Adapting Telemedicine to Serve the Needs of Socially Vulnerable Persons during and beyond the COVID-19 Pandemic: Summary Report

Profs. Alayne Adams and Jeannie Haggerty
Drs Isabelle Leblanc, Mylène Arsenault and Kimberly Munro
McGill Department of Family Medicine

Problematic and Context

In response to the COVID-19 pandemic, telemedicine and virtual visits have been deployed at an unprecedented pace to enable timely access to care while respecting measures of physical distancing. Early in the pandemic, primary care clinicians serving in the multicultural and low-income areas of Côte-des-Neiges (CDN) and Parc Extension (Parc-Ex) in Montreal noticed Telemedicine services were not being used by high need patients with language barriers or other access challenges.

Primary care clinicians asked:

Why aren't my usual, high need patients showing up in my telemedicine visits?

How do we need to adapt telemedicine to meet their ability to access care?

The Study

During the first wave of the Pandemic, a study was undertaken to understand why low presentation rates for telemedicine were occurring and how clinic policies might be adapted to enhance its equitable and effective use as a modality of primary care. Focused on low-income and immigrant households with healthcare needs, the study explored their healthcare decisions and experiences during the COVID-19 pandemic, eliciting in particular perceived barriers and facilitators around telemedicine use. Interviews were conducted from with 29 members of such households, whether they received services or not during the period September 2020 to January 2021. Study participants were clients of a Côte-des-Neiges food bank or referred by family physicians, and chosen to represent variation in acute and chronic healthcare needs, gender, immigration status, age-group.

General Findings

Participants reported delayed and forgone care for several reasons, including: non-COVID-19 health needs downplayed or perceived as not welcome in health system; fear of getting COVID-19; competing demands; not knowing how to get healthcare in the pandemic.

Telemedicine was perceived to be a pandemic-only solution. When a trusting relationship had been established through in-person care, telemedicine is acceptable, BUT previous problematic relationships, or perceived rudeness and lack of empathy or being called by multiple or unknown clinicians made participants distrust or be dissatisfied with care. When a trusting relationship had been established through in-person care, telemedicine is acceptable, BUT previous problematic relationships, or perceived rudeness and lack of empathy or being called by multiple or unknown clinicians made participants distrust or be dissatisfied with care.

Many recognize advantages of telemedicine beyond safety considerations, such as reducing the cost and inconvenience of transport, and its utility for minor health problems, refills and some mental health needs. It is especially helpful for those whose working conditions limit their capacity to get healthcare.

> *If I have nothing serious for me to see my doctor and I could just do it over the phone, it's completely understandable to me because they will be busier treating the people who are at more risk.* single male, recent immigrant

BUT Aspects of care-seeking that have been long-standing irritants are experienced as distressing in Telemedicine, and are areas for improvement by primary care clinics.

Solution-oriented deliberation of findings

Staff in three clinics deliberated the study findings to recommend solutions that are actionable within the short term and likely to make a difference to patient access and experience (administrative and front-office staff, nurses, and family physicians at Herzl Family Practice Centre, CLSC Parc-Extension and St. Mary's Family Medicine Centre). The top cross-clinic solutions were presented to patients and community organizations to suggest adaptations for immigrant and socially vulnerable patients.

Challenges with Appointment Booking	**Challenges with Quality of the Clinical Encounter**
Time and effort for appointment-booking: • not able to get through by phone • booking with RVSQ • no access to community computers. Patient not always prepared for what to expect, created anxiety: • showing up for visit vs telemedicine, • Not warned about 'No caller ID' • missed or delayed call –what to do? • Need for privacy	• Telemedicine very difficult for people with limited language proficiency • Communication issues were mentioned many: Clinician explanations not as good, no non-verbal/visual cues, no gestures or pictures to help • Narrow focus on one problem per call left people dissatisfied • Absence of physical or visual examination. • A few reported less disclosure of issues to doctor
For Deliberation What can our team do differently to improve appointment booking and the logistics of the telemedicine encounters, especially for patients with social vulnerabilities?	**For Deliberation** What can our team do differently to enhance patients' confidence in the quality of their care (have been seen and touched) and ability to care for themselves?

Why This Matters

The stress and misunderstanding of appointment-booking and telemedicine logistics made patients less likely to seek care again. Perceived care issues led to less trust in the quality of care received and ambivalence about following through on recommendations.

> *The absence of physical or visual examination "feels like you haven't really been seen."*

Top Solutions at a Glance (and Community Response)

Solution #1. Give information to patients so they are better prepared for telemedicine (Giving information is very important. Added important information to transmit.)

Solution #2 – When booking appointment, ask questions to make sure telemedicine is appropriate for the patient. (Proposed questions well received, see the purpose of the questions with some surprising additions.)

Solution #3 – Make more use of patient portals, including RSVQ. (Portals and emails least preferred; preference for print at frequented places (pharmacy, clinic, school) or websites of trusted organizations, like clinic or community organization)

Solution #4 Make a checklist to ensure clear and consistent communication by professionals in each telemedicine consultation

Solution #1 – Give information to patients so they are better prepared for telemedicine

Information proposed by clinics

- Indicate need for a private place for appointment
- Explain that the call will show a private caller ID
- Alert patient that call may be later than scheduled time
- Explain that if call is missed the doctor will call back
- Advise for help from family if needed
- Be clear that the patient has the right to ask for in-person appointment

Information proposed by the community

- Dispel myths and rumours about telemedicine
- Briefly describe what happens
- Describe appropriate medical situations for telemedicine, and for whom
- Provide information about technology needed
- Be prepared for frequently asked questions:
  - What if I don't speak French or English
  - I use a different phone number for the call?
  - I have an emergency before the appointment?
    - When should I use 811?

BOTH, clinicians and community agreed on: identity check: RAMQ card; real medical appointment; confidential meeting

Solution #2 – When appointment is made, administrative staff ask questions to make sure telemedicine is appropriate for the patient

Proposed questions

- Patient experience with telemedicine
- Reason for appointment
- If patient knows the physician
- Capacity to use technology: type of phone, video call possibility, facility to use it
- Private space for appointment

Community response to proposed questions

Questions were well received by the community and other suggestions offered to help determine appropriateness

Other suggestions offered:

- Reason for appointment: Mention why this question: to make sure telemedicine is appropriate. If the patient doesn't want to say, propose a few general categories to help make that decision.
- Mention the right for an in-person visit
- Ask if the patient has a phone
- Ask if the patient has the capacity to wait

Solution #3 – Promote use of patient portals for transmitting information, use of RVSQ

In the clinics there was an emphasis on the use of technology, particularly on:

- Patient portal
- Internet
- Email
- Automated messages (e.g. texting)

Response by the community

Patient portal and digital technology

- Complicated, high-level competency level (ex. Vaccine passport)
- Technological barriers
- Suspicion in giving personal information
- Language limitation

Other ways to communicate

- A pamphlet by mail, at the clinic or the hospital.
- Word-to-mouth through the community
- Through trusted and frequented sources (e.g. publicity in organizations, schools (nurses), places of worship)

Solution #4 – Make a checklist to ensure clear and consistent communication by professionals in each telemedicine consultation

Communication checklist for professionals

At the beginning: reinforce what to expect

- It's a medical visit: private space required
- Check identity, technology available
- Clarify reason for visit
- If needed: tell how to send photos, get help from family

Before closure, check comprehension

- Repeat what the patient has said
- Check if patient understands and clarify next steps (i.e. teach back)

Closure: create continuity

- Ask if patient has other questions/preoccupations
- Plan next appointment (according to needs)
- Evaluate the visit (quality improvement)

Questions were very well received by the community.

Commentary:
When evaluating the visit, focus on telemedicine modality only. (The evaluation of the care is welcome but only if done by a third party)

An important suggestion for management and professional development

The rapidly-changing conditions and uncertainty during the pandemic meant that practices and procedures within the clinic evolved in different ways, even within the same clinic. It is important to establish clear local policies for use of telemedicine and management of patient flow and make sure there is whole-of-team awareness. This gives both clinic staff and patients a sense of security and clarity about what to expect with telemedicine. It would be good to take time to optimize telemedicine encounters by identifying and adapting for telemedicine the competence and skills of whole person care and shared decision-making.

Implications for Telemedicine beyond the pandemic

Many of the issues likely pertain to all patients, not just the socially vulnerable. Some vulnerabilities DO require special consideration for telemedicine (including not offering telemedicine or ensuring that video is possible):

- Patients with limited language proficiency, who are fitting visit into inflexible work schedule, without computers, video call capacity, access to portal, with lack of privacy in household, reason-for-visit masks an underlying mental health issue

Telemedicine has great advantages for certain patients, conditions and circumstances:

- Patients with limited time to go to appointment– Patients with difficulty getting to appointment
- Easy access to certain services: prescription renewal, tests results, medical questions…

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