A service evaluation of remote consultations delivered to older patients during the COVID-19 pandemic

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Introduction

The coronavirus (COVID-19) pandemic has had a negative impact on the oral health of older patients[1]. The outbreak has significantly affected service provision within dental teaching hospitals and secondary care settings. Many medically compromised and complex cases within the older population are at higher risk of contracting the virus and having poorer survival outcomes.

Background

COVID-19 has presented a multitude of barriers to delivering dental care within the UK. Resulting from limitations with provision of aerosol generating procedures and reductions in footfall within dental practices and hospitals[2]. Many patients have had their treatment plans postponed and waiting lists of treatment delivery under local anaesthetic, sedation and general anaesthesia are increasing.

At present, the full impact of COVID-19 on caries prevalence, decline in oral health and acute dental problems is unknown, however the profession has adapted to these unprecedented times, to continue to deliver a revised service to patients.

The concept of 'telehealth' has been defined by the World Health Organisation as, "*provision of a health service to a patient when separated by a distance in the form of IT systems, to exchange information*"[3]. This format of communication facilitates 'real-time' delivery of assessment, advice, review and patient access to clinicians, with a high level of reported satisfaction from patient users and staff alike[4].

Remote consultations are being employed by many health-care professionals, facilitating a digital transformation landscape in healthcare. This modern platform can provide access to dental advice and management of older patients who may be unable to travel to dental appointments as frequently, may live a distance from the hospital or with reduced carer availability to attend appointments, have mobility or communication impairments, or are part of the shielded population during the COVID-19 outbreak due to increased vulnerability to the coronavirus[5]. This system permits a faster and cheaper option to bridging the gap to access to NHS dental care, whilst having the potential to reduce hospital and acute admissions and improve oral health status overall and reduces exposure and risk of COVID-19 transmission[6].

The 2019 CQC report *Smiling Matters* concluded concerning levels of declining oral health and reduced access to dental care amongst older patients. It is therefore imperative that new strategies are implemented to radically improve the oral and general health of our older patients and their equal right to access to services[7]. Therefore, video consultations were introduced at the Royal London dental hospital , as a new service to enable remote consultation to patients.

Aim

To evaluate the effectiveness, accessibility and feasibility of remote consultations via video or phone, for new older patients referred to the Special Care Dentistry service at Barts Health NHS Trust, during the coronavirus pandemic.

Objectives

- Assess the impact of COVID-19 on access to dental services for older patients via patient and/or carer feedback
- Assess the effectiveness of remote consultation to overcome barriers to accessing dental care via patient and/or carer feedback
- Identify factors which require improvement based on patient and/or carer feedback on remote consultations
- Evaluate patients' perception of their risk of contracting COVID-19 upon attendance for Special Care Dentistry hospital appointments

Methodology

37 patients aged 60 years or above were identified within the Special Care Dentistry remote consultation clinic over a 5 month period in 2020.
These patients were either contacted via telephone or video consultation at The Royal London Dental Hospital for emergency or routine assessment of dental need and subsequent treatment.
Service evaluation approval was obtained via the clinical effectiveness unit. Patients were contacted via telephone to give their feedback regarding their experience during the remote consultation.

Inclusion criteria

- New referrals to Special Care where the patient is 60 years or older
- Special Care patients who have been provided a remote initial assessment via video or phone between June-November 2020

Exclusion Criteria

- Recall or new referral patients to Special Care below the age of 60 years
- Special Care patients who did not require initial remote assessment i.e. ASA 1, severe dental anxiety or phobia but no increased risk if COVID-19 transmitted i.e. not shielded

Figure 1. Inclusion and exclusion criteria

1. On a scale of 1 to 10 (10 being most difficult), how difficult has it been to access dental care during the COVID-19 pandemic?

2. What are the barriers you have faced in access to dental services during the pandemic?

3. On a scale of 1 to 10 (10 being most effective), how effective was the special care dentistry video/telephone consultation in facilitating your dental needs?

4. On a scale of 1 to 10 (10 being most effective), how effective was the special care dentistry video/telephone consultation in discussing options of managing dental phobia?

5. On a scale of 1 to 10 (10 being most effective), how effective was the special care dentistry video/telephone consultation in discussing any of your mobility, behavioural, communication or medical complications which may affect dental treatment?

6. Did you feel more comfortable via remote consultation than face to face appointment during COVID-19? Y or N

7. Was there a particular reason you opted for a phone/video (select as appropriate) consultation, were there any barriers in accessing either option?

8. How concerned are you about contracting the virus when attending dental face to face appointments in hospital? From 1 to 10, 10 being most concerned.

9. Have you been shielding during COVID-19?

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Figure 2. Feedback questions to evaluate the remote clinic

Results

- Feedback was obtained from 37 patients. Of which; 5% were ASA 4 and **71%** ASA 3 (severe disease process which limits activity but is not incapacitating).
- **75%** of patients were impacted by mobility issues such as being bed bound, needing a wheelchair, zimmerframe, crutches or stretcher and/or hoist, or mobility impacted by systemic conditions such as Parkinson's disease.
- **94%** of patients were 'shielded' during COVID-19 and concerns of contracting COVID-19 in dental hospital appointments were high (see Table 1.)
- **27%** of patients had communication issues such as cognitive impairments resulting in being non-verbal, translation requirements and dysphasia due to dementia
- Common barriers which patients reported in accessing dental care during the pandemic were: significantly increased waiting times, delays, postponed treatment, feeling lost in the system & un-prioritised
- **94%** preferred remote over face-to-face consultations during COVID-19
- Only **16%** had video consultations. Reasons for not accessing the digital video platform included: being unaware that video was an option, no access to a device to access the video software, difficulty in setting up the platform and lack of time and staffing within care homes
- Some patients felt the video was not beneficial for highlighting their dental concern, whilst others were surprised at the dentist's ability to provisionally treatment plan from the video consultation alone

Patient feedback on remote consultation	Average score out of 10
Difficulty in accessing dental care during COVID-19	7
Effectiveness in assessing need for dental Tx	6
Effectiveness in discussing management of phobia	7
Effectiveness in establishing mobility, communication, medical history and capacity	8
Concerned will contract COVID-19 in hospital	9

Table 1 . Average patient scoring out of ten of remote consultation

Discussion

The threat that COVID-19 poses to patients and to routine delivery of dental care is still evident, with patients averaging 9/10 concern for contracting the virus upon arrival for a dental hospital appointment.

Medical comorbidities, mobility problems and communicative complications are common amongst the older population as highlighted in this evaluation and are additional barriers in accessing dental care. A decline in oral health can create a catalyst for further decline in general health.

Many patients and carers reported access to urgent dental care has been a significant challenge during the pandemic. The added pressure of having to shield due to their increased risk of severe COVID-19 complications. This further emphasises the benefits of remote assessment to mitigate the impact of coronavirus on oral health.

Whilst video consultation offers good alternative to face to face assessment, it is not without problems. Patients reported not receiving a letter for the NHS Attend Anywhere video platform, or having difficulties comprehending the process. Others noted that the instructions were clear but they did not feel comfortable having a video assessment, as they either needed help from others or felt a face-to-face clinic assessment would be more confidential.

Some patients did not feel confident in attempting technological access beyond a phone call or their video quality was poor. However, one case in particular demonstrated the potential positive outcomes from video triage, as the patient was very content with the multidisciplinary management of their needs.

Recommendations and actions

- Ensure written and verbal information provided to patients ahead of video is more detailed and easier to follow, so patients are fully informed of the video platform and are available to attend
- Telephone contact ahead of video consult, to provide additional tailored support to patient
- Ensure patients are aware this platform is confidential and secure and NHS approved
- Future quality improvement/audit to assess improvements

Conclusion

This evaluation has identified an alternative to face-to-face clinic consultations at a time where patients' health and anxieties may create barriers to accessing oral care. The ongoing impact of COVID-19 presents a requirement for video service improvements to facilitate utilisation of this medium and assist in the improvement of the oral health in the older population.

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