

Home Virtual Visits (E-visit) in Stroke Prevention Clinic

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Disclosure Statement

- ☐ I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
- ☐ Disclosure of relationship:
 - Internal grant from Department of medicine





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- The recommendations made in this presentation are based on current OTN, MOHLTC recommended practices and peer reviewed published literature.



Introduction

- eVisit
- Video conferencing between the patient and the healthcare provider using personal internet enabled devices through a secure portal
- Other terminology
 - **Home virtual visit**
 - Virtual care
 - Virtual visit
 - eHealth...

Home Video Visits



- Enables physicians and patients to connect via secure video in non-traditional settings, making care more accessible than ever
- Physicians may utilize home video visits for follow-up appointments that may require face-to-face interaction with patients, without the need for hands-on examination or peripheral clinical devices

Last year, OTN facilitated over
21,000 home video visits

What will the patient's experience look like?

EVISIT WITH A HEALTHCARE PROVIDER AT A HEALTHCARE CENTRE

EVISIT WITH A HEALTHCARE PROVIDER FROM YOUR HOME

1

Receive your eVisit invitation by email.

This happens after the healthcare provider determines an eVisit is right for your issue / condition.

2

Check your internet connection.

Follow the instructions you will have received in the email. Make sure you have a device with a camera, speaker and microphone.

3

Connect with your healthcare provider.

Do this at a private location of your choice using your computer, tablet or smartphone. Talk about your condition as you would in person.

4

Talk about next steps.

Your healthcare provider may schedule a follow-up visit, provide a prescription or order a test. Your appointment is now complete.

Methods

Methods

- Aim
 - Implement eVisits in stroke prevention clinic for follow up visits
- Objectives
 - To assess the feasibility & logistic challenges, patient experience, physician experience
- Study Setting : Kingston Stroke Prevention Clinic
- Study period: 6 month (August 2018-Jan 2019)
- Outcomes
 - Patient satisfaction using a telephone survey
 - eVisit utilization data



Results

Results - Patient Satisfaction

Question	% (n)
Did Evisit save you time?	
• Yes	100% (33)
Did Evisit save you money?	
• Yes	96.9% (32)
Did Evisit allow to avoid traveling to your doctor or specialist?	
• Yes	100% (33)
Do you think if your health issue was addressed appropriately during the Evisit?	
• Yes	100% (33)
Did you feel that the security and privacy of your healthcare information were protected during the Evisit?	100% (33)
How is the experience of care from using the Evisit compared to an in-person encounter?	
- Better	36.3% (12)
- Same	57.6% (19)
- Not sure	6.1% (2)
- Worse	0
Would you use Evisit again?	
- Definitely	93.9% (31)
- Probably	6.1% (2)
- Neutral, Probably not, Definitely not, Not sure	0
How likely are you to recommend the Evisit to a friend on a scale of 0-10?	
- 0-7	6.1% (2)
- 8-10	93.9% (31)

Results - Evisit utilization

Total number of patients seen in the clinic (Aug 1 2018-Jan 31 219)	383
New patients seen*	194
Total Follow-up's (in-person and Evisit)	189
The proportion of E-visit Follow-up's	40%
Evisits scheduled	81
Evisits completed	75
First-time Evisits	60
Follow up Evisits	15
Evisit no-show	2
Evisits canceled due to technical issues during test visit	2
Evisits canceled due to technical issues during the physician Evisit.	2

*The volumes reflect the patients seen by the one physician(RA) involved in the pilot study. The stroke prevention clinic is staffed by 3 physicians, and the workload is equally shared among them.

Original Paper

Home virtual visits for out-patient follow-up stroke care: A cross-sectional study

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Abstract

See manuscript file.

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KEYWORDS

Telemedicine; Evisit; virtual visit; senior's care; virtual care; barriers to care

Evisit Pilot Summary of results

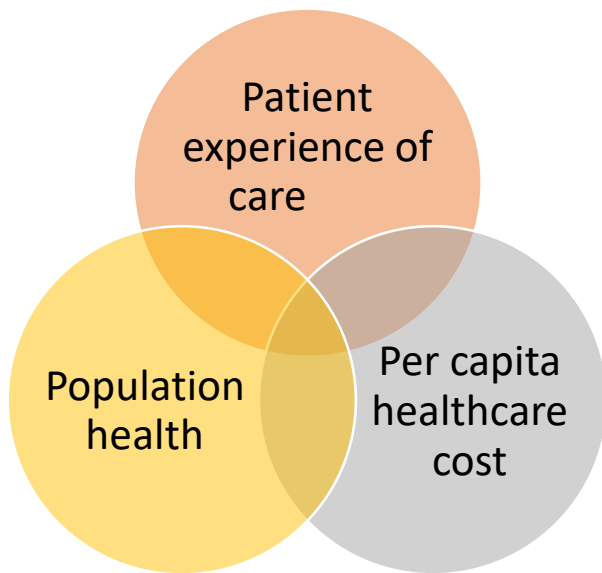
- 40% conversion (40% of follow-ups are Evisits)
- 40% rural residents
- 50% seniors (>65 years)
- Significant reduced wait times for follow-up
 - (80 days → 60 days)
- Median time for Evisit = 10 (7-12) mins
- Patient savings (median)
 - Time : 80 mins per Evisit
 - Travel avoided :30 km per Evisit
 - Out-of pocket savings : \$53 per Evisit (potential)
- Opportunity cost from pilot: \$24,000 – 29,000 CND



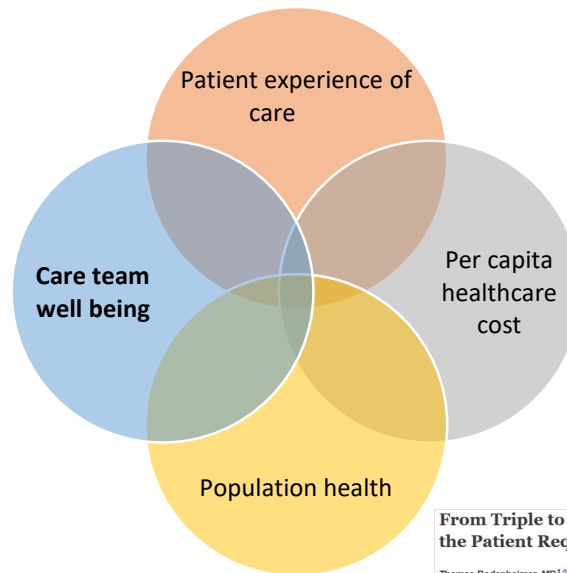
Discussion

IHI framework for healthcare improvement

Triple Aim



Quadruple Aim



Picker's principles of patient centered care



A. Fast access to reliable health advice



B. Effective treatment delivered by trusted professionals



C. Continuity of care and smooth transitions



D. Involvement in decisions and respect for preferences



E. Clear information, communication, and support for self-care



F. Involvement of, and support for, family and caregivers



G. Emotional support, empathy and respect



H. Attention to physical and environmental needs

Advantages, Disadvantages, Barriers and Facilitators

Advantages

- Patient experience of care
- ↓Healthcare cost
- ↑Provider satisfaction
- ↑Physician efficiency

Disadvantages

- No physical contact
- Not suitable for all patients / visits

Barriers

- Internet connectivity
- Technical know how
- Interface

Facilitators

- Motivated team
- Customer support model

Future directions – interprofessional team

Potential Users

- Nurses
- Dietician
- Therapists
- Social worker

Advantages

- Flexible scheduling
- More visits
- Tailor made to suit patient needs.

Barriers

- Selection of suitable patients

Facilitators

- Screening criteria
- Team approach

Evisit Team

Stroke Clinic

- Maria Foss
- Karen Gray
- Paula Christie
- Jeff Lalonde

SEO Stroke network

- Cally Martin
- Colleen Murphy
- Charlette Eves

Department of Medicine

- Dr. Stephen Archer
- Anita Ng
- Krista Knight
- Jill McCreary

SPC Physician team

- Dr. Ramana Appireddy
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OTN

- Anca Anghel
- Rebecca Swick

Questions?