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Primary Healthcare (PHC) vignette

Breaking barriers: the doctor's perspective on the impact of telehealth

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Percept

The emergence of telehealth services in the South African healthcare sector was not without its share of challenges. Besides the expected obstacles of poor data integrity, limited infrastructure and varying levels of digital literacy, both practitioners and regulatory bodies remained cautious that the risks could potentially outweigh the benefits.

It was only when the arrival of the COVID-19 pandemic - and the resultant need to decongest clinics - created an entry point for telemedicine as a remote patient management strategy, that the utility and benefits of telehealth became evident.

We asked two public sector doctors, Dr N and Dr K, to reflect on their respective journeys, and distill their insights into what made telemedicine such an effective tool in supporting patients living with chronic conditions like diabetes. Both doctors were closely involved with early diabetes-focused telehealth initiatives, which had profound impact on patients' ability to control their blood sugar levels.

Dr N is an experienced physician and co-creator of the VECTOR project, which focused on identifying and follow-up of diabetics who had contracted COVID-19 and/or were at high risk during COVID-19 peak periods. Dr K is a General Practitioner who spent two years as part of the VECTOR project, before she joined the PROTECTOR initiative, to focus on providing routine primary healthcare to at-risk diabetic patients who were struggling to control their sugar levels.

A call to care

During the VECTOR project, doctors worked in collaboration with call centre agents to triage diabetic patients, and the intervention had an outsized impact on the patients' health outcomes. *"[That's when] we really realised we were onto something"*, Dr N said.

It became clear that there was something special about calling the patient – something that doesn't necessarily happen in the physical clinic space. Dr N attributes the enhanced impact to several key factors that differentiated the telehealth engagement from a face-to-face consult:

The patient is in their own domain

"When the patient is taking the call, they are often in their comfort zone, whereas when they see us physically, they're very much out of their comfort zone. …In the clinic setting…we call the shots. We put patients in queues and …create a rigid structure around how healthcare gets delivered and how many minutes our patients get allocated. How we deal with a patient doesn't always involve the patient's agenda. Whereas when a patient takes a call, it's an environment in which that they have some mastery."

There is demonstration of care

"[In] the clinician's consulting room, the patient doesn't automatically feel that the clinician cares for them in the same way that they do when the clinician calls…because that person has actually made an effort to find out how [you] are. I'm not even referring to the content of the call – just the fact of it".

The patient receives dedicted attention

"…When you're in the room with a patient, …there are a lot of other distractions happening. […] Those brief motivational interviews [are not happening] consistently. So, the net result is that we don't really [convey] the essence of that empowering message."

When asked to summarise, Dr N reflects that it comes down to empowering the patient to manage their own health outcomes:

> *"…A lot of it was …just empowerment", he reflects, "passing down crucial knowledge, enlightening people around pathogenesis, really putting them in touch with their therapeutic options, helping the family to understand what worked and what didn't work in terms of self-care, and care for the patient as a family member."*

Navigating inherent resistance

Telehealth innovation in South Africa must take into account our local context, where people change cellphone numbers frequently and technology literacy levels are low.

Dr N considers the greatest challenge, however, to be the system's resistance to change. *"Very often new systems are…intuitively clear and ready for adoption. But they have to replace something else. And it's the 'something else' that's often the barrier, because it's the 'something else' that is so big and so entrenched and so systematised that you almost have to dismantle something before you can put something else in its place."*

Everyday obstacles

Dr K, who was involved in the everyday operations of the PROTECTOR project, described the obstacles which complicated her day-to-day activities:

Poor data integrity and outdated databases	- Dr K's first challenge was contacting patients. The regularity with which patients change their phone numbers complicated matters significantly, and finding ways to overcome those limitations were time consuming. She also felt frustrated that obtaining up-to-date contact details didn't seem like a priority for the respective health facilities. - "You can't help enough patients, because so many of them are unreachable. So that almost feels like a failure on the part of the whole system… And you wonder what is going on? Are they ill?"
Access to patient records	- Initially, Dr K was nervous that she may miss a crucial symptom because she couldn't see the patient face to face, and didn't have access to the full patient record. - The Single Patient Viewer - a provincial national digital clinical record system that includes information about when the patient last visited a facility, their results and medication - helped to alleviate some of these fears. - Dr K says, "[It} was very helpful, I can get a bird's eye view of the patient before we actually call them."
A time-consuming and repetitive process	- This specific demographic of patients selected for the telehealth initiative required additional repetition of information, which resulted in a time-intensive process. - Dr K explains, "… A lot of elderly patients. So many of them are forgetful… you can't just say it once, you've got to say it a few times…how to take the insulin, when to take the insulin, increase the dose… [When] I call the next day, they've done the same thing they've always done. It needs to be repeated for them."
Resistance to change	- Another challenge Dr K had to overcome was gaining the patient's trust to enable them to make the necessary changes. - "… Building trust with them, and allowing me to help them to basically adjust the level, because a lot of them were fearful: If I increase the insulin, I'm going to have a low glycaemic episode. So they were quite scared. And then, you know, just to reassure them that I'm doing it slowly, I'm going to be watching you every day, we are going to take it one step at a time."
Compassion fatigue	- The trust that Dr K developed with her patients over time resulted in them opening up to her about personal and contextual issues, which was often challenging for her to hear. - "I think the social issues and the social stresses were quite shocking to my system at times. I'm familiar with what happens in that area. But still, you know, when you're hearing it first hand from patients, it's still quite hard to hear it and to kind of think that people are going through such challenges."

Dr K's involvement in the telehealth initiatives has supported her to balance compassion and flexibility with clear boundaries.

Remembering remarkable results

Despite the challenges, these projects allowed Dr K the time and opportunity to overcome her initial misgivings and make significant changes in patients' overall sense of well-being. She listed the key elements that contributed to patient success:

Patient education leads to empowerment

The telehealth projects gave Dr K time to provide information about what it means to have an optimal glucose level, as well as the effect that certain foods have on those levels. Information was provided in a way that was fully understood.

"'*Ah no, my sugar levels are fine doctor'. I said, 'So what was it this morning?' 'Oh it was 12.' But in actual fact, 12 isn't good, you know. We actually want it to be lower than that. So some of them didn't even realize that* ***they were accepting things as normal that were actually not.***"

Patients need to be provided with the tools and ability to self-manage. Dr K would like to see all diabetic patients be given a glucometer, taught how to read it and how to interpret the metrics. She says "*...I think if patients can actually just see what their levels are and have an idea of what they mean, I think they will take a lot more responsibility for their own health.*"

A supportive environment can be a motivating factor

The effect that reduced glucose levels had on patient's well-being was palpable over the phone.

"*They have all the symptoms of hyperglycaemia. And once they start… we can see the improvement…There are some times when they say, 'I can't believe I've seen seven for the first time!'* ***They've never seen a sugar level that's not in double figures.***"

The additional time that the project gave Dr K with the patients, allowed them to feel truly supported and cared for, which in turn motivated them to make the necessary changes.

"*It all boiled down to somebody was interested in their care, somebody was actually motivating to tell them that they can change… the fact that* ***they knew that there was somebody… on the other end of the line*** *that they could give a missed-call whenever they wanted, or they could message me whenever they needed to and I would assist them. I think that helped a lot.*"

Personal agency enables a greater sense of ownership

Self-monitoring of glucose levels created a sense of ownership for the patients, which encouraged them to take more responsibility for their health in a way that was sustainable for them.

"*Once they start seeing the* ***changes in the values themselves****, when they're now checking their sugars, that was the biggest shift for them.*"

Not only did the telehealth project reduce some patients' glycaemic levels, it also improved their overall sense of well-being:

> *"I think with this project, we can show that there has been some value to patients. And it may not all be in a quantitative sense, but also in the qualitative sense… of* ***how they feel about themselves, about their well-being…****We've seen so many positive reactions, just in the qualitative sense, which we don't put emphasis on".*

Tactical approaches to systematic scaling

Dr K also made practical suggestions on how best to integrate and scale telehealth into the larger primary care environment:

Implement a formalised referral process

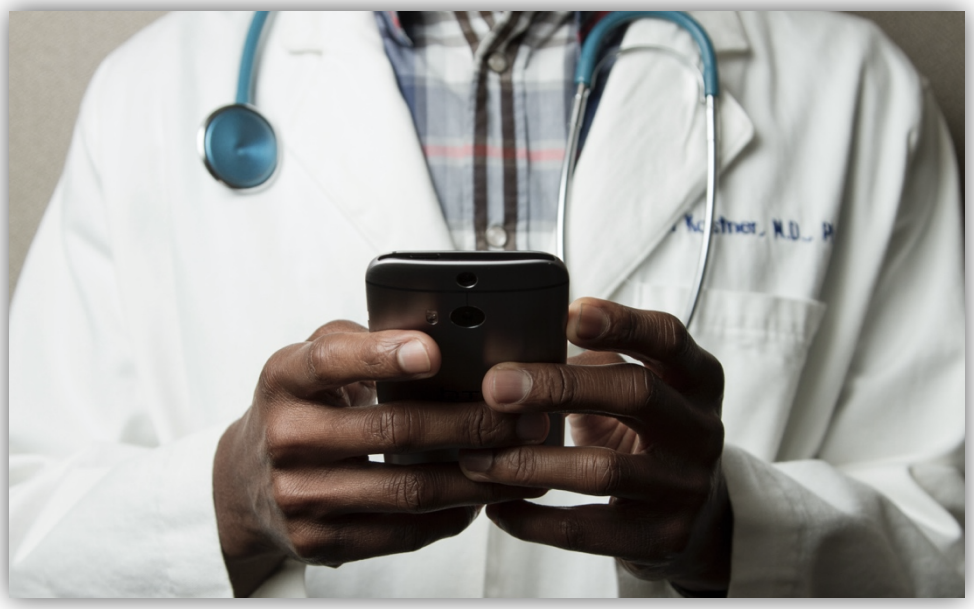
Patients who meet the relevant criteria should be identified, referred and enrolled in a telehealth intervention at the point of treatment.

"... having a referral from the particular day hospital would be beneficial", she says. *Identify patients…and put them on the list to be referred to the telehealth person. [If] patients [are] then already sensitised… they know they [are] being referred to a telehealth doctor who would be taking over their diabetic control…and they know to expect a call"*.

Facilitate interdepartmental communication and collaboration

Telehealth should be viewed as part of a holistic care package and not be delivered in a silo. It should not be viewed as a change to the system, but as a part of the patient journey.

Dr K points out that co-ordination of care is essential: *"[the patient is] going for their checkups to the Day Hospital, I'm looking after the glycaemic control, somebody else is doing the footcare, [they are] going to the ophthalmologist checkups. It's all part of the patient's journey"*.



Thinking about telehealth as part of the patient journey in turn highlights the importance of good inter-departmental communication and robust note-keeping in ensuring a continuum of care.

Build an educated and empathic workforce

For Dr N, scalability starts by recognising the need for training – both condition-specific training and communication skills.

"The call centre phenomenon around the world is often not governed by bodies of knowledge as much as it's governed by the ability to communicate…often it's not about how much people know, it's about how well we were treated over the phone."

Dr K concurs and emphasises the importance of balancing compassion and empathy with listening and clinical skills.

A holistic approach to primary healthcare

For both Dr N and Dr K, the future of telemedicine is for it not to be a stand-alone intervention, but to be integrated with primary healthcare services.

"*We have a lot of data relating to our outcomes, our care coverage, our monitoring processes, and they all leave a lot to be desired. If we could harness the strengths that we've demonstrated, we can essentially provide those patients with the kind of empowerment that would change their lives, just through the ability to self-manage.*", Dr N says.

The VECTOR and PROTECTOR studies laid the foundation for a scalable telehealth solution and proved that telemedicine has a crucial role to play in a holistic primary healthcare approach towards disease management in future, at scale.

Acknowledgements

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