

Patient Experience in the Face of COVID-19

Key Findings

New Medallia research explores the impact of COVID-19 on patients' experiences and satisfaction with hospital-based care providers in the United States. COVID-19 has affected the patient experience in profound ways, increasing the salience and impact of safety measures, driving the rise of telehealth and virtual care, and requiring extraordinary effort and flexibility in caring for patients with confirmed or suspected cases of the virus. Yet through all of this, traditional drivers of patient experience - above all, patients' relationships with their caregivers - remain as important as ever. Medallia's findings offer useful lessons to provider organizations, both now and for the coming years.

- **Patients' relationships with medical personnel remain the top drivers of satisfaction with care.** Providers must draw on and support these relationships as they implement COVID-related safety policies, expand telehealth offerings, and care for both COVID and non-COVID patients who require in-person treatment.
- **Patients generally appreciate, or at least accept the need for, COVID-19 safety measures.** By communicating these policies clearly, and by adopting innovations that improve safety while also enhancing other aspects of the patient experience, provider organizations can encourage compliance and earn patients' goodwill.

- **The rapid expansion of telehealth services during the pandemic has offered millions of Americans a glimpse into a new model of care.** Nearly half of telehealth patients Medallia surveyed are open to - or would actively prefer - using telehealth services rather than seeking in-person care in the future. To take advantage of this opportunity moving forward, provider organizations must prioritize effective and empathetic communication, invest in the technology needed to deliver it, and ensure that - when appropriate - telehealth services are a convenient alternative to in-person care.
- **Surging COVID-19 cases test the capacity of hospitals and diminish the care experience, especially for those with confirmed or suspected cases of the virus.** To address the patient experience gap, hospitals must invest in supporting their medical staff and find creative ways to provide personal attention to isolated patients.

Introduction

The spread of COVID-19 across the U.S. has caused massive changes and uncertainty for both healthcare providers and patients. Patients have seen major modifications in their interactions with providers and in how their care is delivered. And of course, hospitals and care teams have worked tirelessly to meet the needs of those with confirmed and suspected cases of COVID-19.

A new Medallia survey of patients across diverse hospital-based care settings fielded from January through September 2020 sheds light on how this shifting healthcare environment has affected patients' experiences and satisfaction.¹ This report highlights four top themes from these data:

- **Key aspects of the care experience that have always been central to patient satisfaction - especially patients' interactions with medical personnel - are as important as ever.** From the emergency room to ambulatory surgery centers, patients' assessments of the care they receive from doctors and nurses far outweigh factors like wait time and hospital facilities, both before and during the pandemic.
- **Patients are more attuned to safety.** Patients want to see their providers actively taking measures to protect them from the virus, and generally appreciate - or at least accept - even onerous safety policies. Despite some geographic variation, patients who report having to follow safety instructions like mask-wearing or social distancing are more satisfied with their care experiences and report greater trust in their hospitals.
- **Patients have used telehealth services in record numbers, and their satisfaction with these services rivals their assessments of in-person care.** Nearly half of telehealth patients are open to - or would actively prefer to - see their provider virtually rather than in-person in the future. Still, satisfaction with these services depends heavily on effective communication during appointments, on empathetic care from providers, and on convenience.
- **Patients with confirmed or suspected cases of COVID-19 are straining hospital capacity, and reporting poorer experiences.** These patients are much less satisfied with their overall care and with their interactions with nurses and doctors. They are especially likely to report receiving less personal attention due to the pandemic, which reduces satisfaction with their care providers.

These results have various implications for how provider organizations can effectively tend to patient experience through the remainder of the pandemic, and for how they can prepare for longer-term changes in care delivery that may outlast it. Notably, these organizations should keep patient-provider relationships front and center as they plan, implement, and revise their pandemic responses. This applies equally to in-person settings and telehealth offerings, and requires wide-ranging support for medical personnel, from training and tech support in the use of virtual technologies to attending to the well-being of those who are caring for COVID patients. Hospitals and health systems can also support positive patient experiences by listening to patient feedback on what is working - and what may need improvement - within their own organizations with respect to the implementation of safety measures and telehealth services, and the management of patients with confirmed or suspected cases of COVID-19.

What hasn't changed: patient satisfaction is largely stable, and relationships with providers remain of utmost importance

Patients are generally satisfied with their care

Patients who receive care at U.S. hospitals and their affiliated clinics are generally quite satisfied with their experiences, and the COVID-19 pandemic has done little to change this. Overall satisfaction with care did drop in April as providers worked to care for the initial wave of COVID cases while simultaneously developing processes to respond to the virus, but these scores quickly bounced back and remained quite stable throughout the summer (Figure 1).

This trend is also broadly consistent across different care settings. The four settings Medallia examined are inpatient setting, emergency department, ambulatory surgery, and outpatient services. While emergency room patients and inpatients are generally less satisfied with their care experiences than those who have an ambulatory surgery or see a provider at an outpatient clinic, three of these groups saw a similar drop in satisfaction in April followed by a sharp rebound in May. Thereafter, satisfaction among ambulatory surgery patients has trended downward while there has been no clear pattern among inpatients and emergency department patients. The exception is outpatient services, which saw its highest scores in January through May, followed by somewhat lower patient satisfaction since June (Figure 2).

Figure 1: Overall satisfaction with care received²

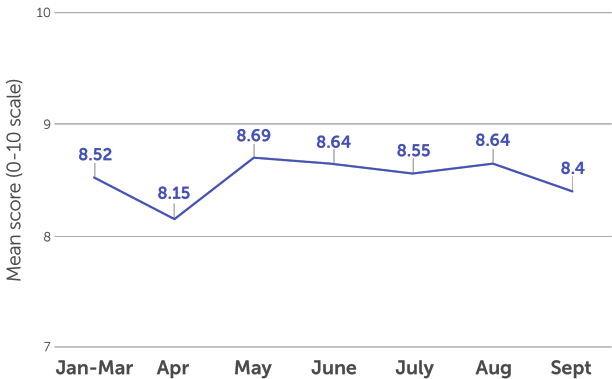
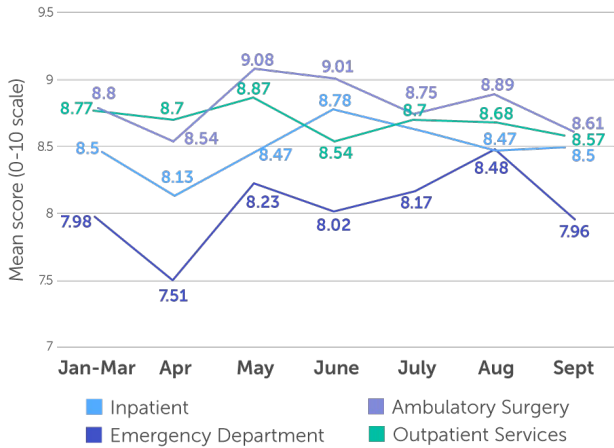


Figure 2: Overall satisfaction by care setting



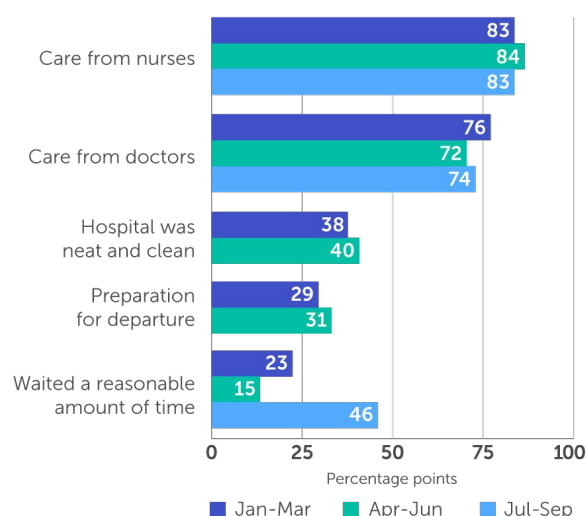
The pandemic has not changed the top drivers of patient satisfaction: their relationships with doctors and nurses

When a patient goes to a hospital or clinic for medical care, many aspects of the visit affect her experience. Unless it is an urgent or emergency situation, she must make an appointment. On arrival, she needs to find her way to the right place. Usually, she will fill out paperwork and then wait to be seen. Does the environment feel clean and comfortable? Does it feel safe? If she is admitted as an inpatient, does her hospital room meet her expectations? How is the food? When it is time to go home, do hospital staff help make sure she has the resources she needs? And of course, there are her interactions with her care providers.

Medallia analyzed a number of these factors, and found that by far the most important in driving patient satisfaction - both before and during the pandemic - are patients' interactions with their care providers. While relationships with both doctors and nurses are important, the care patients receive from nursing staff has a slightly greater impact than their experiences with doctors. In turn, both matter far more than issues like the cleanliness of the facility or the time a patient waits to be seen. This applies to all patients when analyzed together, and separately to each of the four care settings we examined.

For instance, throughout the year a patient who gave the highest possible score for his interactions with nurses (10 on a 0-10 scale) was 83 to 84 percentage points more likely to be highly satisfied with his overall care experience (score of 9 or 10 on a 0-10 scale) than a patient who gave the lowest possible score. The same increase in satisfaction with doctors increased his chance of being highly satisfied with his overall care experience by 72 to 76 percentage points. In contrast, moving from the lowest to highest score on hospital cleanliness, preparation for departure, and wait time had a much smaller impact on overall satisfaction, and there was more variation in the impact of these factors over time. While wait time had the smallest impact in the first half of the year, it was third most important after care from doctors and nurses in July through September. Meanwhile, hospital cleanliness and preparation for departure both had a significant impact on overall satisfaction in January through June, but not thereafter (**Figure 3**).

Figure 3: Impact of key factors affecting patient experience³



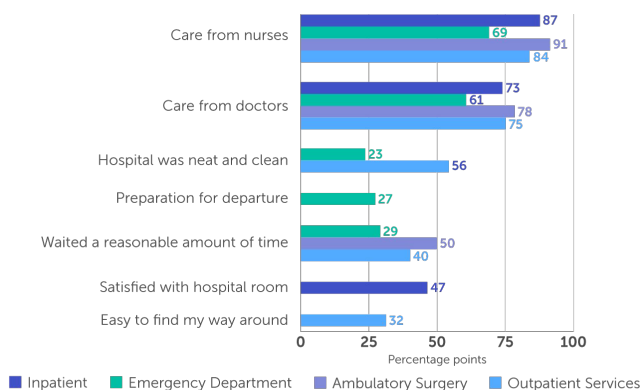
Interpretation: Each bar shows the impact of an increase from the lowest possible score to the highest possible score (0 to 10) for the relevant metric on the probability that a patient gives a score of 9 or 10 (on a 0-10 scale) for overall satisfaction with the care experience. Results are predicted margins from an ordinal logistic regression of overall satisfaction on satisfaction with care from nurses, satisfaction with care from doctors, and agreement that the hospital was neat and clean, the patient was adequately prepared for departure, and wait time was reasonable. All results shown are statistically significant at $p < .01$. Additional controls included patient age, insurance type, and race. See note 3 for the full text of each question.

The importance of patients' relationships with nurses and doctors is also remarkably consistent across care settings. In each setting, care from nurses took the top spot, followed by care from doctors, while the impact of other factors was more varied (**Figure 4**). During the pandemic, from April through September, moving from the lowest possible score to the highest possible score on satisfaction with nursing care increased a patient's chance of being highly satisfied with his overall care experience by 69 percentage points in the emergency department, up to 91 percentage points in ambulatory surgery. For care from doctors the range was 61 percentage points in the emergency department, up to 78 in outpatient services. In contrast, wait time had a smaller but significant impact on overall satisfaction in all care settings except inpatient, while hospital cleanliness had a significant impact only for the emergency department and outpatient services. For inpatients, satisfaction with their hospital room was the more meaningful marker of satisfaction with the facilities, and moving from the lowest to highest possible score increased their chance of being highly satisfied overall by 47 percentage points. Meanwhile, preparation for departure and ease of navigating the hospital each had a statistically significant effect on overall satisfaction in only one of the four care settings. Though not shown, these trends were very similar from January through March as well.

Why this matters

Hospitals and provider organizations have been required to navigate uncharted territory in 2020. As the rest of this report details, they have implemented extensive new safety procedures and faced the challenge of managing diverse patient responses to these policies; they have rapidly expanded virtual care and telehealth services; and they have cared for waves of patients sick with a new and, at first, poorly understood disease. Nor are these changes to care delivery expected to end any time soon.

Figure 4: Impact of key factors affecting patient experience by care setting⁴



Interpretation: Each bar shows the impact of an increase from the lowest possible score to the highest possible score (0 to 10) for the relevant metric on the probability that a patient gives a score of 9 or 10 (on a 0-10 scale) for overall satisfaction with the care experience. Results are predicted margins from ordinal logistic regressions (one per care setting) of overall satisfaction on satisfaction with care from nurses, satisfaction with care from doctors, and different combinations of the other factors shown. For instance, satisfaction with hospital room was only relevant for inpatients, and ease of navigating the hospital was only significant for outpatient services. Other factors not shown for a given care setting were not statistically significant for that care setting, and all results shown are statistically significant at $p < .1$ or better. Additional controls in all models included patient age, insurance type, and race.

In this environment it is critical not to lose sight of the fundamental elements of patient experience that persist despite all the changes. Most importantly, as provider organizations continue to review and refine their safety, telehealth, and care delivery policies, they must ensure that patient-provider relationship remain front and center in these plans, and find ways to mitigate any negative impacts.

This will require a clear understanding of how patients view their interactions with doctors and nurses across care settings, informed by patient feedback. In addition, in the face of COVID-19, wait time remains an important consideration across most care settings. Indeed, as discussed below, wait time is no longer merely an inconvenience, but represents a safety risk as well. In this respect, there is a unique incentive for providers to invest now in innovations to reduce patient wait times both for the short and longer term.

For patients, the salience of safety has grown

As provider organizations cancelled non-essential and elective in-person care in response to COVID-19, many patients could defer their care or connect with their providers via telehealth. For many others, though, there was no appropriate alternative to going in person to the hospital or clinic. For these patients, the meaning of safety - and its salience - changed radically in a short period of time. In the face of the virus, safety was no longer limited to traditional quality indicators such as avoiding medical errors or hospital-acquired infections. Now, it also included avoiding exposure to this new and potentially deadly disease when seeing a provider in person.

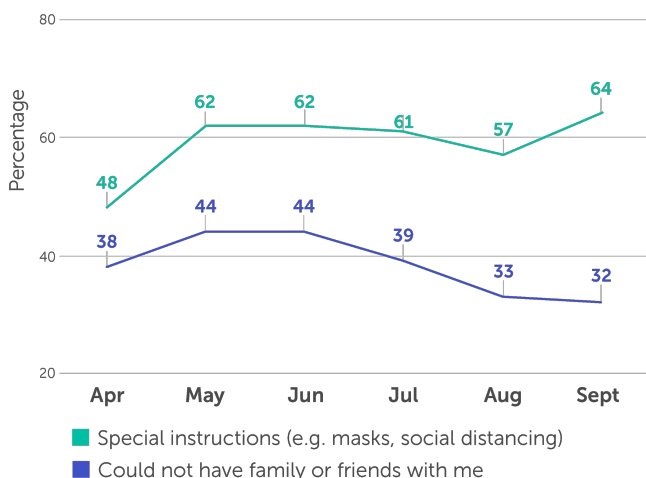
Out of necessity, hospitals and health systems introduced new policies and procedures to ensure patient and staff safety. Medallia's data suggest that despite some geographic variation, on the whole patients appreciate these efforts and are tolerant of even relatively onerous safety measures. Indeed, for many, clearly observing providers' efforts to keep them safe is central to a satisfactory care experience. At the same time, many patients report that they were not asked to follow basic safety precautions like wearing masks or social distancing. In this environment, clear communication about safety policies is vital to inspiring both patient confidence and compliance. In addition, COVID-19 has created unique opportunities for forward-thinking organizations to improve patient satisfaction both in the short and long term through innovations that enhance safety while also addressing more traditional patient experience pain points.

Patients are affected by a wealth of new safety policies and procedures

Across the country, provider organizations adopted a variety of safety policies, and rolled them out at different times. Among respondents to Medallia's survey between April and September, nearly six in ten (59%) indicated that their care experience was affected by the need to follow special safety instructions such as wearing a mask and social distancing. Nearly 4 in 10 (39%) reported that they could not have family and friends with them while they received care. Smaller numbers also reported being required to have their temperature taken, to pass an oral screening for symptoms, or to take a COVID-19 test before they could enter their care facility.

The impact of these safety measures has changed over time in response to new information and the spread of the virus. While only 48 percent of patients who received care in April said they had to follow special safety instructions such as mask-wearing or social distancing, this rose to about 60 percent from May through September. Meanwhile, the share of patients affected by rules limiting visitors rose from 38 percent in April to 44 percent in May and June, but then fell to 32 percent by September as providers began to relax some of the visitation restrictions they had imposed early in the pandemic (**Figure 5**).

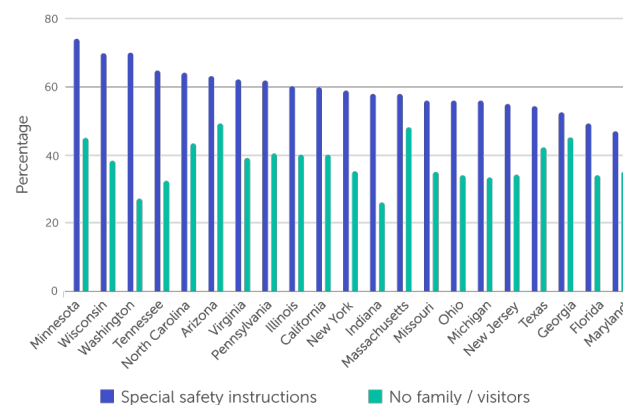
Figure 5: Patients affected by COVID-related safety procedures



Different care settings also saw different impacts of these safety precautions. For instance, inpatients (48%) and emergency department patients (58%) were less likely to report having to abide by special safety instructions than those who had ambulatory surgery (67%) or other outpatient services (63%). While it is possible that facilities applied these policies differently across care settings, provider organizations may also have found it easier to communicate or enforce these policies in outpatient settings. Meanwhile, policies restricting visitation affected patients at similar rates in most care categories, with outpatient services as a significant exception. Forty-five percent of inpatients, 40 percent of emergency department patients, and 44 percent of ambulatory surgery patients reported that they could not have family or other visitors with them. Only 26 percent of outpatients reported the same, probably due to a lower propensity to bring family or other visitors along to their clinic or lab visits.

These policies also differed geographically. **Figure 6** shows this for the 21 states where Medallia collected at least 50 patient responses between April and September. At least 7 in 10 patients in Minnesota (74%), Wisconsin (70%), and Washington (70%) reported having to follow special safety instructions like mask-wearing or social distancing, while fewer than half in Florida (49%) or Maryland (47%) did so. Meanwhile, policies restricting family and other visitors affected a low of 26 percent of patients in Indiana, up to a high of 49 percent in Arizona.

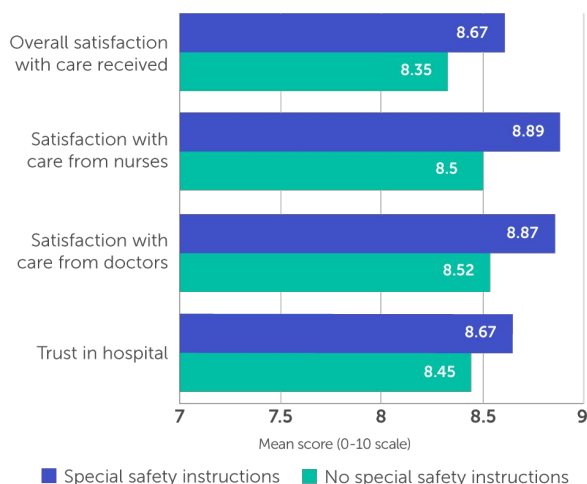
Figure 6. Patients affected by COVID-related safety procedures by state



Patients appreciate safety efforts they can see

Some of the measures hospitals have implemented to ensure patient and staff safety appear to be having a positive impact on the patient experience. On the whole, patients who report having to follow special safety instructions like mask-wearing or social distancing are more satisfied with their overall care experience and with the care they received from nurses and doctors. These patients also report greater trust in the hospital where they received care (**Figure 7**). And when asked to explain their satisfaction or dissatisfaction with their care experiences, patients regularly mention the feeling of safety created by having clear and thorough precautions surrounding COVID-19. As one put it, “The premises were sanitized and masks were worn due to the pandemic. I felt safe and well cared-for.” According to another, “They were very attentive and very cautious to keep me safe due to the virus situation that was going on at that moment. They made me feel reassured, relaxed, and they answered all of my questions and doubts.” Conversely, dissatisfied patients highlight inadequate safety procedures as important reasons for their disappointment. According to one, “Not everyone wore masks, that is why [I gave a] lower score.” Another added that “COVID-19 is affecting them getting a higher score. I did not see their staff enforcing the traffic flow policies.”

Figure 7: Impact of safety instructions on patient satisfaction⁵

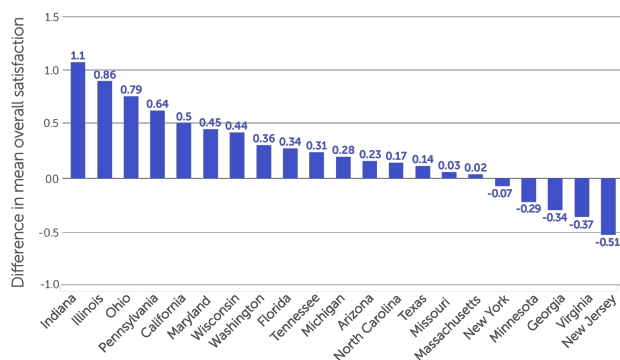


“The premises were sanitized and masks were worn due to the pandemic. I felt safe and well cared-for.”

Still, reflecting the public controversies that have emerged over mask-wearing and other COVID safety precautions, the impact of these safety measures on patient satisfaction varies somewhat around the country. **Figure 8** shows this for the same 21 states highlighted above, where Medallia collected at least 50 patient responses between April and September. Each bar represents the difference in mean overall satisfaction between patients who indicated they were asked to follow special safety instructions and those who were not. Notably, in 16 of the 21 states scores were higher among respondents who were asked to do so.

Among the other five states - New York, Minnesota, Georgia, Virginia, and New Jersey - there are no obvious commonalities. Local authorities in these states have responded to the virus in quite different ways. New York and New Jersey were both early epicenters of the virus, and it may be that awareness and communication around the need for these practices was still developing during a period of high demand on these states' hospital providers. Meanwhile, among these states, patients in Georgia were both among the least likely to report being asked to follow special safety instructions and among those with the most negative reactions to these policies.

Figure 8: Impact of safety instructions on patient satisfaction by state⁶



One health system that has recognized and acted on the heightened connection between safety and patient experience in the COVID era is Arizona-based [Banner Health](#). Like health systems [nationwide](#), Banner saw early in the pandemic that patients were often reluctant to come in for needed care. The organization also realized that those who needed to be seen in person wanted to actively observe and experience its efforts to keep them safe. According to Christopher Stallings, senior director of Consumer Digital, Banner realized that it needed “to create an environment and talk about the environment that we had already created so that people felt more comfortable coming in for that care that they did need to have.”

Part of Banner’s strategy was to identify and implement a set of changes that could address existing patient pain points while also enhancing safety. Banner knew that people often find the patient intake process and waiting room experience burdensome, but COVID-19 adds additional safety risks when people congregate together in waiting rooms. In response, Banner streamlined its intake process to allow patients to skip the waiting room entirely. All patient intake forms are now available digitally for patients to fill out from home if they wish, and Banner communicates with patients via text message to understand when they arrive for their appointments and let them know when their provider is ready to see them.

This allows patients to wait safely in their cars, and to limit their exposure to other patients and non-clinical staff. Banner was able to implement this new system quickly because it had already identified reforms to the patient intake process as part of its patient experience plans, and had run a pilot with a limited group of patients. In the face of the pandemic, it simply made sense to make waiting rooms a top priority. Still, just as important was to clearly and consistently communicate these changes and their safety impact. As Stallings added, “There are some things...that keep our patients engaged while they’re waiting in their car and safe. We work to prepare them for a new experience and help them understand some of our additional safety, in a nutshell.”

Patient tolerance for even onerous safety policies is surprisingly high, but hospitals can help ease their impact

For many patients - especially inpatients and those undergoing surgery - the inability to have loved ones at their side is among the most burdensome of COVID-era safety policies. As a result, Medallia expected patients affected by these restrictions to be less satisfied with their care experiences. Surprisingly, however, there were no significant differences between patients who reported they were affected by visitation restrictions and those who were not: between April and September the mean overall satisfaction score for affected patients was 8.51, versus 8.56 for those who were not affected. Scores were also very similar between these groups in each of the inpatient, emergency department, ambulatory surgery, and outpatient services settings.

There are a number of reasons why visitation restrictions may be having little effect on patient satisfaction. Patients’ understanding that these policies are in place for their own safety likely plays a significant role. However, some hospitals have also introduced programs to explicitly mitigate the impact of these policies, and these efforts may also be having a positive effect.

For instance, like so many other providers, AdventHealth - a non-profit health system operating in nine U.S. states - felt compelled by COVID-19 to introduce strict limits on visitation for its patients. Worried about how this would affect both patient satisfaction and patient outcomes, AdventHealth's patient experience team quickly set up a system to facilitate virtual family visits via video chat. Despite a lack of experience with such visits, within 48 hours the organization was able to distribute 1,000 Chromebooks across its various facilities. By partnering with Google, the health IT team developed a system that was easy for patients and clinical staff to use, and that could also accommodate patients' own devices. Due to COVID-related restrictions on staff entry into patient rooms, close collaboration between the patient experience team and the clinical teams was vital to the initiative's success. According to Pam Guler, vice president and chief experience officer, "As we introduce these very restrictive visitation policies, we were very busy introducing this virtual visitation capability and training our experienced leaders across our system to be able to help facilitate. We just felt it was very important with the messaging of the restricted visitation. We coupled it out with messaging about how we can help families stay connected." The virtual visit program has been highly effective for AdventHealth, and Guler's team expects it to outlast the pandemic as an important tool to help create a positive experience for patients whose families cannot - for whatever reason - be at their bedsides.

Cone Health, a non-profit integrated health system based in North Carolina, also introduced virtual visits to ease the burdens of the visitation restrictions it imposed in March.⁷ According to Anne Brown, Executive Director of Cone Health's Office of Patient Experience, "We wanted to reduce the sense of isolation that patients were feeling due to restricted visiting and we discovered that using virtual tools provided a human connection. Patients enjoyed seeing their loved ones and staying connected to their friends."

For patients without their own devices, Cone Health provides iPads or iPhones to help them connect with friends and family, and providers use FaceTime to include family in care discussions. Training and suggested scripts are available for providers who need help to facilitate these conversations successfully, and chaplains also conduct virtual visits to offer spiritual support. While these capabilities were in place in the organization's ICUs before COVID-19, but are now available throughout its hospitals.

At Cone Health, patient and provider feedback was integral to developing the virtual visit program, and as at AdventHealth, it is viewed as an asset for the organization and for families that will continue beyond COVID-19. Cone Health's experience also offers additional insight into the broader impact of its visitation restrictions that may help explain Medallia's finding that these policies have not led to a broad-based reduction in patient satisfaction. According to Brown, many of Cone Health's patients actually saw a positive side to its new visitation policies. When combined with the availability of virtual visits, they gave patients flexibility to better schedule time with family and friends throughout the day while maintaining time for healing and quiet. For some, the new policies also freed them from feeling they had to 'entertain' visitors or risk hurting their feelings. In light of these findings, Brown now hopes to use patient feedback from this period to inform potential revisions to Cone Health's visitation policies in the aftermath of the pandemic.

Why this matters

As COVID-19 continues to spread throughout the United States, it is clear that provider organizations' use of safety measures such as mask-wearing, social distancing, testing, and visitation restrictions will be necessary for some time.

For everyone's safety, it is vital that patients continue to understand the importance of these measures and to abide by them. Medallia's data suggest that patients generally appreciate, or at least accept the need for, these policies. Yet as cases and hospitalizations surge, there is evidence that pandemic fatigue - in which complacency and mental exhaustion lead to a decline in compliance with safety measures - is on the rise. Medallia's data also highlight real diversity in patients' attitudes about these policies, by both geography and care setting.

For providers, clear, consistent, effective communication of safety policies and measures to ensure compliance is vital. This will help to ensure that their commitment to safety is visible to all, and to instill confidence and maintain satisfaction among patients who are more attuned to safety than ever. Likewise, clear communication about the importance of safety procedures may help to improve compliance among patients who do not already understand their role, or are not inclined to accept their responsibilities, in abiding by these policies.

There are also clear opportunities for health systems to earn patients' goodwill both now and in the future by introducing innovations that improve safety while also enhancing other elements of the patient experience. Banner Health has reduced the risk of COVID-19 transmission at its facilities while also eliminating friction and inconvenience in the patient intake process. AdventHealth and Cone Health have protected patients and providers while introducing virtual visits that allow patients not only to connect with loved ones who would otherwise be with them in person, but also with those who live far away. Of course, each provider organization is different, with its own patient population, history, and resources. A clear picture of patients' understanding of and attitudes toward particular safety policies - informed by real-time patient feedback - can help health systems identify their own top opportunities and navigate the remainder of the pandemic as effectively as possible.

With the rapid expansion of telehealth, millions have experienced a new way to receive care

The use of telehealth services has risen dramatically in the United States during the COVID-19 pandemic, changing how medical care is delivered for millions of Americans. Telehealth encompasses the remote provision of healthcare via a variety of digital technologies - video, phone, text messages, and the internet. In the words of David Cutler, a health-care economist and advisor to Presidents Clinton and Obama, "It is amazing. We went from essentially no visits for medical care being telehealth to now between 10 and 15 percent of visits for medical care are telehealth. And we did it virtually overnight." For many providers, the scale of growth has been even larger. In the initial months of the pandemic, video-based telehealth appointments climbed from 1 - 2 percent of ambulatory visits at top medical systems to over 50 percent, before dropping to about 20 - 30 percent by the end of the summer. For instance, the University of Michigan, which runs about 2.4 million outpatient clinic visits alone each year, saw telehealth appointments jump from around 400 per month in February to 30,000 in April and 40,000 in May. Providers like the Cleveland Clinic - with more initial telehealth appointments - jumped from 5,000 monthly visits before the pandemic to 200,000 just in April.

There is a widespread expectation that after the pandemic, telehealth will remain in much broader use than it was beforehand, though likely not at its current level. Greater use of telehealth would have many potential benefits, from reducing healthcare costs, to facilitating the ongoing management of patients with chronic conditions, to expanding access to care for under-served or rural communities. Virtual visits can also help protect those who are immunocompromised from exposure to illness, and offer potential time savings for all patients.

Still, in the long run the scale of telehealth usage will depend on many factors, from whether regulatory changes put in place in 2020 to facilitate its rapid expansion persist, to providers' willingness and ability to offer telehealth services, to patients' preferences. Fortunately, the expanded use of virtual care during the pandemic offers a unique opportunity to learn more about the latter issue. By understanding what is working well, what needs improvement, and what patients want out of these interactions, providers can prepare for how to best use telehealth to serve their patients once safety is no longer an obstacle to in-person care.

Patients are generally satisfied with telehealth services, but the details matter

Medallia's data suggest that patient satisfaction with telehealth visits since the onset of COVID-19 is similar to that for in-person care, and our findings are broadly in line with recent studies in the [Journal of General Internal Medicine](#) and the [American Journal of Managed Care](#).⁸ Half of the hospital or clinic patients we surveyed between April and September - a total of 1,523 respondents - also had a recent telehealth appointment. Among this group, satisfaction scores for telehealth visits were very close to those for in-person care, with an average score of 8.37 for telehealth and 8.46 for in-person visits (on a 0-10 scale).⁹ Fifty-eight percent of these patients rated the care they received in their telehealth visit a 9 or 10, compared with 61 percent for their in-person visit. In addition, for about half of telehealth patients (51%), their virtual appointment was to prepare for or follow up on their in-person care. For the other half (49%), it was unrelated to their in-person care. However, there were virtually no differences in telehealth satisfaction scores between these groups.

Medallia also asked telehealth patients about their preferences for using these services in the future, and the results indicate that there is likely to be strong demand after the pandemic.

About half (51%) reported that they would prefer to see their providers in person even if a telehealth appointment were an option for their medical situation, but 32 percent indicated they would prefer a telehealth appointment and 17 percent indicated that their choice would depend on the circumstances, such as their medical condition or symptoms. Among those who indicated a preference for telehealth, open-ended comments about what they liked about the experience overwhelmingly reflect the convenience of the service. As one patient put it, "I liked not having to leave my home and not waiting at a doctor's office. It was so much more convenient." According to another, "I didn't have to drive to the doctor!"

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Medallia's data also shed light on the attributes of telehealth visits that are most critical to patient satisfaction and on the experiences of patients of different ages. We asked about four specific aspects of these visits: the ease of making the appointment, the ease of connecting with the provider at the time of the appointment, the effectiveness of communication with the provider during the appointment, and the patient's sense that the provider cared about them as a person. While all four attributes have a meaningful impact on patient satisfaction, there is a clear distinction between the first two and the second two, which deal more directly with the interactions between patient and provider.

Figure 9 shows how moving from the lowest possible score to the highest possible score (from 0 to 10) on each attribute affects the probability that a patient is highly satisfied with her telehealth care overall (score of 9 or 10). A top score on ease of making an appointment or connecting with the provider

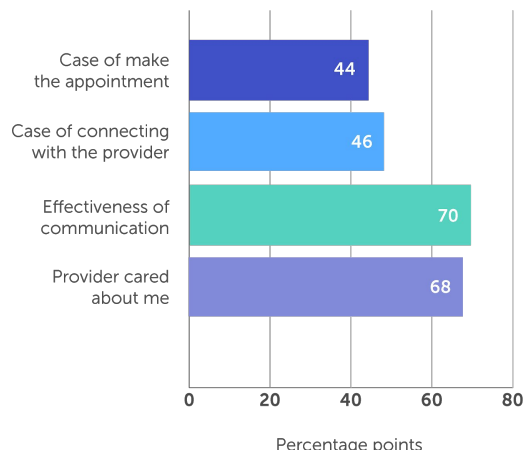
increases the chance that a patient is highly satisfied by 44 or 46 percentage points, respectively. In contrast, a top score on the effectiveness of communication or on the provider caring about the patient as a person has a much larger impact, increasing the chance the patient is highly satisfied by 70 and 68 percentage points, respectively.

Younger patients - those under 35 - were much less satisfied with their telehealth experiences than older ones (**Figure 10**). These patients gave their providers lower scores on all four attributes of their visits - the ease of making an appointment and connecting with the provider, the effectiveness of communication, and feeling that the provider cared about them - and this explains their lower overall satisfaction scores as well.

Although younger patients were also less satisfied with their in-person care experiences, their ratings of their telehealth visits are especially striking because they are much more inclined than older patients to use these services in the future. Fifty-two percent of those under 35 indicated a preference for using telehealth over in-person services, compared with 41 percent of 35 - 54 year olds and just 20 percent of those over 55.

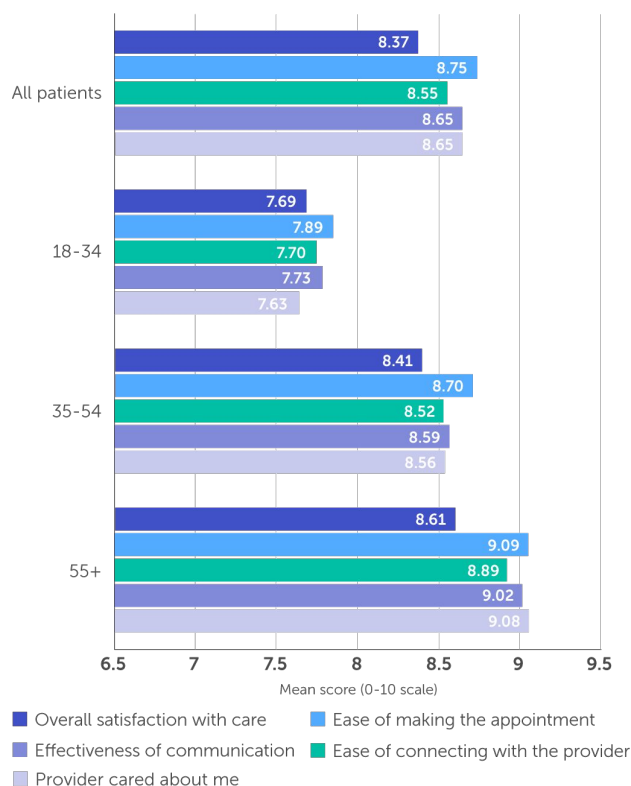
Open-ended comments from these patients suggest that for many, there is a tradeoff between convenience and other elements of their experience. According to one 18-24 year old, “I liked the convenience and time/gas saving aspect of it. The video and audio chopiness was a bit annoying, but manageable.” Another noted that, “Although it did not seem very personal because of lack of interaction, the appointment was more convenient.” And for one 25-34 year old, the visit was “More convenient for me, flexible, I could have [it] while on the go. But [it was] hard to connect onto, shorter, and harder to make sure the doctor understood my situation and concerns.” These attitudes may help to explain why younger patients are simultaneously less satisfied with their telehealth experiences and more likely to want to use these services again, but it is not clear how this might change once the pandemic is over.

Figure 9: Impact of key telehealth attributes on overall satisfaction



Interpretation: Each bar shows the impact of an increase from the lowest possible score to the highest possible score (0 to 10) for the relevant metric on the probability that a patient gives a score of 9 or 10 (on a 0-10 scale) for overall satisfaction with their telehealth visit. Results are predicted margins from an ordinal logistic regression of overall satisfaction with the telehealth appointment on ease of making the appointment, ease of connecting with the provider at the time, effectiveness of communication, the extent to which the provider cared about the patient as a person, whether the appointment was held by phone or video, and whether the appointment was related to the patient's in-person hospital care. Additional controls include patient age, insurance type, and race. All results shown are statistically significant at $p < .01$.

Figure 10: Satisfaction with telehealth visits



Why this matters

Many patients are open to - or actively prefer - the option to use telehealth services in the future. To continue protecting everyone's safety through the remainder of the pandemic and to take advantage of the long-term opportunities these attitudes afford, providers will need to ensure that patients view their telehealth services as equal in quality to in-person alternatives. The areas to focus on and key steps to take will vary between organizations, and it is vital to listen to the voice of the patient and the provider to identify the most important opportunities. Still, Medallia's research does offer a few general lessons.

Providers must focus on helping patients and medical staff to establish and maintain clear communication, and attend to the continued importance of the doctor-patient relationship. Effective communication is integral to the quality of care, so that patients can fully relate their symptoms and concerns, and so that they can understand and act on any instructions they receive. But communication is also central to the emotional experience, and Medallia's data affirm that patients want a personal, human connection with their providers even when they are not in the same room.

As David Blumenthal of the Commonwealth Fund has put it, telehealth "should be one more tool that builds upon, and promotes, the human relationships and caring clinical eyes, ears, and hands that have always sustained us when we are sick."

Facilitating meaningful connections between doctors and patients is partly a matter of using technology that is well-suited to the job. In this respect there may be an advantage to video appointments over those held by phone. Among Medallia's survey respondents who had a recent telehealth appointment, 54 percent were by phone and 46 percent were by video. While there were no meaningful differences in overall satisfaction between video and phone visits for younger patients, among those over 55 video appointments received significantly higher scores (mean of 8.77 for video and 8.47 for phone).

This latter finding mainly reflects the fact that among patients over 55, those with video appointments gave notably higher scores for effectiveness of communication with their provider. Open-ended comments bear out the challenges that can arise over the phone. According to one patient, "The doctor couldn't see what condition the skin was in and I couldn't take a photo to email her." Another added that "I needed my provider to see some of the issues I am dealing with," while for a third, "Phone contact seems so impersonal and rather cold." Nor are such frustrations limited to older patients. For one 18-24 year old, "What I didn't like about receiving medical attention by phone was that I really couldn't express how I felt physically, and where my body was in pain." And a 25-34 year old who had a video appointment after six unpleasant phone visits noted that "I liked being able to see [the doctor] and she me. It was easy to communicate and made me feel more cared for."

Four keys to effective telehealth services

- 1 Clear communication to cultivate the doctor-patient relationship
- 2 Video capabilities for face-to-face interaction
- 3 Opportunity for patient to give feedback for continuous improvement
- 4 Meeting expectations for convenience

Successful communication and relationship building during telehealth appointments also requires support for medical providers. Like patients, providers need to feel that they are able to deliver effective, compassionate care. This support may include training and individual coaching on communication, building rapport and credibility, and expressing empathy and compassion virtually. It also requires appropriate technology resources (ie. high speed internet, devices and accessories for quality video conferencing). Providers also need to understand how they are performing in their virtual patient interactions in order to make adjustments and improvements. Associating patient feedback with specific providers and care teams, and ensuring that they have direct access to this feedback, can aid in this process.

In light of the importance of convenience in attracting patients to telehealth services, providers also need to ensure that they can meet patients' expectations in this respect. This requires thoughtful identification of the types of care and medical conditions that are best suited for telehealth, as well as appropriate screening and care coordination, so that patients are not required to come in for in-person care on the heels of telehealth visits that cannot address their needs. But convenience is also about logistics like scheduling, keeping patients updated about delays, and developing procedures to troubleshoot technology issues that arise. Providers that carefully attend to these issues will be best positioned to ensure that patients view their telehealth services as a reasonable alternative to in-person care.

Atrium Health is a not-for-profit hospital network with 65,000 teammates and over 3,000 physicians who work across 44 hospitals and over 30 urgent care centers in the southeastern United States. Today, it manages over 5 million annual patient visits with a strong patient experience approach for driving better processes and outcomes. Real-time feedback has been a key catalyst for change across the organization, helping everyone from frontline clinicians to the executive team rapidly react to patient needs and emerging situations.

As with many healthcare organizations, COVID-19 forced Atrium to quickly scale its virtual care delivery. In just 5 days, Atrium was able to stand up a system to provide virtual care for COVID-positive patients who did not need to be seen in person. The organization also saw an unprecedented 54x increase in the number of weekly virtual visits (from 443 to 23,870), while in-person visits decreased by 80 percent, from 82,685 to 16,575.

The ability to capture and analyze real-time patient feedback proved vital to Atrium's ability to assess the effectiveness of its new virtual care delivery procedures, and to adjust as needed. Along with the quick pivot to virtual care delivery came an immediate need to train Atrium's more than 3,000 healthcare providers to effectively use virtual care technologies. With five different technologies for managing virtual care in use initially, a clear understanding of the patient experience was crucial. Providers received feedback about their interactions with patients on camera and about the quality of their correspondence, while Atrium benefited from the patient's perspective on how its technology was performing. For instance, although Net Promoter Scores® for phone and video appointments were nearly identical, patients rated phone appointments slightly higher for their ease of use. After collecting this feedback and at the request of its providers, Atrium offered "Virtual Experience Enhancements" training to drive provider engagement with its virtual care services.

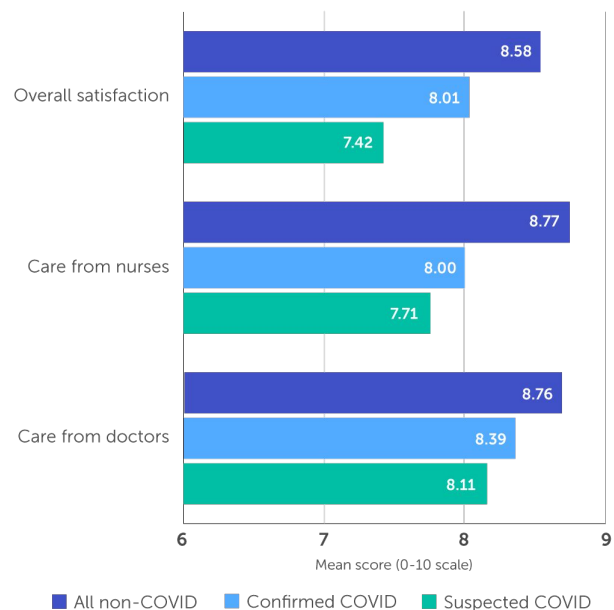
Patients with confirmed or suspected cases of COVID-19 are straining hospital capacity, and reporting poorer experiences

As COVID-19 case counts have waxed and waned around the country, hospitals in regions with spiking infection rates have struggled to manage the influx of COVID patients alongside those requiring care for other reasons. This has affected the patient experience in ways that extend well beyond the safety procedures discussed above, especially for patients with confirmed or suspected cases of COVID-19.

Two percent of Medallia's survey respondents reported being diagnosed with and treated for COVID-19 during their visit to a hospital or hospital-associated clinic between April and September, while 3 percent suspected they had COVID-19 but were not diagnosed during their visit. Almost 9 in 10 (87%) of those with confirmed COVID cases were treated in the emergency room and/or admitted as an inpatient; among suspected cases, this was 75 percent.

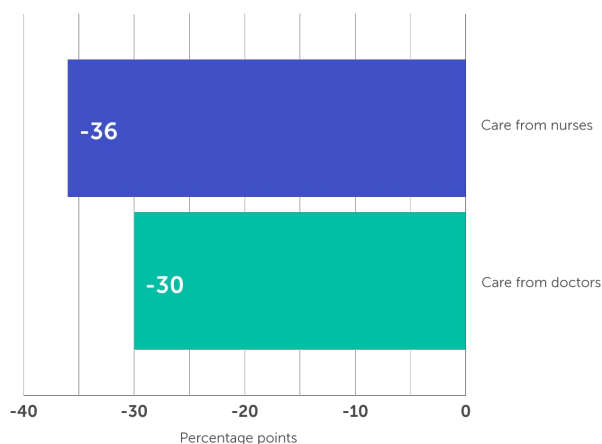
Patients with confirmed and suspected cases of COVID-19 were notably less satisfied with their care experiences than other patients (**Figure 11**). Among confirmed COVID-19 patients, scores for overall satisfaction and nursing care were significantly lower than for non-COVID patients, but scores for care from doctors were not. Among patients who suspected they had COVID-19 scores were even lower, and for this group differences from non-COVID patients were statistically significant for overall satisfaction, care from nurses, and care from doctors.¹⁰

Figure 11: Impact of COVID-19 on patient satisfaction



One important reason that patients with confirmed and suspected cases of COVID-19 are less satisfied with their care experiences - and with their experiences with their caregivers especially - is that these patients are uniquely likely to report receiving less personal attention due to the pandemic. On the whole this problem has been fairly limited, with only 7 percent of patients across all care settings reporting receiving less personal attention. However, for patients diagnosed with COVID-19 this figure is 23 percent, and for those with suspected cases it is 16 percent. Emergency department patients, regardless of COVID-19 status, were also more likely to report receiving less personal attention, at 13 percent. For those who did receive less personal attention, the primary effect was to give lower caregiver satisfaction scores. As shown in **Figure 12**, a patient who received less personal attention due to the pandemic was 30 to 36 percentage points less likely to be highly satisfied with his care from doctors and nurses.¹¹

Figure 12: Impact of reduced personal attention on satisfaction with caregivers



Interpretation: The bars show the impact of receiving less personal attention due to the pandemic on the probability that a patient gives a score of 9 or 10 (on a 0-10 scale) for satisfaction with care from nurses, and from doctors. Results are predicted margins from separate ordinal logistic regressions of satisfaction with care from nurses and doctors on whether a patient received less personal attention. Additional controls include patient age, insurance type, and race. All results shown are statistically significant at $p < .01$.

Why this matters

Hospitals face unique challenges in caring for patients with confirmed and suspected cases of COVID-19. Because of how the virus spreads within communities, these patients often arrive in waves, straining bed capacity and staffing and testing resources. And because of the nature of the disease, COVID patients are often complex to manage, and physically and emotionally draining for medical staff. Other patients, of course, also feel these effects, but COVID patients are doubly affected by safety protocols and procedures that require strict limits on which staff can enter their rooms and on unnecessary in-person interactions.

In this environment, hospitals must find ways both to support their staff and to ensure that patients feel they are receiving adequate personal attention even when safety procedures have changed and when they may have fewer direct interactions with staff.

As we saw in the first section of this report, doctors and nurses hold the key to the quality of the patient experience. Yet they are increasingly worn out from months of treating COVID patients and working long hours in conditions that pose significant risks to their own health and safety. This situation is harmful not only for staff but also for patients, as medical personnel who are experiencing frustration or burnout may be less engaged. As a result, supporting these team members may be the single most important thing that hospitals can do to improve the experiences of their COVID (and non-COVID) patients. This may include training for how to handle the unique challenges of managing an influx of COVID-19 patients, putting concrete plans in place for additional staffing during demand spikes, or offering wellness resources such as peer support or individual or group therapy. Most importantly, leaders need to listen to their medical staff to understand the top challenges within their organizations, and to get feedback on how to best support doctors and nurses in caring for patients.

Finally, hospitals should look for additional creative ways to improve the care experience for patients with confirmed or suspected cases of COVID-19 who may feel that the protocols required to prevent the spread of the virus reduce the personal attention they receive. For instance, facilities might consider adding additional virtual interactions between patients and care teams to increase the frequency of contact. Making non-medical staff, such as patient experience representatives or lactation consultants for new mothers, available virtually may also help ensure that patients do not feel deprived of services and assistance they need. More generally, both patients and staff are certain to have ideas for ways to improve interactions with patients who must remain isolated due to COVID-19, and their feedback is sure to be an invaluable source of input for identifying and implementing these opportunities.

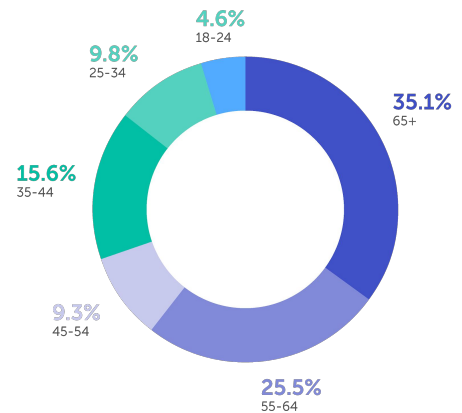
Conclusion

The COVID-19 pandemic has transformed the experience of receiving hospital-based medical care in the United States in important ways, driving a heightened emphasis on safety, a massive expansion in the use of telehealth services, and intense efforts to provide quality, attentive care to patients diagnosed with the virus, despite often inadequate resources. Yet the pandemic has not altered the fundamental importance of patients' relationships with their doctors and nurses in driving their satisfaction with their care experiences. Instead, attending to these relationships is central to the successful implementation of providers' policies and approaches to respond to the pandemic. From integrating providers into virtual family visits for hospitalized patients, to providing training and access to patient feedback for those offering telehealth services, to supporting the well-being of doctors and nurses caring for COVID patients, hospitals and health systems have many opportunities to enlist medical staff in buttressing the patient experience while providing support for these critical healthcare team members. Those that take advantage of these opportunities will be in the strongest position to provide for their patients' diverse needs through the remainder of the pandemic, and well into the future.

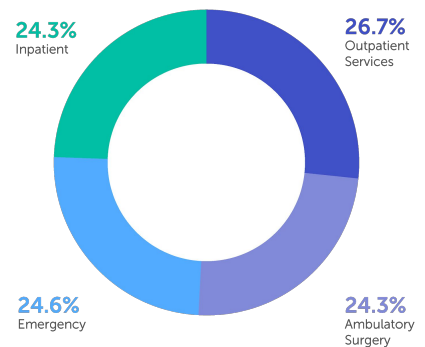
Methodology

Medallia conducted an online survey of 5,665 patients who received in-person medical care at a hospital-based provider organization between January 1 and September 30, 2020. Patients were recruited through a large consumer panel company and contacted online within 3 months or less of their care experience. All 50 U.S. states, plus Washington DC and Puerto Rico, are represented.

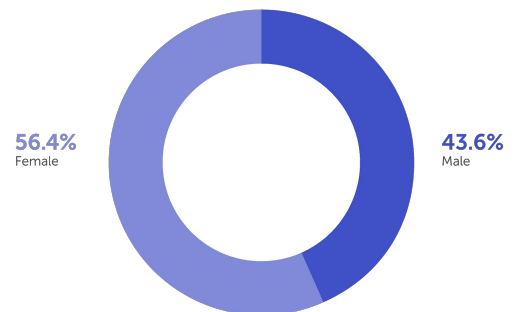
Age



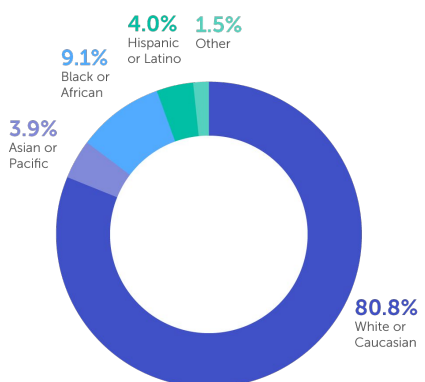
Care Setting



Gender



Race/Ethnicity¹²



Endnotes

¹ All respondents had an in-person care experience at a hospital or hospital-associated clinic between January 1 and September 30, 2020, within 3 months of taking the survey. Their experiences span four care settings: inpatient, emergency department, ambulatory surgery, and outpatient services (e.g., clinics, labs). Responses were collected in quarterly waves, with patients recruited through a large consumer panel company. There were 2,623 responses from January - March, 1,536 from April - June, and 1,506 from July - September. All 50 U.S. states, plus Washington DC and Puerto Rico, are represented.

² Patients were asked: "Overall, how satisfied were you with the care you received during your most recent visit to [hospital name]?" Scores reflect the mean value on a 0-10 scale.

³ Full text of the questions used in Figure 3: 1) "Overall, how satisfied were you with the care you received from nurses during your last visit to [hospital name]?", 2) "Overall, how satisfied were you with the care you received from doctors during your visit to [hospital name]?", 3) "Please indicate how much you agree with the following statements about [hospital name]: The hospital was neat and clean", 4) Preparation for departure is a patient's average agreement score on four statements about how the hospital prepared them for their departure (if answered): A. "Staff members made sure I had a way to get home from the hospital." B. "Before leaving the hospital, I had a good understanding of how to manage my health at home." C. "Staff members made sure I had a plan to get my medication(s)." D. "Before I left the hospital, I had a clear understanding of the follow-up care (tests, appointments, etc.) I required." 5) "Please indicate how much you agree with the following statements about [hospital name]: I waited a reasonable amount of time to be seen by medical providers."

⁴ Full text of the two questions used in Figure 4 but not Figure 3: 1) "How satisfied were you with your hospital room?", 2) "Please indicate how much you agree with the following statements about [hospital name]: It was easy to find my way around the hospital."

⁵ All differences between patients who were asked to comply with special safety instructions and those who were not are statistically significant at $p < .01$ in two-tailed t-tests. Satisfaction and trust questions were asked on a 0-10 scale.

⁶ Individual two-tailed t-tests for each of the 21 states revealed statistically significant differences in overall satisfaction only for Indiana, Illinois, Ohio, Pennsylvania, and California ($p \leq .1$ in all cases).

⁷ Interview with Anne Brown, Executive Director of Cone Health's Office of Patient Experience, conducted by Sarah Gilstrap, 06/02/2020.

⁸ The 2016 study in the Journal of General Internal Medicine examined patient satisfaction with visits in a video telehealth program at CVS MinuteClinics and found that 94 to 99 percent of patients were very satisfied with various attributes of the appointments, and one third preferred a telehealth visit to an in-person appointment. The 2019 report in the American Journal of Managed Care found that among established patients at a major academic medical center who used virtual video appointments for follow-up care, 63 percent felt there was no difference in quality compared with in-office visits, and 69 percent rated their telehealth visit a 9 or 10 on a 0-10 scale. These studies suggest somewhat more positive experiences with telehealth than in Medallia's data, likely due to the differences in context.

⁹ This difference is not statistically significant in a two-tailed t-test.

Endnotes

¹⁰ Statistical significance was assessed via one-way analysis of variance followed by post-hoc testing for multiple comparisons. P-values for each pair of values were adjusted using the Bonferroni correction. The post-hoc tests showed statistically significant differences ($p < .05$ or better) in scores between non-COVID-19 patients and confirmed/suspected COVID-19 patients for all comparisons except care from doctors for confirmed COVID patients. Differences between confirmed and suspected COVID-19 patients were not significant on any of the three satisfaction metrics. Figure 11 shows comparisons to all non-COVID-19 patients. When compared only with non-COVID patients who received care in the emergency department or who were admitted as inpatients, the differences described here are similar though somewhat smaller, and less often statistically significant.

¹¹ These patients give low scores not just for care from nurses (mean of 6.93) and doctors (mean of 6.99), but also for overall satisfaction (mean of 6.62). However, once care from nurses and doctors is accounted for, receiving less personal attention does not separately reduce a patient's overall satisfaction. This conclusion is based on results from ordinal logistic regressions of overall satisfaction on various combinations of predictors. Reduced personal attention has a significant impact on overall satisfaction when it is the only covariate and when demographics (age, insurance type, race) are included. However, including satisfaction with nurses and doctors eliminates the statistical and substantive impact of reduced personal attention, suggesting that it works largely or entirely through these relationships.

¹² Percentages for Race/Ethnicity are based on data collected on 3,042 respondents for Q2 and Q3 (April through September) only, as the question and answer options were altered between the data collection waves for Q1 and Q2.

Contributors



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