Virtual Online Consultations: Advantages and Limitations

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Aim

To define good practice and inform its implementation in relation to clinician-patient consultations via Skype™ and similar virtual media.
Background

Preliminary experience with remote consulting in Diabetes service - DREAMS Study (2011-2014)

• 104 patients opted for Skype
• 480 Skype consultations documented
• popular with both patients and staff
• Associated with increased engagement: lower did not attend rates for Skype (13%) compared to face-to-face (28%)
• Improvement to glycaemic control (HbA1c)
VOCAL Research Questions

1. What defines ‘quality’ in virtual consultations and what are the barriers to achieving this?

2. How is a successful virtual consultation achieved in an organization whose processes and systems are mostly orientated to more traditional consultations?

3. What is the national-level context for the introduction of virtual consultations in NHS organizations and what measures might incentivize and make these easier?
Study Design

Two clinical settings: Diabetes and Cancer Surgery

**MICRO:** Interactional dynamics via Skype by generating a multi-modal dataset (audio, video and computer screen capture).

**MESO:** Map the administrative and clinical processes that will need to change to embed online consultations

**MACRO:** National policymaker and other key stakeholder perspectives
Action Research

• Work with local senior managers and commissioners to establish organisational change

• Bring staff together for consolidating workshops

• Gather feedback from patients and staff involved, or impacted by, the remote consultation model across all levels of the Trust

• Inform documents/processes (e.g. SOPs)
When technical connection is successful, outcomes are usually positive

BUT technical connection is not always successful and there are some things you can’t do remotely

The clinical aspects of a person’s illness(es) affect his/her ability to use technology and troubleshoot
Micro: Video-mediated interaction

• Task-focused interaction
  “I felt we were both on the same page. She was writing notes and I was writing notes. The rapport was there. It was short, but all the concentration was there that I needed.”

• Socio-emotional interaction
  “It’s easier to interact when you see someone. And you feel better that the doctor can see how you feel. But when talking on the phone they can’t engage that.”
Micro: Video-mediated interaction

• Technical set up
  Checking audio/video, fiddling with equipment/settings

• Interruptions and repair
  Connectivity (video/audio quality), asking for repetitions

• Collaborative physical tasks
  Instruction using physical objects (blood pressure monitor, insulin pump) and sharing non-verbal information (records, scans)
Meso: Work routines

- **Trust policy and service agreements**
  Technical support, Information Governance

- **Management and administration**
  Recording attendance, Appointment scheduling

- **Clinical practice**
  Patient enrollment and setup, Medical documentation, Patient initiated contact
Supporting service development

- Guidance and SOP documents
- Identify the ‘performative’ routines and ‘hidden work’ to support
- Facilitate coordination and shared learning across the Trust
Summary

There is great potential for the use of virtual online media tools, such as Skype, for remote consulting.

Considerable amount of work involved to integrate remote consultations into clinical management systems and routines.

Need to focus on the social processes that make technology work in practice.
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