

Clinical video telehealth supported by a nurse : a qualitative study from the first feedbacks - patients side

Qualitative study, medical thesis, defense in october 2021

Dr Laura DANNAOUI¹, Dr Lilas AISSAOUI¹, Dr Alexis ASTRUC¹

¹ *Département Universitaire de Médecine Générale, Université Sorbonne Paris Nord, Bobigny*

LINKS OF INTEREST

- Lunch as a resident student organised by SANOFI AVENTIS

INTRODUCTION

- ❖ Demographic changes these last 20 years with ageing population (1).
 - ❖ Decrease of home visits due to multi-factorial reasons (2).
 - ❖ Imperative need to develop an alternative, in order to access healthcare to the most vulnerable.
 - ❖ Development of telemedicine, in particular of teleconsultation, with exponential rise since the pandemic of COVID-19 (3).
 - ❖ The support by a third party (nurse) represent an added value, inspired by many establishments in other countries (4).
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- ❖ Objective : Collect and study the lived experience of patients who have participated to CVT and perceive their expectations and recommendations.

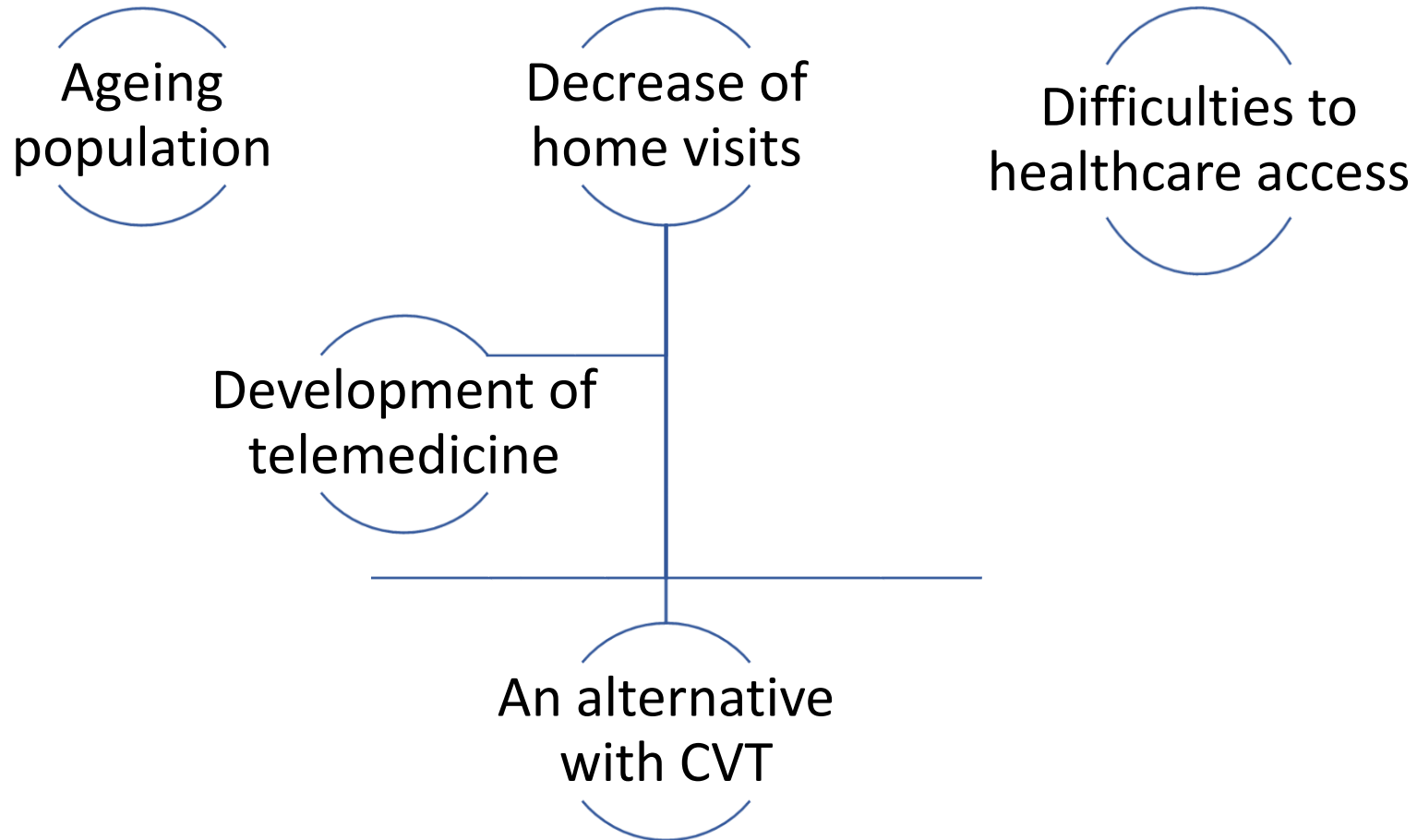
(1) INSEE. « Tableaux de l'économie française : population par âge », 2020. <https://www.insee.fr/fr/statistiques/4277619?sommaire=4318291>.

(2) URPS Médecins libéraux Ile-De-France. « Enquête - Le médecin libéral au domicile du patient : un enjeu de santé publique ? » Ile-De-France, 2017. https://www.urps-med-idf.org/wp-content/uploads/2017/09/20170921_URPS-IDF_visites_a_domicile.pdf.

(3) Pierre Simon, Christophe Lannelongue. « Télémédecine : des pratiques innovantes pour l'accès aux soins », ADSP, n° 101 (décembre 2017): 10-13.

(4) Thùỳ Châu Phan Thanh, Isabelle Petri Daidé, Justine Valois, Olivia Braillard, Sanae Mazouri-Karker. « Téléconsultation assistée : une nouvelle pratique aux nombreux enjeux » 16, n° 706 (septembre 2020): 1714-17.

INTRODUCTION



METHODOLOGY

- ❖ A semi-structured qualitative study with phenomenological approach.
- ❖ Patients enrolment with diversified criteria and maximum allowed criterion.
- ❖ Data analysis : Transcription of audio recordings to verbatim, added coding with triangulation of data by two researchers, SWOT matrix.
- ❖ Ethics committee request (Avis n°10721283).

Patient	Age	Sex	Profession	Education level	Living areas	Chronical diseases	Number of CVT realized
P1	29	M	Unemployed	5 : Bachelor +2/3	City	Oui	1 : Once
P2	79	F	Retired	6 : Bachelor +5	Semi-rural	Oui	2 : Many times
P3	92	F	Retired	4 : Bachelor degree	Rural	Oui	2 : Many times
P4	90	M	Retired	2 : Primary school certificate	City	Oui	1 : Once
P5	79	M	Retired	3 : Secondary school certificate	Rural	Oui	2 : Many times
P6	74	F	Retired	3 : Secondary school certificate	City	Oui	2 : Many times

RESULTS

Strengths of CVT

- **Special bound with all the actors of CVT**

P5 : « It always goes well, he is really nice », P6 : « I find her lovely, I'm alway happy to see her», P1: « He told me – if you have any problem, we will explain to them».

- **Accessibility for people with limited mobility**

P4 : «With my disability, I can't move So with my wheelchair, it's better as you can see ... ».

- **Coordinated healthcare and the release from administrative tasks**

Between nursing home services and attending physician. Administrative tasks which usually have to be made by the patients.

RESULTS

- **Coordinated healthcare between general practitioner and specialist doctors**

A joint and global patient care, community and hospital networks.

- **Digital handling by the youngest**

RESULTS

Weaknesses of CVT

- **The lack of cooperation between doctors and the nurses**

P3 : « We are just talking to each other, the doctor and I, and that's it ! She doesn't say anything ! »,

P1 : « I felt bad for her Apart from holding the tablet, poor girl ...».

- **Dissatisfaction without medical examination**

P1: « She told me « I don't think that there is any problem », but I felt that the answer wasn't acceptable. Who knows if I did the examination like she asked ? I am not a doctor. »

RESULTS

- **Barrier in the relationship doctor-patient without medical examination**

P6 : « It's less personal », P3 : « We have very DISTANT ties ! Honnestly, when you deal with doctors in the flesh and blood, bounds are different. »

- **Closeness to the previous general practitioner – Attachment to the traditionnal role of the family doctor**

*P3 : « A medical doctor has to see, in every **sense** of the word, and to listen to their patient ! If he has any trouble, anything ! ».*

P6 : «He followed me for 30 years of my life ... (...) It's less private (aka CVT) and you don't attach to a new doctor like that ... ».

RESULTS

Opportunities of CVT

- **CVT adapted to chronic diseases**

P1 : « CVT is made for people who needs medications with a prescription but doesn't have a family doctor and needs it immediatly »

- **CVT to compensate the lack of access to ambulatory care**

- **CVT allowing home-care for frail seniors**

P2 : « It is a good thing, at least, we don't have to go to nursing homes my wife and I ... »

RESULTS

- **To develop other potential functions by the nurses**

Other clinical competences

P2 : « I don't know, but such as auscultations with the stethoscope, to check on the lungs»

P1 : « The little problem I was talking about earlier, it's obvious that if she (aka nurse) have done the examination instead of me, it would have been more credible»

- **Rotation between face-to-face consultations and CVT**

Physical consultations once-twice a year, and the rest of the follow-up with CVT.

RESULTS

Threats of CVT

- **Limits for the use of digital tools**

Small tablets, difficulties to see properly the lesions with the video camera

- **Dangerousness without medical examination**

Risk with all types of teleconsultation

- **Inclusion criteria in order to benefit CVT**

Only nursing home services, and having stable chronic diseases

RESULTS

- **Fear of a dehumanization of medicine**

P1 : « The problem with wanting to discharge them : will there be any doctor left ? Computer science has taken over a lot of things these last few years »

P1 : « There is a difference between a need and a will. It's uncommon to want a computer instead of a doctor. I'm joking but it shows you the reality of the situation »

P6 : « Young doctors must take the old habits ... To be a vocation ... Not like this ... (...) Young people ! They want some free time ! But ... They don't have any ! »

• STRENGTHS

- Special bond with all the actors of CVT
- Accessibility for people with limited mobility
- Coordinated healthcare between nursing home services-doctors, and GP-specialist doctors.
- Digital handling by the youngest

• WEAKNESSES

- The lack of cooperation
- Dissatisfaction without medical examination
 - Barrier in the relationship doctor-patient without medical examination
- Closeness to the previous general practitioner

• OPPORTUNITIES

- CVT adapted to chronic diseases
- CVT allowing home-care for frail seniors
- CVT to compensate the lack of access to ambulatory care
 - Other potential functions for the nurses
- Face-to-face consultations-CVT

• THREATS

- Dangerousness without medical examination
- Limits for the use of digital tools
- Inclusion criteria in order to benefit CVT
 - Fear of a dehumanization of medicine

DISCUSSION

- **Reminder of the last results**
- Strengths of the study : Innovative concept, qualitative study, data on an emerging practice.
- Weaknesses of the study : difficulties enrolling patients with a diversified sampling but limited, the lack of experience from the researchers, SWOT analysis.

DISCUSSION

Comparison with the literature :

- CVT measured with the lived experience of standard teleconsultation
- CVT in Europe and the USA
- Analogy with other emerging digital practices (for example : artificial intelligence)

- (1) *Vitali C. « Téléconsultation : vécu et ressenti de patients ayant eu recours à la télé- médecine dans le Var ». Thèse de médecine : Université de Marseille, 2021.*
- (2) *Thùy Châu Phan Thanh, Isabelle Petri Daidé, Justine Valois, Olivia Braillard, Sanae Mazouri-Karker. « Téléconsultation assistée : une nouvelle pratique aux nombreux enjeux » 16, n° 706 (septembre 2020): 1714-17.*
- (3) *Slightam C, Gregory AJ, Hu J, et al. Patient Perceptions of Video Visits Using Veterans Affairs Telehealth Tablets: Survey Study. J Med Internet Res. 2020;22(4):e15682.*
- (4) *Oulmouddane M. « Représentations des patients concernant l'intelligence artificielle ». Thèse de médecine Université Sorbonne Paris-Nord, 2021.*

CONCLUSION

- Emerging practice with a specific interest to the most vulnerables, with a mixed acceptability.
- An in-between practice could be considered (physical follow-up and digital).
- Many skills could be developed by nurses and the advanced practice nurses. It could be extended to other paramedical staff.
- The draft national law « Ma Santé 2022 » recommending telemedicine.

CONCLUSION

- Beside this work :

- Other studies have been made at the same time, analyzing the lived experience of CVT for doctors, nurses and institutions.
- With time, next studies have to precise more the contributions and the limits of this practice when it will be widespread.

Thank you for your attention