

The concordance conundrum: The value of improving patient experience



Number 6

**Consultations in
a virtual world**

Consultations in a virtual world

“Hello? Can you hear me?” “I think you are on mute” – how many times have we all heard this over the past five or so months? Not exactly the perfect start to a meeting but nevertheless one we’ve all had to get used to when communicating from our home hubs.

From brainstorming with colleagues to after-work ‘drinks’ and families quizzes for months now for many of us our lives have been remote with the only real change on offer being which platform we were using or the room we are sitting in.



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Pros and cons

“Telemedicine can make it easier, faster, and safer to get the healthcare you and your family need,” says Rachel Bishop, MD, Medical Director of Houston Methodist Virtual Urgent Care in Texas. “Wait times are shorter than most in-person medical visits. You don’t have to take time off from work or find childcare. And virtual visits can reduce your exposure to viruses and other infections.”¹

Convenience is clearly an advantage, removing geographical limitations opens up a world of opportunities. Patient choice of HCP could expand significantly, enabling people to seek out a particular specialist more easily.

There is even some emerging (albeit anecdotal) evidence that patients who are anxious or embarrassed about a health issue may be more inclined to seek help if the interaction is remote.

One potential downside to remote or virtual interaction seems self-evident – that without true face-to-face contact between HCPs and patients, the human aspect is lost.

The HCP cannot perform a physical examination, they may miss those subtle signs in both verbal and non-verbal

communications, they may not be able to satisfactorily establish rapport or reassure and/or comfort those in their care.

There are other concerns too ranging from privacy and confidentiality issues to the inevitable technology glitches and usability concerns, especially for elderly people, those with physical and/or learning disabilities or those who simply do not have access to technology.

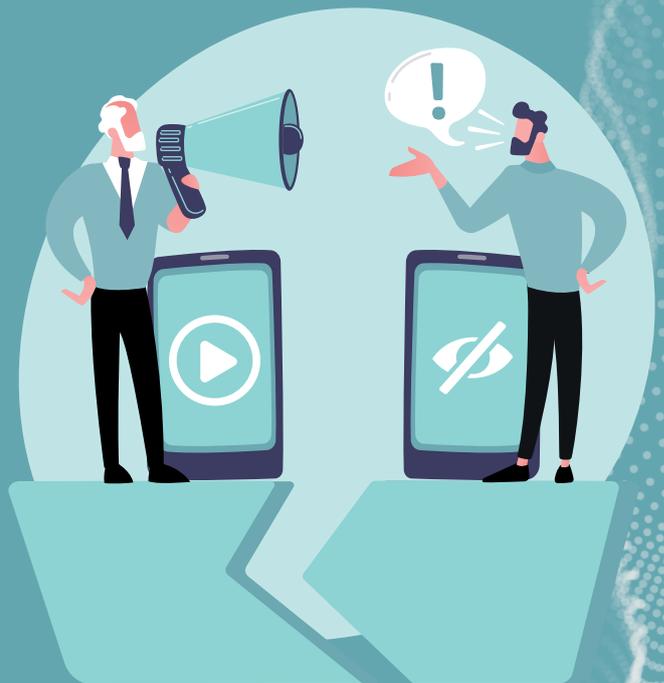
The great divide

Behind the potential that this technology offers lays a harsh reality. As the Secretary-General of the United Nations, Antonio Guterres, recently pointed out, such technology “is threatening to become the new face of inequality.”

As we recover and rebuild from the pandemic, those without access will be left further behind, he says, adding that, while 87% of people in richer countries had access to the internet, this was only 19% in the least developed countries.

What’s more, he says, such inequality reinforces “the social and economic disadvantages suffered by women and girls, people with disabilities and minorities of all kinds”.

“We cannot reap the full benefits of the digital age without mobilising global cooperation to close digital gaps and reduce potential harms,” he says.

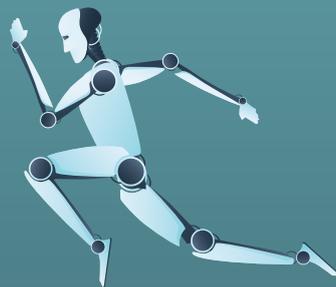


Mind the gap

To counter the many concerns around health inequality stemming from these communications technologies, Guterres suggests creating a 'Road Map for Digital Cooperation', which outlines steps that member states, the private sector and the tech community can take to close the divide between the richest and poorest countries.

It is clear that there is a balance to be struck; access is one concern and comfort level is another – not everyone, regardless of age, may want to engage with their HCP virtually. Just as video did not kill the radio star, nor should virtual consultations sound the death knell for face-to-face appointments.

Consultations in a virtual world is one in a series of articles that look at how the healthcare landscape has changes in 2020 and how we need to adapt our communication techniques in order to thrive in an increasingly virtual world.





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