BSO OTN Literature Scan Policy Brief:
Leveraging available technology for dementia health care

Executive Summary:
Early adoption of video-conferencing to provide dementia-related health care has produced promising results, and the benefits of implementing it into healthcare appear plentiful, but video-conferencing in dementia-related health care has been slow to experience wide-spread uptake. Reasons for this include hesitation about the quality of care given, and uncertainty about healthcare workers, patients and caregivers acceptance of this new approach. This brief will outline the benefits and risks associated with using video-conferencing, and outline some best practices for organizations who are considering pursuing video-conferencing use in their dementia-related health care.

Benefits of using video-conferencing for dementia-related health care:

- Video-conferencing easily accommodates and allows for the inclusion of local caregivers in patient health care and decision making[1-2,7]
- Video-conferencing can be a robust, low-cost and widely available means of accessing and providing care for people living in rural and remote locations, reducing time and geographic barriers[3-9,20]
- It has been found to reduce the number of home visits, and increase the number of people that can be helped in one day, and reduce the number of cancelled appointments[1,6]
- It facilitates better continuity of care: video-conferencing can facilitate regular communication, timely follow-up, and provide a platform for conducting psychometric and neurological assessments[1-6]
- Video-conferencing encourages communication between caregivers, health care providers and patients[3-6,11]
- Increased access, regular communication and care between health care providers and patients and their caregivers improves quality of care for patients and caregivers[1,6,11]
- Satisfaction levels about this method of healthcare delivery have been consistently positive among patients, caregivers, and health care providers[3,6,7,12,18,19]

Risks of using video-conferencing for dementia-related health care:

- Physically/visually limiting when compared to in-person visits[7,11,12]
- Health care providers have less clinical control when compared to in-person visits[12]
- Video-conferencing can result in a change in relationships, due to the different dynamics in speaking over video vs. telephone[7,11]
- Risk of dissociation in the relationship between health care providers and patients[11]
- Resistance by health care providers to learning about new communication methods and integrating technology into clinical practice[13]
- Health care providers have doubts about the use, particularly for an elderly population[11]
- Negative perception breeds non-use of equipment even when available[14]
- Very little evidence yet of cost-effectiveness[10,14,15]

Implementation Guidelines:

1. Consider the legal and regulatory issues surrounding video-conferencing in the area of implementation, including privacy and confidentiality concerns.[4]

2. Consult the community stakeholders involved where video-conference is being considered: discerning their current needs, wants, and knowledge will ensure finding a solution that is the best fit for their communities, and build trust and cooperation among stakeholders. A stakeholder group that include professionals offering knowledge of practice, and locals offering knowledge of the environment and community will help when developing procedures and protocols. For example, how far is the commute to access services, and how long does it take? In a community where the distance is not great, video-conferencing may be less needed because in-person visits are more accessible. Many communities where video-conferencing was used preferred an initial in-person consultation to establish the health care provider-patient relationship, and then used video-conferencing for follow-up consultations.[2,4,7,12]

3. Determine current infrastructure available, and the infrastructure needed to ensure smooth integration of video-conferencing. This includes the current technology available and the environment it will be working in. Be aware that the value of video-conferencing increasingly diminishes as the amount of work and time required to use the equipment increases and as the unreliability of the equipment increases. Partnerships with health authorities, local or national policy level sponsors may help ensure access to necessary infrastructure.[2,6,9,12,14,16]

4. Consider the needs and ability of your users – hearing, visual and cognitive impairments interfere with care delivery, therefore plans to overcome these barriers must be included.[2,4,7,9,12]

5. Calculate the costs of implementation: building and maintaining infrastructure, training users, perhaps giving financial incentives for health care providers, and carefully considering any costs that will be off-loaded onto patients and their caregivers [4,9,14]

6. Develop training for using video-conferencing will include educating patients, local health care facilitators who can help set-up and troubleshoot, and the health care providers delivering care. Content will need to include instruction on using the equipment and the roles and responsibilities for each party within the boundaries of video-conferencing. It is important to note that using equipment that is familiar to the parties involved will reduce the amount of training required.[4,7,12,14,17]

7. Plan to promote positive perceptions, explaining how technology can substantially improve the way healthcare providers practice is critical to ensuring that the technology has wide-uptake. For example, many health care providers are worried that video-conferencing is being used to replace in-person visits, rather than seeing video-conferencing as supplementing and improving continuity of current care. Promoting the ease of use and other advantages that relate to individual clinical practice will encourage implementation of video-conferencing into health care practices. Messaging about video-conferencing should deliberately emphasize the benefit to people, and how it can improve the clinical relationship.[2,7,14,16]

Other Practice Guidelines:

Telehealth Services Code for Practice for Europe: http://www.telehealthcode.eu/
American Telemedicine Association - Expert Consensus Recommendations for Videoconferencing based Telepresenting: http://www.americantelemed.org/docs/default-source/standards/expert-consensus-recommendations-for-videoconferencing-based-telepresenting.pdf
American Telemedicine Association – Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions: http://www.umtrc.org/clientuploads/directory/Resources/Getting%20Started/core-operational-guidelines-for-telehealth-services.pdf

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