

Lessons Learned from the Establishment of Virtual Dermatology Clinics

B Byrne, R McNamara, E Porter, S Field
Charles Centre for Dermatology, University Hospital Limerick

Introduction

International Guidelines(1) recommend that face to face clinics (FTF) should be converted to tele-consultations where possible in the context of COVID 19. The rapid establishment of virtual clinics (VC) has been hugely impactful with several barriers to implementation emerging. We highlighted the pitfalls of this new way of delivering care and quantified the additional burden on dermatology resources.

Aim: Quantify the additional burden on dermatology services generated by VC compared to pre covid FTF clinics. Highlight obstacles to the delivery of VCs

Methods

Quantitative real time study on 47 review patients participating in virtual consultations between July and August 2020 using specifically designed proforma (see Figure 1).

Proforma Designed

Virtual Clinic Proforma				
1. Start Date and Time (pick up chart):				
2. Date of last Clinic: Virtual <input type="checkbox"/> FTF <input type="checkbox"/>				
If Virtual, Date of Last FTF				
3. Phone Call Duration (include all attempts)				
Call	1	2	3	4
Mins				
4. Administration Duration Mins				
			Yes	No
5. Requested to send photos			<input type="checkbox"/>	<input type="checkbox"/>
Photos Received			<input type="checkbox"/>	<input type="checkbox"/>
Clinically Useful			<input type="checkbox"/>	<input type="checkbox"/>
6. Prescription Required?			<input type="checkbox"/>	<input type="checkbox"/>
7. Follow up?			<input type="checkbox"/>	<input type="checkbox"/>
8. If FTF could have been discharged?			<input type="checkbox"/>	<input type="checkbox"/>
9. Consultation complete same day?			<input type="checkbox"/>	<input type="checkbox"/>
If No: Awaiting Photo			<input type="checkbox"/>	<input type="checkbox"/>
No Response			<input type="checkbox"/>	<input type="checkbox"/>
Consultant Review			<input type="checkbox"/>	<input type="checkbox"/>
Awaiting Labs			<input type="checkbox"/>	<input type="checkbox"/>
10. End Date and Time				

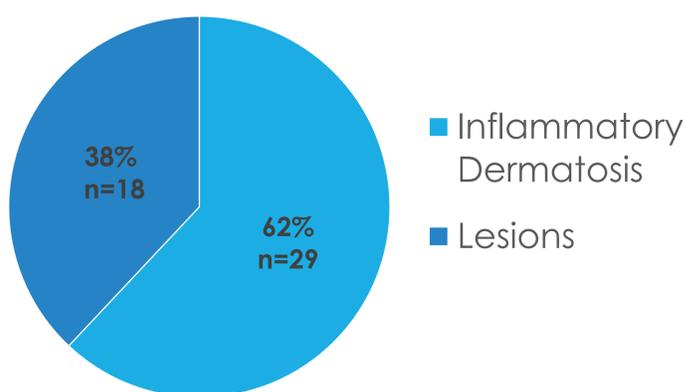
Figure 1: Specifically Designed Virtual Clinic Proforma

Results

Demographics: Forty-seven patients with equal gender balance and a mean age of 51 were included (Table 1). Diagnostic Categories are outlined (Figure 2).

Sex	Female	23
	Male	24
Age, years	Range	1 - 102
	Mean	51

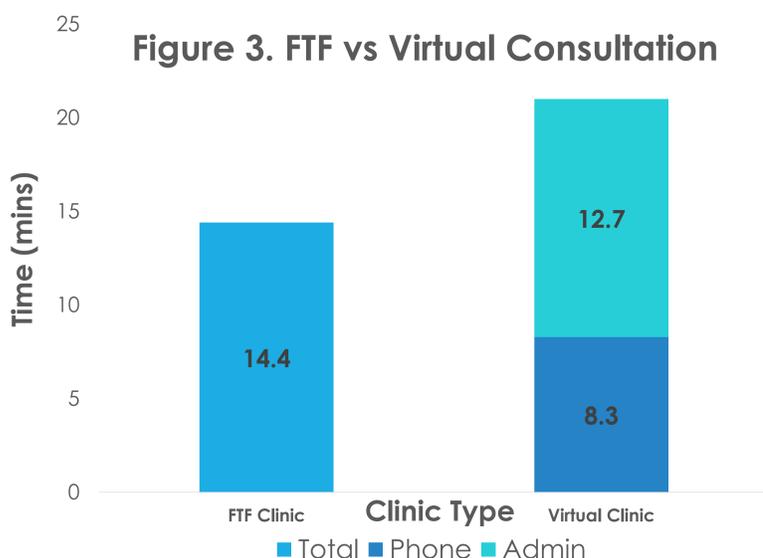
Figure 2. Diagnosis



Virtual Consultations

- Mean interval since last FTF was 30 (sd±11.4) weeks.
- For 51% (n=24) this was their first virtual consultation.
- Mean duration virtual consultation was 21.5 (sd±9.5) min.
- Mean duration of pre-COVID FTF 14.4 min (Figure 3).
- Represents 49% increase in VC time compared to FTF.
- Phone calls accounted for mean 40% (8.4 min) of VC.
- Mean number of 2 phone calls per patient.

Figure 3. FTF vs Virtual Consultation



Photographs:

- Images requested from 17% (n=8) of patients
- 50% (n=4) were deemed clinically useful.
- Barriers cited to sending photos (figure 4)

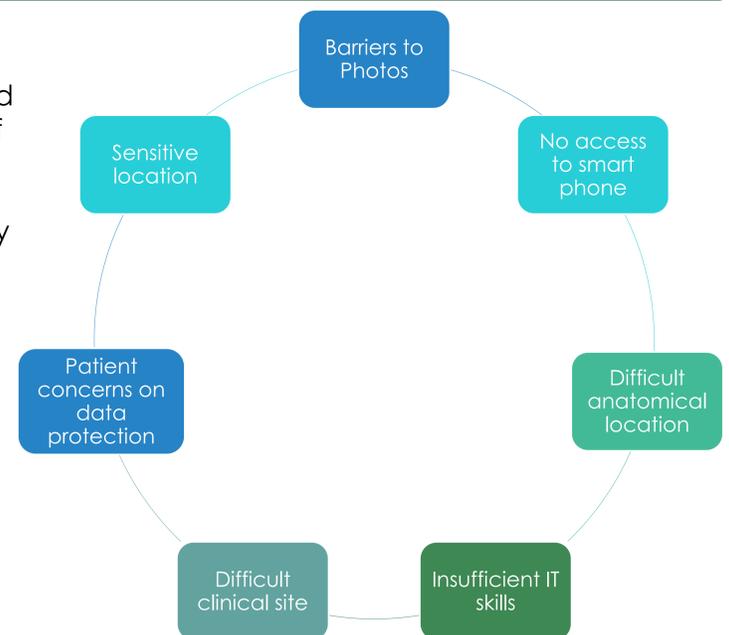
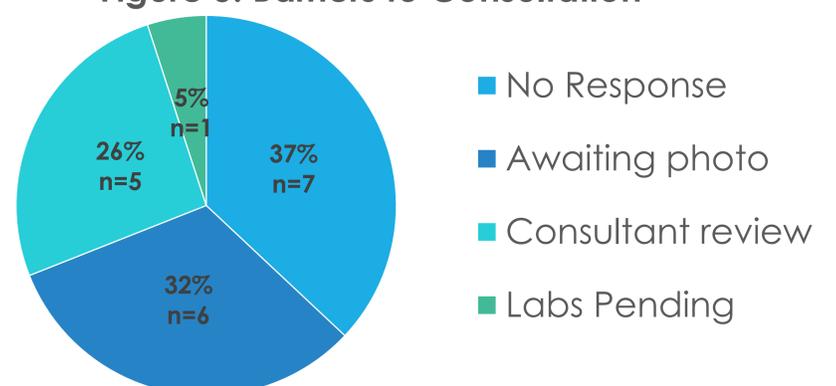


Figure 4: Barriers to sending photos

Barriers to Completion of Consultation (Figure 5):

- Nineteen (40%) consultations could not be completed on the same day that they commenced.
- This was due to no response from patient in 37% (n=7), awaiting photograph in 32% (n=6), awaiting senior decision 26% (n=5) and pending labs in 5% (n=1).

Figure 5. Barriers to Consultation



If consultations had been in FTF format, 36% (n=17) of patients could potentially have been discharged

Conclusion

- Virtual Clinics constitute an increased burden on dermatology resources compared to pre-covid19 FTF clinics.
- Virtual Clinics delay discharge of patients which will further stretch dermatology waiting lists.

References

1. British Association of Dermatology, COVID-19: Clinical guidelines for the management of dermatology patients remotely, June 2020