

Seeing family practice patients by video-conferencing.

WHY WOULD YOU WANT TO SEE PATIENTS BY VIDEO-CONFERENCING?

Coming to your office is difficult for some patients. They may not have the money or the time or may be caring for young children or an elder. They may have physical difficulty due to chronic illness. Many office visits do not require a physical examination, but do require good communication and the on-going relationship between a family doctor and his or her patient. You also need to get paid for your work. These visits can be made by video, allowing you to assess and communicate well with your, while saving your patient the money, time and stress of coming in to your office.

BACKGROUND

Telemedicine has been used successfully in many situations. Telepsychiatry is used in some remote areas where a patient goes to a local clinic and sees a psychiatrist for counseling via videoconferencing (1). Most telemedicine has involved one clinician (family doctor or nurse) communicating with a specialist in another setting. This has been used for follow-up care from ICU, emergency care of elderly, etc. (2,3). In one study, 73% of a sample of primary care patients said they would like telemedicine visits (4). In a study of palliative care clinicians, the participants believed there was potential to improve practice through video-conferencing (5).

HOW CAN YOU BILL?

The BCMA fee code has five codes for GPs to see patients by telemedicine. Each province is different and you need to check yours.

DO THE AUTHORITIES APPROVE?

The College of Physicians and Surgeons of BC and Medical Services Plan of BC has endorsed using Skype for these visits.

IS SKYPE SECURE? CAN WE USE OTHER PROGRAMS?

Skype is encrypted and the security is adequate for a doctor to see a patient. Our office phones, email, fax machines and even our physical offices are not totally secure. FaceTime is also encrypted and has adequate security. There are situations, such as in certain Health Authority facilities, where you are not allowed to use Skype and FaceTime. There are more expensive programs, such as Medeo (medeo.ca), which may be allowed.

DOES IT TAKE MORE TIME?

We have worked out very efficient methods of incorporating Skype visits into the day sheet and into our busy schedules. First, we set up a clinic Skype account. When the MOAs book Skype visits for the first time with a patient, they check their Skype connections using an iPad at reception. When it is the patient's appointment time, the MOA telephones the patient to tell her it is time and opens Skype in the exam room. Usually, when the doctor walks into the exam room, the patient's face is up on the screen. After greeting, the doctor can pull up the chart on the EMR and the face minimizes. We found it helpful to ensure that the camera is right above the patients' face on the doctors' screen so that eye contact can be made. Establishing rapport is easy when doctor and patient can see each other's faces and expressions. If a prescription is needed, we write it and have it faxed to the pharmacy.

PROBLEMS WE SOLVED

At first we thought we would use iPads for everything and let the device move through the clinic just the way the patients do. This didn't work because our office wireless is not adequate. We would sometimes lose the connection walking down the hallway from reception to exam room. We found that signing in and out in the exam room using a wired computer worked best. One patient thought her Skype was fine but didn't have a camera on that computer. She ran out and bought one and came back in 15 minutes! Now the MOA checks the connection before the appointment. We had to fix the sound on one computer in our office. Until we fixed it, we used a phone connection for sound and Skype for picture in that room. We have also used FaceTime for one patient instead of Skype. We had to set up a FaceTime clinic account on the clinic iPad and use wireless, since we have only PC computers in the office.

WILL WE NEED SPECIAL EQUIPMENT?

Every doctor's office has computers (whether or not they have an EMR) and many use Skype in their personal lives. Most of our patients have smart phones and/or computers and many use Skype or other similar programs. Many elderly patients come in with middle-aged sons or daughters who use such equipment. It is possible some doctors may need to buy an extra camera or two and perhaps upgrade the sound on some office computers.

A new company called Medeo (medeo.ca) has set up a service for doctors to see patients by teleconferencing. For 30% of billings, they provide the video-conferencing and also the billing, scheduling, technical support and help with lab requisitions, prescriptions and specialist referrals.

CONCLUSION

Offering your patients visits by video telemedicine can enhance your practice. Try it!

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