

Implementing Remote Consultations



A guide for using remote consultations in the
Health Care Home

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1. OVERVIEW

Remote consulting is a means of enabling certain types of clinician's visits to be conducted virtually (through secure messaging, video or over the phone) rather than as traditional face-to-face visits at the practice.

Remote consulting is a crucial way of making quality health care sustainable into the future. By using remote consulting, clinicians will be able to spend more time on physical face-to-face visits for those patients who require them, reducing the pressure and stress that they operate under, and saving patients the time and inconvenience caused by unnecessary trips to the clinician.

In this guide we set out what remote consulting is and how it will benefit your practice and your patients. We also provide tools and guidelines for implementation of remote consulting in your practice, and suggestions for measuring whether or not implementation has been effective.

2. WHAT IS REMOTE CONSULTING

Remote consulting involves replacing some practice setting face-to-face clinician visits with virtual (secure message, video or phone) interactions.

Remote consulting is suitable for certain types of clinician visits (notably those that don't require an examination) and is a key way that the Health Care Home will be able to meet growing demand for services in the future.

By identifying consultations that do not require an actual visit, and instead carrying these out over the phone, video or by secure message (using the online patient portal), practices will be able to reduce the growing pressure on clinicians' time and provide more timely services for patients. Patients will be spared the inconvenience and cost of unnecessary visits to the clinicians' surgery and the capacity created may enable some longer consults for those patient requiring extra face to face time.

There are three components to remote consulting: Booked telephone consults, booked video consults and secure messages.

- Booked telephone consultations will resemble a normal face-to-face consultation, minus the physical examination. They are booked for a pre-arranged time in a clinician's template.

- Booked video consults may be at the request of the patient or clinician and booked in the same way as telephone consultations.
- Secure messaging (via a patient portal) are between a patient and general practice team members to request or provide advice. These are arranged, in the sense that both sides agree to use this means of contact, but the timing is not arranged.

All forms of virtual contacts require the general practice team and patient to be happy that no physical examination is necessary. They can be used to follow up face-to-face consultations, or previous virtual communications. Ideally, they should only be used when the patient and general practice team are already known to each other.

In essence remote consulting means that:

- more communication options are offered, with therapeutic communications able to take place over the phone or using secure messaging
- ongoing communication is encouraged and enabled between patients and their general practice teams
- clinicians have more time in their daily schedule for both virtual and face-to-face consultations (dedicated time for both types of contact is scheduled into each day), meaning there is less pressure on clinicians and they are able to deliver better quality of care.

3. HOW REMOTE CONSULTING WILL BENEFIT YOUR PATIENTS AND YOUR PRACTICE

Benefits for patients:

- better connection with the general practice team through improved, and more options for, communication
- fewer barriers between the clinician and the patient
- an improved patient experience
- more convenient, and saves time, money and petrol
- allows 24-hour access to health services through the online patient portal

Benefits for general practice teams:

- better connection with patients through improved, and more options for, communication
- fewer barriers between the clinician and the patient
- more control over your practice, including a more structured and predictable day
- more tools to manage your practice
- less phone tag with patients
- better use, and less waste, of time and practice resources
- capacity created with dedicated time allocated in the clinicians schedule for virtual visits and contacts
- provides patients with 24-hour access to health services, through the online patient portal, without the need to increase your practice's hours of operation.

4. WHEN TO USE REMOTE CONSULTING

Consider using remote consulting when:

- the patient's history is up-to-date and adequate to make a clinical decision
- a physical examination is unlikely to be needed, for example: follow-up of depression, hypertension, diabetes, migraine
- the inconvenience to the patient of coming in significantly outweighs the value of a face-to-face visit, for example for elderly patients with mobility issues.

In particular, remote consulting could be suitable for:

- care of chronic conditions
- follow up that does not require a physical examination
- results
- pre-visit contacts with patients to clarify the reasons for the visit, or to arrange for lab tests to be done in advance
- outreach services for those who experience significant barriers to physically attending a general practice.

Remote consulting may not be advisable when:

- there is significant negotiation needed regarding work up or therapy (e.g. the patient disagrees with the treatment or the treatment has not been effective)
- there is significant bad news to deliver (never do this using a secure message, and use your judgment about whether to do it over the phone)
- you're concerned that there may be misunderstandings between you and the patient if you use a virtual approach
- the patient is unknown to you or the clinic
- a physical examination is needed to safely arrive at a diagnosis and management plan.

5. MAKING THE MOVE TO REMOTE CONSULTING

Introducing remote consulting into your practice will require both cultural and technical changes if the shift is to be successful. Making the move to remote consulting is crucial though, if we are to continue to meet growing demand for health services, yet still enable clinicians to see manageable numbers of patients on a day-to-day basis.

Having introduced remote consulting there are ways that you can encourage patients to use it.

Email test results directly to the patient:

- encourage all patients to sign up to the online patient portal

- use standard guidelines and templates for responding to patients' queries and explaining results.

Follow up visits:

- discuss and plan with patients whether to do face-to-face or virtual follow-up visits.

6. GUIDELINES FOR BOOKED TELEPHONE OR VIDEO CONSULTS

Booked virtual consults may be arranged with a patient as part of their follow-up plan, or may be instigated by the general practice team or patient as a primary contact. .

Booked virtual visits are allocated a dedicated time in the general practice team's daily schedule (see section 8.1.)

Dedicated blocks of time will be allocated in the daily schedule of general practice team members' for virtual consultations. This will include times at the beginning of, and throughout the day, when clinicians are available to answer unscheduled phone calls from patients (see section 8.1). If the practice is rooming into standardised consult rooms, times for remote consulting should be staggered across the clinical templates to reduce pressure on consult room occupancy. This also means that off-stage spaces are relatively quiet whilst performing booked telephone consults. It is recommended, for patient privacy and a positive experience, that video consults are undertaken in a consulting room.

6.1 How to book a booked virtual consult

- Booked virtual visits are allocated a time in the schedule of a clinical member from the general practice team, the same as for a face-to-face visit (see section 9.1).
- Booked telephone consults should appear in the schedule with "Telephone cons" in the procedure column of the appointment template with the phone number where the patient can be reached and the reason for call.

10:50 am	F2F PUKETE				
11:05 am	MOUSE M (19311)	Telephone cons	021333333	sore toe	
11:20 am	F2F Pukete				

- When booking a virtual visit, patients should be informed that the member of the general practice team will call them within 20 minutes of the appointed time (either before or after). Explain that this is due to the possibility that other consultations before them may have over run. For example, if the appointed time is 9:00, tell the patient that the general practice team member will call between 8:40 and 9:20.

6.2 Specific points to note for video consultations

- Prior to booking a video consultation, check patient familiarity with using video technology and assess appropriateness. It may be necessary to arrange a 'trial' session perhaps using the practice MCA to show a patient how it works using the patient's PC, phone or tablet.
- As with telephone consults, discuss issues of privacy ensuring that the patient is aware of the need to ensure they have the privacy they require and that the clinician requires a quiet, calm environment to aid effective communication.
- Ensure the patient understands the process if video connection is lost. It is recommended that the consultation is continued by phone.

7. GUIDELINES FOR SECURE MESSAGES

Secure messages are communications about medical matters that take place through the online patient portal secure messaging service (using email). As with booked telephone consults, dedicated time will be allocated in the general practice team members' daily schedules for sending and answering email communications (see section 8.1).

7.1 Secure messaging etiquette

There is established etiquette for using secure messaging to communicate with patients. Following this etiquette will ensure that your communications are effective, and serve both the patient's and the practice's needs.

See also the Job Aid: The Four Habits of Highly Effective Communication, in section 8.2.

General etiquette

- Use a signature that includes your name and qualifications (as a minimum). If possible, also include your job title, practice name, phone number and address.
 - Dr Jane Smith's signature would be Dr Jane Smith, MBChB (Otago), Clinical Director, Grandview Medical Centre, 07 123 567, 123 Nowhere St, Hamilton 2234.
 - Administrative assistant George Smith's signature would be George S., Administrative Assistant, Northcare Medical Centre, 07 123 567, 111 Anywhere St, Hamilton 3344.
- If you are new to the practice or unknown to the patient, make sure that you introduce yourself and your role.
- Be sure to take a few minutes to check your spelling and grammar before you send your message.
- Begin and end messages on a personal note, and convey empathy through your response.

Message tone and style

- Use a conversational tone, similar to your communication style in the clinic. However, if you are responding to a patient's message you should try and match their tone and style. If they use a formal tone, craft a formal reply.
- Humour and sarcasm are easily misunderstood in messaging. Be careful about their use.
- Keep your messages as short as possible, without being abrupt.
- Use plain language that is patient-friendly. Do not use acronyms and abbreviations.
- If you are angry or upset, save the message until after you have cooled off, then read it again. Resist the temptation to respond too quickly.
- Avoid typing in CAPITAL LETTERS. This appears as shouting in messages.

Responding to patient messages

- In general, your response to a message (as opposed to a message that you initiate) can be short, even only a few words. This is because the whole string of messages stays together and the patient can view previous messages as well as your short response.
- When messages get long, or a message string is prolonged, tell the patient you'd like him or her to come in to discuss the matter (or call the patient).

8. JOB AIDS FOR REMOTE CONSULTING

The following job aids are included in this guide to help you successfully implement remote consulting in your practice.

8.1 Job aid: Sample daily schedule

The sample daily schedule below allocates dedicated time in general practice team members' days for both booked telephone consults and for composing and responding to virtual contacts (emails).

Date:	Mon 29 Aug 2016	Proy:	JOHN MORGAN (JOM)
Time	Patient	Procedure	Note
08:00 am	F2F Pukete		
08:15 am	F2F Pukete		
08:30 am	F2F Pukete		
08:45 am	HUDDLE		
09:05 am	PHONES		
09:20 am	PHONES		
09:35 am	F2F Pukete Rd		
09:50 am	F2F Pukete		
10:05 am	MORNING TEA		
10:20 am	F2F PUKETE		
10:35 am	F2F PUKETE		
10:50 am	F2F PUKETE		
11:05 am	Virtual		
11:20 am	F2F Pukete		
11:35 am	F2F Pukete		
11:50 am	Paperwork		
12:20 pm	Lunch		
01:20 pm	DR URGENT		
01:35 pm	F2F Pukete		
01:50 pm	F2F Pukete		
02:05 pm	EMAILS		
02:20 pm	F2F Pukete		
02:35 pm	F2F pukete Rd		
02:50 pm	VIRTUAL		
03:05 pm	TEA BREAK		
03:20 pm	F2F Pukete Rd		
03:35 pm	F2F Pukete Rd		
03:50 pm	DR URGENT		
04:05 pm	F2F PUKETE		
04:20 pm	F2F PUKETE		

Abbreviations

- F2F = face-to-face consultation.
- VIRTUAL = for booked telephone consult.

Notes

- Time allocated to phones means that clinicians have allocated time to triage their patients' same day needs at the beginning of each day.
- The remote consulting slot allows clinicians time to reply to any requests for booked telephone consults or secure messages received from patients.
- The medical centre assistant may need to be part of more than one clinical team.

8.2 Job aid: The four habits of highly effective communication

Follow this guide to ensure that your virtual consultations (by phone, video and secure messaging) are effective.

Habit	Skills	Techniques and Examples	Pay Off
Invest in the beginning	Establish rapport	<ul style="list-style-type: none"> • Begin with a polite introduction, e.g. "Thank you for calling Northcare, this is _____." • In a secure message, consider writing: "Good to hear from you"; "Thank you for letting me know how you are doing"; "Thank you for your question". • If you are writing a secure message to a new or unknown patient, introduce yourself and your role in the clinic. • Address patient by full name, or last name (Mr/Ms _____) and verify patient information. • Start with open-ended questions: "How may I assist you today?" 	<ul style="list-style-type: none"> • Establishes welcoming atmosphere. • Decreases potential for conflict. • Keeps patient from being surprised. • Increases the patients' confidence that we care about them.

Habit	Skills	Techniques and Examples	Pay Off
Elicit the patient's perspective	<ul style="list-style-type: none"> • Strategic use of open or closed questions • Attend to comfort 	<ul style="list-style-type: none"> • Skillfully select the use of open or closed questions as appropriate. • Ask: "What would you like help with today?" • If the caller or patient is new to the practice, let them know you're here to assist them with their concerns. 	<ul style="list-style-type: none"> • Provides service excellence while managing time constraints. • Allows the patient flexibility. • Demonstrates a caring attitude.

			<ul style="list-style-type: none"> Improves the patient's perception of the team.
Demonstrate empathy	<ul style="list-style-type: none"> Show understanding Be open to the patient's emotions Convey empathy non-verbally Make at least one empathic statement Be aware of your own reactions Ask questions and provide information 	<ul style="list-style-type: none"> Give a caring response. Assess changes in voice tone. Look for opportunities to use brief empathetic comments or gestures, e.g. "Uh-huh", "I understand". Name a likely emotion: "That sounds really upsetting", or "That must be frustrating." Be aware of your tone of voice. In a secure message, consider writing statements such as: "I can see how xx would be a concern for you"; "I can appreciate what an impact xx must be having on you". (Note that email can cause misunderstandings due to lack of body language, so it will be important to get this right.) Use questions and information Ask questions for clarification. Provide information. Offer options. A further virtual consultation or a face-to-face consultation. Referral to another provider. 	

Habit	Skills	Techniques and Examples	Pay Off
Invest in the end	<ul style="list-style-type: none"> End in a satisfying way Reiterate information given. Ask for understanding Whenever possible, conclude the interaction 	<ul style="list-style-type: none"> Clarify the next steps for the patient. Ask the patient if they understand the next steps. Follow this example for how to end "Yes, but..." calls: "Mrs. Smith, I hear that you have other concerns. However, I have another appointment and need to end our call. Can we discuss this in 	<ul style="list-style-type: none"> Reinforces the next steps. Conveys respect for patient's time. Builds trust. Reduces frustration. <p>Lets patient know that we</p>

	with the patient as they leave and thank them	<p>your upcoming appointment on Thursday?”</p> <ul style="list-style-type: none"> • Say: “Thank you for calling us today” • In a secure message, consider writing statements such as: “I hope you feel better”; “Feel free to keep in touch.” • Always end a secure message with a signature that includes your name and qualifications, and the clinic’s name, phone number and address. 	appreciate their business and care about them.
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8.3 Job aid: Challenging cases

Clinician experience shows that the majority of patients send appropriate messages when using secure messaging services. The messages contain sufficient information, are easy to understand, and communicate about valid medical needs or questions. However, there will always be exceptions, and the guide below contains some suggestions for handling these challenging cases.

Challenging Situation	What You Can Do	What You Say or Write
Frequent messages	<ul style="list-style-type: none"> • Acknowledge the patient’s underlying concerns or anxiety. • Focus on what you can do, rather than on what you cannot do. • Set boundaries. • Clarify the patient’s expectations. • Suggest that the patient explores other resources; suggest any websites you are familiar with, or local groups or support services. 	<ul style="list-style-type: none"> • Let’s discuss all of these issues in person. • Please make an appointment with me to discuss this further. • I’d like you to limit your email to one message a week, and please limit the content of each message to one topic. • I wish I could communicate with you more frequently. There are some other services that may be able to offer you more, such as XXXX or www.ABC.co.nz.
Challenging Situation	What You Can Do	What You Say or Write

Messages that are ambiguous, too long, or too complex	<ul style="list-style-type: none"> • Ask the patient to schedule an office visit or telephone appointment to discuss his or her concerns in more detail. • If questions or concerns are vague, rephrase and respond to one or two of the questions, as you understand them. Ask the patient to notify you if further questions remain. 	<ul style="list-style-type: none"> • You have a lot going on. Please make an appointment so we can discuss this in person. • It sounds as if one of your concerns is... (then focus the exchange). • Please limit each message to one question or concern, so that I can appropriately respond to your concern.
Too much back and forth to resolve	<ul style="list-style-type: none"> • Ask the patient to schedule an office visit or telephone appointment to discuss his or her concerns in more detail. • Use secure messaging to confirm or document an office visit or telephone conversation. 	<ul style="list-style-type: none"> • Please make an appointment with me to discuss this concern in more detail. • To confirm what we discussed today...
Inappropriate or non-medical issues	<ul style="list-style-type: none"> • Remind the patient that all secure messages become part of the health record. • Ask the patient to limit email to non-urgent personal health concerns. 	<ul style="list-style-type: none"> • I wish I had time to read all of your email, but I'm afraid I only have time for messages about your health. • Please be aware that all messages become part of your medical record, therefore, I can only respond to messages related to your health. • Please be aware that current privacy guidelines don't allow me to comment on your friend's condition.

Challenging Situation	What You Can Do	What You Say or Write
Repeated messages regarding the same issue	<ul style="list-style-type: none"> • Consider the underlying reason for the repetition. For example, is the patient confused, forgetful, anxious or needy? • Ask the patient if he or she was confused by, or uncomfortable or 	<ul style="list-style-type: none"> • You've sent me the same question several times now. I'm wondering if perhaps you don't understand my answer, or if you feel unsatisfied or uncomfortable with it. • I'm concerned that we've emailed each other about this before, but you still

	<p>dissatisfied with, your previous answer.</p> <ul style="list-style-type: none"> • Ask the patient to schedule a visit with you if you feel the issue won't be resolved via email. 	<p>may have questions. I think it would be more helpful to schedule a visit to talk in person.</p>
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9 Team member responsibilities for implementation

All general practice team members will be responsible for educating patients about proactive use of phone, video consults and secure messaging.

Once the service has been turned on, the patient should be informed of the process and given advice by their general practice team about the online patient portal and telephone consults. The patient can then request these types of consultations where they feel they are appropriate. However, patients should be advised that face-to-face visits may still be necessary, and that the general practice team will request these where this is the case.