

Telemedicine and Covid-19: Feedback from Frail Older People Undergoing Pre-Assessment Reviews

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Introduction

The Covid-19 pandemic has seen a rise in telemedicine and a reduction in patient-facing assessments. While this has been regarded as an innovative means of service reconfiguration, it was uncertain what impact this would have on the quality of assessments as well as patients' concerns around such assessments. In primary and secondary care, face-to-face (F2F) appointments have changed throughout the pandemic and some of this is being maintained as healthcare services design and support their covid recovery plans into the future.

Methods

- A quality improvement (QI) project was undertaken to understand the views of frail older people requiring pre-assessment reviews prior to surgery during the Covid-19 pandemic; this formed a preliminary work towards a feasibility study that would utilise the development of a bespoke telemedicine device for this purpose.
- Ethical approval was not required as per Trust guidelines for QI projects.
- Fifteen patients were interviewed through the perioperative medicine for older people undergoing surgery (POPS) pathway using a smartphone device of FaceTime.
- A theoretical framework of acceptability (TFA) was used to address patients' views of using telemedicine. The TFA is a tool used for the development and evaluation of complex healthcare interventions to assess the feasibility of such interventions both for the recipient and person delivering the service; it consists of 7 domains which include **affective attitude, burden, perceived effectiveness, ethicality, intervention coherence, opportunity costs, and self-efficacy** (Sekhon, 2017).

Results

- Patients who were assessed remotely expressed concerns regarding: **lack of physical examination if required, inability for clinicians to assess their physical health, difficulties in participating in cognitive assessments, and a lack of confidence in using smart devices.**
- All patients reported that they would agree to full remote assessments if they had a device that was **easy to use and required no help to set it up.**
- Clinically, it was difficult to assess gait, and patients who had physical signs of chronic medical conditions could not be examined which delayed optimisation decisions until they were seen in the Frailty Clinic.
- While there is significant potential for telemedicine to be used alongside traditional services, its design would require a **two-way interface and proxy markers of assessment** to aid optimisation and clinical decisions.

Conclusion

Remote pre-operative assessments that do not require specific examinations can be undertaken fairly easily and confidently within the confines of patients' homes without any issues. On the whole, patients prefer this as it is more convenient and cost effective. More detailed assessments that may be required will still need F2F appointments. Any remote assessments that take into consideration the complexity of frail older people and targeted assessments will require a platform that is effective, and easy to use even for those who may not be tech savvy.

Patient Feedback

"How would you know what is wrong if you don't examine me?"

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"Acceptability of this method would depend on the intention of the assessment"

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"Remote assessments are easier for me because it means I don't have to travel to the hospital and find parking, and wait for hours while getting everything sorted"

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"If the device I need is complicated to set up, then it will be difficult to use because I would need to depend on my son, when he's not at work to help me set it up"

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"I am really satisfied with this because at least I got to talk to you and you answered all my questions while I've been in the comforts of my home"

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"The walking test (gait speed) test was a bit strange I have to say, because I'm not sure what 3m is"

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"The memory test (MOCA) was a little difficult to do as I had to draw a box, and line up the numbers and alphabets, but I think it can be done"

References

Sekhon, M., Cartwright, M. & Francis, J.J. Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC Health Serv Res* 17, 88 (2017). <https://doi.org/10.1186/s12913-017-2031-8>