

Communities with limited healthcare could receive boon from COVID-19 mobile consulting boom

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Remote consulting practices should be adopted widely during the COVID-19 pandemic to help low and middle income countries to help combat the virus and to provide quality healthcare to patients in the long-term, argue a team of researchers at the University of Warwick.

By implementing remote consulting practices—such as consulting by [mobile phone](#) or mobile app—to maintain services during the COVID-19 pandemic, [health services](#) in countries in Africa and South Asia could provide communities permanent access to [healthcare](#) that they previously struggled to access.

Researchers at the University of Warwick and King's College London have developed and implemented a training course with researchers at St Francis University College in Tanzania designed to equip nurses, doctors and medical officers in leadership roles with the knowledge and skills to integrate remote consulting into practice in their local service. It is based on research recently published in the journal Digital Health and funded by the Medical Research Council that provides a framework for healthcare leaders to consider how to implement it in their own services. The training takes the form of a short course using blended learning through an app on a smartphone and facilitated through social media. These healthcare leaders cascade the learning to other health workers in their service.

Using mobile technology to see patients is part of the World Health Organisation's COVID-19 response strategy, but detail there is limited. The researchers have put together a policy brief written in response to the COVID-19 pandemic to raise awareness of remote consulting and encouraging healthcare leaders in low to [middle income countries](#) to undertake the training and disseminate the knowledge within their local health service.

It forms part of a wider project looking at how to deliver remote

consulting to marginalised populations in low to middle income countries in Africa and South Asia.

Professor Frances Griffiths from Warwick Medical School, and lead author of the paper, said: "Moving healthcare workers in low to middle income countries to remote consulting is something that we think is really important to consider.

"In the context of COVID-19, the benefits of remote consulting are suddenly much greater. It protects the health worker and minimizes physical contact with patients. It minimizes the risk to patients. As a result, it also reduces the need for PPE.

"For communities with little healthcare, this is a better way of providing good quality healthcare for them. For people who live anywhere who have a long term condition, it is so much more convenient for them if we can do as much as possible remotely.

"I think it will embraced more widely and I think it should be. What COVID-19 has done is made people realise that they can do it differently. The experience of COVID-19 in the UK is ahead of Africa and South Asia, but if we can get remote consulting off the ground there because of the pandemic then the benefits will be seen afterwards. Particularly for long-term conditions and marginalized communities, although there can be benefits for acute illnesses as well."

Remote consulting can be delivered either through a healthcare worker's phone or through a mConsulting platform, which is usually a commercial organization set up to provide healthcare remotely. These can be anything from completely and seamlessly integrated with the local health system, through to triage systems where patients are signposted to other services.

Some of the benefits the researchers believe that low to middle income countries could see include:

- Improving quality of care for marginalized communities with very limited access to healthcare
- Making care easier to access, removing the cost of transport, or taking time off from work or looking after children.
- Follow-up for long-term conditions, such as diabetes or asthma, can be done by phone, saving a huge amount of time for the patient.

Professor Theodoros N. Arvanitis, Director of the Institute of Digital Healthcare, WMG at the University of Warwick and one of the co-authors, commented: "Digitally-enabled approaches to remote consultation provide the way forward in the new reality we are living. The COVID-19 pandemic has changed the way we will receive health care in the future, manage our health and wellbeing and go about our daily lives. Remote consultation and digital health solutions provide multiple benefits to individuals and society. Through such approaches, now and in the future, people's health journeys are better understood and appropriate lifestyle choices can be better tailored and promoted to the individual."

Issues that need to be considered include:

- Considering the connectivity and privacy of patients, and financing of the service
- Physical examinations, tests and treatments have to be organized separately.
- The health provider has to be relatively confident in diagnosing over the phone, and the more experienced the health worker, the more confident they will be to do that.
- The health provider doesn't get the visual cues they would from a

face-to-face consultation.

- Patient trust in the organizations running services.

Professor Griffiths adds: "For a locally-based health worker, with their own phone, talking to people in their own community, the trust is usually already there. They already know how to negotiate the social and cultural norms of that community. Whereas a company that is nationally-based, usually in the capital, would have to be sensitive to the norms of particular communities that are at a distance.

"The training is designed so healthcare workers can think through their own practice, how they would deliver remote consulting, but also how they would organize their clinic or outpatients department, or their community team. We also train them to cascade the learning to the [health workers](#) they work with."

More information: Frances Griffiths et al. Mobile consulting (mConsulting) and its potential for providing access to quality healthcare for populations living in low-resource settings of low- and middle-income countries, *DIGITAL HEALTH* (2020). [DOI: 10.1177/2055207620919594](#)

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