

Virtual Clinics during COVID-19: Implementation and Impact in an Irish Context

C. Everard, E. Faller, S. Laphorne, C. Sadlier

Department of Infectious Diseases, Cork University Hospital, Wilton, Cork, Ireland.

Dear Editor,

The COVID-19 pandemic significantly impacted outpatient services and face-to-face consultations¹. Consultations by phone or video subsequently surged and comprised over 79,000 Irish outpatient appointments in June 2020². The adoption of virtual clinics during COVID-19 has been described in an Irish paediatric setting³ and their viability assessed in adult diabetic services⁴. However, shared challenges and approaches to their implementation among diverse medical specialties remain less explored, and their impact on trainee learning, team dynamics and future services less understood.

We undertook a survey to explore the views of consultants in different medical specialties on the implementation and impact of virtual consultations following the first wave of the pandemic. Medical consultants (n=55) from a tertiary referral university hospital were invited by e-mail (8/7/20) and subsequent reminder e-mail (23/7/20) to complete a self-administered online questionnaire. Fifteen consultants (27%) from ten medical specialities completed this.

Prior to COVID-19, three (20%) respondents reported conducting some virtual consultations by phone or video. Nine (60%) reported no plans to start a virtual clinic in the coming year. Thirteen (87%) agreed there were a cohort of patients who could benefit from virtual consultations while two (13%) felt virtual consultations were not appropriate for their practice.

Regarding patient perceptions, nine (60%) thought patients felt much the same about virtual as in person consultations and three (20%) reported patients were happier with virtual consultations. All respondents declared the inability to perform physical examination as a limitation. The need for phlebotomy and imaging were additional limitations reported by ten (67%) and eight (53%) respondents respectively.

In terms of triage, fourteen (93%) participants used clinical judgement alone to determine who should be seen in person, by video or on the phone. One (7%) participant additionally used a protocol.

With respect to video consultations, insufficient internet access and insufficient microphones/cameras were limitations for eight (53%) and seven (47%) participants respectively. Five (33%) participants had concerns about poor quality image and lags.

Regarding team dynamics, four (27%) felt each team member had a defined role within virtual clinics and no (0%) respondents thought it beneficial for trainee learning. Twelve (80%) felt there were outstanding issues regarding roles and responsibilities, and nine (60%) expressed an interest in learning how others carried out their virtual clinics.

Going forward, twelve (80%) respondents reported being likely to require catch up clinics due to a lack of thorough examination and investigations virtually. Seven (47%) respondents were more likely to use virtual clinics beyond the pandemic.

Moreover, results suggest most respondents changed their usual practice to incorporate virtual consultations in response to the pandemic despite the challenges it posed. While the majority felt catch up clinics would be required and trainee learning was compromised, results suggest virtual consultations may become an enduring legacy of COVID-19 on outpatient clinics.

Addressing infrastructural barriers and engaging dialogue around best practice, triage and trainee learning may help improve the virtual clinic interface for providers. Further research of patient perspectives may help identify patients most likely to benefit from this mode of consultation.

Ethical Approval:

Ethical approval was received from the Clinical Research Ethics Committee of the Cork Teaching Hospitals (Reference ECM 4 (k) 16/06/2020).

Corresponding Author:

Cormac Everard
Cork University Hospital,
Wilton,
Cork,
Ireland.
E-mail: cormac.everard@hse.ie

References:

1. Mehrotra A., Chernew M, Linetsky D., Hatch H., Cutler D. The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal. Commonwealth Fund. June 2020. Available at: <https://doi.org/10.26099/2v5t-9y63>
2. Health Service Executive. Health Services Performance Profile April - June 2020. June 2020. Available at: <https://www.hse.ie/eng/services/publications/performance-reports/2020-performance-reports.html>

3. Elhassan R., Sharif F. , Yousif T.I. Virtual Clinics in the Covid-19 Pandemic. Ir Med J. 2020. Vol 113; No. 7; P127. Available at: <http://imj.ie/virtual-clinics-in-the-covid-19-pandemic/>
4. Thompson B. , O'Keeffe D. The Viability of Telemedicine for Type 1 Diabetes Ir Med J. 2020 Vol 113; No. 10; P203. Available at: <http://imj.ie/wp-content/uploads/2020/12/The-Viability-of-Telemedicine-for-Type-1-Diabetes.pdf>