Remote consultations to monitor asthma in primary care

Hanna Sandelowsky
General Practitioner, PhD
Stockholm, Sweden

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Background

- The COVID-19 pandemic has led to a substantial switch of primary healthcare delivery from a face-to-face to a mainly remote digital service.
- The future implications are not well defined.

Method

- Literature search
- Questionnaire
- 3 virtual experience-led care meetings
- Email communication

The International Primary Care Respiratory Group (IPCRG):

GLOBAL PANEL of primary care clinicians, academics and patients (17 people)
Key topics

- Where do remote consultations fit in primary healthcare?
- Remote asthma care during the Covid-19 pandemic
- Practicalities, new skills and data protection
- Motivational aspects
  1. Patient choice and staff satisfaction
  2. Reimbursement
- Opportunities associated with information systems
- Risks for social/digital exclusion

Where do remote consultations fit in primary healthcare?

- Challenges in providing face-to-face healthcare to remote and rural locations
- Need to minimise the risk of viral transmission during face to face contact
- Need to find the shortest or most easily navigated route to health care – “Desire lines”

Remote asthma care

Useful tests that can be done remotely*

- Vital signs – temperature, pulse and respiratory rate - https://www.youtube.com/watch?v=YCW7gkJi8lQ
- Peak flow test – https://www.asthma.org.uk/advice/manageyourasthma/peak-flow/
- 1 minute Sit to stand
- Inhaler technique – https://www.asthma.org.uk/advice/inhaler-videos/
- Pulse oximetry – https://www.youtube.com/watch?v=YCW7gkJi8lQ
- Breathlessness questionnaires – MRC Breathlessness Scale - www.igsc.uk/mrc dyspnoescale
- COPD questionnaires – COPD Assessment Test - https://www.cateonline.org/
  - Clinical COPD Questionnaire (CCQ) - www.ccq.nl
- Asthma questionnaires – Asthma Control Test - https://www.asthmacontroltest.com
  - CARAT - https://core.ac.uk/download/pdf/62692897.pdf
  - RCP 3 questions - https://cks.nice.org.uk/topics/asthma-management/follow-up/3the-royal-college-of-physicians-3-questions
- See IPCRG guide to tools here: asthma - https://www.ipcrg.org/resources/search-resources/users-guide-to-asthma-control-tools-2016_and_COPD.pdf
- See IPCRG guide to tools here: asthma - https://www.ipcrg.org/sites/ipcrg/files/content/attachments/20191023/ipcrg_users_guide_to_copd_wellness_tools.pdf

* Links are to some open source videos and instructions – note none were designed specifically for remote consultations

IPCRG Desktop helper Nr 11: Remote Respiratory Consultations. [https://www.ipcrg.org/dth11](https://www.ipcrg.org/dth11); Ljunberg et al 2019

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Practicalities, new skills, and data protection

Checklist for HCPs (some could be done by trained receptionist/administration)

- Am I aware of this patient’s needs?
- Can I access their medical history?
- Do I know the patient’s goals?
- What is their physical, smoking and mental health status?
- Do they have access to a phone, smartphone, tablet or computer?
- Should I be expecting any questionnaire results or peak flow diary?
- Do they have access to respiratory function testing equipment?
- Can they use it correctly?
- Do I need to see them – if so, is a video-consultation possible?
- Is the family/home condition supportive?

Checklist for patients

- Have I completed any tests, diary or questionnaires my HCP has sent?*
- Have I prepared a list of questions for my HCP?*
- Am I in a quiet and private place?*
- Which symptoms are bothering me most at the moment?
- Do I have my medications to hand, including my inhaler[s]?
- Do I have a pen and paper to hand to make notes?
- Do I have my glasses with me (if I need them)?*

*You may prefer to complete these with your HCP during the consultation

IPCRG Desktop helper Nr 11: Remote Respiratory Consultations. [https://www.ipcrg.org/dth11](https://www.ipcrg.org/dth11); Iyengar et al 2020
Motivational aspects

1. Patient choice and clinician satisfaction

Patients:
- Cultural and organisational context
- Personal experience
- Finances
- Levels of general health (including loss of hearing or sight)
- Availability of technology and technological literacy
- Continuity in patient-clinician relationship

Adapted from Wherton J, et al. BMJ Leader 2020;4:120-123.
Motivational aspects

1. Patient choice and clinician satisfaction, cont.

Clinicians: challenges lead to *cognitive and ethical stress*:
- Insecurity about the validity of clinical assessments Concerns about patient safety
- Loss of clinical skills
- Loss of human contact
- Loss of identity as a clinician
- Takes longer than face-to-face consultations
- Technical issues
- Less use of routines of face-to-face consultations


Motivational aspects

2. Reimbursement

- Most countries: remote consultations are perceived as an overhead cost, not the norm
- Needs of reimbursement:
  - All patient contacts
  - Universal access
  - Did-not-attend rates
  - Skill mix
  - Workforce
  - Technology and support

Wherton et al 2021
Opportunities associated with information systems

- The technology should be integrated in a wider administrative and clinical workflow
- New routines needed:
  - Scheduling
  - Flagging of the appropriate consultation method
  - Check-in, waiting
  - Language needs
  - Home monitoring equipment
  - Note-taking
  - Results

Potential to improve coordination of asthma care

- Shared electronic records
- Triaging patients with exacerbations
- Personalized action plans
- Support medicine use
- E-prescriptions

Wherton et al 2020 and 2021

The potential for social/digital exclusion

Inequalities:
- Young and old patients
- Rich and poor countries

Majeed et al 2020
Conclusions

Successful remote asthma care requires:

• Right preferences, clinical requirements and resources
• Skill mix and training strategies for clinicians
• Integrated information and decision-support systems
• Appropriate reimbursement
• Community engagement
• Digital education for patients