

# Remote kidney care during the pandemic: results of a national survey for patients and healthcare professionals

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# Background

Remote healthcare has rapidly been adopted in response to the COVID-19 pandemic

Peoples' experiences of remote kidney healthcare during the pandemic in the UK have not yet been explored

- Aim:**
- To explore patients and healthcare professionals experiences of remote kidney healthcare during the pandemic
  - To explore perceptions of how kidney healthcare may be delivered in the future following the pandemic

# Methods



**Cross-sectional online survey - 11 renal units across England**

## **Patients:**

- Demographic information
- Health information
- Impact of, and beliefs and perspectives about the coronavirus pandemic on healthcare
- Bespoke questions and free-text responses


## **Healthcare professionals:**

- Demographic information
- Job role
- Impact of, and perspectives about the coronavirus pandemic on healthcare
- Bespoke questions and free-text responses

# Results


## Patient demographics

 N = 549

 56% Male

 Mean age  $60 \pm 14$  years

 55% transplant patients. Mean duration since current transplant  $11 \pm 34$  years

 93% White British

# Patients' remote healthcare usage

## Prior to the COVID pandemic

65 (11%) patients had previously received remote healthcare

- telephone appointments or consultations
- triaging for appointments
- follow up appointments to discuss test results

## During the COVID pandemic

495 (83%) patients reported having a routine appointment or consultation of those:



53 (11%) reported having face-to-face appointments



383 (77%) reported having a remote care (telephone or video) appointment



59 (12%) reported having both face-to-face and remote appointments



Of those who had a remote appointment (n=442), 430 (97%) would consider having another.

# Patients' ongoing care during COVID

277 (41%) reported having future appointments, of those:

 79 (28%) participants were scheduled to attend a **face-to-face appointment**

 165 (60%) participants were scheduled to attend a **virtual appointment**

 7 (3%) participants were scheduled to attend **either face-to-face or virtual appointment**

 26 (9%) participants **did not specify**

Of those who didn't have an appointment scheduled (n=243):

 91 (37%) participants would prefer to **attend at hospital**

 127 (52%) participants would prefer a **virtual appointment**

 14 (6%) participants had **no preference**

 11 (5%) participants **did not specify**

# Patients: Strengths of remote care

## Increased efficiency

*“I found the experience of the remote appointment much better than attending the hospital. Giving a blood sample in advance of the telephone call with my consultant is a significant improvement. We can discuss the current results and not those from 3 months previous. The whole process is much more efficient.”*

54 Male, White British, Transplant

## Reduced travel

*“So much easier by phone as no stress in travelling, looking for a parking space, cost of parking and no risk of infection. Also time involved was about 3 hours as opposed to 15 minute phone call.”*

60 Female, White British, Non-dialysis

## Decreased dependence

*“Phone appointment was easier as I live in a isolated community and I am blind so I didn't have to rely on other people for transport.”*

51 Male, White British, Non-dialysis

# Patients: Facilitators of remote care

## Established partnerships

*“Although the telephone appointments I had were successful, I think it was due to the fact that I had met my consultant previously, so I knew who was talking to.”*

65 Female, White British, Transplant

## Preparation

*“Having access to patient view, I can see the results before appointment, so gives me advanced information about what may be an issue when I speak with the consultant.”*

50 Male, White British, Transplant



# Patients: Weaknesses of remote care

Reduced ability to perform clinical assessment and reliance on patients to accurately describe and communicate issues

*"I feel that a telephone consultation, does not give the doctor an opportunity to see me and take a view. It required me to see me through the doctors eyes, which I cannot do"*

58 Male, White British, Transplant

*"It appears the doctors are reluctant to see patients or recommend treatments, unless is it urgent. The problem with this practice is that issues are left to fester until they become a bigger problem. This can be worse for the patient, as prevention is better than treatment"*

58 Male, White Other, Transplant

*"Not able to do proper clinical checks as before the doctors don't seem to have much time to talk specially listen"*

51 Female, White British, Transplant

*"Telephone consultation with renal clinic was rather pointless. They are unable to check me out medically and relied on my answers to diagnose. My own doctor could do a better job"*

75 Male, White British, Non-dialysis

# Patients: Barriers of remote care

## Lack of honesty/ disclosure

*"I feel you aren't as honest by phone or video link appointments as you feel they want to be quick"*

63 Female, White British, Transplant

## Perceived lack of confidentiality

*"Not satisfied with tele-appointment, total lack of intimacy and a feeling of non-confidentiality"*

57 Male, White British, Transplant

## Communication difficulties

*"Being hard of hearing makes telephone consultations difficult. Could not manage without the help of my husband."*

76 Female, White British, Transplant

## Challenging to build relationships

*"My doctor is new to me and I have never met him face to face and I do feel there is a benefit to having the familiarity you get from a face to face appointment."*

42 Male, White British, Non-dialysis

## Difficulty articulating issues

*"It is difficult to get over to the doctor quite how you feel over the phone. You have to make them listen more acutely."*

59 Male, White British, Transplant

# Patients: Future healthcare (beyond COVID)

## Dependent on kidney function

*"I think it needs to be mix of telephone and visits depending on the status of the kidney"*

## Changes in health

*"I am happy to have all routine consultations over the phone in the future rather than have to travel to the hospital. My mobility issues make this very challenging. The exception being if there is a detrimental change in my condition but for now the telephone consultations, supplemented with blood tests at my GP's works well for me and I believe my consultants and GP too"*

## Other (non-routine) issues

*"I am quite happy to continue routine follow ups by telephone. However, I do feel the lack of face to face contact when there is something non-routine that I would like to discuss"*

75 Male, White British, Non-dialysis

## Patient choice

*"Telephone appointments are different - I make a list of things I want to discuss and tick them off as we go. I do miss the eye contact, but recognise that this may be a way forward. I think it is always important to have choice though, some people will not disclose everything over the phone (various reason - other people in the room, reticence, embarrassment etc)"*

69 Female, White British, Transplant

# Patients: Future healthcare (beyond COVID)

## Treatment concerns

*"I fear that these telephone/video consultations will become the norm, which in my opinion is not good. You simply cannot beat a doctor/patient in person! They, the doctors cannot see over the telephone, and your treatments can only suffer as a consequence"*

64 Male, White British, Transplant

## Maintain relationships

*"I wouldn't like to do phone consultations always. I miss the personal contact as its generally more relaxed and I know the staff at the unit which is always nice"*

72 Female, White British, Transplant

*"I have been attending the clinic for years so would prefer to see the doctor face to face occasionally so that we can maintain the relationship"*

32 Female, White British, Non-dialysis

# Healthcare professional demographics



**N = 59**



70% female



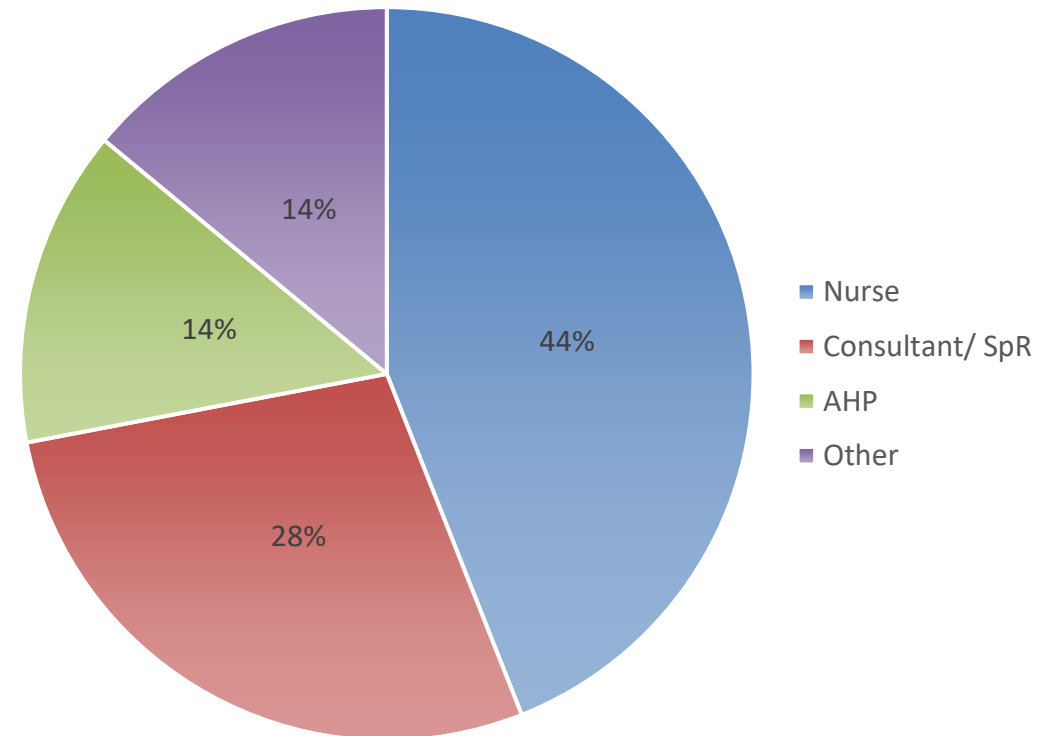
Mean age = 44 ±11 years




Profession



64% White British



# Healthcare professionals' remote care usage

 **45 (76%)** participants reported using remote care for patient consultations that would have previously been face-to-face

Of those:

 **40 (89%)** used them for outpatient appointments

 **23 (51%)** participants used them to assess patient needs when they report a health problem

## Methods used (of those who used remote methods):

 **43 (96%)** reported using telephone

 **16 (36%)** reported using video

 **25 (56%)** reported using email



**36%** staff reported patients declining remote appointments

# Healthcare professionals' remote care usage

**86% (n=39/45)** were likely to continue using remote care methods in future

*"It might be more acceptable to use a combination of face to face with telephone or video - for example, see a patient then follow up with virtual/telephone consultations"*

Male, 46, White Irish, Dietician

**7% (n=3/45)** were unsure about using remote methods in the future

*"Depends, as patients need to be seen in clinic for safety reasons, so will likely do more face to face after pandemic"*

Female, 29, Black African, Researcher

**7% (n=3/45)** would prefer to return to face-to-face appointments

*"Telephone clinic have more limitations than health benefits. It is difficult assessing patients by phone and not seeing them in person. I will return to face to face clinics. Email is not reliable as the patient may not read the communication until a later date compromising care advice"*

Female, 51, White British, Nurse

# Healthcare professionals: Strengths of remote care

## Reduced burden on patients

*“Managing patients by blood tests and telephone calls has been easier for some of them. Perhaps highlighted we can see some patients less frequently so long as they have regular blood tests. Less need for patient transport”*

Female, 59, White British, Nurse

*“Some patients have really appreciated remote appointments because they are much more convenient, with no need for a drive to the hospital, parking issues, hanging around in the waiting room. This is especially true for stable transplant/general nephrology”*

Female, 38, White British, Specialty Doctor / SAS

## Reduced work pressures

*“The benefits of remote working do alleviate some of the pressures of the role. Being more peripatetic means we can see a variety of patients. Personally I would like for them to continue”*

Male, 31, White British, Nurse

*“1. Useful for some stable patients who only needed a basic review to ensure they are well and this avoids unnecessary travel for those patients. 2. Also helps more doctors to be available on the main site while they can perform dual roles while doing virtual clinics. 3. No need for clinic room space and can be conducted from any quiet area with trust computer login ”*

Male, 38, Indian, SpR



# Healthcare professionals: Facilitators of remote care

## Effective communication

*“Constant and accurate communication between team members was highlighted more than ever”*

Female, 28, Asian, Nurse

*“It requires a greater attention to communication styles and content”*

Female, 63, White British, Social Worker

## Reduced disturbances

*“We are able to speak to more people and provide a more thorough assessment over the telephone as we have results to hand and the patient is not being disturbed by other healthcare professionals”*

Female, 38, White British, Dietician

## Appropriate systems in place

*“Drive through blood tests option is fantastic. Less waiting time for transplant patient as they all 'blood and go”*

Female, 33, Chinese, SpR

*“The drive through phlebotomy service has been indispensable in supporting the remote clinics ... It's easy for them to pop in for a quick U&E check or tac level etc (no appointment required)”*

Female, 38, White British, Specialty Doctor / SAS

*“We were early adopters and so benefitted greatly from being able to follow up whether it be updates from colleagues having spoken to patients on a telephone/video clinic or from speaking to patients directly via text, email or patients MyChart access on our computer systems”*

Female, 49, White British, Nurse

# Healthcare professionals: Weaknesses of remote care

## Reduced discussions

*“They felt they need to be seen by a doctor for proper assessment and also to discuss some important treatment decisions”*

Male, 38, Indian, SpR

## Delayed intervention

*“However for some patients telephone clinics mean problems are not being sorted, not getting monitoring to know if intervention is required”*

Female, 31, White British, SpR

## Lack of disclosure

*“Patients not admitting to symptoms on the phone and becoming unwell leading to acute episodes, visits to renal assessment unit and admission. Patients starting renal replacement therapy sooner than expected as they have not been monitored as effectively ”*

Female, 59, White British, Nurse

## Unable to detect non-verbal cues

*“While I still feel I offered an effective service, it is not the same when you cannot see the patient and pick up on non-verbal communication and just see how they are looking”*

Female, 50, White British, Dietician

# Healthcare professionals: Barriers of remote care

## Difficulties in communicating

*“Some have [declined appointments]. Being hard of hearing or having memory problems. Difficulty in getting their blood tests. Feeling more unwell and wanting a face to face consultation”*

Female, 59, White British, Nurse

*“Some wish to be seen face to face either through communication difficulties or if they want something to be looked at, a lot of patients with CKD5 who are nearing dialysis and need medications adjusting”*

Female, 31, White British, SpR

*“Some patients feel they could only communicate well if they see the clinicians face-to-face. Some of them need to show the clinicians the symptoms they have got”*

Female, 46, Chinese, Nurse

*“The biggest challenge has been managing 40 dialysis patients remotely ... they tend to be complex, some have hearing difficulties, and others are non-English speakers. I feel that I cannot give them the level of care that I would be able to if I were visiting the unit / seeing them face to face ”*

Female, 38, White British, Specialty Doctor / SAS

# Healthcare professionals: Future healthcare (beyond COVID)

## Continuation for stable patient

*“Continue with telephone clinic/telemedicine for patients who does not necessarily require face-to-face appointments”*

Female, 47, Other Asian, Nurse/ Researcher

*“There is a place for video call/telephone clinics in our stable population and these should continue in these patients”*

Female, 51, White British, Nurse

## Continuation for stable patient

*“It would be beneficial to keep some appointments as telephone, but most patients will be needed to be seen face to face regularly too”*

Female, 49, White British, Pharmacist

## Increased flexibility

*“More flexibility with options on how they are managed. Either virtual, face to face, telephone clinics”*

Male, 33, Other ethnic group, Nurse

## Increased MDT approach

*“The option of attending face to face in conjunction with other consultation methods if clinically relevant, having access to somewhere bloods can be taken in a more timely fashion, arranging outpatients appointments with a more MDT approach again”*

Male, 46, White Irish, Dietician

# Healthcare professionals: Future healthcare (beyond COVID)

## Patient choice

“Hybrid remote and face to face clinic appointments. Patients need a system where they can indicate the satisfaction with their consultation and their preferences for how their appointments should be conducted. Patients need better access to their own health care information. More people supported, encouraged and given the opportunity to dialyse at home”

Male, 60, White British, Consultant

## Triaging appointments

*“1. Triaging patients to face to face or tele clinics according to need 2. Increase in virtual clinics for certain areas”*

Male, 38, Indian, SpR

## Redesigning of services

“I am sure that we will never go back to the level of face to face appointments we were previously doing. Many patients have said that they would like to continue telephone appointments long term, or perhaps a mixture of F2F/telephone (coming to clinic once a year, for example, and the rest of their appointments being done by phone). I deliberately designed our service in such a way that allows patients to move freely between face to face and remote appointments within the same clinic”

Female, 38, White British, Specialty Doctor / SAS

# Synthesis of results

## Strengths

Increased efficiency  
Less time,  
Reduced travel  
Reduced stress  
More opportunity for other roles

## Opportunities

Use remote care:

- more routinely
- to support face-to-face appointments
- particularly useful for specific groups of patients (e.g. stable disease)

## Weakness

Communication challenges  
Concerns regarding disclosure/ lack of honesty  
Concerns around assessment accuracy  
Confidentiality  
Perceived reluctance from both patients and healthcare professionals  
Some patient groups disadvantaged

## Threats

Loss of information  
Perceived lack of skill manage patients remotely  
Reduced resilience  
Mental exhaustion  
Referring to other services  
Fragmented care – coordination between specialities

# Change ideas/ areas for improvement



Triage to identify patients who require a face-to-face appointment



Communication skills for remote care



Changing processes to enhance monitoring or to flag 'at risk' patients



Techniques to recognise and manage remote care fatigue

“We will continue to use [remote care] - but [it] needs to be used better. Currently we have digital chaos - we need consistency and reliability of platforms, high quality electronic records and internet access. Many things need to improve”

Male, 60, White British, Consultant

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