

Southern Philippines Medical Center Outpatient Department consultation census from June 2020 to March 2021: policy notes

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INTRODUCTION

When communities were forced into lockdown due to the COVID-19 pandemic, governments across different countries globally also started to impose new social restrictions. In order to comply with these new rules and to meet the demands of an emerging disease, health facilities modified the structures and processes of health care services.¹ Teleconsultations—or medical consultations wherein patients and health care practitioners are away from each other, connected only by telecommunication devices—took the place of the traditional face-to-face (FTF) consultations, especially in the outpatient clinics.

The provision of remote clinical services or telemedicine—which frequently involves teleconsultations—has been practiced since the early 1960's,² but its utilization has grown exponentially ever since this pandemic started.³⁻⁵ A few studies have demonstrated a significant reduction, from 60 to 80%, in in-person outpatient visits and a four-fold increase in telehealth outpatient visits in the United States during the early days of the pandemic.⁶⁻⁷ Similarly, across Asia-Pacific countries, there has been a surge of activity in telemedicine platforms since the identification of the COVID-19 virus in January 2020.⁸ In the Philippines, for example, a subscription-based teleconsultation service called KonsultaMD registered a 450% increase in the number of teleconsultations in April 2020.⁹ Medgate, one of the country's leading international telemedicine providers, reported a 170% increase in teleconsultations in 2020.¹⁰⁻¹¹

The aim of this article is to recommend policies for the delivery and reporting of outpatient care using telemedicine in a tertiary hospital.

MAIN EVIDENCE

During the start of the pandemic, the City Government of Davao assigned Southern Philippines Medical Center's (SPMC) to be the primary hospital in the city to provide COVID-19-related health care services.¹²

The SPMC Outpatient Department started to implement medical teleconsultation services through online platforms in June 2020 to cater to patients who seek non-COVID-19-related services from the hospital. A total of 15,264 teleconsultations were recorded during the first 10 months of implementation across 11 clinical departments, and 2,557 (17%) of these teleconsultations required subsequent FTF consultations.¹³

In the evidence-to-policy diagram, we list important findings pointed out in the report on the teleconsultation services and outline our policy recommendations based on the findings.

RELATED EVIDENCE

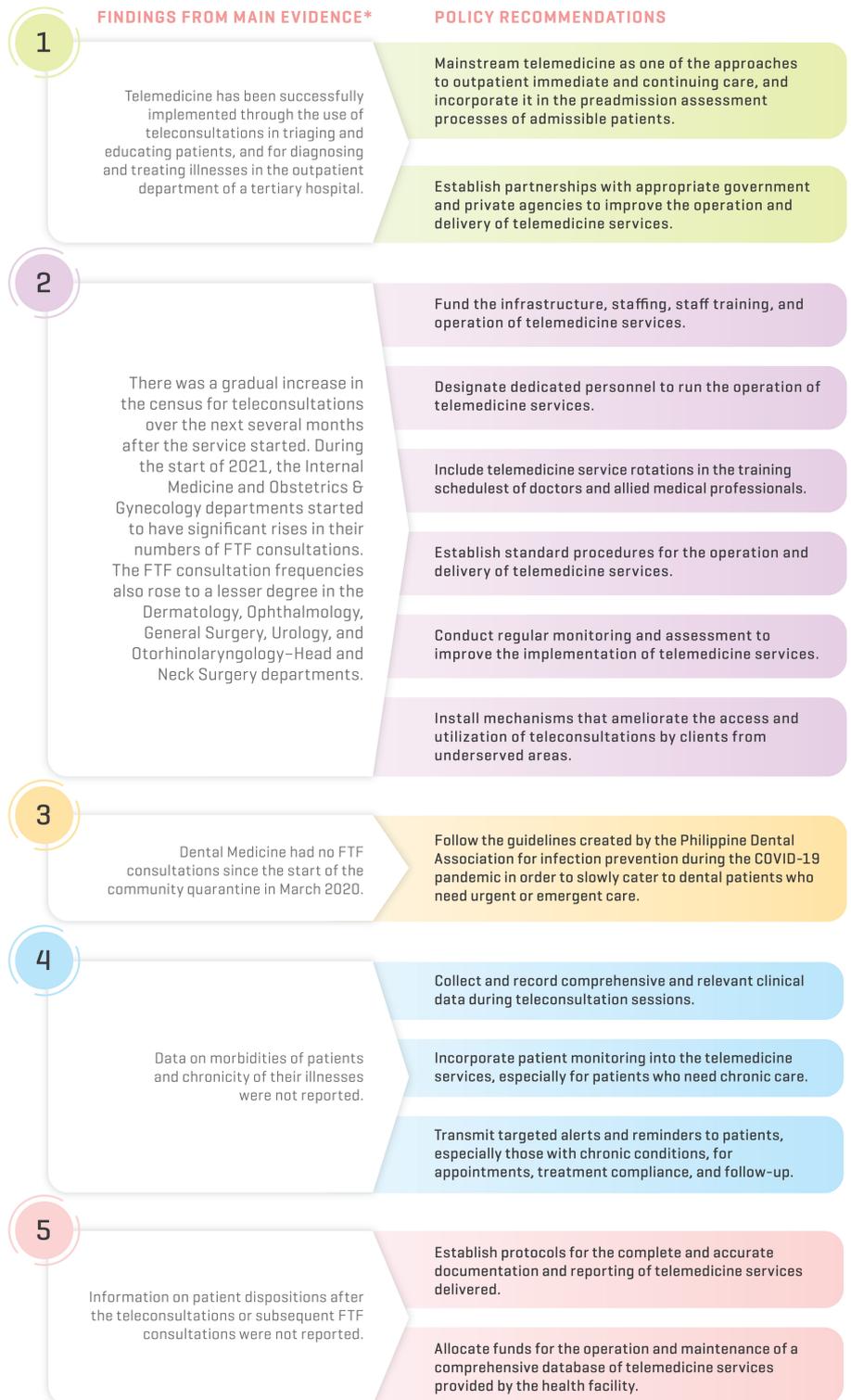
Teleconsultations are a safe and cost-effective way of assessing patients who are suspected to have COVID-19, screening and managing patients who may require immediate or urgent care for any condition, and providing continuity of care to patients with chronic diseases.¹⁴ Teleconsultations may also be used for pre-admission assessment of patients.¹⁵ The establishment of telemedicine services has encouraged the use of electronic prescriptions and laboratory requests, as well as of electronic health records. It has also facilitated appointment scheduling, eliminated the need for physically waiting at physicians' clinics, and reduced travel costs.¹⁶

The COVID-19 pandemic has accelerated the utilization of telemedicine across the globe. It has highlighted the many advantages that telemedicine has to offer and has provided the impetus to implement the delivery of health care more effectively, especially in low-income and developing countries.¹⁷⁻²⁰ In Vietnam, for example, joint efforts by the Ministry of Health and the Ministry of Information and Communications in launching Project "Remote health examination and treatment" in April 2020, has created a systematic approach in providing and mobilizing health services in resource-scarce settings.²¹ This project uses a platform that simultaneously deploys telemedicine services to thousands of hospitals



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EVIDENCE to POLICY



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and other health facilities across Vietnam, resulting in the reduction of both patient hospital visits and referrals to tertiary care.^{21 22}

In May 2020, the Philippine Medical Association published a set of guidelines for the practice of telemedicine in the Philippines and recommended that physicians who practice telemedicine must be proficient in the use of telemedicine-associated technology while still adhering to ethical principles. In the conduct of video calls during a teleconsultation session, both the physician and the patient should ideally be in their respective private, quiet, and well-lit spaces to ensure clarity of communication and absence of any disruptions.²³ The American College of Physicians recommends that telehealth activities should also address the needs of those with low literacy or poor technological literacy by taking into consideration the comprehensibility of all telehealth materials provided to patients and their families, the availability of internet access, and the ease of use of telemedicine platforms.²⁰ In its guidelines on infection

prevention during the pandemic, the Philippine Dental Association recommends limiting FTF dental service delivery to patients needing urgent and emergent care, and screening prospective dental patients by phone or video call for signs and symptoms of COVID-19 prior to the conduction of FTF consultations.²⁴ Governments should provide financial support for telemedicine infrastructure and technical guidance to health care providers to improve telemedicine access, especially in underserved areas.²⁵⁻²⁷

As the pandemic continues, and even after it ends, the utilization of telemedicine—despite its limitations—will continue because of the steady demand for health care, the need for efficiency and safety in service delivery, and the demonstrated usefulness and scalability of telemedicine as one of the approaches to the provision of health care services. Installing the appropriate structures and establishing standard procedures for the implementation and continuing improvement of telemedicine services will greatly improve the delivery of health care.

Contributors

CMPA and RCR contributed to the conceptualization of this article. All authors wrote the original draft, performed the subsequent revisions, approved the final version, and agreed to be accountable for all aspects of this report.

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