

Primary Healthcare (PHC) vignette

The reciprocal dynamics of telemedicine: from contact to care

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Percept

The **PRO**-active **TE**lemedicine **TaCT**ical **Ope**Ration (PROTECTOR) project was a telehealth study initiated in Hanover Park in the Western Cape in 2021. Its goal was to understand if telemedicine could be used as part of routine primary healthcare to support at-risk diabetic patients who were struggling to control their sugar levels.

Over the course of three months, pre-selected diabetic patients participated in 10-20 telephonic or virtual engagements with a telemedicine doctor.

Besides monitoring blood glucose levels and offering psychosocial and health support, the programme facilitated meaningful reciprocal relationships between patients and doctors, and rendered largely positive health outcomes.

In healthcare sectors, it is often said that favourable outcomes are dependent on patients 'demonstrating autonomy' and 'taking responsibility for themselves'.

But how does one take responsibility when a diagnosis or its implications are not understood?

How does one demonstrate autonomy when there isn't an informed foundation to start from, or someone to ask, who could check up and lend support, discuss options, or clarify assumptions?

Where does one begin to understand the principles of glycaemic control, biometric readings, or the impact of medication or lifestyle choice on those metrics?



The dilemma of a diabetes diagnosis

Mrs T, a 51-year-old grandmother from Hanover Park in the Western Cape, was diagnosed with diabetes more than ten years ago and still recalls the shock of receiving the diagnosis. At the time she didn't understand the condition or the implications of it, and describes feeling a sense of complete overwhelm:

"...And then [the doctor] said to me, 'You know, your reading – you're diabetic – the sugar reading was so high'. And I'm thinking, 'What?' Cos I didn't think about, you know, having diabetes and what it is and...And she just said to me, 'You know, your sugar was so high.' I thought, 'What's high? How high is high? She says to me, 'Fifteen'. So I said, 'And?' She said to me, 'Your sugar should be 5.7 or 6 maybe'. I said, 'What?!'"

Unfortunately, Mrs T's experience is far from unique. Mr K, A 55-year-old family man, describes feeling similarly bewildered:

"I always had the idea that if you're on insulin, then you're almost a goner, because you're in [such a] bad state that the body doesn't make any insulin [anymore]."

Both Mr K and Mrs T recount multiple attempts to access care over the years, as well as the barriers they encountered along the way.

Mrs T labels seeking care as a stressful and impersonal experience and highlights the asymmetry in the power dynamic between healthcare providers and patients, where more value is placed on the doctor's time than on the patient's:



She says, "when you're at the hospital, they will let you know, "Listen here, I'm in charge". So you need to do as I say...there is no conversation. They don't speak to the people in the room... You go there, get the medication, they do what they must do, and then you must leave. I mean, I hardly see a doctor when I go to the hospital."



The emergence of telehealth

As a result of the COVID-19 pandemic, clinics de-escalated in-person chronic care to protect patients against potential infection. Diabetic and hypertensive patients were re-routed to collect medication from alternative pick-up points. Remote management strategies were implemented across both public and private healthcare sectors, and the utility of telemedicine became clear to healthcare providers and patients, alike.

One Department of Health implemented the **PRO**-active **TE**lemedicine **TaCT**ical **OpeR**ation (PROTECTOR) project as their mitigation strategy. Its goal was to understand if telemedicine could be used as part of routine primary healthcare to support at-risk diabetic patients who were struggling to control their sugar levels.

Over the course of three months, pre-selected participants participated in 10-20 telephonic or virtual engagements with a telemedicine doctor.

Besides monitoring blood glucose levels and offering psychosocial and health support, the programme facilitated meaningful reciprocal relationships between patients and doctors, and significantly impacted health outcomes. We document the findings of the study below.

Agency, accountability and reciprocity of care



Through regular phone calls and text messages, Dr K, a telehealth doctor with the PROTECTOR study, was able to establish positive and personal relationships with patients living with insulin-dependent diabetes. The resulting improvement in both the quantitative and qualitative outcomes far exceeded expectations:

Says Dr K, “We found that we could actually achieve so much via telemedicine. So I was pleasantly surprised that you could in actual fact build a relationship with the patient and actually improve their management telephonically.”

“I think I could never even do that in private practice. Let alone in the public sector. I mean, patients don't have access to that kind of care that often anyway.”

Not only did telehealth enable this positive relationship, it also provided Dr K with the opportunity to follow-up on a daily basis, which allowed for a real-time perspective and enabled responsive, high quality care. She adds that it was the continuous check-ins and the resulting education about their condition that gave patients a sense of ownership over their health:

“It also gives them a sense of agency, so now they know what they can do, because otherwise they just have to figure it out for themselves what they're supposed to be doing at that particular time.”



Mr K agrees that the regular engagements bolstered his sense of self-efficacy:

“...after I spoke to Dr K and I told her, ‘...The way I understand it is: because your body doesn’t make insulin, or it doesn’t make enough insulin, the insulin we are using now is man-made – it’s a replacement of what your body can’t produce. So, for me to put insulin into my body, because my body can’t make it itself, is actually keeping my sugar in control’. But I never understood it like that. And I mean, how many people have that same mindset?”

The connection between doctor and patient in the patient’s own domain in turn fostered not only knowledge transfer, but also activated agency and dignity in both doctor and patient. It allowed technology to intersect with humanity and showed that healthcare does not have to be in-person to be life-changing.

During the PROTECTOR study, Dr K became a *de facto* telephonic accountability buddy. Receiving quality, reciprocal care reinforced healthier practices, and incentivised the patients to care for themselves in a real and meaningful way.

Mrs T’s experience of being heard and understood in a holistic way activated her internal agency. Although she was consistent in taking her medication daily, the dedicated attention during the telehealth intervention made her feel held and equipped her to monitor her own health:

“Before, I used to take the medication, you know, religiously every day, but I was never interested to see what my sugar reading actually is....before I started with Dr K, I never used my machine, never. It gathered dust, really, laying in my drawer, whatever.”, says Mrs T

Now, she feels empowered to take the daily reading. She says that, “It made me very happy” to take her reading more often. “When I started [taking the readings] I thought, this is not bad. I like the way my sugar is looking...”

As a result of the regular engagements - and not to disappoint his doctor – Mr K also began taking his glucometer reading in the morning, before he did anything else. This gave him an improved baseline of his sugar levels, and together with his understanding of the role of insulin, translated into him making healthier lifestyle choices and encouraging his family and friends to do the same.



Mr K goes on to say: “[With the telehealth project], I get a service like a rich man, I mean a man that’s got money. I don’t pay for anything, but I get the best of service”.



His reflection is indicative of a wider reality in South Africa's healthcare system: that quality of service, deservedness of consideration, even recognition of one's basic humanity, is all-too-often tied up with how much money you have.

Core to the aspiration for universal health coverage is for quality care to be available to all. If Mrs T and Mr K's experiences are replicable, then telemedicine may just be the vehicle to help us get there.



Acknowledgements

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