Virtual medicine - rapid implementation plan

First step

This is going to be a steep learning curve – be prepared for reflecting each day on what works and what doesn't and "tweaking" the system to fit your practice and your patients.

Success will depend on having a strong team culture and regular open communication.

1. Appoint a virtual health service team

In a small practice some people will have 2 – 3 roles.

Clinical leader – responsible for ensuring the safe, effective delivery of the service, engaging clinical staff and addressing any concerns.

Administrative leader – responsible for the logistics, making the appointment book work, and collecting fees.

Intelligence leader – responsible for looking at the numbers, checking patients are happy with the service, and making sure the goals are achieved.

2. Set a meeting time initially EVERY day – morning and night

Regular meetings will allow rapid implementation and problem solving – this will embed the systems.

3. Engage your whole team early

This is going to change workflow for everyone and the more they understand the easier it will be.

In response to COVID19 explain to the team that:

"We are facing an unprecedented period of time, not since 1918 has the world faced a pandemic of these proportions.

In Italy where the health system has been overwhelmed and hundreds of patients are dying each day it has been shown that GP SURGERIES where a source of cross infection between patients. They are telling us to change the way we do things NOW to avoid adding to the problem.

Our goal is to reduce the number of people we see face to face by 70 per cent.

We need to keep our "well" patients, whose chronic conditions we are managing, away form our "sick" patients who have potential to spread infection. We need to keep people out of our waiting rooms.

That is why we are putting in place these new systems, ASAP.

These systems have been used all over New Zealand before, they work, they are safe, they do provide effective care, but it needs all of us to get on board and contribute.

Let's try and enjoy the ride!"

Second step - telephone consultations

Do NOT worry about video consultations.

You will get most traction by using the telephone.

Aim to have NO PATIENT coming into your clinic unless they have spoken to a GP or nurse first.

The highest qualified person in the building should be doing this work. Doctors will be able to deal with 60-70% of patients on the phone, nurses will be able to deal with 40-50% of patients on the phone.

Remember ACC ARC18s, MSD forms, off work certificates, can all be dealt with by a phone consultation now.

Getting started - you have people who are:

- already booked into appointments
- going to ring for same day appointments
- going to ring for routine appointments
- going to ring for enquiries and results etc.

ARGGH!

Remember you don't eat the whole elephant in one bite, break it down into bite sized chunks.

1. **Already booked patients**

   Have a doctor taken out of face to face consultation time for the morning.

   Their job is to ring every patient who is already booked for the next week and talk to them to try and deal with by phone.

   If patients cannot be contacted, they may turn up for their appointment – if you have staff, deal with them as quickly as possible, try not to keep them waiting.

   In the afternoon they are booked to see patients – either those who need a same day appointment, or those who could not be contacted that day.

2. **Patients ringing for same day appointments**

   This usually happens first thing in the morning, and the highest demand is usually Monday.

   Reception takes their details and tells them a doctor (or nurse) will ring them back within the hour.

   Put the patient into a "telephone triage" template in the PMS.

   Have a doctor allocated to phoning back those patients and trying to deal with them by phone – allocate 2 hours on a Monday and 1 hour on other days – starting at 08.30 if the

phones open at 08.00.

3. **Ringing for routine appointments**

   Reception books these patients into a “phone first” consultation with the doctor

   The patient’s details are taken and they are advised the doctor will call them at the appointed time and deal with them over the phone.

   If the patient subsequently needs a face to face appointment this can be arranged by the doctor at the end of their phone consult.

4. **Ringing for enquiries and results etc**

   Reception can deal with the admin enquiries, a phone back nurse can deal with clinical enquiries.

   Encourage these (and all) people to sign up to the portal.

Outcomes

The outcomes will be either:

- a delayed face to face consultation – the GP may organise a test to help the face to face consultation
- a same day consultation (so you will need a “same day face to face” appointment book available)
- complete resolution by phone.

(It helps to code these outcomes so that you can monitor how effective you are being – see the coding guide.)

Charging

You can charge a consultation fee for telephone (or video) consultations.

We encourage you to charge your normal fees.

Suggested reception script:

“We are trying to keep as many people out of the surgery as possible, at this time. The doctor will call you back and if they can help you by phone there will be a normal charge for that service.”