

# **ViRTUAL GP Kit**

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**2 - GP HANDBOOK**

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# What is the Virtual GP Kit?

The Virtual GP Kit aims to provide everything you need to begin delivering virtual consults to your patients.

**The transition is simple and easy.** We've done the homework and the heavy lifting so that you don't have to and can focus on your patients and your practice.

## **The kit includes:**

- This guide for GPs. Explaining the what, why, and how of delivering virtual consults.
- A guide for your practice manager. Helping them to set up your virtual waiting room and determine what types of consults/symptoms are appropriate to schedule virtually.
- A step-by-step setup guide with screenshots.

**Doxy.me is the video conferencing solution designed especially for GPs. It works on mobile devices or laptops with most integrated cameras, and using external web cams. You should test your device against the minimum system requirements. The details are [here](#)**

**You can use your existing PMS system alongside the Virtual GP Kit to maintain a single, continuous record for your patient.**

# Why provide virtual consults?

## **You're probably asking yourself, "Why should I bother going to all this trouble in the first place?"**

The argument for virtual care is simple. Countless examples from the U.K, United States, and others around the world have demonstrated that patients will choose the convenience of virtual care when available.

This is especially true among the young and healthy population who are most financially beneficial to your practice. If you don't offer the service to your patients, someone will.

**Our goal in bringing virtual care to NZ is to keep patients with their GP by helping GPs offer their own virtual care options.**

**When surveyed, \*52% of patients were more likely to choose virtual options if the visit was with their established GP.**

**We believe the value in the relationship between a patient and their GP results in better care and better outcomes.**

\* Brandon M. Welch 2017.

# For You and Your Practice

**Making a transition to virtual isn't just about the patient.**

**There should be something in it for you and your practice, too. There is!**

**The following comes directly from NZ GPs and their experiences with virtual consults.**

**We're not here to give you the telemedicine standard pitch.**

## **Keep and attract new young, healthy patients.**

We all know that young, healthy patients are the most profitable to our practices. They rarely need to be seen and the capitation payments for this millennial generation are crucial to practice profitability.

There are practices in New Zealand that are already offering virtual care, and the patient population increasingly expects flexibility and choice in their healthcare.

**Providing virtual consults is a way to keep your practice a competitive option and to attract these new patients.**

## **Monetize the work effort and value you are already providing to your patients.**

Phone calls that are more like consults. E-mails that turn into extended advice chains. You are already spending your time to provide these services to your patients in situations where both you and the patient know that an appointment isn't really necessary. However, finding a way to be compensated for your time is a difficult area to navigate. Suggesting to shift the appropriate phone and e-mail cases to a virtual consult allows you to charge for the time you spend and add value for patients.

## Reduce the time you and your staff spend on asynchronous patient communication.

When a patient reaches out with questions, it often leads to more questions. Two minutes here. Another minute there. When your staff direct appropriate phone and e-mail cases to a virtual consult, it not only helps you monetize the time but also reduces the time your nurse(s) spend on communication. Time saved here is time that can be focused elsewhere

## It can reduce costs and can increase profitability.

- By seeing patients virtually, especially by offering virtual same-day appointments, you can prevent clawbacks and reduce capitation deductions from urgent care visits.
- Supplementing the traditional practice side of your business with virtual consults can increase your schedule utilisation to fill otherwise empty slots.
- If you schedule virtual blocks to work from home, you may be able to reduce the hours for your office support staff or have them work virtually with the patients as well.
- In studies conducted on telemedicine within the NHS in the U.K., physicians reported a 25% time savings over an average face-to-face consult (allowing more consults with shorter times) as patients are more likely to receive advice and quickly get back to their day. The NZ physicians we interviewed who are already offering virtual consults, reinforced this experience.

## It can give you more freedom in your day to day work.

Not all benefits have a dollar value associated with them. You can work virtual consults into your daily office routine to fill gaps in your schedule. Alternatively, virtual consults give you the flexibility to have “virtual blocks” on your schedule where you can care for patients from home or anywhere with an internet connection.

# For Your Patients

## **It improves patient engagement and satisfaction.**

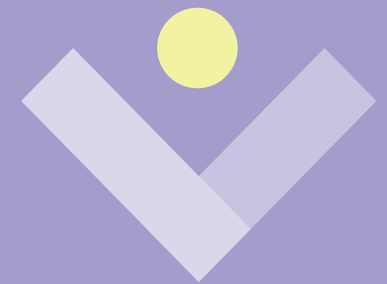
It increases the options for patients to stay engaged in their own care through increased accessibility. The convenience and flexibility of virtual consults increases patient satisfaction.

## **It removes barriers to care.**

Virtual care allows patients the opportunity to see their GP even if they can't find the time off work, arrange childcare, or coordinate transportation over long distances.

## **It improves preventative medicine for chronic conditions.**

The increased accessibility and convenience virtual consults adds for patients improves adherence to treatment plans for chronic conditions. More effective preventative care equals better outcomes and lower costs. The regular touch points coupled with the video element presents strong opportunities for interventions if and when necessary.



# How to get started with Virtual Care

# An Hour of Set Up

**If you have made it this far, you are considered giving virtual consults a go. That's a good thing. But you're also wondering, how much is this going to cost me – time and money?**

Our goal is to get you up and running with just an hour of setup and no cost to get started. If you find that virtual consults are a good fit, you can expand the services and options with very reasonably priced features. If not, stick to the free level.

**The revenue impacts to your practice can only be positive** – fill a single unutilised appointment slot with a virtual consult and you are net positive on your time investment.

We strongly recommend that you charge patients the same for virtual care as you would for a traditional face-to-face consult. The value and outcomes you provide through virtual consults are not different than in-person consults. Virtual is simply a convenient service/format offering for your patients to choose.

**There are a few decisions you should make with your practice manager regarding the set-up of the Virtual GP Kit to help best meet the needs of your practice.**

**Included in the kit is a setup guide and a Practice Manager handbook that outlines in detail these decisions and other administrative actions required to begin virtual consults.**

## **1. Determine your schedule for holding virtual consults.**

You might choose to dedicate a block of time to virtual consults or fill gaps in your regular schedule. There isn't a right or wrong answer, and this is simply about communicating your preferences.

As you first get started, it is a good option to set aside some time at the end of a day to sit down and complete a few virtual consults. Once you get the hang of it, working them into your regular routine at the office will be more comfortable.

If you choose to grow this component of your practice, you may find it preferable to block an afternoon/morning and work away from the office.

## **2. Setup.**

These steps are outlined in the Setup Guide, but the point is that we've made this simple. You should be able to complete the entire process in no more than 30 minutes. There are no complex integrations necessary (AKA you don't need an IT guy), but you can still integrate virtual consults into your PMS and patient schedule.

Your front desk team can follow the instructions include the hyperlink to your virtual waiting room in the appointment notes (or just bookmark in your browser – it never changes) and update the text for SMS reminders to patients.

Each of you can click the link and the video only begins when you are ready and click on the patient name. No downloads. No installs. Works on mobile for both Apple and Android, or desktop for both Mac and Windows.

Beyond interacting with the patient over video, the consult should work exactly the same as a face-to-face consult.

Chart within your PMS the same as you do today. Prescriptions should be faxed or transferred to the pharmacy via the same process you would use if the patient called by phone.

The paid version of the software allows you collect patient payments online during the consult if you choose, or you can have your front desk team handle the same way you do today.

### 3. Conduct a practice consult with your front desk.

Once you've completed the setup, there is no cost to conduct a virtual consult. That's why we recommend running a test consult with your front desk. Simply share the link to the virtual waiting room and have them check-in to test the setup. You do not need special training to use the Doxy.me software. It is easy and intuitive. Within 5 minutes of exploring, you will have a good understanding of the free version features.

### 4. Review these basics of providing virtual care.

Virtual consults will be new to many of your patients – the following pointers have been collected from other doctor's and patient's experiences to help you. If you take the time to watch the CME YouTube video referenced in the kit, the detailed basics will be covered there.

**a. Set up your web cam or mobile device or the camera on your computer, at eye level and check the lighting before beginning.**

**b. Close unnecessary programmes on your computer (or mobile device if using Doxy.me there).**

**c. Use the included pull-up screen to remove background distraction if necessary.**

**d. If you or the patient has background noise, use headphones.**

**e. Eye contact. Let the patient know if you are taking notes or referencing something in their record.** Your eyes will naturally drift away from the camera when you take notes. Because the patient can't see what you're doing off screen, this will assure the patient you're engaged in their care. This isn't different from an office consult, but it still helps to address to the point.

**f. Engage the patient.** Virtual consults aren't about physical exams. Although you can pick up on elements from the video feed, it is much more about the patient audibly describing their symptoms, progress, or concerns. This isn't different to your exam room consults, but silences can be magnified during a virtual consult. Continuing to talk about the issues, even while you are charting or making a follow up plan, will help.

**g. Be prepared for technical difficulties.** Understand that technical difficulties happen. In most cases they are on the patient side. Have some advice ready. Make sure they are on Wi-Fi or a good 4G signal. Be flexible to move to the next patient and return if necessary.

After all, patients show up late for their face-to-face consults as well. The experience of NZ GPs has been that the patients who self-select for a virtual consult are technologically capable and issues are very limited.

**h. Set expectations.** Expectations are important. Make sure your patients know the amount of time you have allotted for their appointment and the impacts (costs) of a longer consult.

This is the same for in person appointments, but we all have our own misconceptions about what services should cost and a virtual consult will be no exception. Additionally, there won't be a drop by at the front desk on the way out.

Discuss the next steps with the patient and let them know what they need to do in order to complete their care episode. For routine follow up for chronic care, there shouldn't be too much that changes.

For specific first-time problems, there may be a treatment path that involves prescriptions. The goal is to make sure they aren't calling your practice back in 5 minutes with questions. Make sure they know how to schedule their next appointment.



# Frequently Asked Questions

## 1. What types of consults can be completed virtually?

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- a. Not every visit type fits into a virtual consult.** Completing a physical exam when enrolling a new patient is not going to work out for a virtual consult. Generally, common sense prevails here. However, we've also spent the time searching through the published materials from NHS trials in the U.K. to determine which areas have clinical evidence of suitability for virtual consults. You and your staff can use this as a guide.
- b. Chronic Disease Care** – regularly scheduled check ins with high-risk, high-cost patients being monitored for chronic disease control. A virtual consult provides an effective forum for monitoring control of the condition and timing further interventions. Patients appreciate not needing to travel to the office and take more time than necessary from their day. The top chronic conditions where virtual consults are suitable include:
- i. Diabetes
  - ii. Smoking-related health issues and cessation
  - iii. Alcohol-related health issues and management
  - iv. Asthma
  - v. Arthritis
  - vi. Stroke (risk management for patients who have experienced 1 or more prior strokes)
  - vii. Congestive heart failure and hypertension (medication and dietary adherence – BP readings are possible if the patient has equipment)
- c. Sexual Health** – although a sensitive topic, sexual health topics are well-suited for a discussion-based treatment via virtual consults. Birth control, erectile dysfunction, and concerns relating to STDs can all be addressed via virtual consults.

#### d. Same-day and next-day appointments for urgent health issues

– these types of consults work well to supplement gaps in your face-to-face schedule. Patients who need to see a physician urgently but do not require the resources of an urgent care facility can be seen virtually to avoid clawbacks from urgent care facilities and to better meet the overall needs of the patient. Best-practice symptoms which your staff can use to triage cases that can be addressed virtually are the following (at your discretion):

- Abdominal Pain/ Cramps
- Abscess
- Acid Reflux
- Acne
- Allergies
- Arthritis
- Asthma
- Backache
- Blood Pressure Issues
- Bronchitis
- Bowel/Digestive Issues
- Cellulitis
- Cholesterol Issues
- Cold
- Cold Sores
- Constipation
- Contraception
- Cough
- Croup
- Depression
- Diarrhoea
- Dizziness
- Erectyle Dysfunction
- Eye infection/ Irritation
- Fever
- Flu
- Gas
- Gout
- Hair Loss
- Headache/ Migrane
- Herpes
- Insomnia
- Irritable Bowel Syndrome
- Joint Pain/ Swelling
- Laryngitis
- Pink Eye
- Poison Ivy/ Oak Rash
- Respiratory Infection
- Sinusitis/Sinuses
- Skin Injuries/ Irritation (i.e. Eczema)
- Skin Warts
- Smoking Cessation
- Sore Throat
- Sprains and Strains
- STD Testing
- Strep
- Tiredness, persistent
- Tonsillitis
- Vaginal/Menstrual issues
- Yeast infection

**e. Routine Follow Up** – these consults supplement face-to-face care that you’ve already provided. Although less prescriptive in the list of suitable conditions/symptoms, patients with whom you would like to monitor progress towards management of a health issue and who do not require a physical examination can be suitable for a virtual consult. We recommend starting with the prescribed areas outlined above and only branching into this area when both you and the patient are quite comfortable with virtual consults.

## 2. What are the medical guidelines for practicing virtually? Can I still prescribe?

**a. Of course. Nearly all of the medical associations have provided a position and advice in this area.** Particularly, the Medical Council of NZ and the RNZ College of GPs have given excellent guidance. In general, you should not prescribe to a patient without having seen them face-to-face and conducting a physical examination at some point (e.g. when enrolling the patient).

Subsequent prescriptions for patients under your care, when a physical exam is not required, are considered appropriate. In other words, for a patient who is enrolled with your practice and with whom you are familiar and guiding their care, you may prescribe from a virtual consultation in cases where a physical examination would not provide critical information (i.e. a patient describing symptoms of a UTI with a treatment course of antibiotics). Credit to the NZ Telehealth Forum and Research Center for compiling these resources.

Feel free to explore the links on the next page (if you are reading a print copy, electronic versions are available).

## REGULATORY STANDARDS - NEW ZEALAND

- Medical Council of New Zealand – [Statement on Telehealth | Discussion on Revised Statement on Telehealth](#)
- Privacy Commissioner – [Telecommunications Information Privacy Code 2003](#)
- Privacy Commissioner – [Health Information Privacy Code](#)
- New Zealand Legislation – [Health Practitioners Competence Assurance Act](#)

## PROFESSIONAL BODY GUIDANCE - NEW ZEALAND AND AUSTRALASIAN

- Medical Council of New Zealand – [Regulating Telehealth \(including work on a revised statement on telehealth\) PDF Version](#)
- The Royal New Zealand College of General Practitioners – [Position Statement on Telehealth](#)
- Nurse Executives of New Zealand Inc – [Position Statement on Telehealth](#)
- College of Intensive Care Medicine of Australia and New Zealand – [Guidelines on the Use of Telemedicine in the Intensive Care Unit](#)
- The Royal Australian and New Zealand College of Radiologists – [Position on Teleradiology](#)
- The Royal Australian and New Zealand College of Radiologists – [Position Statement on International Clinical Teleradiology](#)
- The Royal Australian & New Zealand College of Psychiatrists – [Professional Practice Standards and Guides for Telepsychiatry](#)
- The Royal Australasian College of Physicians – [Telehealth Guidelines and Practical Tips](#)
- The Royal Australian and New Zealand College of Radiologists (RANZCR) – [View Website](#)
- The Royal College of Pathologists of Australasia – [Position Statement on Telepathology](#)
- The Royal Australasian College of Surgeons (RACS) – [View Website](#)
- The Royal Australasian College of Physicians (RACP) – [View Website](#)

## 3. How should I schedule virtual consults?

- a. The experience has been to let patients opt for the service and schedule their own appointments** – whether through your online system or via your front desk. The role for you and your practice is to let them know that it is an available service.
- b. Some GPs have updated their online system, such as ConnectMed, to include virtual type consults which are shorter in length and integrated into the PMS.** Others simply denote virtual in the appointment notes and manually send out the link to the virtual waiting room in an e-mail or SMS.
- c. How do patients schedule only the right type of consult?** In the experience of NZ GPs, patients only schedule virtually when it is appropriate.

Simple is often the best. If you can avoid creating complex scheduling trees and long lists of what can vs. cannot be scheduled virtually, you avoid confusion and questions.

We'll be honest. It can happen that a patient schedules a virtual consult and still needs to come in for a physical exam. What you've learned in the first 5 minutes is still relevant and will shorten the face-to-face time. However, this is by far (many hundreds to one) the exception.

## 4. Will the internet in my area support virtual consults?

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- a. Doxy.me does not require lightning fast internet to support a good quality of video experience.** We've tested and 4G provides an adequate level of bandwidth to conduct successful virtual consults. With that said, we understand that not every corner of the country will have this level of connectivity. The minimum connection speed is 750kbps (not a lot – that's less than 1Mbps) for both download and upload. You can test your connection speed at [speedtest.net](https://speedtest.net).
- b. Both you and your patients can run a test** within Doxy.me prior to conducting a virtual consult to let you know if the connectivity will be strong enough. This is in the lower left corner. See the Doxy.me materials for more information.
- c. The NZ Broadband Map** (<https://broadbandmap.nz/>) can be used to get a sense of what will be available in your area.

## 5. Where do I get tech support if I need it?

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For Doxy.me go to <https://help.doxy.me/en/>



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