

# Primary Health Care Virtual Care Experiences: Chronic Disease Management & Wellness Team Perspectives

To help support patient care and health care providers in the current COVID-19 pandemic, Zoom for Healthcare was approved as a virtual care platform for use on an interim basis for all NSHA health care providers. On Thursday, April 30<sup>th</sup>, over 120 NSHA Primary Health Care staff and providers joined a Skype session to hear about the virtual care implementation experiences in chronic disease management & wellness teams in Primary Health Care, to discuss lessons learned, share promising practices, and identify next steps. **A recording of the session can be found [here](#).** Below is a summary of what we heard.

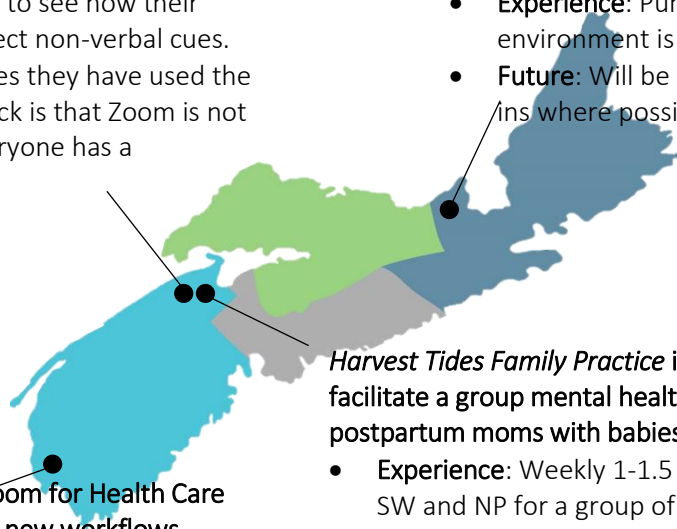
## Experiences to Date

**The Heart Function Clinic (Valley Regional Hospital) is using Zoom for Healthcare almost daily for individual intake and follow-up appointments.**

- **Experience:** Patients enjoy it; feedback that experience has been satisfying and convenient. Providers enjoy the video option as they are able to see how their patients are looking and can detect non-verbal cues.
- **Lessons:** To mitigate audio glitches they have used the phone for audio. Biggest drawback is that Zoom is not accessible to everyone – not everyone has a smartphone or computer.

**St. Martha’s Regional Hospital Diabetes Centre is using Zoom for Healthcare for individual appointments, starting with newly diagnosed pediatric patients / families and education on insulin pumps.**

- **Experience:** Pump teaching from home environment is very comfortable for patients.
- **Future:** Will be continuing with home check-ins where possible.



**Yarmouth Diabetes Centre is using Zoom for Health Care for individual appointments, utilizing new workflows and checklists.**

- **Experience:** Patient feedback has been favourable – they like not having to travel or pay for parking). Providers see the benefits being able to complete the appointment from the patients’ home, including using the patient’s own food as teaching tools.
- **Lessons:** Larger number than anticipated unable use the technology. Finding young adults / young families experience biggest barriers because they can’t afford internet.
- **Future:** Will be trialing Zoom for GMVs for unattached patients.

**Harvest Tides Family Practice is using Zoom for Healthcare to facilitate a group mental health and wellness program for postpartum moms with babies under 1 year.**

- **Experience:** Weekly 1-1.5 hour program is facilitated by SW and NP for a group of 4 participants. Participants very engaged, comfortable sharing experiences and asking questions, and have been receptive to receiving resources by email. Technological challenges with initial trial call (possible internet connectivity issues); sessions after have been running smoothly.
- **Lessons:** Suggest 6 participants would likely be the max for this type of program as facilitators need to closely monitor non-verbal communication which is harder in an online forum.
- **Future:** Unsure if virtual program will replace in-person as a number of benefits of bringing moms together (childcare, social connection). Considering using virtual option to offer a follow-up after in-person program concludes.

## Knowledge Snapshot: Self Management Supports (SMS) Technological Interventions

NSHA PHC collaborated with Maritime SPOR Support Unit [MSSU] to look into SMS technological intervention options that do not require internet. Click [here](#) for the MSSU Knowledge Snapshot.

### Key points:

- Online platforms are not the only way to offer self-management programs / supports. There are a range of options available to people – it's not just virtual online.
- Telephone supported self-management has been shown to be equally effective as standard, face-to-face care.
- Despite the plethora of self-management apps, there is not a lot of high quality research to demonstrate effectiveness. It is important to be selective when choosing self-management apps.
- There is not a lot of evidence to support effectiveness of text messaging for self-management. It should not be used as the sole method of self-management support.
- There are many cultural considerations, particularly for minority and underserved populations, especially when using technology other than the telephone.

## Virtual Care Evaluation Discussion

*What We Asked:* What would you want to understand about this new way of delivering services?

*What We Heard:*

### Patient perspectives:

- What are the demographics of those participating in virtual services?
- How satisfied are individuals with a virtual visit?
- What are the barriers and enablers to participation in virtual services?
- How has this new way of delivering the service changed the experience for individuals?
- How does virtual participation impact likelihood to implement change?
- How has virtual care impacted access to services?
- How does virtual care impact the connection between patient and provider?

### Access and quality:

- How does the choice of virtual care impact no show rates?
- How can virtual care support collaboration and coordination of services?
- How does virtual care address health inequities in Nova Scotia?

### Partnerships:

- What resources can providers access to support patient access to virtual care?
- What other partnerships might help facilitate the goals of virtual care?

### Patient evaluation tools:

- Online surveys (SelectSurvey)
- Qualitative interviews

*If things went back to “normal” tomorrow, what would you want to keep?*

For our patients:

- Flexibility – greater ability to provide care according to patient needs
- More choice for patients
- Telephone consults, especially for those with transportation issues and in rural areas

For our PHC teams:

- More connection points such as this | “Can we connect again on this topic?”
- Rapid innovation | “Sometimes necessity leads to invention!”

## Our Next Steps

- We are compiling the resources discussed during the session and will send those out soon.
- With so much learning and innovation, we are looking to create channels for further connection and sharing.
- Another lessons learned session is being held with collaborative family practice teams and we look forward to promoting cross learnings across primary health care.
- We will continue to collaborate with IMIT Virtual Care team to support the creation of resources to optimize virtual care.
- We will be participating in NSHA’s overall strategy to evaluate Zoom for Healthcare and Virtual Care during the time of COVID-19.

## Resources

- [NSHA Zoom for Healthcare](#): information, resources and training for healthcare providers and NSHA staff
- [NSHA Virtual Care](#): information and resources for patients and participants
- [Zoom Help Center](#): articles, videos and FAQs on a variety of Zoom support topics

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