

Survey Quotes | The Impact of Expanded Telehealth Services on HCPs

In late April of 2020, MedData Group, an IQVIA business, received over 275 responses to our MedData Point Market Research Infographic program survey on the impact of expanded telehealth services on US-based Physicians, Physician Assistants, and Nurse Practitioners. At the conclusion of the survey, we provided our respondents with the opportunity to share their feelings on the impact of telehealth services on their medical practices, healthcare systems, patients, and prescribing behaviors. While analyzing the survey data, we were pleased to find that over 125 respondents provided us with their insightful, thought-provoking opinions on telehealth services, which we're excited to share with the healthcare marketing community.

Please describe your feelings related to telehealth (telemedicine) and its place in both patient care and your practice or healthcare system going forward:	Profession	Physician Specialty
An additional way to provide care for patients especially if transportation or weather would be an issue.	Advanced Practice Nurse	
Cannot replace many visits. I have made many vital discoveries when doing a hands-on assessment of a patient that would have gone unknown if that was the only option. Many visits however, can easily be handled in this way.	Advanced Practice Nurse	Family Practice
For some patients being able to get a blood pressure, vital signs and a physical exam intermittently will be important. Need to establish how telemed visits can be used as an adjunct to in-person visits.	Advanced Practice Nurse	Pediatrics
Hope it continues.	Advanced Practice Nurse	Family Practice
I believe we will see more telehealth as we navigate this new normal.	Advanced Practice Nurse	
I can see its place. But in pediatrics it will not replace the Well child visit. I have found the video platform sometimes hard to use.	Advanced Practice Nurse	Pediatrics
I do psychiatry and a personal interaction is more beneficial for the patient.	Advanced Practice Nurse	Psychiatric/Mental Health
I enjoy it.	Advanced Practice Nurse	Family Practice
I feel it is a good modality for chronic issues in most people. It can also be used with some very minor acute problems but nothing replaces a hands-on physical exam.	Advanced Practice Nurse	Family Practice
I feel that our patients actually enjoy this. I work with geriatric patients and they appear to be more interactive than in person.	Advanced Practice Nurse	Gerontology
I hope it is on an as-needed basis.	Advanced Practice Nurse	Family Practice
I love it for simple issues such as UTI or sinus infection. Also helpful for follow-up of chronic illness when no labs are likely needed.	Advanced Practice Nurse	Family Practice
I personally like using it. Some peers feel that they can't wait for things to be in-person again. I on the other hand think it is more convenient, it allows me to see more patients or even just check in with them. The big problem is will insurance companies continue to pay for the appointments. It just makes sense to use telehealth.	Advanced Practice Nurse	Family Practice

I prefer a face-to-face interaction with my patient and plan to return to office visits. However, now that I've been using telehealth I will continue using it in some capacity.	Advanced Practice Nurse	Psychiatric/Mental Health
I see it for psyche and some minor visits or follow ups - but not seeing and touching patient up close and having vital signs leaves me at a loss.	Advanced Practice Nurse	Family Practice
I see TH as effective and will help improve access to healthcare. It is however limited when it comes to acute care setting where emergencies exist and in-person provider needed for emergent interventions such intubation, line placement.	Advanced Practice Nurse	Acute Care
I think it opens up a whole new ease of patient care by using technology to provide adequate care. Very convenient!	Advanced Practice Nurse	Family Practice
I think it will be good for select patients but I am sure there will be patients who take advantage of it to prevent coming into our office and paying copays and blood work.	Advanced Practice Nurse	Family Practice
I work in pediatrics and I believe telehealth is not a substitute for an in-person visit for well child visits however it can be reassuring when some parents are afraid to bring their child out.	Advanced Practice Nurse	Pediatrics
In a pediatric practice difficult to use for patients under 5yr.	Advanced Practice Nurse	Pediatrics
It has its place, mainly with psych issues.	Advanced Practice Nurse	Family Practice
It is certainly a new concept for me. We live in a rural area and low socioeconomic population so sometimes it is difficult to get a good connection, or any at all.	Advanced Practice Nurse	
It is good for times like COVID-19 and if someone can not get in to see you but for an injury I would rather touch my patients to see the extent of their pain.	Advanced Practice Nurse	Occupational Health
It is preferred by most patients because it is performed in the comfort of their home. It is fine with some levels of patient care, but some care should be face-to-face interaction for accurate examination.	Advanced Practice Nurse	Psychiatric/Mental Health
It puts providers at risk for missed signs and misdiagnosis. Difficult to assess rashes appropriately, cannot auscultate lung and heart sounds.	Advanced Practice Nurse	Family Practice
It's easier and convent for patient.	Advanced Practice Nurse	Family Practice
Learning the technology has been a challenge and working through it. Many of my patients are older and do not always have a computer or smart phone so it can be a challenging to schedule some appts. Some do not have the finances to have these devices. Some appts have been scheduled with family members helping patients use their devices. Some appts just have to be in the office so it is a fine balance but there are many times telehealth video and phone calls work well. It is a learning experience. However the face to face interaction is always better in the long run but moving forward I think there will be a mixture of this now.	Advanced Practice Nurse	Acute Care
Less impactful than in-person sessions.	Advanced Practice Nurse	Psychiatric/Mental Health
Need to be reimbursed properly for this. Need quicker hookup with some patients who are not tech savvy, or bad internet connection.	Advanced Practice Nurse	Pediatrics
Telehealth is a great option for many patients. Particularly those with driving restrictions and those who have traveling difficulties.	Advanced Practice Nurse	Adult Health
Telehealth works great for behavioral health visits. It can be challenging to asses patients in a primary care setting due to inability to complete physical assessment.	Advanced Practice Nurse	Family Practice

Telemedicine will be part of the new normal. I feel that we can expand care. We have not been able to obtain ability to bill for services in regulated space.	Advanced Practice Nurse	Pediatrics
Very beneficial but pts and caregivers need to be able to feel comfortable esp the older adult population.	Advanced Practice Nurse	Adult Health
We are losing the "art" of medicine. Medicine has been historically an art involving human touch. This is being lost and with it so much of the true meaning of the "Healing Profession".	Advanced Practice Nurse	Family Practice
We service an eight county rural area and many of our patients do not have consistent, reliable service. Due to the nature of our Pain management practice with pill counts and random urine drug screens, I do not see us continuing this past the stay-at-home order for COVID-19.	Advanced Practice Nurse	
We're using In-Touch Telemedicine technology to do family-centered in-patient NICU rounding. Parents and staff are very comfortable with the process and love to be part of the cutting edge technology.	Advanced Practice Nurse	Neonatal
With some patients it is very appropriate but with others I feel that a face-to-face option is better. A lot depends on what the diagnosis/symptoms are.	Advanced Practice Nurse	Adult Health
More useful for revisits. Initial visit should be in-office.	Physician	Cardiovascular Disease
It is better than no patient encounter but must be used appropriately, for appropriate indications.	Physician	Dermatology
It'll be here to stay.	Physician	Dermatology
As long as providers in the clinic can have telehealth visits with patients at home, it's great. If we go back to the 4 walls requirements, the patients will have to be physically in the clinic, which doesn't make telehealth as seamless as it is during this pandemic.	Physician	Emergency Medicine
Doesn't work well in the ED setting	Physician	Emergency Medicine
Feel will increase in the future.	Physician	Emergency Medicine
I never know whether any particular patient will be able to make the application work...	Physician	Surgical Critical Care
As an endocrinologist, I need face-to-face visits for examinations at baseline and timely follow-up encounters.	Physician	Endocrinology/ Diabetes/ Metabolism
A useful tool that will remain.	Physician	General Practice
Acceptable for some things, but terrible for those needing an actual exam, terrible for elderly who are technology challenged.	Physician	Family Medicine
As long as it is an easier free service or inexpensive Telehealth service we will continue to use it and plan to expand in the near future. Would also be better if continued without hipaa interference.	Physician	General Practice
Good option for patients who can't get to office.	Physician	Family Medicine
I feel like telemedicine is great for the current situation but we will need to evaluate the appropriate use of telegraphy in the future. Which cases are appropriate, how often does a chronic disease patient need to be seen in person? What about controlled substance refills and urine drug testing? There are so many questions and uncertainties but I do think Telegraph is an important tool to continue to use moving forward.	Physician	Family Medicine

I think that telehealth is being misappropriated for the future. There is no substitution for an in-person visit. Anything else is a move toward substandard care. I think the purpose of telehealth is to facilitate care for those who have significant travel to see a doctor. In those situations, a remote station staffed by an RN or MA could take a history, obtain vitals and labs, and even provide distance otoscope and stethoscope abilities.	Physician	Family Medicine
Most of my patients are high risk, they do not want to come. Telemedicine is my best option to provide care currently, Payment is a major issue, not getting payed for it currently.	Physician	Family Medicine
One methodology, but limited.	Physician	Family Medicine
Probably will be expanded nationally over what it was prior to COVID 19 but not to the extent that it is now.	Physician	Family Medicine
Rx confidence same as in-person but we only Rx for existing patients and no narcotics.	Physician	Family Medicine
Some of visits are good to have by Video or telephone.	Physician	Family Medicine
Some things are really fine via telemedicine but sometimes you need to examine in person.	Physician	Family Medicine
Telehealth is an excellent mode of communication during a pandemic.	Physician	Gastroenterology
Telemedicine should be the way for the future - improves access to care, reduces costs (travel and time off work), at least for FU care.	Physician	Gastroenterology
A good substitute when you and the patient cannot be in the same room. However there is a lot to be said for being in the same room, not to mention that a physical exam is possible.	Physician	Endocrinology/ Diabetes/ Metabolism
Has a role, but does not replace in person visits. More time consuming. Reimbursements for telehealth need to stay improved.	Physician	Internal Medicine
I fear we are training the patients that this is the new normal and will have a harder time getting them to schedule an appropriate visit in the office in the future. Anybody that says this is the same, is not practicing real medicine. Telemedicine is nothing but a band-aid on a chest wound.	Physician	Internal Medicine
I have found it to be easier than I thought it would be. It is convenient as well. I do feel that there is a certain benefit to human touch especially on a new patient visit but there are certain types of visits (sleep apnea, review certain test results, stable pts who need refills) that lend itself to telehealth very well.	Physician	Sleep Medicine
I love it. It is high time we adopted it in order to save needless trips to the clinic and to free up space/access for patients to see their primary physicians.	Physician	Internal Medicine
I think with a little fine tuning it will be a great contribution to expanding healthcare access.	Physician	Internal Medicine
I understand the good reasons for this in the current pandemic. It is also very helpful in the nursing homes for psychiatry services, I think it is far suboptimal for medicine care	Physician	Internal Medicine
If we are paid equally for in visit vs telemedicine then the convenience is there.	Physician	Gastroenterology
In some instances it is much needed. Review results of testing or procedures or imaging via telehealth with documentation and appropriate reimbursement. Now we can get paid for phone calls like our legal "friends".	Physician	Gastroenterology

Indispensable adjunct to patient care.	Physician	Interventional Cardiology
It is not a substitute for an in-person visit, but is a good adjunct. For people with difficulty ambulating, those with no transportation and those who work long/late hours, I would like to be able to offer it to them.	Physician	Endocrinology/ Diabetes/ Metabolism
Telehealth will continue to flourish.	Physician	Internal Medicine
Telemedicine is great but the biggest disadvantage is the use of new technology. Some platforms are easy to use, others are harder. Young people feel more comfortable than older generations.	Physician	Hospitalist
The future will see increased telemedicine care.	Physician	Internal Medicine
This will be an integral part of medical practice.	Physician	Cardiovascular Disease
Very hopeful to use and expand Telehealth.	Physician	Internal Medicine
Will help in remote areas or for people with transport issues, or very stable patients who just need refills on meds.	Physician	Rheumatology
Will help with patients that have underlying medical or social difficulties in going to doctors office. Will help when on call nights and weekends to see patients conveniently almost as being in office outpatient urgent center or ER except for only modified physical exam	Physician	Gastroenterology
As a psychiatrist: It is better than nothing, but I feel lose a lot of the personal interaction I get face-to-face. For some patients, they will want to continue. One big disadvantage: not getting vitals or forms like PHQ-9 filled out with the telehealth as support staff aren't able to help, this compromises care to some extent.	Physician	Neurology
Can be used for F/U patients, should be updated with at least once a year visit.	Physician	Neurology
Great for patients who travel a long distance for their visits and are stable. The patients and their family are enthusiastic to have this option.	Physician	Neurology with Special Qualifications in Child Neurology
I think it is the wave of the future. It should continue to be used extensively for return office visits.	Physician	Neurology
There are many applicable uses that should be researched and followed.	Physician	Neurological Surgery
Doesn't work for ob/gyn as well as it might it other specialties.	Physician	Obstetrics and Gynecology
I think it will prove a positive development as long as it is a reimbursable service.	Physician	Obstetrics and Gynecology
Patient complaints/concerns that do not necessarily need a physical examination such as following up on response to treatment, conveying test results, answering questions and concerns are some examples that are conducive to use of telehealth.	Physician	Obstetrics and Gynecology
This platform provides enormous benefit for patients, especially employed patients but I suspect that after COVID-19, reimbursements will drop and we have found that the telehealth visit puts far more work on the provider so their work load increases significantly. I don't think providers will be willing to be paid less to do more work for the convenience of patients. Everybody will need to be onboard, especially insurance carriers to allow the ongoing utilization of this valuable resource.	Physician	Obstetrics and Gynecology

We see people from several surrounding states with long drives. Not all can afford to drive back and forth. Many just want our reassurance that the treatments they are receiving at home are appropriate. This can be done via telehealth visits.	Physician	Hematology and Oncology
Difficult to adapt telehealth to a general ophthalmology practice but would like to try it remotely (not from office).	Physician	Ophthalmology
Certain health insurers are requiring use of their telehealth product even though it is inferior to other products and this hampers the utilization of telehealth to all of my patients.	Physician	Pediatrics
Certainly a great service to have in a pandemic. Overall I am seeing some patients who would be better served by in office visit. Will continue to use post COVID but somewhat less.	Physician	Pediatrics
Even in pediatrics there are situations that don't require an in-office visit -- e.g. ADHD medication follow-ups or feeding questions. Until now, pediatricians have performed these services pro bono; it's reasonable to demand that we get paid for our time.	Physician	Pediatrics
Good for follow-up of Behavioral and developmental issues. Okay for some medical issues, but many medical problems need further examination	Physician	Pediatrics
Great for chronic conditions and follow up. Less great for acute problems.	Physician	Pediatrics
Great for things like mental health follow-ups, birth control follow-ups, acne, etc.	Physician	Pediatrics
I believe that there is a little lost by not seeing the patient in-person especially with the younger children.	Physician	Child and Adolescent Psychiatry
It has it's place. Definitely good for screening things like rashes, etc. Great for psych, ADHD meds, nutrition, sleep training and behavior issues...not great for strep...ear infections, pneumonia, etc.	Physician	Pediatrics
It is what we need at the moment but it is a bad way to practice medicine.	Physician	Pediatrics
My biggest concern is if insurance especially, Medicaid will continue to cover after the emergency is over.	Physician	Adolescent Medicine
Telehealth will definitely have a role going forward. It will improve access to care.	Physician	Adolescent Medicine
There is a limit to what can be done without examining a patient. An otoscopic exam is needed to see an otitis and a urinalysis is needed for a UTI to be accurately diagnosed and treated.	Physician	Pediatrics
We find it very helpful for certain visits in which a physical exam is not imperative, such as mental health visits, ADHD visits. However, for questions regarding wheezing or possible pneumonia, ear infections, strep throat, we find telehealth a poor substitute for in person visits.	Physician	Pediatrics
You see the patient's lifestyle.	Physician	Pediatrics
It is frequently the same as in person visits, because many follow up visits w/ established pts involve (almost) no physical exam anyway. It is refreshing to be able to document a telemedicine visit without there being a face-to-face encounter, and being able to bill for a telemedicine visit is justified.	Physician	Physical Medicine and Rehabilitation
It's difficult to use especially for my patients. They are older and not adept to using the technology. It gives another dimension to their lives. As usual everything has pros and cons.	Physician	Physical Medicine and Rehabilitation

It is a suboptimal but necessary option with the current constraints on seeing patients. In my field (hand surgery) the physical examination of the patient is vital, so the use of a video chat is clearly less than an office visit.	Physician	Plastic Surgery
Dislike the modality (frequently cuts off during the session, and pictures and sound freeze due to low band width.) Difficult to assess pt's psychiatrically with Zoom.	Physician	Child and Adolescent Psychiatry
I think its a great idea, the patients are much happier about not having to wait in the waiting room, sit in traffic and I have been able to be more punctual with appointment times due to less distractions that occur in the office on a day-to-day basis.	Physician	Psychiatry
It is essential to be utilized far more broadly across state lines as it is only currently permitted under emergency guidelines. With greater security, however, and provisions for obtaining patient's electronic signatures for Mental Health Treatment Consents, Medication Consents, and any Notices to Patient such as Privacy Policy, Safety Plan Agreements, Advisement of Involuntary Detention, etc.	Physician	Psychiatry
It is working very well for me. I am hoping to continue it long-term.	Physician	Psychiatry
Limited by not being able to obtain vital signs and height and weight.	Physician	Child and Adolescent Psychiatry
No show rates for psychiatry have gone down due to the ease and convenience of seeing patients in their homes. If a patient does not have video capability, we call and talk to them, but this is more challenging.	Physician	Psychiatry
No studies have been published that validate the efficacy of telehealth in patient care vs. in-person care.	Physician	Psychiatry
Telehealth has become very important during this time, but it has taken some time to become familiar as to how to get it to work, not only for the health care team, but also the patients. Video visits are much more useful than telephone visits, but they are still not quite as good as direct in-person face to face encounters. Our practice will continue to use telehealth technology after this pandemic is resolved, but there are still many patients with whom we will once again resume face-to-face visits.	Physician	Transplant Surgery
Telehealth should cut back on the cost of office visits and follow-ups following surgical procedures.	Physician	Surgery
A certain advantage for patients with mobility, transportation and economic challenges. Has eliminated no-show appointments. Patients with scales, BP monitors, thermometers and oximetry would add a bit more comfort and completeness.	Physician Assistant	Medical
Finally! To me it seems to be a marriage made in heaven for gero-psych, especially. Easier on the patient and the family.	Physician Assistant	Medical
Teaching of clinicians is necessary with adequate time to perfect these skills.	Physician Assistant	
Technology is unreliable.	Physician Assistant	Surgical
Telehealth allows for greater access to certain patient groups that might not be seen as often as they should be due to roadblocks in the way of them being seen between the conditions they have or their ability to leave the house easily. I think that telehealth should continue to be done post Covid-19 to allow us to better serve our patients.	Physician Assistant	Medical
The largest drawback is in not being able to get vital signs and do a good physical exam.	Physician Assistant	Medical

Too many things are missed on physical exam and testing for telemedicine to work in the Urgent Care setting. It may be more useful for Family Medicine, or simply dealing with chronic and stable disease processes.	Physician Assistant	
Will definitely be expanding. I like it for a change. It's quick.	Physician Assistant	
Excellent for the appropriate patient.		
Glad to finally get the support of the medical and insurance communities. COVID-19 provided the impetus to give it a real try, and it works very well regarding mental health services.		
It is a good thing, but only if the patient/HCP can clearly communicate. It is a wonderful tool but I think you miss a lot of objective data without laying hands on the patient.		
it will increase in market share of visits overall.		
Likely a good option. Will try in the future.		
Limited application re dentistry.		
Satisfactory start and successful implementation. Will continue to use.		
Telehealth offers access and convenience to patients and decreases the social interaction which aids in the curbing of the spread of COVID-19.		



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