

# V<sup>o</sup>.16

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IN THIS ISSUE

The paper “The Importance of Video Visits in the Time of Covid-19,” co-authored by Jan Lindsay, Ph.D.; Julianna Hogan, Ph.D.; Anthony Ecker, Ph.D.; Stephanie Day, Ph.D.; Patricia Chen, Ph.D.; and Ashley Helm was published in *The Journal of Rural Health* in Winter 2021. Lindsay, Hogan, Ecker, Day and Chen are research investigators, and Helm is a project coordinator, at the Center for Innovations in Quality, Effectiveness and Safety at the Michael E. DeBakey Veterans Affairs Medical Center. Lindsay is an associate professor, and Hogan, Ecker and Day are assistant professors, of psychiatry and behavioral sciences at Baylor College of Medicine. Chen is an instructor in the Department of Medicine at BCM.

An electronic version of this newsletter may be downloaded at [bit.ly/HPR-16-4](http://bit.ly/HPR-16-4).

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## HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine  
Joint Program in Health Policy Research

### Is video telehealth more effective in providing mental health care than phone-only sessions?

“Yes,” says Jan A. Lindsay, Ph.D., lead author of a recent commentary in *The Journal of Rural Health* supporting the value of video visits during the COVID-19 pandemic. “Our team’s qualitative research has highlighted important benefits of meeting via video, when compared to audio-only or messaging options, including stronger therapeutic alliance and enhanced clinical information.”

Although video telehealth (VTH) has consistently been shown to be as effective as in-person care and was already being used to connect patients with providers and increase access to care, particularly in rural areas, the COVID-19 pandemic accelerated its adoption. However, procedural complications and institutional barriers caused phone-only visits to be recommended by some health care systems as the default option for many providers.

Lindsay and her coauthors suggest that VTH offers benefits beyond phone- or audio-only care. For example, qualitative interviews with patients suggest that VTH enables a more personal experience than phone-only visits and that seeing their provider during therapy is very important to many patients. VTH can help maintain important social rhythms, strengthen rapport, and offer more patient-centered care. By simulating in-person encounters, it can return a greater sense of normalcy for patients who prefer face-to-face contact. Patients also reported feeling more comfortable receiving mental health care in a familiar environment such as home or work, which allows them to avoid the stress of traveling to a clinic or being in crowded areas. Patients further described how

VTH demonstrated VA’s commitment to their needs and safety during the pandemic.

The video component of VTH also has notable advantages for providers and helps maintain the integrity of mental health care. VTH allows providers to observe body language or patient mannerisms, facial expressions or nonverbal communication cues, and other clinically relevant information that would otherwise be missed. The visual information that VTH includes better replicates in-person care, fostering greater connection and rapport not possible over the phone. Providers using VTH gain a “window into their patients’ physical space,” adding another dimension of knowledge about patients and offering context that can enhance treatment.

VTH technology allows providers and patients to share important clinical information through features such as screen sharing, white boards, and chat features, which can improve efficiency, accuracy, and the ability to perform assessments. VTH platforms also offer embedded safety measures, facilitating emergency planning and response for patients with complex conditions or unexpected crises.

“Video telehealth helps protect the integrity of remotely delivered mental health care and allows an intimacy not provided by phone-only visits,” said Lindsay. “During a time when many prefer to limit their public interactions, face-to-face contact via VTH replicates the close contact with another person necessary to avoid isolation. It also allows a more seamless transition and enhances care delivery for patients who are already isolated and vulnerable.”

**HEALTH POLICY** research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, the James A. Baker III Institute Chair in Health Economics at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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