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KEEPING WHAT WORKS: REMOTE CONSULTATIONS DURING THE COVID-19 PANDEMIC

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Summary: The COVID-19 pandemic saw a rapid rise in the use of remote consultations by telephone and video link. Remote consultations proved important as a way of supporting non-severe COVID-19 patients, reducing pressure on inpatient care, and maintaining access to routine services. Although remote consultations cannot fully replace face-to-face consultations, it is a cost effective and efficient way of enabling access to care that was being promoted long before the current pandemic but with relatively low uptake in most systems. Further development of remote consultation infrastructure would build greater surge capacity into systems to help protect from future shocks while also ensuring platforms are designed to protect patient confidentiality.

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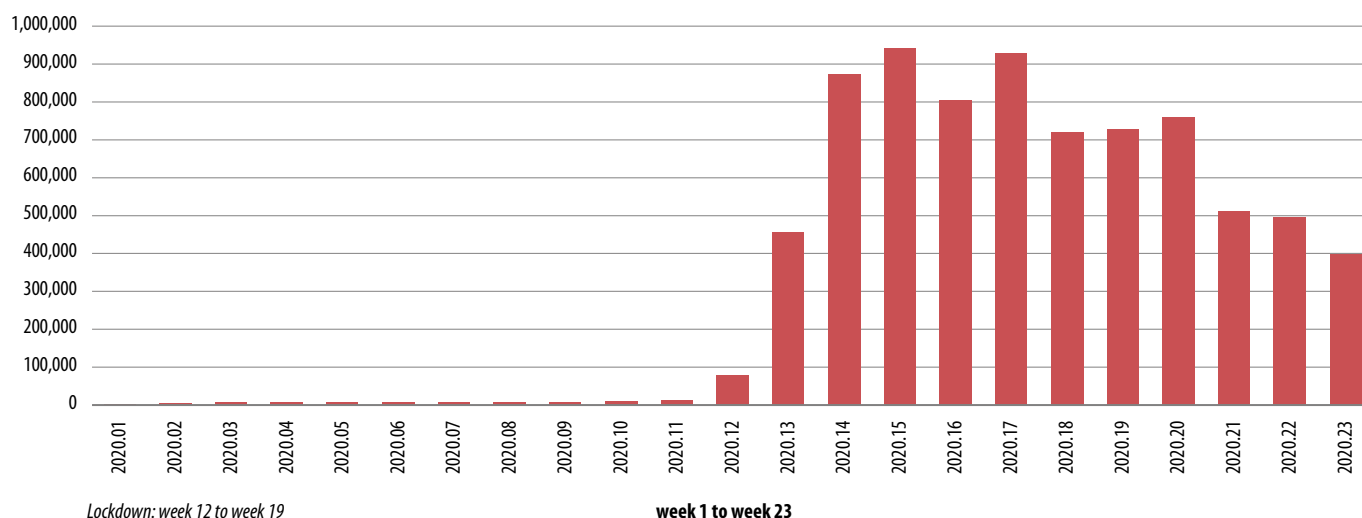
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Introduction

A remote consultation between doctors or between doctors and patients can use a video link (a teleconsultation) or take place over the telephone, and it can occur at all levels of the system. Remote consultations predate the COVID-19 pandemic, and the potential for digital tools to improve access to services has long been recognised, particularly as a means of overcoming health workforce shortages in remote and rural areas and to improve convenience for patients that work, have reduced mobility

or mental health problems.¹ Evidence has also shown that remote consultations can be cost-effective compared to routine care, particularly for routine treatment for people with chronic conditions and those living in remote areas, while being safe, effective and achieving equivalent patient outcomes and improved patient satisfaction.^{2 3 4} However, before the COVID-19 pandemic, technological challenges, professional scepticism and ethical, financial, administrative and legal barriers had limited the uptake and use of remote consultations, ensuring

Figure 1: Number of teleconsultations in France, 2020 (Week 1 to Week 23)

Source: CNAM

they accounted for a limited proportion of patient consultations.^{2 5} Moreover, less progress was made than either the technology or the regulations allowed for. For example, remote consultations often used telephone links rather than video or other platforms that would enable the simultaneous sharing of test results, diagnostic images or other files.⁶

The COVID-19 pandemic has been a stimulus to make progress in the implementation of telehealth and to overcome these longstanding challenges. Remote consultations were actively encouraged during the pandemic – particularly for patients with COVID-19 symptoms, to provide medical support and triage without increasing the risk of transmission. Remote consultations have also been promoted to ensure access and continuity of care for non-COVID-19 patients while supporting physical distancing and shielding where necessary. This has led to a rapid expansion in the use of various digital tools for remote consultations, both between professionals and between professionals and patients in many countries in Europe. In this article, using data extracted from [the COVID-19 Health Systems and Response Monitor](#) and input from European Observatory on Health Systems and Policies' partners including the French National Health Insurance Fund (CNAM), we assess how the use of remote consultations has changed during the first

six months of the COVID-19 pandemic and the enabling factors that have facilitated rapid implementation and use.

The use of remote consultations in Europe has increased substantially during the COVID-19 pandemic

Remote consultations in primary care were scaled up rapidly in many countries (e.g. Croatia, Malta, Poland, Sweden, the United Kingdom), and were also used more intensively in others (e.g. Austria, Belgium, Denmark, Estonia, France, Germany, Italy, Luxembourg, Switzerland). To ensure the quality of remote consultations, professional guidelines on safe use of remote consultations and e-prescribing have been developed in some countries (e.g. Malta), and training on remote consultation has also been provided in others (e.g. UK, Sweden).

General Practitioner (GP) data for England shows a rapid increase in telephone consultations relative to face-to-face consultations – telephone consultations already being a well-established mode of service delivery. The number of telephone consultations in England increased from 856,631 to 2,022,798 per week between 2 March and 18 May 2020, while the number of video consultations was higher in March than in April or May when it was around 10,000 per week.⁷

In France, in February 2020, more than 3000 doctors provided teleconsultations and approximately 40,000 were reimbursed. Teleconsultation was established as a mode of service delivery in 2018 but eligibility conditions were loosened at the height of the COVID-19 crisis; between March and April 2020, 5.5 million teleconsultations were provided by 36,000 physicians in March and up to 56,000 physicians in April. At their highest level, on average teleconsultations accounted for up to 27% of all consultations – about 1 million per week. Since the end of the lockdown in France (on 11 May 2020), there has been a slowdown of teleconsultations, but the number remains higher than before, stabilising at 150,000 per week. During the first week of June, about 400,000 teleconsultations were provided (see Figure 1).

Notably, before the lockdown in France, younger patients (under 50 years of age) were more likely to use teleconsultations; for those over the age of 50, teleconsultation use decreased sharply with age. However, during the lockdown the balance shifted as more older patients (over 70 years of age) moved online – this group accounted for 8% of all teleconsultations before lockdown but 20% during. Moreover, this trend appears to have continued after lockdown, as older patients represent about one-fifth of all teleconsultations.

The shift to teleconsultations has also been embraced in Denmark, where there were 71,508 consultations via video link (population 5.4 million) during the COVID-19 crisis. In the future, hospital treatment, health checks, rehabilitation, doctor visits and psychiatric consultations will continue to take place at home. This fits with the country's digitisation strategy and is to be maintained and expanded. Similarly, in Germany, since the partial loosening of lockdown in May 2020 made it easier to conduct face-to-face consultations, data from Doctolib (the digital appointment management service for doctors) shows a sustained interest in online consultations: in April, there were 4,133 Doctolib video consultations, in May this increased to 4,870 teleconsultations.⁸

Who is providing remote consultations?

In France, the vast majority of teleconsultations were, as previously, invoiced by private practitioners (96%) and of these, GPs billed 80% of all teleconsultations, followed by psychiatrists (6%), paediatricians (2%), gynaecologists (1.3%), dermatologists (1.1%) and endocrinologists (1.1%). Of the total number of teleconsultations invoiced, before the lockdown 23% were for pre-existing chronic disease patients but this share increased to 28% after. On average, 80% of teleconsultations were between patients and doctors who already had a face-to-face consultation in the previous year.

In Germany, the Federal Association of Statutory Health Insurance Physicians (KVB) reported on first quarter (Q1) of 2020 and about 19,500 teleconsultations were performed in March 2020, compared to 1,700 teleconsultations in January and February 2020 (an increase of 1,047%). By the end of April, KVB data shows 25,000 medical practices offered video consultations, up from 1,700 in January, which is one in four GP or psychotherapist practices. According to a May 2020 survey of 2,240 physicians and psychotherapists in Germany, 52.3% offered video consultation and 10%

considered offering video consultation in near future; about 80% of psychotherapists offer video consultation.⁹

Germany's largest doctor-patient portal ("jameda") has had a huge increase in demand for video consultations – increasing by more than 1,000% in March compared with February 2020 – and the number of doctors and psychotherapists using the portal to provide services has quadrupled.^{9 10} Similarly, a private company providing a platform that offers online service of medical consultations 24/7 through an app in Spain ("MEDIQUO") was established around two years ago. In February 2020 it has around 70 self-employed doctors working on it and around 700,000 users. By mid-March this had increased 153% compared to the previous month – many of these consultations were COVID-19 related.^{11 12}

Regulatory and financing changes to support remote consultations

One of the key barriers to the wider use of remote consultations was the need to change existing restrictions to allow such services to expand. Restrictions had to be relaxed rapidly with the demands of providing care during the COVID-19 crisis. In France, teleconsultations have been reimbursed since September 2018, but were restricted to physicians only and only with established patients (i.e. had at least one face-to-face consultation before a teleconsultation). Remote consultations also had to be by video link not over the telephone and use professional software to ensure data protection and privacy. The restrictions were dramatically simplified at the beginning of March 2020. It was possible for doctors to see new patients remotely and some remote consultations by telephone were allowed. In addition, the use of all technological means available for video transmission (including Skype, Whatsapp, Facetime, etc.) was authorised alongside other solutions specifically developed for teleconsultations. Volume restrictions on physicians providing remote consultations were lifted in Germany and Sweden. Many countries have also relaxed regulations around the use of e-prescriptions (e.g.

Austria, Greece, Ireland), or allowed remote certification of sickness absence from work.

In some systems, changes to the way services are paid for needed to be made before remote consultations could be reimbursed. In England's National Health Service (NHS), providers were reimbursed from the central budget for additional capital expenditure needed to scale-up IT capabilities to facilitate remote consultations and smarter working (see the article by Waitzberg et al. on compensating health care professionals in this issue). In countries with Social Health Insurance financing, detailed billing schedules have been produced where these did not already exist (e.g. Germany, Belgium, Switzerland). In France, all remote consultations with physicians were covered as were follow-up consultations by nurses but other practitioners were also authorised to provide remote consultations – physiotherapists, psychomotor specialists, occupational therapists, speech therapists and midwives for antenatal care.

In the Netherlands, there was also a new expansion of teleconsultations, with 72% of surveyed GPs saying they had started using video consultations with patients in 2020. Moreover, 28% of GPs indicated they would continue using video consultations more intensively after the crisis.¹³ However, it is not clear that the shift to online consultations will be sustained after the COVID-19 crisis everywhere in Europe. In Luxembourg, easing lockdown has seen the volume of teleconsultations plummet; Esanté Agency (backed by Luxembourg's National Health Fund – CNS) has seen the weekly volume of teleconsultations fall from 1,000 during lockdown to around 100 in the weeks following.¹⁴

Challenges in rapid expansion of remote consultations

Rapidly expanding access to remote consultations by telephone and video link enabled health systems in Europe to better cope with COVID-19. They served to reduce pressure on inpatient care, helped reduce transmission of the virus by reducing contacts and allowed people

with COVID-19 to be supported remotely in their own home. Remote consultations also enabled people with other care needs to continue seeking care, in particular those with concerns about COVID-19 infection through face-to-face contact. While remote consultations were already in place in many countries, the pandemic provided the impetus for swift and widespread scaling up, with rapid changes to regulatory frameworks and financing mechanisms to enable this expansion.

Initial adaptations to allow this appear to have been relatively narrowly focused. At system level, this has primarily concerned lifting previous restrictions and ensuring financial coverage for remote consultations. However, capitalising on the progress made will require greater attention to quality and underpinning infrastructure. Training and support for health professionals to use this technology appropriately and to build rapport with patients remotely is an important component.

Evaluation of the strengths and limitations of remote consultations is also urgently needed, and the current unprecedented usage provides an opportunity to do so. For example, while remote consultations have improved access to care during the COVID-19 pandemic and can continue to support the delivery of care afterwards, they may not be appropriate for care to patients with complex or sensitive health or social care needs and patients may first need to access in-person consultations to build trust with their provider.¹³ Some types of remote care may be much improved if accompanied by supporting devices, such as oximeters, that patients can use at home and which can provide additional information for care. Emphasising digital solutions such as video links also has the potential for widening the 'digital divide' in countries where not all households are online, especially those living in deprived areas or in older age groups. While social or economic policy solutions to ensure equitable access to the Internet would address this, in their absence ensuring equity in access to in-person consultations must be assured.

Looking to the future

As discussed, remote consultations proved important as a way of supporting non-severe COVID-19 patients, reducing pressure on inpatient care as well as enabling access to routine care for non-COVID patients. Although telehealth cannot fully replace face-to-face consultations, it is a cost effective and efficient way of enabling access to care. Countries can build greater surge capacity into their system to help protect it from future shocks by further developing the quality and infrastructure around remote consultations. However, policymakers need to ensure that equity in access to services is not compromised.

It is imperative that doctors have access to secure platforms for remote consultations to protect patient confidentiality because not all commercial platforms are fit for such potentially sensitive communications. Going forward it will be important to conduct a rapid evaluation of the current expansion to help guide the best future use of remote consultations and identify their limits.

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