on the patient's age group. I understand that if they are young patients, who have developed throughout their lives with accessible technology, they shouldn't have any major problems other than simply following instructions.

In the case of a person perhaps middle-aged or older, we have to make sure that the patient knows *1, 2, 3*, how you're going to connect. You have to make sure that the patient has internet access, that they have an email address to receive the appointment. You have to offer technical assistance if necessary.

You need to make sure that the patient perhaps has a family member who's proficient with technology, and even perform tests before connecting to the appointment. And obviously, you'll say, *well, the doctor doesn't have time for this*. So, on that team of professionals in that medical office, there needs to be staff who master these skills to support patients and ensure that they're safe.

I make sure that after that first experience, if it's a pleasant one where the patient acquires that knowledge, it will be much easier for them to continue these interviews virtually or by phone. What we're really looking for is to move from teleconsultations to virtual teleconsultations because the doctor will be able to have a different experience with the patient, and the patient will have a different experience. For example, if an older patient has difficulty accessing this video call, they can be assisted by office staff with prior experience, or they can even ask the patient if a family member can accompany them or assist them with the connectivity required to complete this consultation.

Make sure you have good internet reception so you can communicate clearly. One of the things the doctor might tell you is, "*Don't worry, Sofia, many people have doubts at first*," building trust. The important thing is that we're already connected and that we can attend this medical appointment from the comfort of your home.

Sofia: Thank you! Thank you for all these tools that you've been sharing throughout this conversation, but let's go into a little more detail, and I want to be very specific about the communication aspect. Telehealth communication is key. What strategies can healthcare professionals use to maintain a close and professional approach in a virtual environment?

Lilliam: If we go back to the doctor's office, before talking about telehealth or telemedicine, normally, when we have an interview with the doctor, a healthcare professional accompanies us. It could be a nurse, a medical resident, or a nurse practitioner, and there's usually also a confidentiality requirement. Therefore, it's important that in this key communication through a virtual interview, the physician must let the patient know if they're alone, if they're accompanied by another healthcare professional, and ask the patient for permission that this healthcare professional will be accompanying them. Communication must be clear and calm.

Often, with the number of patients a doctor sees in an office, the interview is often quick. He or she must listen with receptively. "*Why?*" So that he or she can hear the patient's symptoms, their experience with their medications, and their adherence to their treatments.

It must also be clear and validated. Maintain constant eye contact with the camera. It's important that this interview can be conducted with the camera on, because if it's an interview where we can't see each other beyond virtual communication, we need that visual communication.

Validate emotions and use facial expressions that convey empathy. For example, if a patient tells you, that they're worried because their blood pressure has come up or because they're not sleeping well, it's important for the healthcare professional to be empathetic and validate the patient's information. An example might be, *"I understand that you may feel worried. Let's review the symptoms together and find a solution for you."* In addition to feeling with your head, you should also pay attention to the screen to reinforce the closeness between patient and doctor. These are examples, Sofia, that I can give you of how effective communication can be achieved.

Sofia: Thank you, because definitely having effective communication, not only in settings with healthcare professionals, but also in this communication we're having, in this conversation, being able to be effective builds confidence. And that's how I've also felt with you during this conversation, Lilliam, but we have other questions because we're providing the greatest resources to our listeners. So, moving on, what are the biggest challenges for   patients to feel comfortable and fully understand everything during a telemedicine consultation? And what solutions exist?

Lilliam: Definitely, Sofia. Look, I think the first challenge is the technical difficulty, especially for older adults. That technical difficulty, that fear. In fact, I can tell you about the experiences of my coworkers where, I don't know if you remember during the pandemic, everything went digital, right? Prescriptions came digitally, lab work came digitally, and Dalis's mother asked her, "*How is this possible?*" "*How is it possible that I get the prescription by email?*" "*How is it possible that I get the lab work by email?*" "In other words, that process that I feel has accelerated after the pandemic, I would say, a billion, almost 10 years of technology for the better, right? For the better. Well, I think that is one of the biggest challenges we face.

The second is distractions, right? The preparation the doctor has to have when having that interview with that patient. For example, the doctor might be interviewing you through your computer, and suddenly a nurse or other staff member comes in to distract the doctor with other information.

Number one, it breaks that patient's confidentiality. Number two, it interferes with communication. So, these are challenges and barriers we have to overcome.

And also, there's the lack of confidence in the effectiveness, as I mentioned, like with Dalis's mother, right? So it's important to give examples, such as ensuring there's no background noise in the home, both in the patient's environment and during the doctor's explanation. One example is the doctor repeating the information to make sure the patient hears it clearly, understands it, and that it's properly validated

And in addition to that, you can offer the patient the following: "*Sofia, in addition to the interview and the conversation we're having, do you need me to send you a message with a summary of what we've talked about? Do you need me to speak with a family member to explain what we've discussed today?* These are additional expressions and tools that the doctor or healthcare professional, the nutritionist, the psychologist, the psychiatrist, can use, to speak from different disciplines, to build more trust and address those access barriers we may have.

If these access barriers aren't overcome, we won't achieve the trust and results we're seeking from this virtual interview, where both the healthcare professional and the patient can feel connected and we can have a successful interview.

Sofia: Thank you, Lilliam. You've highlighted this aspect of trust, but also the family factor.
So sometimes patients want to have a family member or someone to support them during their appointment. How can we navigate this through Telehealth?

Lilliam: Definitely, first and foremost, we need to ask the patient if they have and want a family member to support them during the appointment. How can this be handled? Well, by asking the patient, as I just mentioned.

We assure you that even though there is an assistant in the clinical department, we will maintain the privacy and confidentiality of the information shared. Depending on the patient's age, we can also have a conversation with that family member to ensure they can assist, at least with the technology aspect. There are two types of assistance we need to seek here.

One is in technical assistance and the other in clinical assistance. That patient has the ability to understand, whether due to their age or their condition, what will happen during that interview, and at the same time, master the technology. So, it's good that when we're working with older adults or people with disabilities, we increase this active participation of companions in a relevant way.

Let me give you an example: A patient with diabetes is on a video call with her daughter present. The doctor asks, *"Sofía, would it be okay for your daughter to be involved in the conversation, to help support your eating plan?"* When you speak with her via video call, if that family member is present, they can also

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participate by asking questions and hearing the recommendations, so that both of them feel part of the solution we're working toward. So, the support of the family, the support of a person who assists this patient who isn't tech-savvy, and even if they are sometimes tech-savvy, can help build trust, and that dynamic can allow us to overcome those barriers.

Sofia: Thank you. There are times, Liliam, when a combination of telehealth and in-person care is necessary for various reasons. So, how should telehealth and in-person care be combined to offer the best patient experience?

Liliam: Look, I would tell you that in that first interview, if it's a new patient, we're going to separate the patient from a patient who may already be a part of that practice. So it's always good to have an initial in-person interview where the doctor requires a physical examination. Such as, "*Look, I have a lump here, I feel pain here.*" There will be that initial interview where the doctor can define the patient's clinical picture. Telehealth should be a tool that helps us follow up on that visit, for education, and for non-urgent consultations.
We have to separate, right? When we have a consultation that requires an emergency, right? That will require a physical examination, a physical study of the patient versus a follow-up visit. For example, if I've already been to the doctor or you've already been to the doctor and he examined you, sent you for some lab work, sent you for X-rays or some visual study, then that second visit, which is a follow-up visit, with the patient prepared for that interview where they've already shared the lab work with the doctor, is scheduled. Because unfortunately, right? Because we don't have interoperability in many of our systems, the ideal would be for the doctor to receive it directly in their electronic record. Sometimes it happens, sometimes it doesn't.

So the patient must be prepared with that equipment. So when we make a combination, it's going to be successful. Sometimes, right? The distance or social determinants that the patient may have regarding not having transportation to get to the doctor's office may require all visits to be virtual.
But it's important, mind you, that it will depend on what we're looking for in that diagnosis, whether we're looking for follow-up, whether it's an emergency or not. So the healthcare professional must have these criteria very clear about when it will be an in-person consultation and when it will be a virtual one, and when we can do them in a combined way. I think trust, as we discussed at the beginning, is also critical, because if the patient doesn't generate the trust we need, we will hinder the success of the telehealth call. But that's where the future is headed, so we must contribute to developing that trust. We must help teach our patients how to combine an in-person visit with virtual follow-up visits.

Sofia: Lilliam, one aspect you've highlighted, and which I'll summarize, is being able to listen to patients' needs. So thank you for highlighting this. We know that empathy is key in medical care. How can healthcare professionals convey that closeness and warmth through a screen?

Lilliam: It seems complicated, Sofia, but it isn't. First, we must show undivided attention without distractions. We've already mentioned this. No interruptions during the interview. Try to keep the camera on, both for the patient and the doctor, because it's not just through auditory contact but also through eye contact that the doctor will be able to observe the patient much better. Smile. If I'm a person who always has a puckered chest, too serious, I don't convey that empathy. And also use body language positively. Validate emotions.

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We've already mentioned this. *"I understand how you feel."* "*It's important to further define the symptoms you're describing*" and close the consultation with a summary of everything the doctor has captured, while also ensuring the patient has also listened receptively.

So, here's an example I can give you. A patient with anxiety who sees the doctor via video call. Instead of just prescribing medication, the doctor might say things like, *"I see this has been affecting you a lot. I want you to know I am here to help you and that we'll work together to make you feel better."* His calm tone of voice and attentive gaze toward the patient will help us find that empathy we're discussing this morning.

So I think these are small tools or tips we can also give to healthcare professionals. Although we must recognize that we still face many challenges in the environment, which as a country, as working groups, we must overcome in terms of better internet access, among other things. But once we've overcome that and achieved this successful interview with the patient, we have empathy, speaking clearly, and providing that undivided attention, from the perspective of both the healthcare professional and the patient. Because if the patient is in a public place, having an interview, or is in a place where there are other people, a television is on, or a radio is on, we won't be able to listen effectively, we won't be able to achieve that empathy because that environment is interfering with effective communication.

Sofia: Definitely, Lilliam Rodríguez Capó, this conversation has been very enriching and will be a resource for our listeners. Thank you for joining us.

Let's keep the conversation going. You can find and follow us on X, formerly Twitter, under Telehealth Talks. Don't miss our next topic on telehealth technology.

Thank you for listening to us.