Video Consultation for Oculoplastic Patients: should it be a part of our new normal beyond COVID-19?

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Introduction

- Since the start of COVID-19 pandemic, outpatient activity has been reduced to control infectious exposures.[1]
- Using video consultation is a way to overcome such limitation and continue medical care provision.[2]

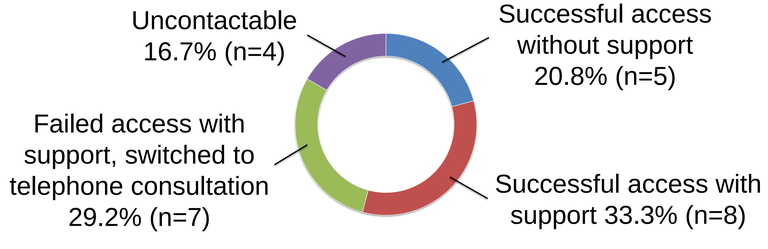
Aim

- To evaluate our experience of video consultation using the Attend Anywhere® platform, for oculoplastic patients.
- To point out the advantages and disadvantages, and propose suggestions for further development.

Methods

- In July & August 2020, four video consultation clinics were set-up, once weekly.
- Six patients were allocated to each clinic.
- A total of 24 patients were studied.
- Data were collected regarding the successful attendance of the consultation, and conversion to face-to-face review.
- Feedback was collected from both patients and staff.

Results



Discussion

Advantages

- Medical care for those self-isolating or shielding, which compensates for cancelled appointments and reduces backlog.
- A convenient alternative for patients residing in geographically remote areas and those suffering from mobility issues.
- The socio-economic aspect has not been a hindrance, as most people have access to the internet and necessary devices.
- Sufficient for the follow-up of stable chronic conditions and a number of post-operative reviews.
- Also helpful for triaging some acute eye conditions.
- Visual cues -which is not attainable in a telephone consultation- has made clinical judgement, communication and rapport building less challenging.[3]
- It facilitates multidisciplinary team meetings.
  - For example, to include a general practitioner (GP) and an endocrinologist in a joint clinic for thyroid eye disease.

Disadvantages

- Lack of detailed adnexal and ocular examination.
- Issuance of prescriptions by mail, which may take a few days; or personal collection from hospital which negates the main purpose of video consultation.
  - Liaison with GPs to issue online prescriptions can overcome this drawback.
- Unfamiliarity with video calling technology compared to telephone consultation especially with elderly patients.
- Patients may reject it if their privacy is compromised, for instance, those who live with a big family without own room or who need assistance with the technology, in case they prefer not to share their concerns and expectations with others.

Comments on Software

- Once successful connection has been established, we have found that the video and audio quality are satisfactory.
- The queuing or waiting room system is organized and easy to handle.
- The software is compatible with many operating systems.

Difficulties Reported

- Unfamiliarity of the process for many patients.
  - We suggested a step-by-step tutorial video on the hospital website instead of instructions in the appointment letter.
- Lack of awareness of the non-clinical staff with regards to the nature of virtual clinics.
- Inadequate clerical arrangements in preparation of video consultation.
- Slow running computers and unavailable webcams.
  - Should the usage of service be continued, computer hardware upgrade, and extra funding by the hospital will be needed.

Conclusions

- Video consultation can be a useful tool to complement regular clinics, especially after COVID-19.
- It helps reducing backlog through more targeted face-to-face reviews.
- It demonstrates additional advantages over telephone consultation.
- However, it has a number of limitations that should be addressed.
- Significant organizational effort is needed to supply necessary requirements, raise patient awareness, and provide training and administrative support for both clinical and non-clinical staff.

References

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