

## **Use of Video Consultation in Irish General Practice: The Views of General Practitioners**

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### **Abstract**

#### ***Introduction***

Video consultation involves the live interaction between the doctor and the patient remotely. Prior to the Covid-19 pandemic, the majority of video consultations in primary care were provided by GPs who were not the individual's own GP, which presented safety and continuity issues. This study aims to determine GPs' attitudes to the use of video consultation for their own patients.

#### ***Methods***

This was a qualitative study involving semi-structured interviews. Participants were purposively recruited through use of a GP tutor as a key informant and guided by a sampling framework to include those with and without previous video consultation experience. Braun and Clarke thematic analysis was used.

#### ***Results***

Participants included eight GPs, half of whom had previously worked with video consultation. Four themes emerged: impact on the consultation, the potential role, and the potential threat to current practice and technology and logistics. There were optimistic and cautious observations within all themes.

#### ***Conclusion***

With the increased use of video consultation, Irish General Practice is in a unique position to frame the future its use. The provision of this modality to one's own patients may provide benefit while mitigating some of the pitfalls but would not entirely avoid the potential dangers of video consultation.

## Introduction

Tele-health refers to the provision of personalized health care over a distance.<sup>1</sup> Such a service can be beneficial for patients who are unable to attend practice due to distance and access to transport, mobility issues, or work commitments and may be less time consuming for the patient overall<sup>2</sup>. Prior to the Covid-19 pandemic the majority of video consultations were provided by GPs who were not the individual's own GP. This may present problems for the principle of continuity of care, a core general practice principle<sup>3</sup>. *Atherton et al (2018)* note, of those who use video consultations, 25% of consults result in referral to the patient's own GP for review<sup>4</sup>. A survey of UK-based GPs' uncovered some scepticism towards video consultations as this quote exemplifies "Only politicians and the naive would think this a good idea"<sup>5</sup>. It is noteworthy that of those respondents, ( $n = 763$ ), only 10 indicated familiarity with using video consultations, reflecting perhaps a fear of the unknown<sup>5</sup>. *King et al (2007)*, found that GPs in Scotland expressed concern regarding simple but critical tasks in the video consultation<sup>6</sup>. In contrast, Australian GPs' attitudes, to information and communication technologies used in consultations with patients, were more positive – reflected in this quote "*I think that the patients would love it and I as a patient, as a consumer, would love it.*"<sup>7</sup>

Although video consultation is widely available in Ireland, there is limited research detailing Irish GPs' attitudes towards it. Moreover, there is a need for further information on whether factors providing video consultation for patients of the GP's own practice, as opposed to video consultation services available to the general public, might influence GP's decisions to implement video consultation within their own practices.

To address this knowledge gap, this study focuses on the attitudes of GPs towards the provision of video consultation for their own patients, incorporating the means by which such a system could be managed in routine GP practice in Ireland. This study was conducted prior to Covid-19 and the results form an important backdrop by which to gauge any possible changes in attitudes that may arise as a result of the increased use of video demanded by Covid-19 restrictions.

## Methods

This was a qualitative study. Semi-structured interviews were used as the data collection instrument as they afford flexibility and the opportunity to generate rich data.<sup>8</sup> Purposeful sampling was used for the identification and selection of information-rich participants. Potential participants were identified through a key informant, based on a typical case purposeful sampling framework.<sup>9</sup> The key informant was the programme director for the Western Training Scheme in General Practice and the sampling framework included: rural and urban practices, participants from different age profiles, and those with and without previous experience with video consultation. Recruitment was done by sending an invitation letter to potential participants. This was followed up by a phone call two weeks later to arrange a time for interview for interested participants. The option of a phone-based interview was offered where face-to-face was not feasible. Written consent was obtained prior to the interview and reaffirmed following interview completion. Interviews were carried out using a topic guide (Table 1), based on the literature review.

Question structure and wording were informed by best practice guideline.<sup>10, 11</sup> The topic guide was piloted with an Assistant Programme Director of the GP training programme. The interviews were recorded, transcribed and anonymised. Participants were given the opportunity to review their interview transcripts and redact/clarify at their discretion.

Initially three participants provided by the key informant were invited all of whom accepted the invitation, a further seven participants were identified through the initial participants, five of whom agreed to participate. The study team interviewed participants until saturation of themes was reached. This was achieved after the inclusion of eight interview participants. Although this would be a relatively smaller sample size, having longer more in-depth interviews meant that fewer participants could achieve saturation<sup>12</sup>.

Data was thematically analysed according to the *Braun and Clarke (2006)* method<sup>13</sup>. Investigators first analysed the data independently, then together they agreed a set of descriptive codes, to ensure consistency in the application of codes. All authors were involved in the generation of themes. The agreed themes were then reviewed by all investigators with a final review of original transcripts.

## Results

### *Demographics*

Participants included 8 Irish registered GPs, half of whom had no prior experience with video consultation and the other half of whom had previously worked with video consultation. Our demographic was predominantly female, aged 30-39 years with less than 10 years' experience in General Practice.

**Table 1: Topic Guide**

Domain	Sample Questions
Knowledge	<p>What do you know about video consultation in Ireland?</p> <p>What do you think it involves?</p> <p>What barriers to may exist to setting up video consultation in your practice?</p> <p>How would it fit in your working schedule?</p>
Experience	<p>Have you any experience with video consultation including Facetime or Zoom?</p> <p>How was it arranged?</p> <p>How did it differ from an in person or telephone consultation?</p> <p>How did it affect your work/life balance?</p>
Opinion/ Values	<p>What is your opinion on the use of video consultation for your own patients?</p> <p>What are the potential advantages or disadvantages of video consultation?</p> <p>Can video consultation be done safely?</p> <p>Do you think video consultation is worth the time and effort?</p>
Feelings	<p>How would you feel about using video consultation for your own patients?</p> <p>How do you think patients would feel about using video consultation in your practice?</p>
Demographics	See Table 2

**Table 2: Self-Reported Characteristics Irish GPs Participating in this study**

	<b>n</b>
<b>Age (Years)</b>	
<30	0
30-39	6
40-49	0
50-59	1
>60	1
<b>Sex</b>	
Male	2
Female	6
<b>Year Experience in GP</b>	
0-10	6
10-20	1
20-30	1
<b>Practice Location</b>	
Urban	4
Semi Urban	2
Rural	2
<b>Previous Experience</b>	
Yes	4
No	4
<b>Type of Practice</b>	
Single Handed Practice	2
Group Practice	6
<b>Previous Experience with Video Consultation</b>	
Yes	4
No	4
<b>Total</b>	<b>8</b>

Four themes emerged- Impact on Consultation, Technology and Logistics, Potential Role and Potential Threat to Current Practice. Key and emblematic quotations from each theme are provided below.

### *Impact on Consultation*

The theme describes how the use of video consultation affects the dynamics of the consultation, as compared to other modes of consultation that are commonly used.

The majority of participants were concerned that not being face-to-face would have a detrimental impact on the doctor-patient relationship, and for some this extended to the relationship with the practice as a whole.

*“our doctor-patient relationship face-to-face in real life is so special, so important, it goes back generations in some practices, you know, people really regard their GPs well in this country, and they go to their GPs looking for help as individuals, and they pick their GPs to fit their own personality” -GP 2 (previous video consultation experience)*

*“Will you be able to develop a rapport with them as well as you would if you were to if they were sitting in front of you?” -GP3 (no previous video consultation experience)*

A number of participants felt that it could be used as an improvement to the telephone consultation which is an accepted form of consultation in certain circumstance.

*“I think a lot of things can be misinterpreted over the phone. It just clears things up and everyone’s on the same page when you just see each other face-to-face.” -GP7 (previous video consultation experience)*

There was widely expressed concern about not being able to physically examine the patient and the risk that involves.

*“I suppose common day to day, you can’t put a stethoscope down a camera, so if you can’t do that, then that should generally rule out anything that you would generally be using that for.” -GP7 (previous video consultation experience)*

*“I think it’s a lot more advantageous for the patient than it is for the doctor, I think it puts the doctor in a somewhat risky position.” - GP7 (previous video consultation experience)*

### **Potential Role**

This theme describes specific medical instances that video consultation may be useful and other potential benefits it may offer to patients and GPs.

Two of the participants who had experience in video consultation commented on the job flexibility that it offered.

*“I could log on at night when my husband came home from work or I could have a babysitter in the morning and do it then and pop down during my break and play with the kids” -GP2 (previous video consultation experience)*

Participants identified video consultation as potentially useful for review appointments.

*“Possibly for results, where you’ve done a workup, the consultation would be review visit to decide on established therapy to either alter it or adjust it or establish risk” -GP4 (no previous video consultation experience)*

Some participants felt video consultation would be particularly useful in the follow up of patients with mental health presentations.

*"I think good from a mental health point of view if there's those patients that you do want to touch base with but you don't need to, they don't need to come in" - GP1 (previous video consultation experience)*

Generally, it was accepted by participants that video consultation could be utilised in consults that are perceived as routine or straightforward.

*"So, let's say sore throat query tonsillitis, I need a prescription for my pill, that kind of thing, who didn't have time, because of their working hours, to get a GP" - GP8 (previous video consultation experience)*

### *Potential Threats to Current Practice*

This theme describes GPs' views of the potential threats that video consultations poses. Participants had significant reservations that video consultations may in time be used as a replacement for traditional face to face consultation, and in this way pose a threat to general practice as it is currently delivered.

It was a concern to a number of participants that the widespread usage of video consultation might reduce the value of General Practice.

*"My own thinking is that it won't enhance the value of the GP, it's just like a takeaway coffee, you can just go, and it'll be cheaper and there'll be no waiting" – GP6 (no previous video consultation experience)*

*"It comes across as a very easy simple thing, whereas any of us who are in the cold face of medicine, the nuance of a consultation and picking up on the verbals and nonverbals cues is extremely difficult" - GP4 (no previous video consultation experience)*

One participant identified the concern that GPs have towards video consultation, but this participant did not agree with those views entirely.

*"I think GPs feel threatened by it, I don't think there's any need to. I don't think it will ever replace general practice; it will just be an add-on" – GP8 (previous video consultation experience)*

One participant felt that GPs should actually embrace video consultation and use it to improve practice.

*"I think if we have some control on it and we can see how possibly we could make our workload safer and in certain niche scenarios more convenient for patients and doctors alike there would be merit in it" -GP4 (no previous video consultation experience)*

However, the overarching view was concern regarding the uncertainty of what the future holds and that there needs to a conscious method of adoption that does not compromise the current role of a GP.

*"I think we just need to be careful that[...]our role as the gatekeeper isn't taken from us" – GP8 (previous video consultation experience)*

Some participants recognised that without appropriate guidelines for its use, video consultation could pose a potential threat to patient safety. They expressed caution, and some recommended that there should be a restriction on the extent of video consultation use.

*"...there should be maybe a limit as to how many video consultations you could have in a row before coming in to see a doctor" - GP1 (previous video consultation experience)*

*"I think it would have to have very clear guidelines and very clear boundaries about what can be assessed safely over video consultation, and what can't" - GP7 (no previous video consultation experience)*

### **Technology & Logistics**

The theme describes GPs' views of the hard and soft infrastructure requirements for the use of video consultations and the implications of their implementation. GPs with and without previous video consultation experience recognised that the introduction of video consultation would present many challenges.

*"The main barrier would be implementing it in the practice. Is that going to take time, training, who pays for it, will it be HSE funded? Are there going to be teething problems with the technology? Would there be connection problems?" - GP3 (previous video consultation experience)*

Security and confidentiality were of particular concern to most GPs and many had specifically mentioned the need for GDPR compliance.

*"I think that if there was some platform within our software package that's GDPR compliant where we can view that patient in a clinical setting with good background information and experienced clinicians on the far side" - GP6 (no previous video consultation experience)*

### **Discussion**

Our study, to the best of our knowledge, is the first to explore GP's attitudes to video consultation within their own practice. Our themes are in keeping with the extant literature and reflect both appreciation of the possibilities and potential roles of video consultations, in addition to concerns of potential threats and risks.

The benefits of convenience and flexibility for the patient and in some ways the GP appear to be its main attraction and will drive its general uptake.

The main concern appears to be that GPs recognise there is more lost in video consultation than just the lack of physical exam, and GPs feel patients may not immediately recognise what they miss out on.

On the whole our participants felt that video consultation should be used with caution, in the appropriate clinical context; as a tool to reach out to the right kind of patient- to address health issues and provide opportunistic health promotion, without fully replacing the invaluable clinical examination or face-to-face consultation.

The use of video consultation by Irish GPs has changed significantly in the past 6 months due to the Covid-19 pandemic. Many GPs who would not have engaged with this medium hither-to-fore were suddenly faced with having to embrace it in daily practice. Given the increased uptake of the modality there is an opportunity to explore a wider demographic, as this paper included mostly females aged 30-39, there are likely a more diverse group of GPs using video consultation at present. Future research should seek to explore the views of Irish GPs towards the use of video consultation as compared to telephone consultations and how their opinions may have been impacted by the Covid-19 pandemic.

#### **Declaration of Conflicts of Interest:**

I hereby declare to the best of my knowledge that I, nor members of the research team, do not have any conflict of interest in the production of this research.

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