

“Where healthcare meets technology, it is always hard to find someone who really understands the unique challenges that are present - Silvia gets it!”

- Greg Borman, Physiotherapist & Director at occupational physiotherapy provider Biosymm, Western Australia

BEYOND THE CLINIC

TRANSFORMING YOUR PRACTICE
WITH VIDEO CONSULTATIONS



SILVIA PFEIFFER

Beyond the Clinic

Transforming your practice with video consultations

SNEAK PEEK

Read the first three chapters of

Beyond the Clinic

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video consultations

Silvia Pfeiffer

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Transforming your practice with video consultations. **Beyond the Clinic by Silvia Pfeiffer** is the ultimate step-by-step guide to introducing video visits in your medical practice and making it work for you successfully. Silvia has thought of everything, including how to get clinicians, staff and patients on board and make a real difference in the lives of patients that are finding it just too hard to get to your clinic.

Give this excerpt a try and see for yourself! Read the first three chapters below and then pre-register your interest at <https://sjpublishing.press/>.

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SECTION 1 – THE TIME FOR VIDEO CONSULTATIONS HAS COME

CH1 Why practices need to embrace digital

Digital as an opportunity

The world is changing, and technology is all around us. I recently took a trip to Africa for safari and even there, where the native Masai continue to live their lives traditionally, I found that they own a mobile phone and are on the Internet. I was shocked to find wireless access in our tented camp out in the middle of the Serengeti.

All aspects of our lives are going digital – we share images and messages with friends on WhatsApp, we save documents in the cloud, and we do video calls with family or customers on Skype, Facetime or Google Hangouts. My son, who is in his early twenties barely sees his friends in-person. My husband works in a large corporate and has a great number of his meetings via video-conference. Yet, our medical practices still mostly deliver consultations as face-to-face sessions and some still do everything on paper. Healthcare is one of the last markets to embrace everything digital.

Now, since you're interested in video consultations, I'm going to assume you already have an interest in digital technology and your practice is probably using a practice management software. You might even have tried Skype and dabbled with the idea of setting up a new service for your patients to reach you via video online for health consultations.

There are many opportunities for healthcare businesses that embrace new technology. The advantages apply to your business, your clinicians and your patients. There is huge potential for growth of your business, since you can extend your services beyond the boundaries of your immediate neighbourhood and reach more patients. Your clinicians can adopt flexible working hours – possibly even offer out-of-hours services – from home and spend more time with the children. Patients can receive care when they need it wherever they are, all while retaining continuity of care.

All of this applies to medical specialists and GPs as much as to Allied Health professionals. Many years of telehealth trials across different healthcare fields have resulted in studies that prove the clinical effectiveness of telehealth, particularly in mental health, emergency medicine, fields requiring ongoing therapy, family health, ophthalmology, dermatology and many other specialist fields.

Healthcare is changing

The way we deliver services in healthcare is not just changing because of the introduction of computers. Our modern healthcare systems were designed in an era where most illnesses were episodic – you'd go to the doctor or a specialist to "get fixed". However, the major current challenges our healthcare system faces are around chronic and complex health conditions which require ongoing efforts of prevention and management typically from a set of clinicians of multiple disciplines.

Around the world we are seeing healthcare systems trying out new models that include replacing the current fee-for-service model with value-based reimbursements or capitation-based payments. Where we will end up is as yet unclear, but change is certain.

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Another factor that is changing healthcare is the increasing acknowledgement that the patient is at the centre of their own health and needs to be a responsible participant in keeping themselves healthy. The increasing introduction of mobile health apps and online information gives the patient the tools to look after themselves. Clinicians are embracing this by transitioning to patient-centric care – not just telling the patient what to do, but educating and empowering them in their decision making, giving them options, taking the personal situation into account, and coordinating more personalised care.

The introduction of precision medicine brings digital technology into the realm of patient-centric care. Precision medicine customises medical treatments or products for the individual patient based on their genetics or other molecular or cellular analysis. Digital technology has made it possible for us to subclass diseases into smaller patient populations where we better understand how to treat them successfully.

All of these changes in healthcare have something in common: they need more communication, collaboration and coordination between the patient and their clinicians as well as between the treating clinicians. Realistically, we can only satisfy the increased communication and data-sharing needs through digital technology.

Embrace the change

You may like or hate technology, and you probably hate change, but it is far easier – and frankly more fun – to embrace the change and take advantage of it than to resist it and be left behind. Right now, you have the advantage of being at the forefront – you can make small changes at a time to ease your way into the new future. You can be the captain of change to your practice and contribute to the larger conversation. Wait too long and your practice will be forced to change to models that others have developed or become a dinosaur – just look at the DVD rental industry (Blockbuster, Video Ezy).

Video-consultations will soon be an integral part of providing a healthcare service by every professional. Most healthcare consultations don't require touch, so the hybrid model of holding in-person as well as online consultations makes the most sense.

A number of years from now that will change even further. Cheap consumer devices are starting to emerge for taking vital signs and pathology at home. Even implanted cardiac monitors can now be on the Internet. Finally, imagine the use of a full-body haptic suit like the Teslasuit to provide virtual reality physiotherapy. These Internet-enabled consumer devices will in the not-too-distant future allow us to completely replace all needs for in-person health consultations. But let's stay with what is possible right now and start our transformation journey with simple video-consultations.

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CH2 Video consultations are a type of telehealth

Terminology

This book is focusing on video consultations, which is part of the broader area of telehealth or telemedicine, which in turn are part of digital health.

The terminology in the digital healthcare space is still evolving, so I've chosen the specific term "video consultations" to signify the use of secure video connections by health professionals. This is roughly equivalent to the term "telemedicine" used in the USA to signify the use of telecommunication technology to provide clinical health care from the distance. In Australia, we often call this "telehealth".

"Telehealth", however, is also used for services that refer to the use of email, phone, or messaging to deliver clinician services, or remote monitoring devices. While these are not the focus of this book, they are still relevant even in a video consultation context: email, phone and messaging are often necessary communication components to prepare for a video consultation, and an ability to bring a remote health monitor into a video call can be advantageous for an online consultation.

"Digital health", in contrast, includes any use of new technologies to help address the health problems faced by patients. This may encompass:

- Mobile health data apps
- Consumer devices in health
- Remote monitoring devices
- Image or video-sharing services
- Patient portals
- Store-and-forward health services, such as via email or messaging
- Phone based real-time health counselling
- Video-based real-time health services ("video consultations")

Don't let the terminology confuse you – we'll use "video consultations" and "telehealth" interchangeably in this book, but feel free to also use "telemedicine" or "digital health" if you feel more comfortable with these.

Application areas

Of all the different types of digital means of delivering health services, video consultations are the closest in results to seeing a clinician face-to-face. Telehealth, and video consultations specifically are used for cases as diverse as:

- Diagnostics
- Treatment
- Prevention of disease and injuries
- Research and evaluation
- Continuing education of healthcare providers
- Individual or group therapy
- Post-operation follow-ups
- Operations
- Care management
- Case collaboration
- Advice

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- Monitoring

Essentially, all aspects of health service delivery can be supported and improved by using video consultations.

Users and locations

We already mentioned two of the key users of video consultations: clinicians and patients. But the people that are able to use video consultations is much more diverse than this. Telehealth, and video consultations specifically are used by people as diverse as:

- Patients
- Carers
- Nurses
- Pharmacists
- GPs
- Specialists
- Allied Health professionals

Interactions may be between people within the same group or between different groups, e.g. GP consulting with a specialist, or specialists consulting with each other.

As for where users may connect from, there is a vast flexibility in places. They can be as diverse as:

- Home
- Workplace
- National or international travels
- Shopping centres
- Sports centres/gyms
- Hotels
- Planes
- Community centres
- Schools
- Retirement homes
- Veteran organisations
- Non-for-profit health organisations
- Healthcare practices
- Hospitals
- Nurse stations

So there are many applications for video consultations across many different health services, users, and locations. A lot of these will not be relevant to your specific business, but you should start thinking about the specifics of the service you'd like to offer.

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CH3 Telehealth is just healthcare delivered via a different communication medium

Telehealth is not a medical specialisation

Working with several different organisations, I've seen whole divisions in hospitals being created as a new telehealth division. This was probably done for several reasons:

- **Financial:** the division was created as a new research project with its own funding.
- **Environment:** a controlled, separated environment is easier to keep interrupt-free and measure.
- **Technology:** expensive new hardware was required to install, including potentially specialised medical devices.
- **Administration:** the project introduced its own IT and management staff to deal with new administrative challenges.
- **Disruption:** a separate division meant no disruption to other departments
- **Support:** technical support and user training could be provided in a separate area.

However, there are several downsides to such an approach, particularly since such a new division typically doesn't hire its own clinicians but makes itself available to other clinicians:

- How do you book a clinician's time between the telehealth department and their normal specialist department?
- To hold a video consultation, the clinician's office has to book a telehealth room, and make sure to give the clinician enough buffer time to walk to the telehealth room and back.
- Make sure to prepare all the required digital and paper files for the consultations so the clinician can take them along to the consultation.
- How do you make sure the clinician can take notes in his or her normal EHR (electronic health records) system while being at another office where their setup is not available?
- How can the clinician get access to their collected health literature stored in their office while providing services from another office?
- How does the clinician's assistant find out when the clinician is ready with a telehealth consult while the clinician is in a telehealth office?

What is concerning about this approach is that health services don't change just because they are delivered over a different medium like video. The clinicians will continue to deliver the same service – the only difference is that it's online and not face-to-face.

If you introduce a telehealth department, you optimise for the wrong thing: you optimise for the administration and not for the clinical service. Such an approach will be counter-productive to converting video consultations into a standard service offering that is embraced by all clinicians.

Similar thinking also applies to smaller practices. Often, I have seen GP clinics or other practices create a specialised video consultation room. Reasons for doing this may be:

- **Administration:** admin personnel can set up the video call with a patient or another clinician while the clinician is still busy with other patients, so they can sort out any technology issues.
- **Technology:** specialised hardware was only necessary to be set up for one room.
- **Support:** Internet connectivity only had to be fixed up for one room.
- **Disruption:** since the clinician didn't need most of the other typical devices and practice facilities during the video call, this special telehealth room only needed a computer setup

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and could be a small “closet” room while another clinician could continue using a fully set up treatment room.

- **Environment:** the video consultation room could be away from the hustle of the clinic to provide a quiet environment.

Don't let yourself be tempted by these arguments – they lead you down the wrong path to a failed technology installation with no uptake because it's too much extra effort for the clinicians.

Business as usual needs integration

To embrace video consultations as a standard service in your business, you will want to encourage clinicians to provide healthcare services in the way they are used to, no matter whether it's an online or a face-to-face consultation. This is possible because the expense incurred for the technical setup is now minimal.

Every clinician's room needs a video consultation setup – regard it as just another tool that is part of your standard business setup like a telephone. With this in place, clinicians are enabled to make a simple decision on whether to see a patient via video or in person, because to them it's the same effort. It is not a special service with extra effort, but a choice based on what is more appropriate for a specific patient's situation.

The technical setup is not expensive these days; you simply need to buy a webcam, stick it on the clinician's computer and sign them up to a video consultation software. It's so simple, they will be able to manage the setup themselves.

Your goal as the business owner will be to introduce video consultations into clinicians' workflows as seamlessly as possible with as little disruption as possible. When a clinician gets to their next appointment in their scheduling software and can on-the-fly provide this either as a face-to-face or a video consultation, that's when you know it's all just healthcare and business as usual.

We'll talk later about the kinds of things you want to do with your software, hardware, and workflow setups to make this happen.