

Re-imagining treatment in the time of COVID

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Redefining OPD, Doctor-Patient Interactions & Telemedicine



COVID-19 has changed how traditional operating models are being used across healthcare organizations. In India, with the recent spike and new cases crossing 50000 per day, the pandemic has connected doctors and patients in home quarantine cases. This will result in an evolution of the clinician-patient relationship with newer digital complexities, in a dynamic world. In China, overstretched healthcare systems have been reworked with the use of the internet. In the US, large hospitals are expanding the use of telemedicine by screening and treating patients for Coronavirus safely.

Arun Reddy, a 67-year-old tech-savvy retired professional, started showing symptoms of COPD (Chronic Obstructive Pulmonary Disease) and unbearable skin itching during the lockdown. Despite being tech-savvy, the idea of online consultation made him uncomfortable. However, given the COVID situation and his disease state, Mr. Reddy went ahead and paid for consultation using Google Pay, uploaded his prescriptions, and got ready for online consultation with excitement and apprehension. After a consultation with a dermatologist for his skin, he also had an appointment with a chest physician for COPD. The positive experience caused Mr. Reddy to become more confident about online consultation.

Evolution & Learning: The contradiction, however, is that the evolution of technology will simultaneously make interactions highly personal and impersonal. Some evident changes in the virtual world will include lack of eye contact, absence of the OPD look and feel or even missing doctors in their scrubs. However, to ease the process, health-tech companies will have to work closely with clinicians and patients to find convenient digital solutions. As interactions evolve, pre-consultation can be aided via virtual-assistants and chatbots. Holographic/AR/VR solutions can make the consultation more effective, and as the consultation procedures are completed virtually, prescriptions can be uploaded, and digital follow-ups can be conducted. IoT solutions will help explore the possibility of gamifying prescription adherence. Patient awareness initiatives on websites, blogs and microsites will aid compliance with the prescribed dosage.

While embracing the change is empowering for clinicians and patients, respecting time and space becomes equally critical in the digital world. The progress must be accompanied by fundamental value of ethics and digital empathy. Both parties can continue to learn using:

1. **Chatbots:** A digital tool for engaging patients until doctors interact with them during the consultation. With smart

medical devices at home, e.g. Watches/ BP Monitors - Bots can also help gather vital stats such as weight, blood sugar, blood pressure, etc.

2. **AR/VR:** To help blur the lines of physical boundaries of clinician-patient interaction through wearable technology like Fitbit/ Apple Health/ Garmin et al.
3. **Gamification:** To aid adherence to the patient's prescription regime. E.g. A health tech company is leveraging IoT to connect sensors with medicine blister pack. This helps notify the patient and his family on whether the medicines are being taken on time
4. **Artificial Intelligence:** Its principles and implications in delivering the best in healthcare can aid clinicians, especially for routine symptoms and as the first line of treatment. Algorithms for diagnostics also can aid in the treatment protocol and outcomes

Therefore, a Wakeup Call: COVID 19 has created a need to accelerate digital adoption. Easy access to technology can serve as a great leveler in countries known for inequality in access to good healthcare. Access will tremendously boost the primary healthcare consultation and triaging of patients, thereby helping address the lower clinician-patient ratio. With the doctors having consolidated access to patient's medical history, it can make treatment algorithms much more advanced with easy access to Electronic Medical Records saving time and enabling early diagnosis.

While the patient-clinician interaction can be continuously improved, one must also note that the virtual medium will help in timely medical intervention for those in need. In the larger scheme of things, there will be no compromise in empathy towards the needy. However, we need to keep in mind a few things: there should be no moral hazard with the use of advanced technology; the future of medico-legal cases must also be determined. In case of failed treatment cases, who will the responsibility lie with - the patient, clinician, or the technology used. For a completely seamless process, the answers to these need to be determined. These issues should not impede the digital progress of healthcare, which is much needed and inevitable for the future and unprecedented times like these.

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