

## Research Round Up- Remote Healthcare in the COVID-19 Pandemic

### Introduction

The last research round up provided you with an overview of recent research around patients who contract COVID-19 having some vascular and coagulopathy symptoms which may or may not cause morbidity and mortality. This month we will continue to look at research in COVID-19 but with a focus on remote consultation and prescribing. Due to changes required for lockdowns and social distancing the way we have been providing care, in almost all areas of practice has changed and often GP appointments and clinic reviews are being done remotely. This can be by telephone or by video call and some research and reviews of practice have been done to evaluate service delivery across and within specialities. This round up will review

### Remote Consultations in Mental Health

This editorial published online in the journal of Psychotherapy and Psychosomatics near the beginning of the pandemic looked at issues and aspects to consider when resorting to what they term 'telemedicine' in mental health care in the USA. This mirrors with some of the consideration needed to be taken worldwide to ensure safe and effective delivery of mental healthcare remotely. Although some aspects, such as state by state licencing and location do not apply as importantly in the UK, other aspects identified are relevant. Some of the main issues raised is around confidentiality, security and use of platforms to deliver the remote care. The worries around use of some platforms and security, for example use of Face Time or Messenger and whether or not these had approval for confidential use are applicable here in the UK. Another worry was the establishing a confidential service, and could the identity be verified of the participants. Where video calling could be used there is no real benefit over telephone consultations with regard to effectiveness of delivery of psychotherapy for example the authors state. How to issue prescriptions in these circumstances was also flagged as an issue. Other aspects considered were the administrative and technological capabilities of clinicians and service delivery and the patients themselves access.

They authors stated in March that *'New and old technologies need to be mustered without delay and put into action. Barriers such as confidentiality requirements, lack of technology expertise, and reimbursement issues need to be identified and solved with compassionate zeal.'* It is important to realise that right at the beginning of this pandemic these issues were identified and acted on to ensure safe and effective remote delivery of care.

Wright, J.H. & Caudill, R. (2020) *Remote Treatment Delivery in Response to The COVID-19 Pandemic* J Psychotherapy & Psychosomatics retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7179517/pdf/pps-0001.pdf>

### Unintended consequences of rapid changes in community palliative care practice

Rapid communications and publications are just as relevant to us as prescribers compared to original research in a time of rapidly changing and fluctuations in a pandemic situation. This opinion piece, published in the British Journal of General Practice gives insights from some well regarded clinicians on the impact the pandemic has had on the provision of end of life care. The authors begin by summarising changes that have been implemented as a result of the pandemic. They state *that 'in the UK, phone and video end-of-life consultations have been widely adopted by GPs and palliative*

*care teams alongside 'virtual' care home ward rounds, nurse verification of death and remote death verification and after-death care.'* They also stipulate that due to the pandemic that prescribing and administration of end of life drugs has had to change. This includes more involvement for carers in the home be taught to give injections. The authors feel that this will only increase during the second wave that we find ourselves in now. Although this piece identifies challenges it also discusses what the authors view as positive aspects emerging from the enforced situation. One aspect they consider is the increased sense of autonomy, efficiency and empowerment this can give to community based staff, patients and carers in the delivery of end of life care. They warn though against forgetting the negative, including phobia for technology or simple non access or non ability to participate. They acknowledge that some of these new practices may continue when 'normality' resumes and some may only be reimplemented in times of constrained resources. They cite a recent survey of more than 2600 GPs ( BMA 2020- <https://www.bma.org.uk/news-and-opinion/can-general-practice-learn-from-the-covid-19-global-pandemic> ) where 88% of GP's plan to continue providing remote consultation services after the pandemic. This may extend to palliative and end of life care. They finish with a hint of caution in that we should not wholly embrace these changes but evaluate with healthcare professionals, patients and carers around their experiences of remote service provision and their individual preferences.

Pollock, K. Lovick, R. Antunes, B., Higginson, I. & Barclay, S. (2020). *Unintended consequences of rapid changes in community palliative care practice*. British Journal of General Practice retrieved from <https://bjgp.org/2020/11/02/unintended-consequences-of-rapid-changes-in-community-palliative-care-practice/>

### COVID-19 and Impact on Antibiotic Prescribing in Primary Care

We move from looking at an opinion piece to a systematic review, a reminder that as prescribers we should be able to review and critique a range of published information to ensure we are up-to-date as healthcare professionals. This review was published in the Journal of Medical Internet Research in November 2020. The study aimed to summarize evidence on the impact of remote consultation in primary care with regard to antibiotic prescribing. This was with a view to applying findings to the current COVID-19 pandemic and to make guidance and recommendations where appropriate. The authors feel that the appropriateness of antibiotic prescribing in remote consultations is an important aspect of patient safety that needs to be addressed. The authors searched a variety of databases up to February 2020 using keywords and inclusion and exclusion criteria to refine their search. They identified 12 studies that met the criteria for inclusion, of these studies 4 reported higher antibiotic-prescribing rates, 5 studies reported lower antibiotic-prescribing rates, and 3 studies reported similar antibiotic-prescribing rates in remote consultations compared with face-to-face consultations. The authors conclude that there is insufficient evidence to confidently say that remote consulting has a significant impact on antibiotic prescribing in primary care. They go on to say that there is concern that some studies show higher prescribing rates in remote consultations than in face-to-face consultations and recommend further studies are needed to inform safe and appropriate implementation of remote consulting to ensure that there is no unintended impact on antimicrobial resistance.

Min Han, S., Greenfield, G., Majeed, A. & Hayhoe, B. (2020) *Impact of Remote Consultations on Antibiotic Prescribing in Primary Health Care: Systematic Review* J Med Internet Res;22:11 retrieved from <https://www.jmir.org/2020/11/e23482/pdf>

## Conclusion

It seems that on review of these few areas and publications available that remote consultations and prescribing have been found to be as effective and as safe as face to face consultations. There is the need for ongoing review of remote service delivery and its impact on care and outcomes to ensure that in or out of a pandemic state that the most appropriate form of healthcare is being delivered. This may mean that more remote services are offered in areas where no detriment to outcomes is observed even after the pandemic to make better and more appropriate use of resources. What is clear is that service delivery may well never return to full face to face care in some areas.