How to care for and communicate with patients digitally

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Evidence: Digital communication and remote consultations

The context and reorganisation of care

Practical implications: Maintaining care in a pandemic
The consultation

To consult:

“Seek information or advice from..”

“To take counsel”

Oxford English Dictionary
The consultation

To consult:

“Seek information or advice from..”

“To take counsel”

Oxford English Dictionary
"This trial proved that it is now possible for a specialist, say, in London, to examine a patient, say, in the country, stethoscopically, and to arrive at a correct diagnosis."

1879: Diagnosis of croup
Anonymous. Practice by telephone. Lancet 1879; 29 Nov: 819
The World’s first camera phone

It’ll never catch on
Evidence: Digital communication and remote consultations

Remote consultations for **acute care**

Remote consultations for **routine reviews**
Remote consultations for acute care

Out of Hours services

65% calls managed by telephone  (UK)
Lattimer et al.  OOH service in UK.  BMJ  1998; 317: 1504-9

48% calls managed by telephone  (Denmark)
Christensen et al.  OOH service in Denmark.  BMJ  1998; 316: 1502-5

80% calls managed by telephone  (US)
Poole et al.  After hours telephone coverage.  Paediatrics 1993; 92: 670-9
Remote consultations for acute care

**Primary care**

RCT: 388 patients attending their GP practice for a same day appointment

- Telephone triage took less time on the day despite 50/190 of the triaged patients being seen face-to-face later in the day

- Triage group had more clinic consultations over the next 2 weeks

McKinstry et al. BJGP 2002; 52: 306-10
Remote consultations for acute care

Primary care

Fewer problems / consultation

RIAS
- Less data gathering
- Less education/counselling
- Less rapport building
- Less partnership building
- Less direction giving

A&E callers

“most studies found the assessment of callers’ problems was inadequate”


4.6 minutes

9.7 minutes
Remote consultations for routine reviews

Primary care

“[The telephone is] convenient. If you have a problem with your asthma you make an appointment at the doctors” [29 F]

“A routine telephone check would be reassuring and any questions could be asked. But for specific new symptoms the face-to face meeting is preferred” [78 F]


74% reviewed

48% reviewed

-10.7 mins

-£3.92

278 adults with asthma

miniAQLQ
Dramatic re-organisation of how we deliver care

24 GP partners based in one of the centres
Personal lists of ≈ 2,000 registered patients

3 centres each with nursing and admin teams

‘Respiratory clinics’ and spirometry on each site.
X-ray facilities on one site

Mainly face-to-face consultations with telephone option
Dramatic re-organisation of how we deliver care

Safe consulting

Shielding
Dramatic re-organisation of how we deliver care

Hot and cold zones within a practice

Hot and cold hubs acting as referrals centres for several practice

Dedicated home visiting service

“Our hot site [is] where we will only see patients with respiratory symptoms. [...] Therefore, that has made all our other sites what we call cold sites, where we are not seeing respiratory symptom patients.

So then we minimise that risk for patients who have got non-respiratory type symptoms.” (GP, Practice-6)

Turner et al. DOI: https://doi.org/10.21203/rs.3.rs-301281/v1
Acute onset of:
- Dry cough
- Breathlessness
- Fever / myalgia / fatigue
- Loss of smell ? Loss of taste
- Contact of COVID-19

Unclear onset of:
- Persistent cough
- Persistent breathlessness
- Fatigue of >4 weeks
- Haemoptysis/weight loss

Acute worsening of
- Cough
- Breathlessness
- Fatigue of >4 weeks
- Green sputum
- Fever, rigors, malaise
- Stabbing pleuritic pain

COVID-19, lung cancer or COPD?

Differentiation of the Cs in lung cancer: Cancer vs. COVID
Remote consultations and maintaining care

Remote consultations and maintaining care

‘Working from a long screen of lots of telephone calls... ... and having then also removed what many GPs find the most enjoyable part of their job — talking and touching and sensing patients in the room — the day job has become a bit of a hard grind.’  (GP, HC20, Round 2)

✓ ‘I hope we’ll never go back to just whole mornings of patients booking by themselves....’ (GP, HC9, Round 2)
How do you assess breathlessness remotely?

Set up: prepare, background
Connect: check identity
Quickly assess severity/red flags
History
Examination: temp; BP; PF
Decision and safety net

Remote consulting in a Covid pandemic

Acute care
Remote consulting in a Covid pandemic

- Ask the patient ‘How is your breathing today?’ (compared to yesterday/last week)
- Ask standard questions (MRC Dyspnoea score)?
- Roth score (Time how long how before the patient stops speaking to take a breath)
- Listen to whether the patient sounds breathless when they speak

How do you assess breathlessness remotely?
Video-consulting

* Setting up: Checking the video/audio (unmuting)
* Social talk: Greeting, rapport building
* Clinical talk: Related to the condition and management. Summarise the key points clearly.
* Operational talk: Instructions (to enable examination)
* Repair talk: Correcting significant disruption


‘The [verbal] description doesn’t always match up with the clinical picture and being able to actually have a look, that’s very helpful’. (GP, HC3, Round 1)
Video-Consulting

**Setting up:** Checking the video/audio (unmuting)

**Social talk:** Greeting, rapport building

**Clinical talk:** Related to the condition and management.

  - Summarise the key points clearly.

**Operational talk:** Instructions (testable examination)

**Repair talk:** Correcting significant disruption


‘I think the initial excitement about video consulting […] there is quite a bit of faff around it and […] there is not that much that it adds.’ (GP, HC20, Round 4)

‘I kind of thought I would be doing more video by now, but […] I’m still doing mostly phone. I want to feel more than see, mostly.’

(GP, HC8, Round 4)
On-line and SMS consulting

→ Requesting photos

Request

Record

Response

Message text
Dear [Name],
Following our recent discussion, please can you send me a photo of your red eye. I will phone you back when I have received the pictures.

Thanks,
Dr Pincock

TO RESPOND, please follow this link: [link]

Whitsable Medical Practice
339 characters remaining

Allow patient to respond with text or photos
Assign response (if none selected, response will go to you)

Click to search assignees

Send and save
Location: [unknown]

Consultation Text

12:15
Whitsable Medical Practice

Patient mobile telephone number
SMS text message sent to patient
Dear
Following our recent discussion, please can you send me a photo of your red eye. I will phone you back when I have received the pictures.

Thanks,
Dr Pincock

TO RESPOND, please follow the link: [link]

Whitsable Medical Practice

11:56
Telephone consultation (Whitsable Health Centre)

History
Telephone encounter: Sticky eye started 2 days ago + a red area on bottom lid. Eye is blood shot. Running ++. Vision is OK, except when eye is watering/sticky. 

Text to request photo

PINOCK, Hilary (Dr)

PCTI, docman (Mt)
On-line and SMS consulting

→ Requesting photos

← Send links (e.g. to information, clips of inhaler technique)

Adjacent to a remote consultation

Message text

Dear Name,
I have sent X's prescription to the pharmacy. You may find this website about hay fever helpful (though some of the treatments will be more useful for people older than X). https://patient.info/allergies-blood-immune/hay-fever-leaflet.
Thanks, Dr Pinnock
Whitstable Medical Practice
On-line and SMS consulting

- Requesting photos
- Send links (e.g. to information, clips of inhaler technique)
Remote reviews for COPD

Ask about symptoms and how they are affecting ADL
• Use objective scores (MRC, CAT or CCQ)
• Remember depression

Examination and tests
• Some patients may have oximeter/FEV$_1$ meter

Check smoking status (and advise to quit)

Check inhaler technique (Provide links to video clips)

Advise on treatment/discuss adherence

Discuss self-management

Remember multimorbidity

Rapid guidance for care of people with COPD  www.nice.org.uk/guidance/ng168
Remote reviews for asthma

Establish concerns that the patient wants to discuss ✓
Assess control: Use objective scores (ACT or ACQ) ✓
Assess risk of attacks: Previous attacks, SABA use, poor adherence ✓
Discuss triggers; Check smoking status (and advise to quit) ✓
Check inhaler technique (Provide links to video clips) ?
Discuss adherence ✓
Discuss treatment options ✓
Discuss self-management (Provide an action plan) ?

Components of an asthma review https://www.sign.ac.uk/sign-158-british-guideline-on-the-management-of-asthma

Resources
https://www.asthma.org.uk
Digital communication and remote consultations are options both for delivering acute healthcare and routine reviews of known conditions.

The pandemic dramatically changed the context, promoted organisational change that enabled remote reviews – but removed choice.

- Telephone is a known technology which improves access
- Video-consultations offer more features, but are still challenging technically
- SMS has proved a very practical adjunct to remote consultations

Post-COVID a new balance will be struck.
COVID-19: Remote consultations for chronic respiratory patients and reorganisation of primary care

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Any questions?