

VIRTUAL PATIENT CARE IN THE AMBULATORY SETTING

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Objectives

- Describe virtual care including the various virtual care modalities commonly used in Ontario.
- Differentiate between patient encounters that may and may not be amenable to virtual care
- Describe the components of an effective virtual visit in primary care and specialist care settings.
- Describe the key components to presenting cases to a preceptor effectively in virtual care

What is Virtual Care

Any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.¹

Supports synchronous and asynchronous communications



Secure video, audio or chat messaging

Why Use Virtual Care



Cost savings



Patient interest

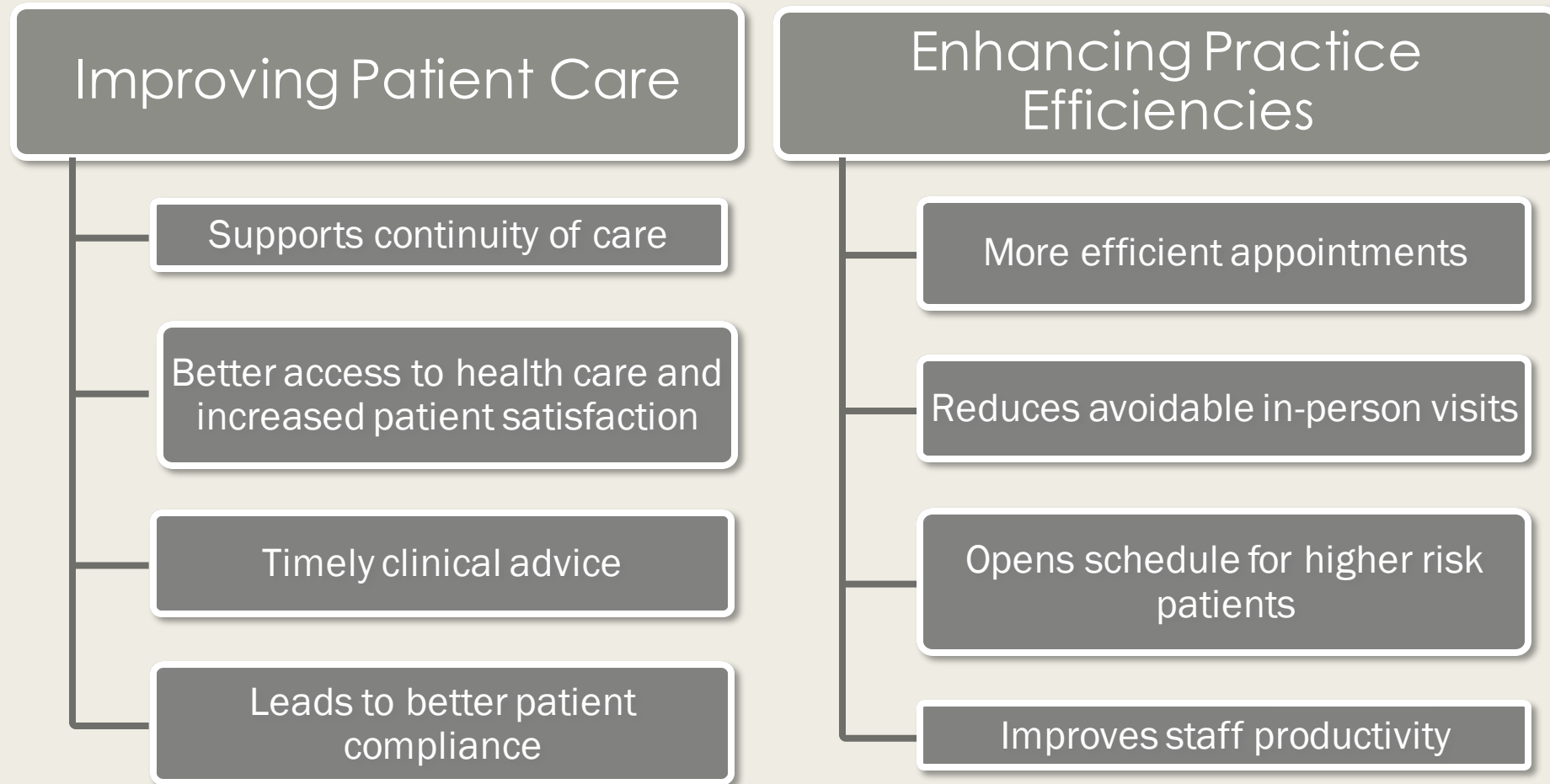


Improved
Access/Convenience

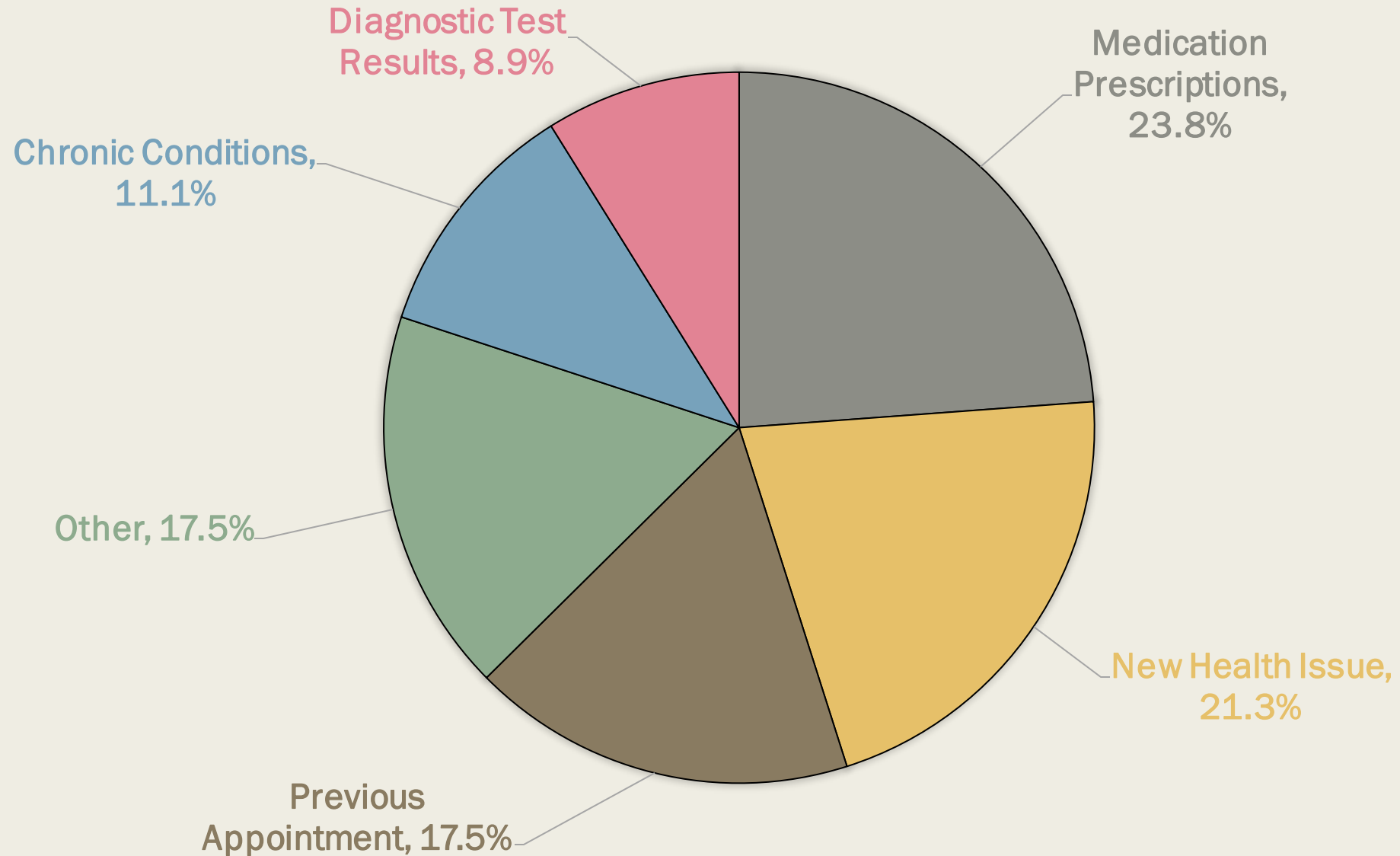


Pandemic

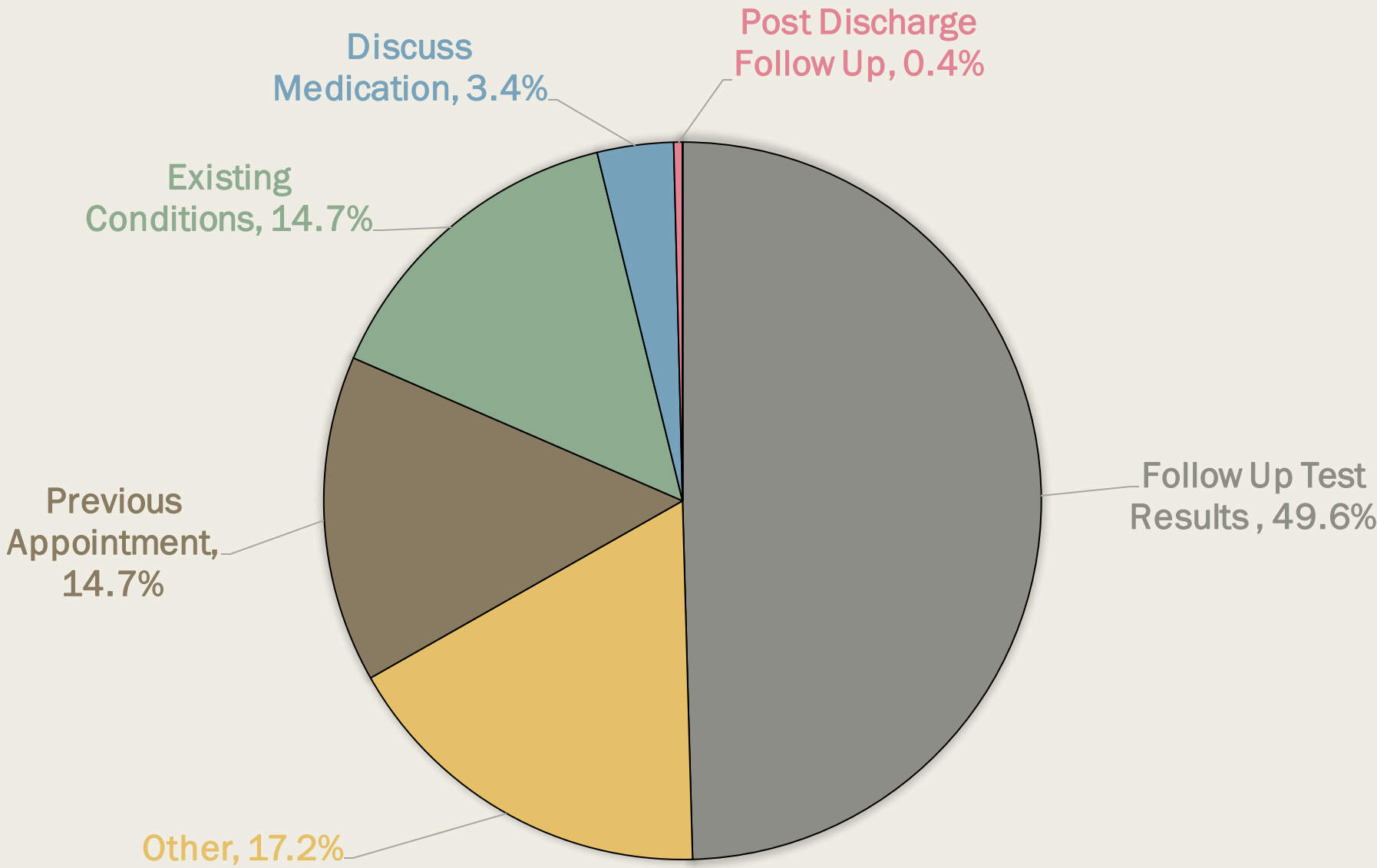
The Benefits of Virtual Care



Patient Reason for Virtual Visit



Provider Reason for Requested Visit



Virtual Visits during COVID-19



Possible use cases for virtual visit related to COVID-19 may include:

Patients in self-isolation
and Patients at high risk

Patients who are worried
but well

Many regular
appointments

E.g.:

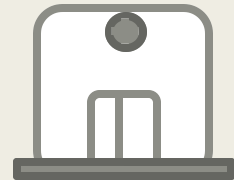
- ✓ Medication renewals
- ✓ Follow-up on lab or imaging results
- ✓ Rash or skin conditions
- ✓ Chronic conditions
- ✓ Health education
- ✓ Mental health follow up

Patient Perspective

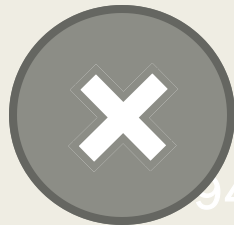
If a virtual visit had not been available...



4.4% of patients would have visited the **emergency department**



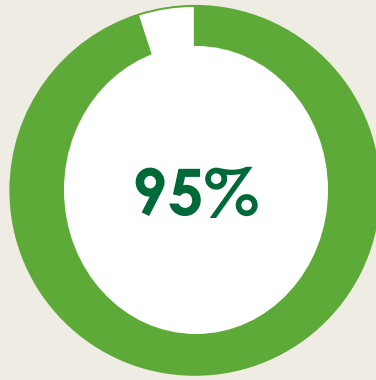
11.2% of patients would have gone to a **walk-in clinic**



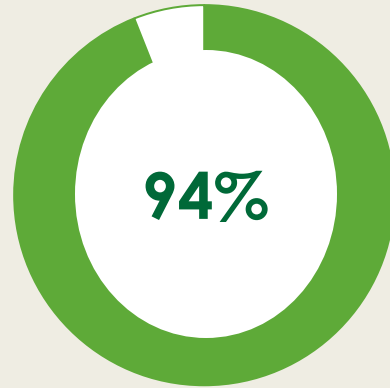
3.7% of patients would have done **nothing**

4.4
%

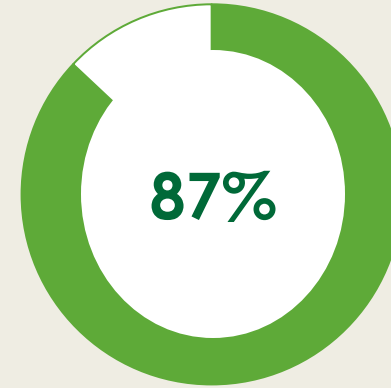
Patient Perspective



Saved Time

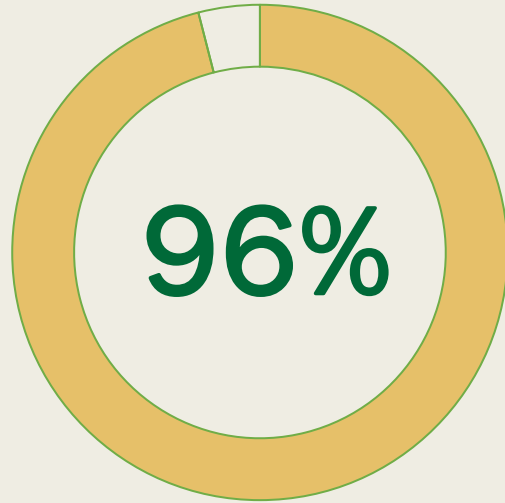


**Provided convenient
access to care**

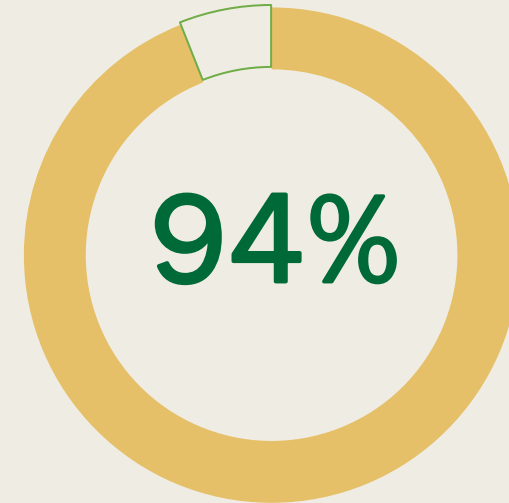


**Platform was intuitive and
easy to use**

Patient Perspective

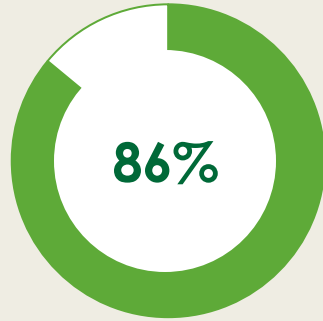


... of patients would **recommend the solution** to friends and family

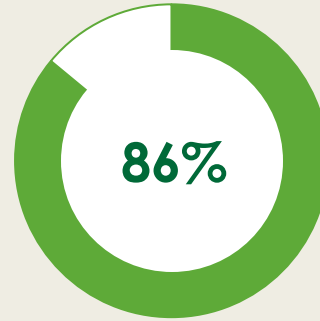


... of patients indicated that their virtual visit was **better or the same** as an in-person visit

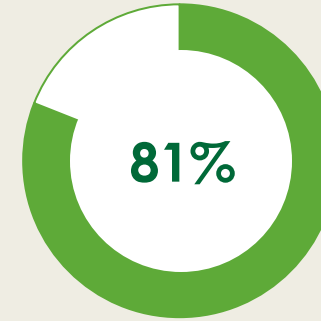
Provider Perspective



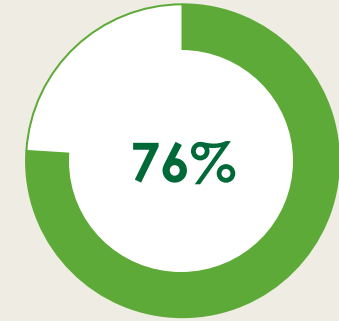
Efficient way to see patients remotely



Supports seeing patients in a timely manner

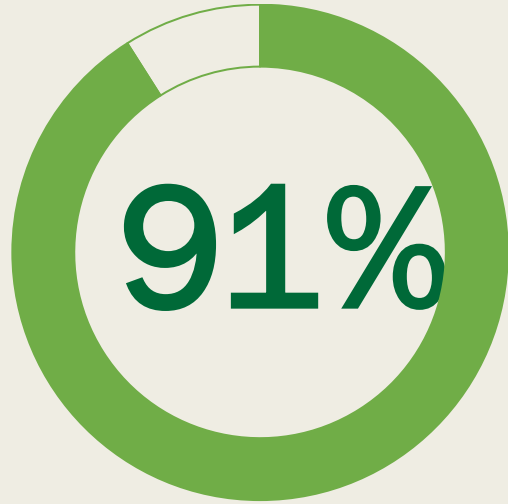


Enhances the quality of care provided

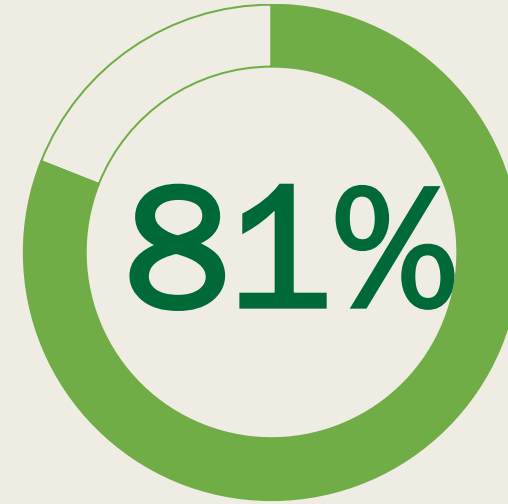


Enhances capacity to see more patients within a day

Provider Perspective

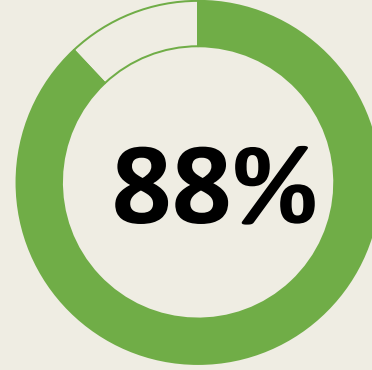


... indicated that the solution was **easy to use**

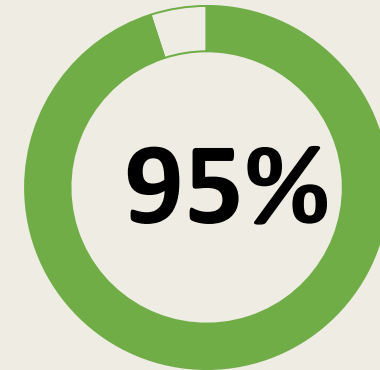


... would **recommend the solution** to their colleagues

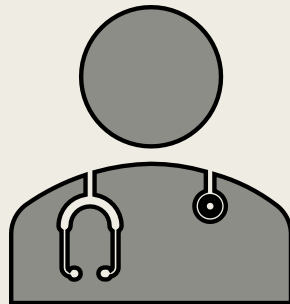
Provider Perspective



responded in 24H



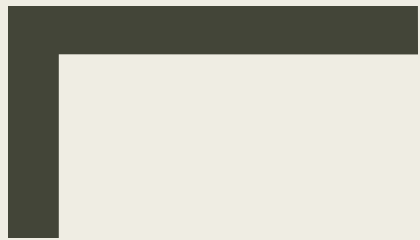
responded in 48H



Increased Capacity to See More Patients

11 more visits/week (during usual working hours)

23 more visits/week

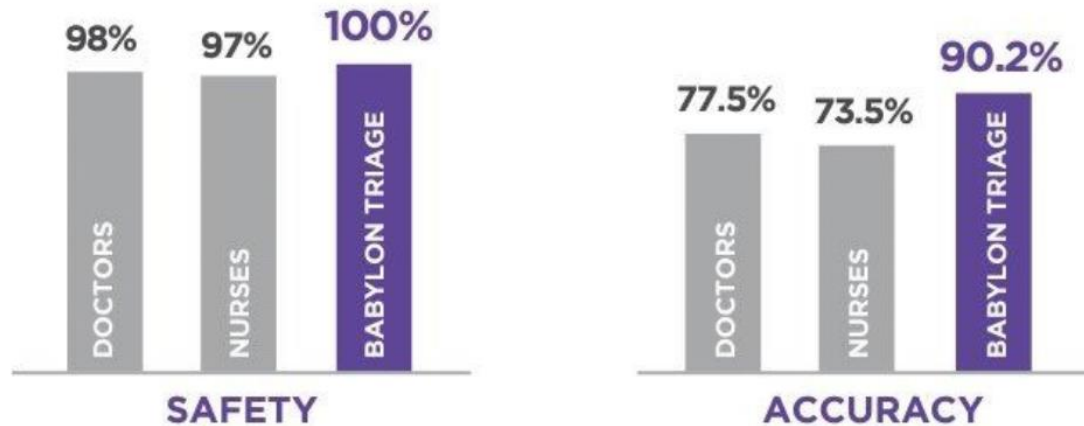


TELEMEDICINE MODALITIES



How does babylon use artificial intelligence (AI)?

babylon's AI technology can process billions of symptom combinations much faster and more accurately than the human brain. babylon's AI symptom checker has been tested against clinicians and is safe, more accurate and faster.



BE
SKEPTICAL
OF
DISRUPTION

Grandparent cats



learning how to Skype



WHICH PATIENT
ENCOUNTERS
ARE SUITED TO
TELEMEDICINE?

Types of virtual care



Synchronous Care

Evisit

Communication between clinicians- e.g.

Econsult, whatsapp?

Tele-home care/Tele-LTC



Asynchronous care

Patient communication solutions- booking appointments, follow up etc.

Remember Privacy/confidentiality concerns

Visits Suited to Telemedicine in Primary Care



Medication renewals



Follow-up on lab or imaging results



Rash or skin conditions



Chronic conditions



Health education



Mental health follow up

A doctor in California appeared via video link to tell a patient he was going to die. The man's family is upset



By [Dakin Andone](#) and [Artemis Moshtaghian](#), CNN

Updated 9:41 AM ET, Mon March 11, 2019

What Visits are Not Telemedicine Appropriate

- Goals of Care discussions?
- Palliative Care?
- Palliative Care/GOC of care discussions during a pandemic?

Specialist Visits Suited to Telemedicine

Low risk consultations

- Low acuity that does not require rapid in-person intervention
- Physical exam can be deferred to an extender or is low risk

Follow-up visits/medication renewal

Review of testing and lab results

Patients That Are Suited to Telemedicine



Have an internet connection and device with both camera and speaker to videoconference



Some degree of digital literacy



If language barrier then are at least accompanied by family member



Will they be able to follow up on your instructions

Components of an Effective Telemedicine Visit

- Consent
- Webside Manner
- Documentation
- Closing the visit-need clear instructions, more so than a physical visit



Ask if patients consent to communicate using virtual tools



Explain the risk of unauthorized disclosure or interception of personal health information



Explain that video or audio communication cannot replace the need for physical examination

Consent

Webside Manner

- Secure room
- Good lighting
- Professional background
- Good quality camera, headphones/speakers
- Professional Appearance
- Attentive body language
- Eliminate distractions- i.e. push notifications, children, pets



Avoid heavily patterned shirts- Moiré effect on camera can distract patient

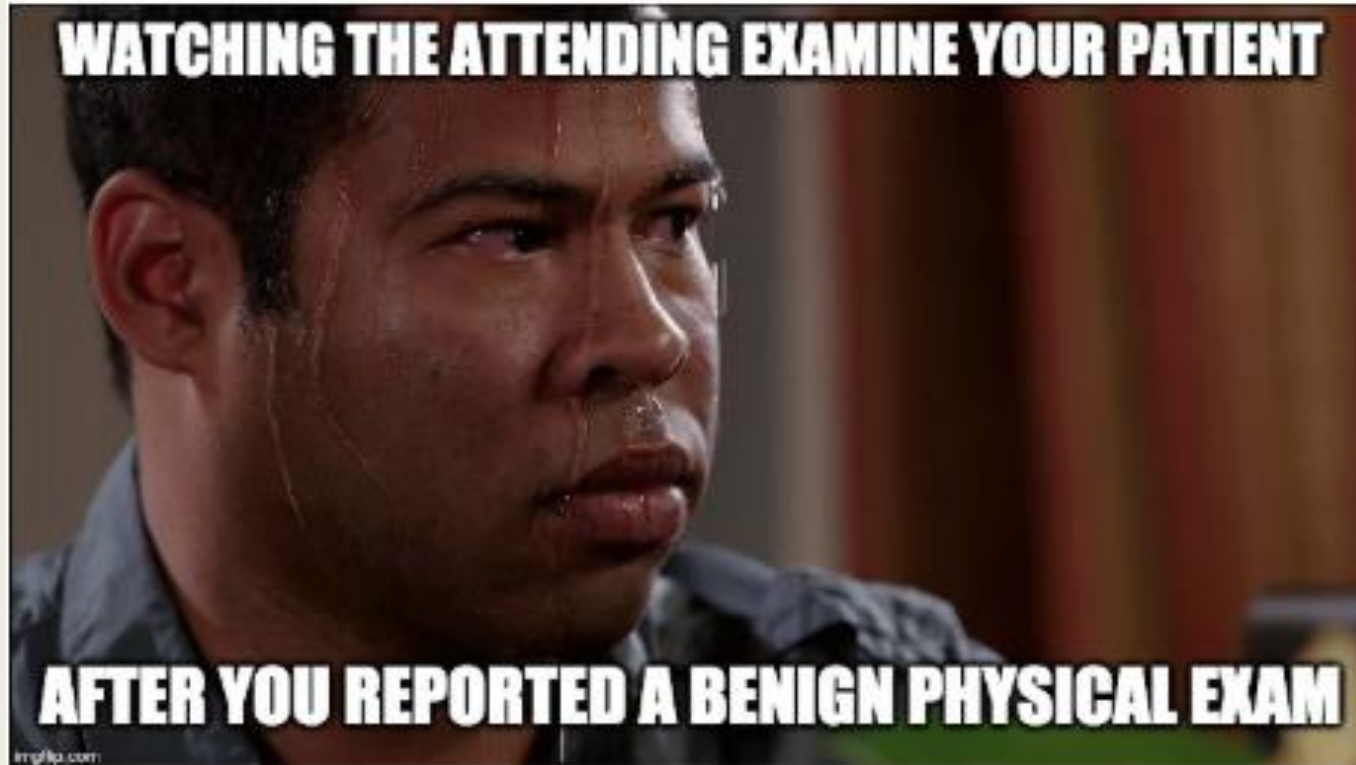


Documentation

- Gather history just like you would in-person e.g. HPI, PMHx, Meds, All, SocHx, FHx and previous investigations
- You can document while patient is giving history if you can do it in a way that maintains attentive body language
- There may be lag/buffering do not ask as many multi-part questions. Example: Any history of fevers, chills, night sweats and/or weight loss?

Documentation

- "Please note that this is a telephone consultation visit. The patient was informed and gave verbal consent to communicate and provide care using virtual and other telecommunication tools. The patient was explained the risks related to unauthorized disclosure or interception of personal health information, and steps they can take to protect their information. We discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems, and the patient understands the need to seek urgent care in the Emergency Department as necessary."



Physical Exam substitute

- Ideally want an extender, but in a pandemic, this is limited
- Skin rashes etc. are well-suited to telemedicine if patient facing camera is high quality
- You can still get height weight, ask for home BP measurements
- Can use telemedicine peripherals-stethoscopes, oximeters etc.
- Engage the patient in the exam using validated and non-validated techniques

Closing the visit

- Give space for questions
- Give clear instructions on follow-up
- Clear instructions on how to contact you/follow-up
- Inform them of when to seek emergency medical services

Cleveland Clinic

COVID-19
Coronavirus

If you think you have Coronavirus (COVID-19)

TAKE THESE STEPS:



Start with a virtual visit using **Cleveland Clinic Express Care® Online**, an **eVisit questionnaire in MyChart*** or **call your primary care physician**. You will be advised what to do next.



Call ahead before going in person to any Cleveland Clinic location.



Don't go to the local emergency department for COVID-19 testing. The emergency department is only for those who need the most critical care.*

QUESTIONS?

Call the Ohio Department of Health's 24/7 hotline at **833.4.ASK.ODH**

Cleveland Clinic patients call **855.697.3750**

For the latest updates, go to clevelandclinic.org/coronavirus

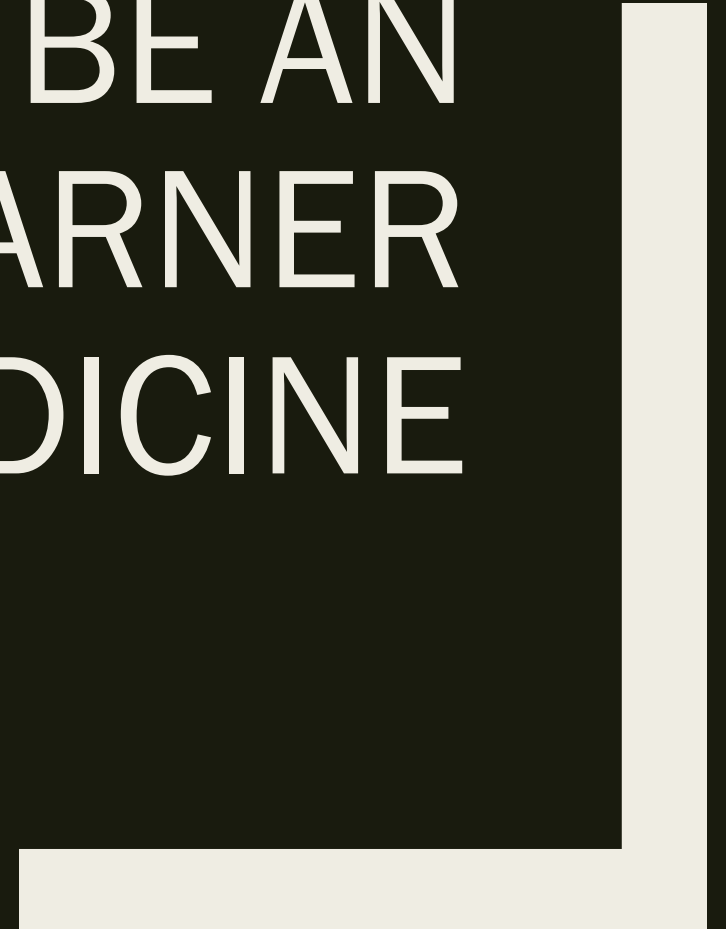
* If you have chest pain, shortness of breath, dizziness, a severe headache or other potentially life-threatening problems, go to the nearest emergency department or call 911.

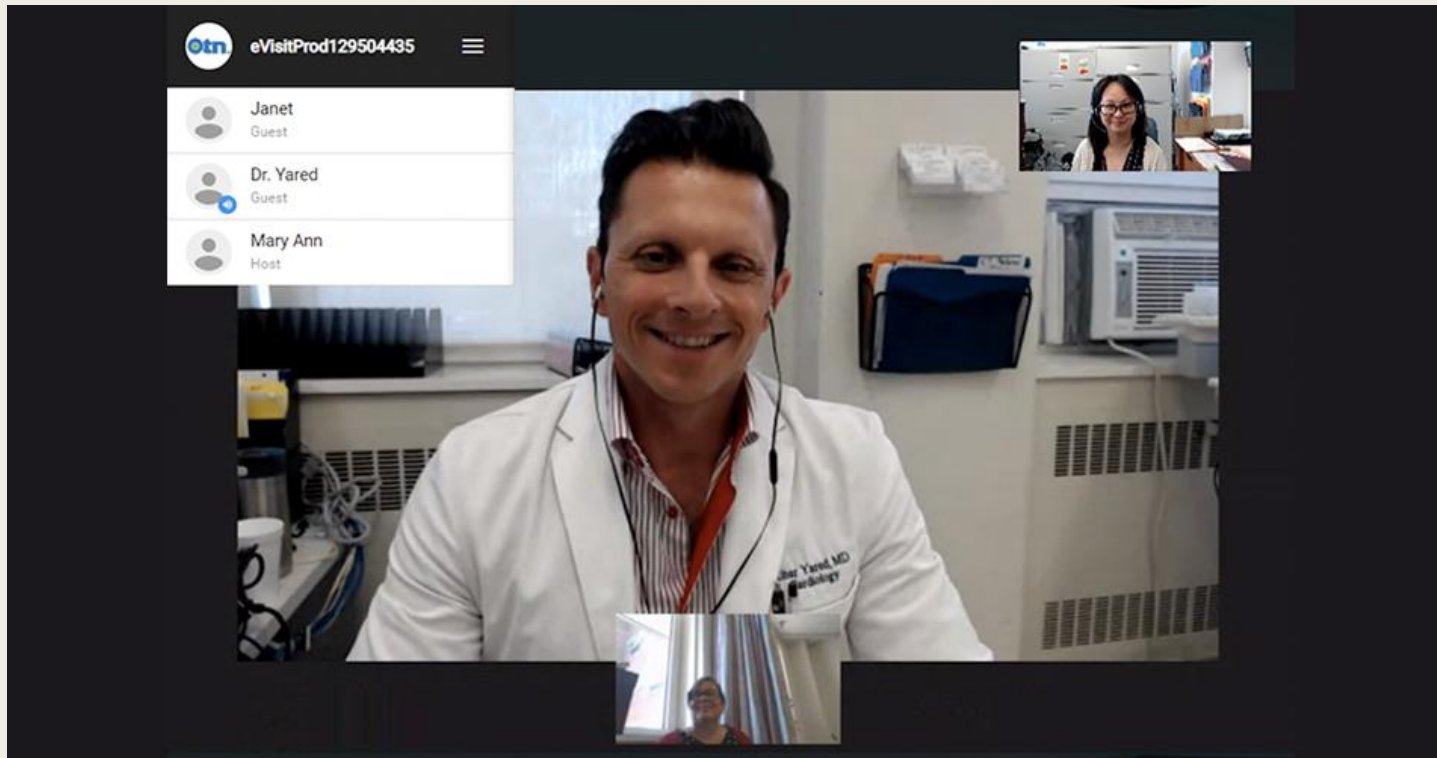
3/20/20

When to transition to an in-person encounter

- Patient appears to be acutely unwell
- The in person physical exam becomes critically important
- Patient is having difficulty following telemedicine visit

HOW TO BE AN EFFECTIVE LEARNER IN TELEMEDICINE





My experiences as a virtual medicine learner

- "Physical clinic" with paper charts:
 - *1 supervisor in clinic*
 - *1 learner in clinic*
 - *1 laptop*
- No "physical clinic", remote access EMR
 - *1 supervisor at home*
 - *1 learner at home*
 - *2 laptops*

How to be an effective learner

- Discuss work-flow expectations **early**
 - Ensure time allotted to receive feedback and discuss around cases
 - You may see less patients to ensure high fidelity consults
- Be flexible, this is a new consultation modality and there will be some hiccups along the way
- Work with your staff to trouble shoot issues
- There will be unique patient advocacy scenarios



How to impress your preceptor

- Prepare for consultations before the day starts instead of before each case
- Be flexible in the way your review cases
 - Preceptor may review the case with you in length beforehand, and then again briefly at the end of the consult with the patient present
 - May be asked to review case in private or with patient present



How to impress your preceptor

- "Webside" manner is just as important as bedside manner
 - If you are not keeping direct eye contact with patient explain why (ie. Documenting)
- Documentation
 - Check in with your preceptor- what are their preferences?
 - Document consent
 - Always give the patient a "worst case scenario" action plan--> and document this!





This patient was seen as a telemedicine appointment using a virtual video platform. I concurrently monitored the medical student while they conducted the visit, and I personally reviewed and evaluated the patient as well. I agree with the medical student's note.



This patient was seen as a telemedicine appointment using a virtual video platform by the medical student while under my supervision. I reviewed the pertinent/available medical records, and I reviewed the medical student's evaluation, assessment and plan.

Documenting learner participation

Emerging technologies

- Virtual walk-in clinics
- AI based triage
- Virtual waiting room
- Remote monitoring with telemedicine peripherals



QUESTIONS?

