VIRTUAL CONSULTATIONS: ACCESSIBLE TO ALL?

Brandon Owen[1], Rory Croft[1]

1. Glasgow Dental Hospital, Scotland, United Kingdom

The authors declare no conflict of interest.

INTRODUCTION

COVID-19 resulted in temporary closures, reduced capacity and increased appointment waiting times. Virtual consultations (VC's) have been welcomed as a means of safely and conveniently seeing patients. Furthermore, a recent study demonstrated a 99% success rate for OMFS consultants forming a working diagnosis and treatment plan, without a face-to-face (F2F) appointment.[1] Concerns have been raised by organisations and charities regarding a possible detrimental impact on older patients who may not have access to the required technology to facilitate remote consultations.[2] We aimed to determine whether age is a barrier to VC attendance in our oral surgery unit.

OBJECTIVES

- To compare attendance rate of different age groups for face-to-face (F2F) and VC's.
- To determine the impact of age on VC attendance.

METHODS

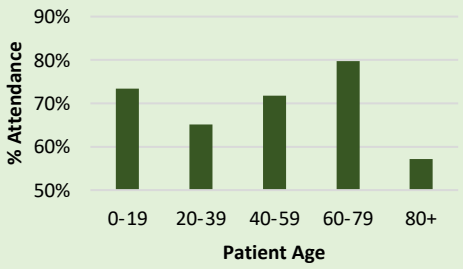
- VC attendance data was collected, sorted by age group, and analysed following the resumption of routine care on the 19th October 2020 until 24th December 2020.
- The number of patients booked and attended was collected with cancellations <24 hours before appointment times excluded.
- Results were compared to attendance data for F2F consultations in multiple specialties within the local healthboard between 2002 and 2012.[3]

RESULTS

(See figure 1 below)

- 682 VC's were booked over the 49-day period analysed
- Average attendance was 71% (n=481)
- VC attendance was highest in the 60-79 years age group (80%, *n=98/123*) followed by 0-19 years (73% *n=66/90*), 40-59 years (72%, *n=137/191*), 20-39 years (65%, *n=172,264*) and 80+ years (57%, *n=8/14*).
- Similar trends were observed in pre-COVID data for F2F consultations with attendance improving between age 20-79
- The oldest category (>80) had lowest VC attendance.

A) Virtual Consultation Attendance Amongst Different Age Groups



B) F2F Appointment Attendance by age 2002-2012. Adapted from Campbell et al. (2015)

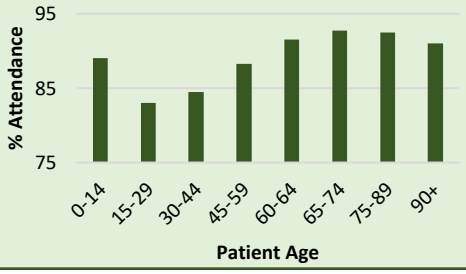


Figure 1 (above)

A) VC attendance at different age groups. B) Pre-COVID attendance at F2F clinics.

DISCUSSION

BENEFITS

The main benefit of VC's is that it keeps a patient within their existing environment, reducing potential for viral transmission. Patient's do not need to travel or necessarily arrange child care and there is potential to be seen within work. Healthcare systems benefit from reduced staffing requirements, PPE and disinfection costs, and can provide flexible appointments outside of traditional working hours.

IS AGE A BARRIER?

Average attendance to VC's (71%) was considerably lower than attendances to F2F clinics before (85%) and during the pandemic (76%). This suggests unique barriers for patients attending VC's. Technological barriers have been suggested but VC attendance improved from age 20 to 79 indicating that it may not be a considerable issue for most patients. Similar trends can be observed for 2002-12 F2F attendance. This suggests a shared barrier to access for both for F2F and VC's. Lower attendance for 80+ age group may indicate technological barriers potentially favouring use of telephone appointments. As the younger population ages in a technological world, related barriers may become less significant.

CONCLUSION

- VC attendance is lower than F2F attendance.
- Attendance improved with age across all but the oldest patient group.
- Further research investigating patient barriers to VC's is required to adapt services appropriately.

REFERENCES

1. Al-Izzi, T., Breeze, J. and Elledge, R., 2020. Following COVID-19 clinicians now overwhelmingly accept virtual clinics in Oral and Maxillofacial Surgery. BJOMS, 58(10), pp.e290-e295.

2.Age Scotland. 2020. Comment: Warning over widespread move to virtual GP appointments. Age Scotland.

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