C@rtref – How positive patient experience drives change in the digital age

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Aim

C@RTREF aims to transform the out-patients (OP) experience by using video-technology (VT) for follow-up for frail and elderly patients living in rural locations in North Wales aiming to reduce travel—reducing carbon footprint, improve patient experience and minimise the number of multiple specialty follow-ups.
Telemedicine

• The remote diagnosis & treatment of patients by means of telecommunications technology

• Patient satisfaction rates: high 75-96%

• Paucity of research on outcomes in frail elderly

• Factors known to influence acceptability:
  • Computer anxiety
  • Perceived security
  • Self efficacy
  • Doctor opinion
‘Health Care in North Wales is Changing’

‘Care closer to home’
What our population told us in 2012

What method of ‘follow-up’ consultation acceptable alternative to attending an outpatients appointment?

• 95% Video
• 74% Telephone
CARTREF (Welsh for ‘Home’)
CARe delivered with Telemedicine to support Rural Elderly and Frail patients
What we did

• Using Quality Improvement methodology with PDSA cycles a ‘Virtual Outpatient’ (telemedicine) service was set up.
• Patients attending for multiple specialist OPD for follow-up were assessed for suitability for service and consent sought in person/leaflet.
• Digital inclusion officer engaged local population, supported patients and staff in familiarizing themselves with use of technology and was a local ambassador for the project.
• Clinical staff were supported through change process with team coaching.
• Regular patient and staff satisfaction surveys were carried out.
• Quarterly data analysis and process review.
Outcomes

• Travel distance and travel time saved for patients travelling to the community hospital instead of the acute hospital.
• Patient satisfaction data collected via questionnaire.
• Number of specialist appointments released as a consequence of the virtual COTE consultations are being measured
• Consultation outcomes, number requiring a further OPD for examination and the patients' frailty scores
• Economic Impact assessment
Results

- Age range 75-104 years
- Number of Patients = 179
- 93% enough time + privacy
- 96.5% confidence in service
- 30% change in medication
- 1.7% help with language

**Average Travel Time Averted for Patients**
(round trip, per patient, minutes)  **65 min**

**Average Travel Distance Averted for Patients**
(round trip, per patient, miles)  **42 miles**
What we learnt - positives

• Patient satisfaction has exceeded our expectations: despite the fact that elderly patients often have difficulties in adapting to new circumstances the virtual clinics have received positive feedback, leading to this service now being routine. This has been a enlightening experience for staff and has driven change.

• However, as patient were ‘selected’ and ‘self selected’ for C@rtref this may have led to some bias in outcomes.

• The service has not been evaluated for ‘new’ patients as we believe the ‘doctor/patient’ relationship needs to be established and the opportunity to carry out a physical examination needs to occur at the first contact.
What we learnt - negatives

- Telemedicine equipment configuration
- Loss of Digital Inclusion impacted recruitment
- Reluctance to adopt ‘Virtual’ consultations by other medical disciplines
- Organisational change impacts progress

Planned changes

- Partnership with Digital Communities Wales – providing training staff & patients – free
- Redesign questionnaire
Accelerating Diffusion of Innovation: Maloney’s 16% Rule

Maloney’s 16% Rule:
Once you have reached 16% adoption of any innovation, you must change your messaging and media strategy from one based on scarcity, to one based on social proof, in order to accelerate through the chasm to the tipping point.

^ Robert Cialdini * Everett Rogers #Forrester ^ Geoffrey Moore + Malcolm Gladwell
Future Proofing Healthcare

Putting patients at the Centre