What do palliative home care clients and clinicians think of virtual home care visits?

Results of a four province Study

Dr. Jessica Simon

Apr 23 2024

I would like to acknowledge and pay tribute to the traditional territories of the peoples of Treaty 7 located in the heart of Southern Alberta, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to the Métis Nation of Alberta (Districts 5 and 6).

Presenter Disclosure

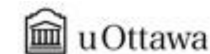
- Presenter: Dr. Simon

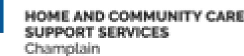
Relationships with financial sponsors:

- Grants/Research Support: CIHR, Alberta Health, Choosing Wisely Alberta via its partners the Alberta Medical Association, Alberta Health, Alberta Health Services, and the College of Physicians and Surgeons of Alberta
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Patents: None
- Other: None

ACKNOWLEDGEMENTS

This project has been funded by a contribution from Health Canada, Health Care Policy and Strategies Program. The views expressed herein do not necessarily represent the views of Health Canada.





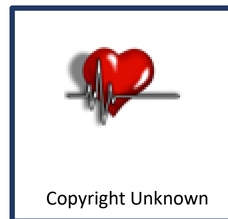
Thank you to many

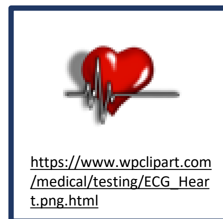
- AB: **Ingrid De Kock**, **Bev Berg, Catherine Janzen, Charlie Chen, Angela Ferguson, Michelle Peterson Fraser**
- BC: **Andrew Collins**, **Eman Hassan, Rachel Carter, Sukaina Kara**
- QC: **Bruno Gagnon**, **Jessica Boivin**
- ON: **Genevieve Lalumiere, Sarina Isenberg**, **Daniel Vincent**, **Nathalie Gilbert, Jill Rice, James Downar, Aynharan Sinnarajah**
- National: **Nadine Henningsen** (Canadian Homecare Association), **Caitlin Lees** (NS)
- Patient Advisors: **Janet Bennett, Karen Leaman**
- Research staff: **Emily Schorr**, **Philip Akude**, **Patricia Biondo, Asmita Bhattarai, Justin Shimizu, Darian Allard, Shainuka Kannathas**
- **And all the Home care teams and clients**

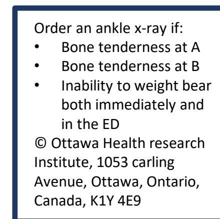
PCPCRC

Copyright Disclosure

- I have taken the appropriate steps to ensure that the use of third party material in this presentation falls under fair dealing in the Copyright Act (https://library.ucalgary.ca/copyright/).
- This material was created for the **Provincial PEOLC Grand Rounds** and cannot be reproduced, retransmitted or copied.
- I have properly cited third party material in one of the ways outlined below.


Copyright Unknown


https://www.wpclipart.com/medical/testing/ECG_Heart.png.html



Alberta Health Services

UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Oncology

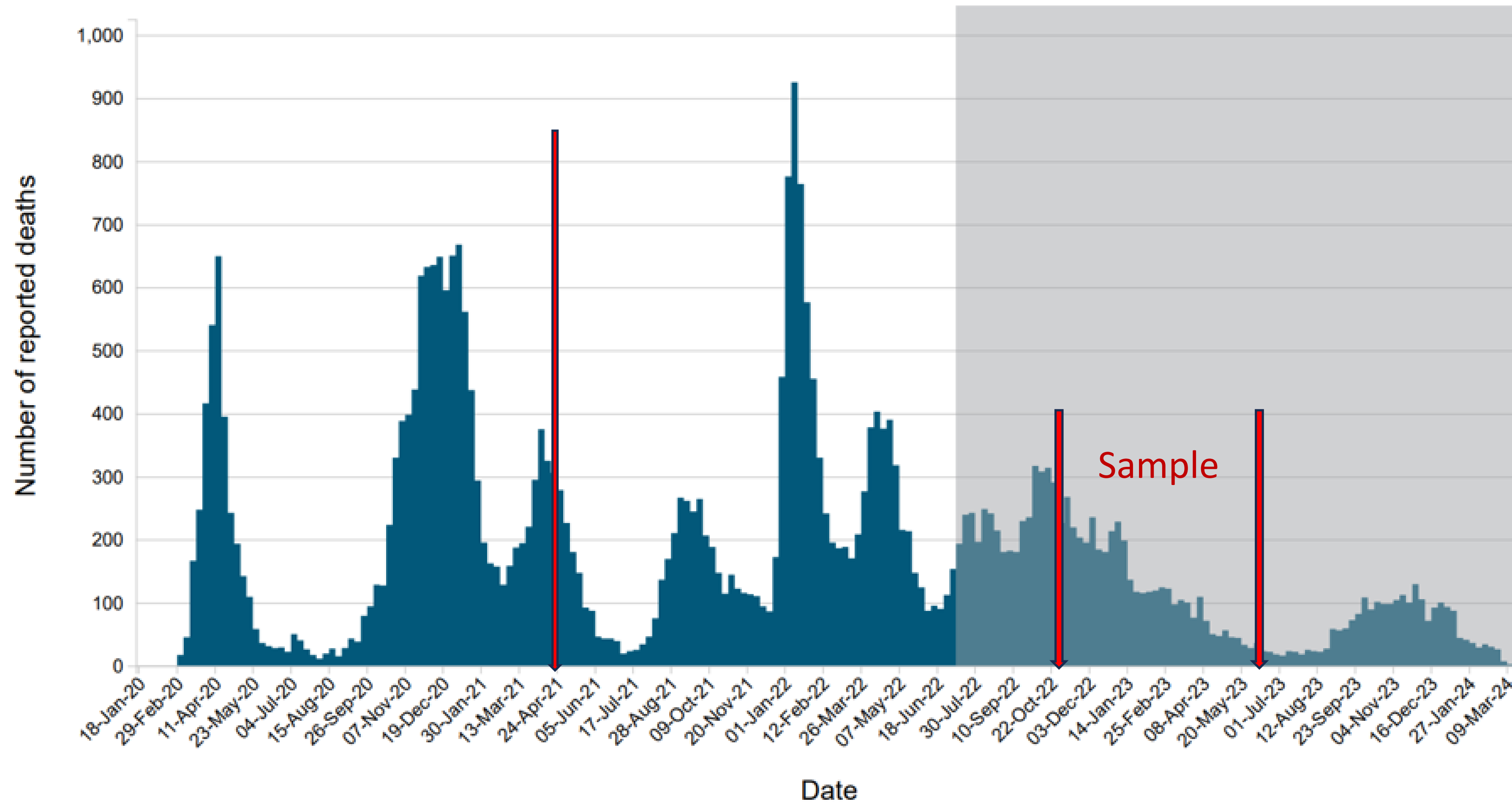
Inclusion

I aim to use person-first and inclusive language in this presentation. Please contact me if you think anything could be improved Jessica.simon@ahs.ca

Photo credit: The Times, K Tang

What are clients' and clinicians' experiences of virtual visits (phone or on-line) for home-based palliative care?

COVID-19 deaths (n=37,943) in Canada by date as of March 23, 2024



https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf

Outline

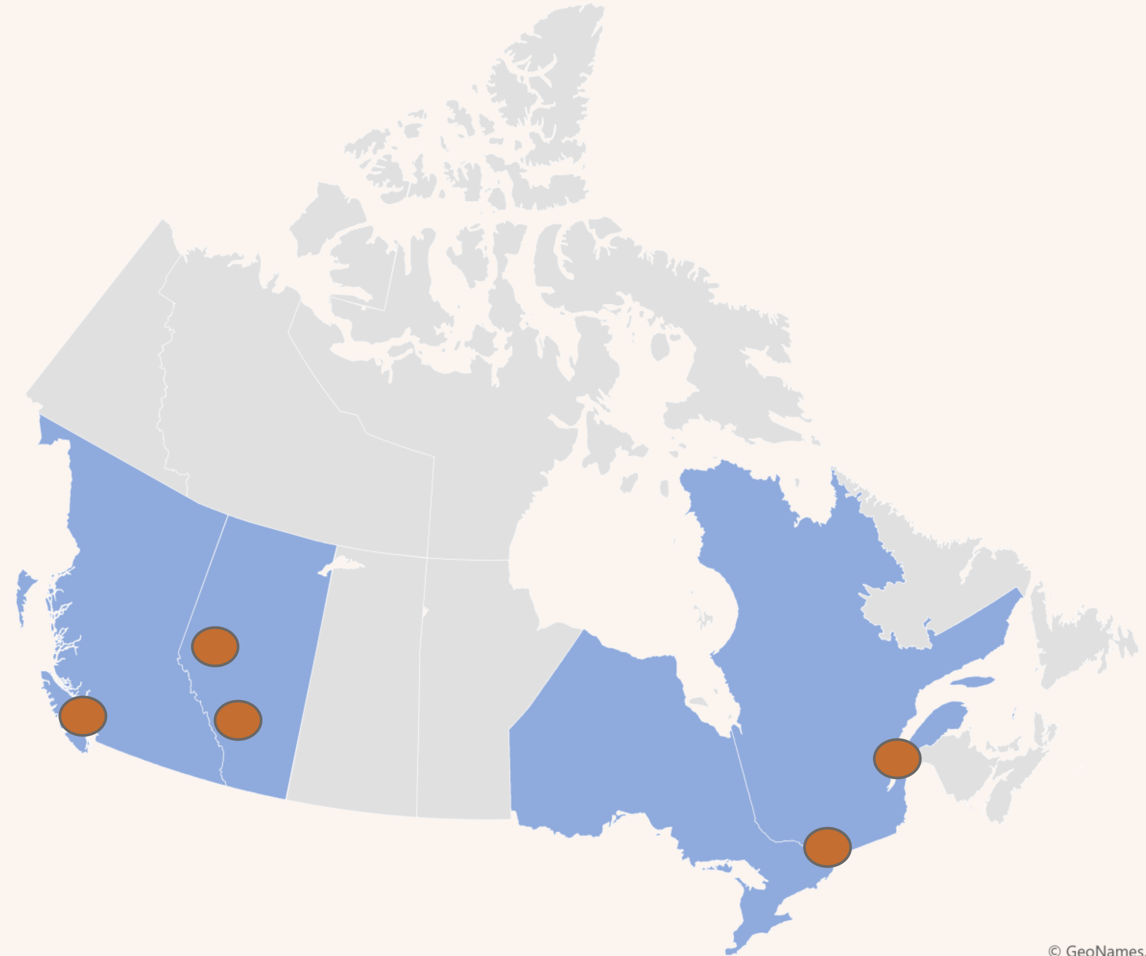
- How did we do the study?
- Who did we hear from?
- How frequently were virtual visits used?
- Five themes about virtual visits
- Tips for virtual visits

Discussion: Future of virtual visits in palliative home care?

MIXED METHODS

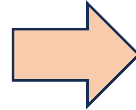
- **Survey** of home-based palliative care clients/caregivers and clinicians
- **Qualitative Interviews** recruited via the survey

5 Home care prograns, 4 provinces + National clinician survey



Survey Methods

Clients were mailed a survey, via their homecare program



Clients had the choice of responding by:

Paper (pre-paid return envelope)

Phone call to researcher

On-line survey (Qualtrics)

Clinicians were emailed an on-line survey, via local leadership

PCPCRC

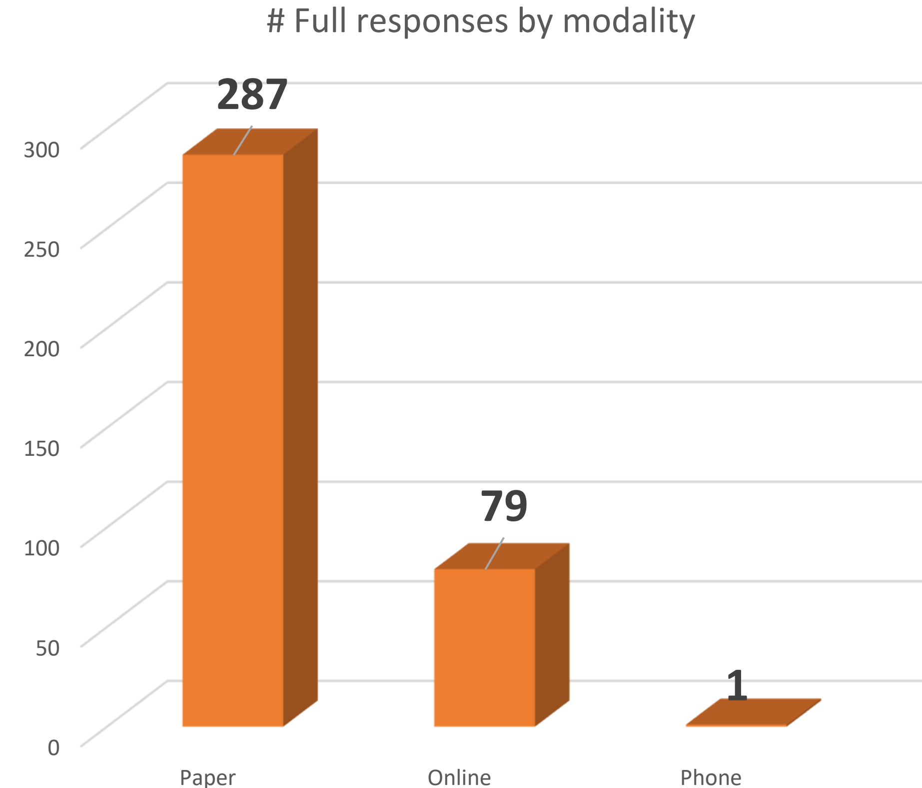
Who responded?

Client Response Rate and Modalities

Client Response Rate = 11.4%
378 clients /3320 surveys sent
N=367 Full responses

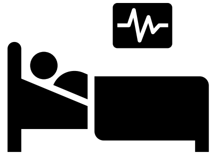
Cost per response = $93.73
Total mailing cost $35,430

Paper surveys were most used for responding

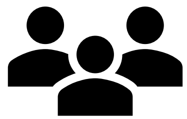


PCPCRC

Who Responded to the Client Survey?



Client
62%



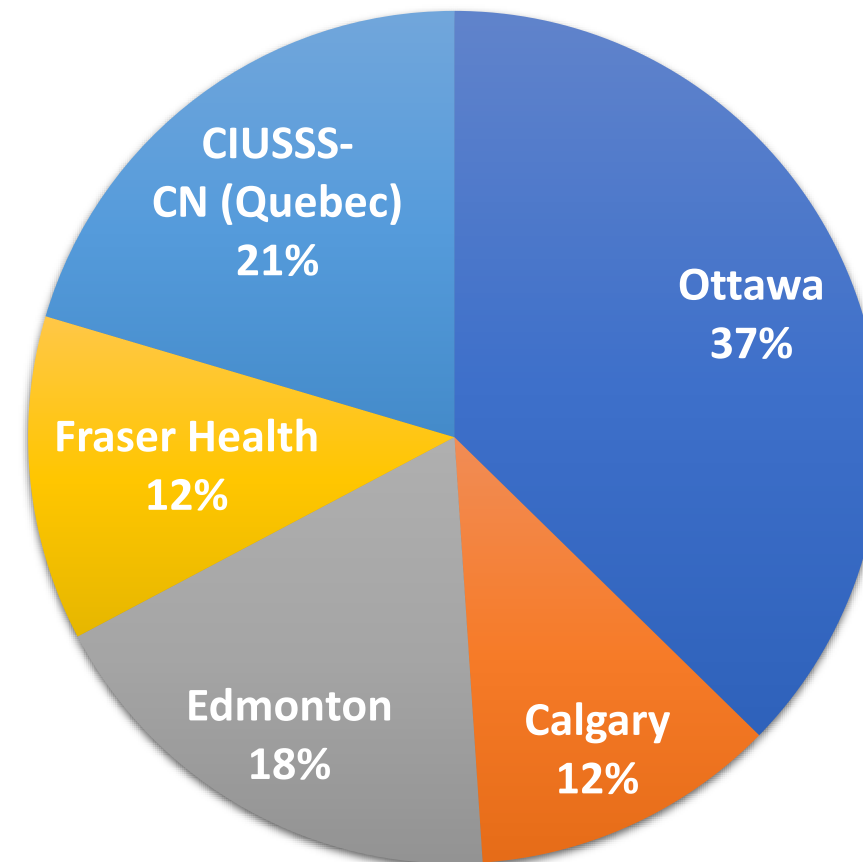
Caregiver
38%

Undisclosed
1 %

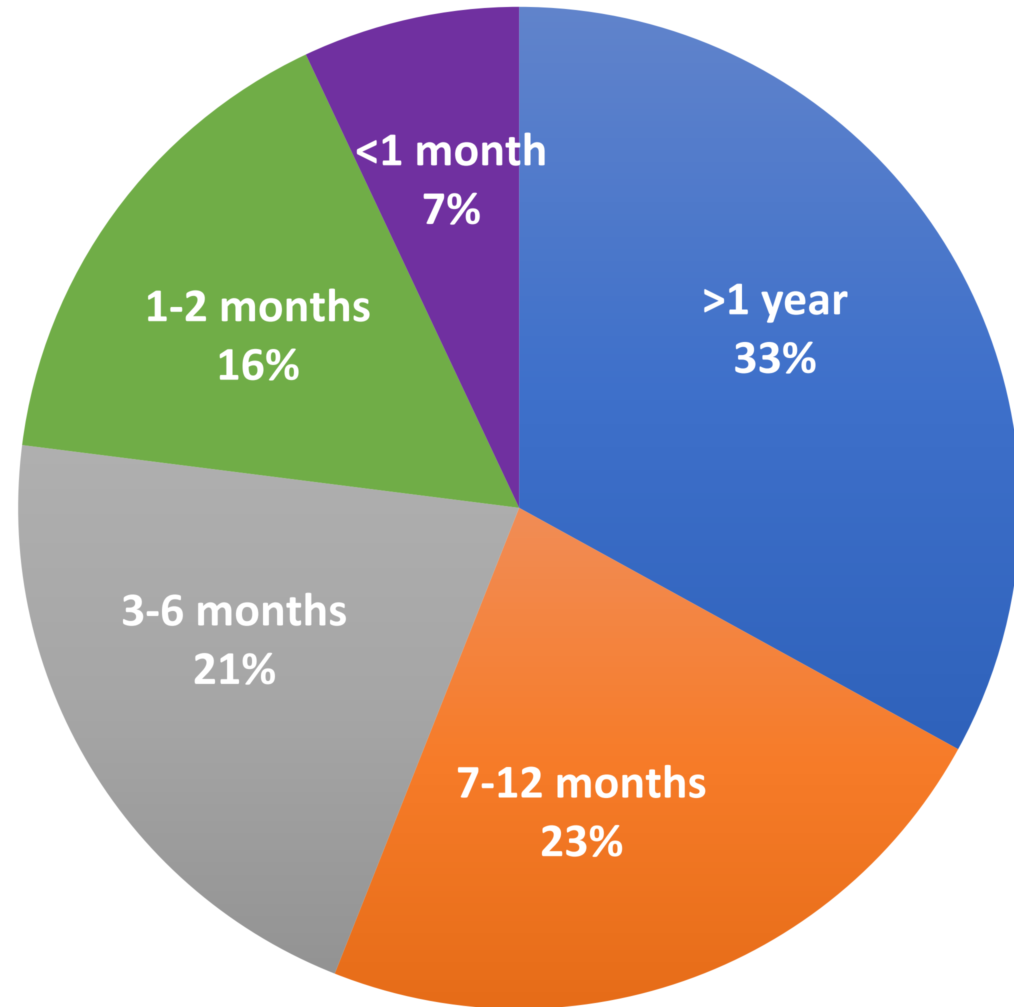
Demographic Variables	Categories	N
Age Groups	18-34	4
	35-49	20
	50-64	62
	65-74	105
	75+	163
	Prefer not to disclose	3
Gender	Women	204
	Men	146
	Non-Binary, gender fluid	6
	Prefer not to disclose	2
Education	University graduate degree	47
	University undergraduate degree	76
	College degree	75
	High school diploma	76
	Less than grade 12	60
	Other	17
	Prefer not to disclose	8
Birth Place	Canada	287
	Other	61
	Prefer not disclose	8

PCPCRC

Where were clients from?



Clients had varied homecare durations



Challenging to know the sample size

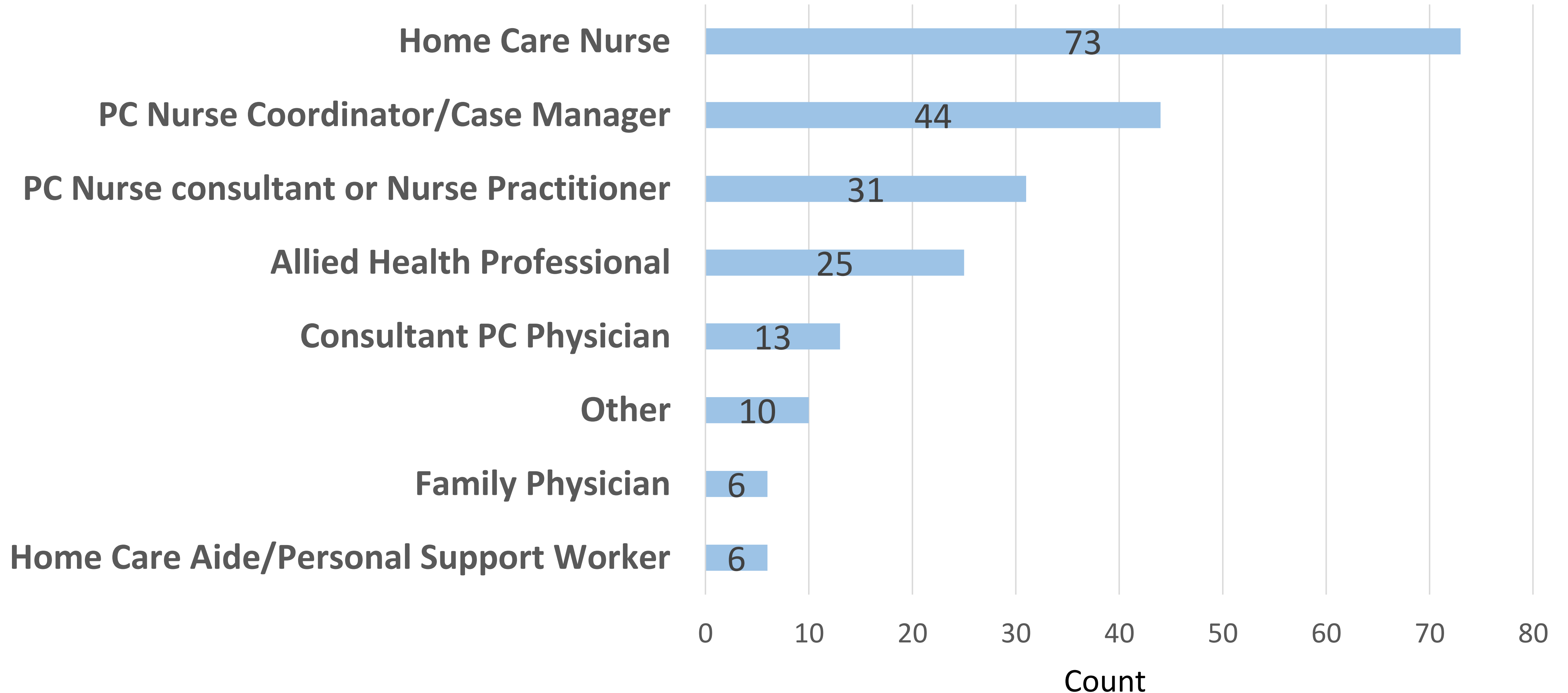
265 Clinicians responded

215 usable responses

PCPCRC

Clinicians' roles

N=208



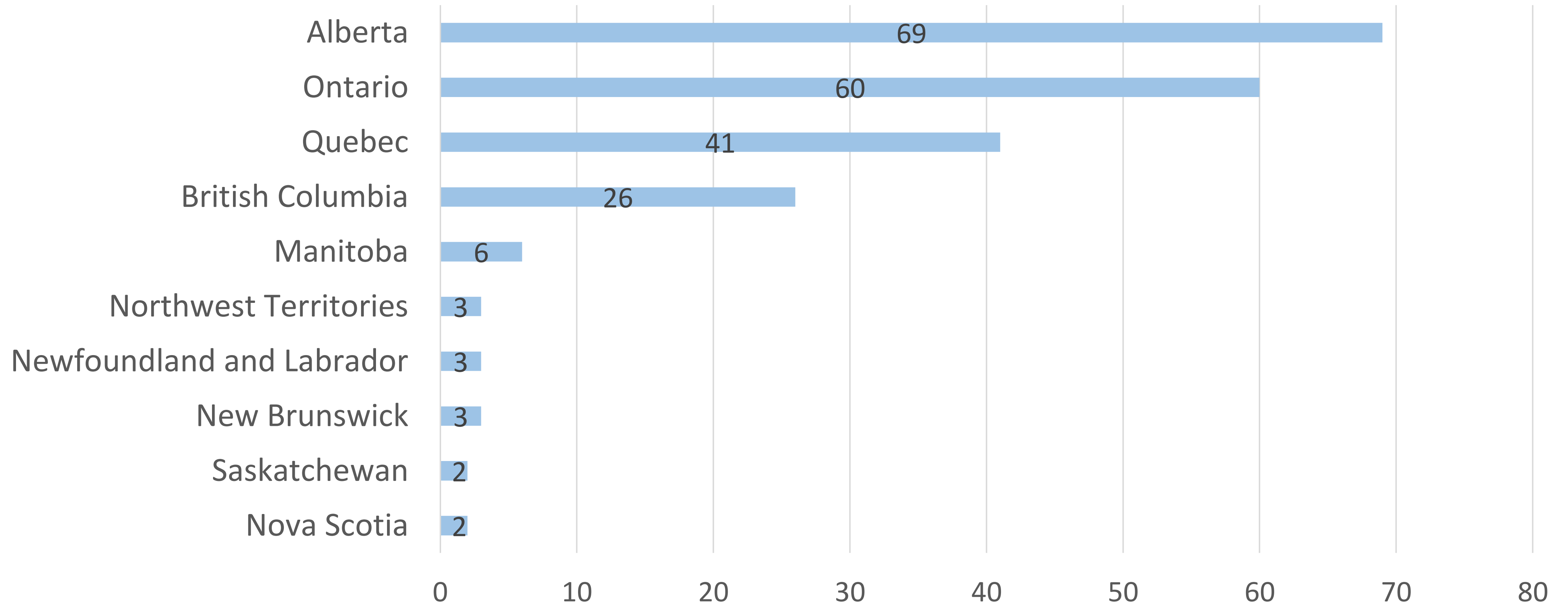
Who responded to the Clinician Survey?
(n=208/215)

Demographic Variables	Categories	n
Age	18-34	34
	35-49	85
	50-64	74
	65-74	12
	Prefer not to disclose	3
Gender	Women	180
	Men	24
	Prefer not to disclose	4
Locality Worked	Urban	100
	Mixed	67
	Rural	35
	Other	6

PCPCRC

Where were Clinicians from?

N=215



PCPCRC

5 CLIENT INTYERVIEWS

Client/caregiver #	Province	Highest education	Tech capability	Age	Self described Gender	Self-described Race/Ethnicity	First Language
Patient (P1) ALS	ON	Graduate degree	Neutral	70s	Female	Caucasian	English
Patient (P2) Breast cancer	AB	Bachelor's degree	Very capable	30s	Female	Half European, half First Nations	English
Caregiver (C1) Son has congenital heart defect and autism	ON	High school	Neutral	50s	Female	Caucasian	English
Caregiver (C2) Mom had metastatic breast cancer	AB	Bachelor's degree	Very capable	50s	Female	Caucasian	English
Caregiver (C3) Mom is in late stage of Alzheimer's	AB	Post secondary diploma	Somewhat capable	50s	Female	Caucasian	English

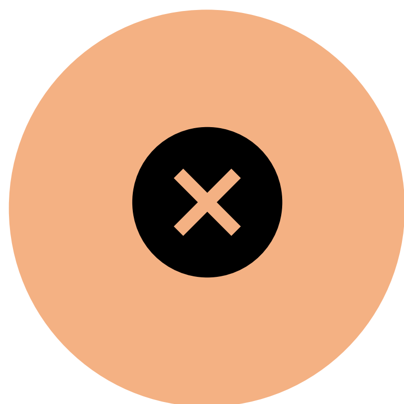
9 HEALTHCARE PROVIDER INTERVIEWS

Healthcare provider role #	Province	Years working in role	Years serving homecare	Education virtual care	Tech capability	Age	Self described Gender	Self-described Race/Ethnicity	First Language
Social worker (SW1)	AB	26	22	None	Somewhat capable	50's	Female	Caucasian	English
Case manager RN (N1)	AB	20	20	Little	Neutral	60's	Female	Caucasian	English
RPN (N2)	ON	14	14	None	Somewhat capable	60's	Female	Caucasian & Spanish	English
Systems Case Manager RN (N3)	AB	10	10	Little	Very capable	50's	Female	Caucasian	English
RN (N4)	AB	9	7	Some	Very capable	30's	Female	Caucasian	English
Case manager RN (N5)	AB	8	8	None	Very capable	50's	Female	Caucasian	English
RPN (N6)	ON	1	3	Some	Very capable	40's	Female	Asian	Mandarin
Palliative nurse practitioner (SPN1)	ON	1	1	Some	Somewhat capable	40's	Female	Caucasian	English
Clinical Nurse Specialist/Palliative Consultant (SPN2)	AB	7	5	Little	Somewhat capable	30's	Female	Caucasian	English

How often are visits *virtual*?

By phone or video call

Most clients had no or few virtual visits (n=366)



50%

NO VIRTUAL VISITS

30%

FEW VIRTUAL VISITS

20%

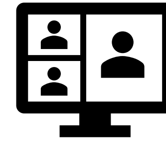
MANY VIRTUAL VISITS

PCPCRC

Clients had more Phone and few Video visits

65%

Had all, many or a few virtual visits by phone call

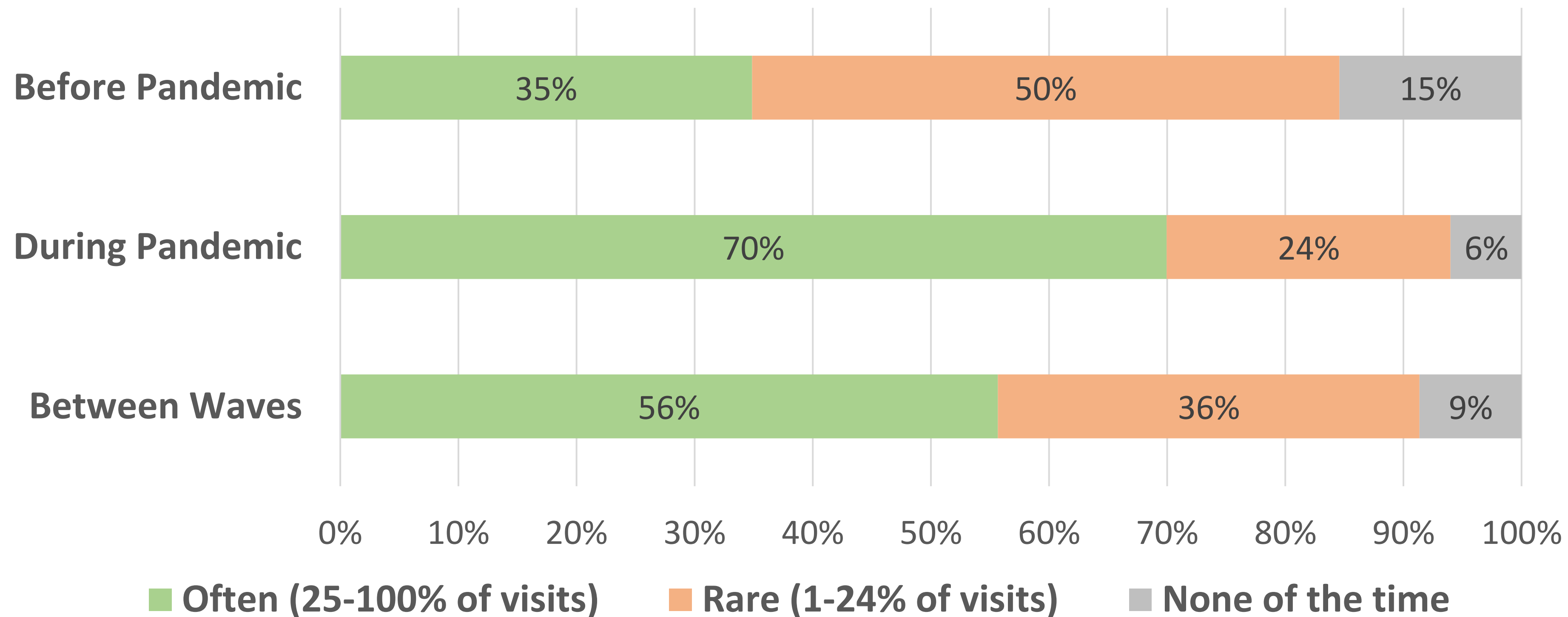


7.5%

Had a few virtual visits by video call

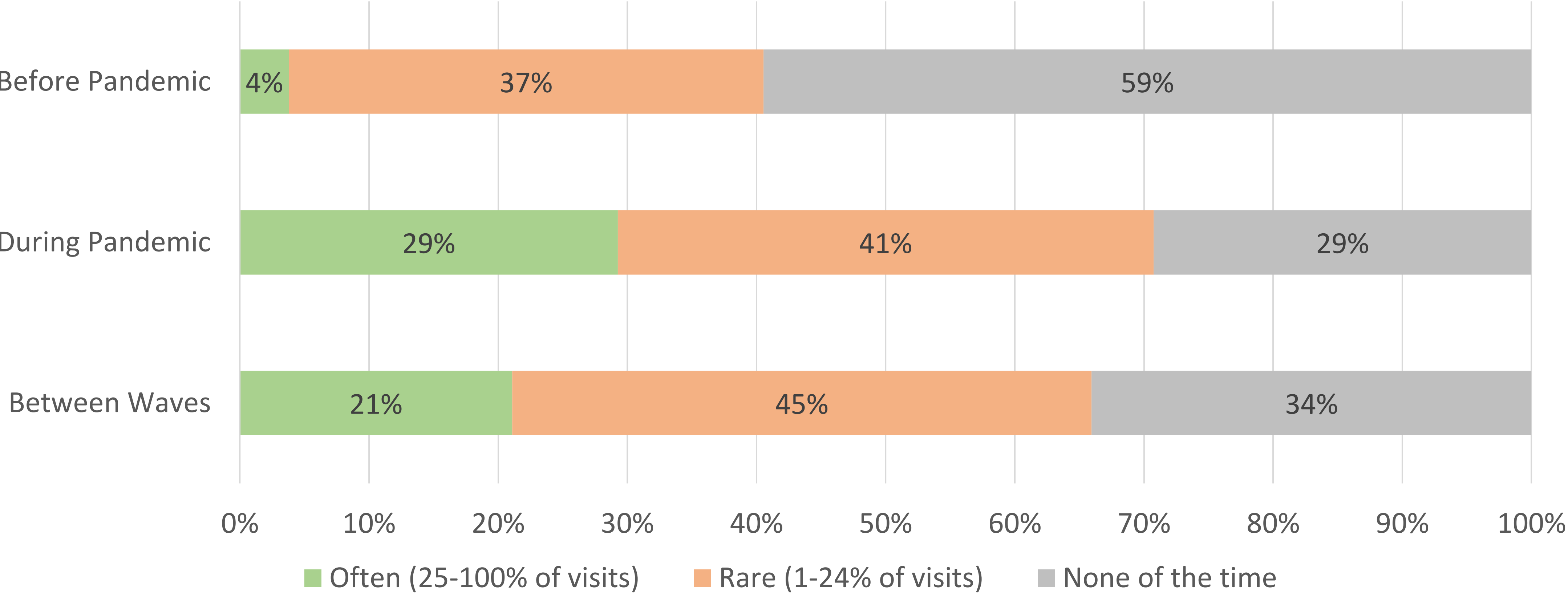
PCPCRC

Clinicians Increased use of Phone Care During the Pandemic



PCPCRC

Fewer clinicians used video visits



PCPCRC

Experiences?

SORRY, SON...THERE'S NO APP FOR THAT

5 THEMES

Who can we use it with?

Factors for using virtual technology

What are the problems?

Risks and disadvantages of virtual visits

What are the benefits?

Advantages of virtual visits

What can it best be used for?

Role of virtual visits

How can we use it better?

Adaptations for virtual visits

5 THEMES

Who can we use it with?

Factors for using virtual technology

What are the problems?

Risks and disadvantages of virtual visits

What are the benefits?

Advantages of virtual visits

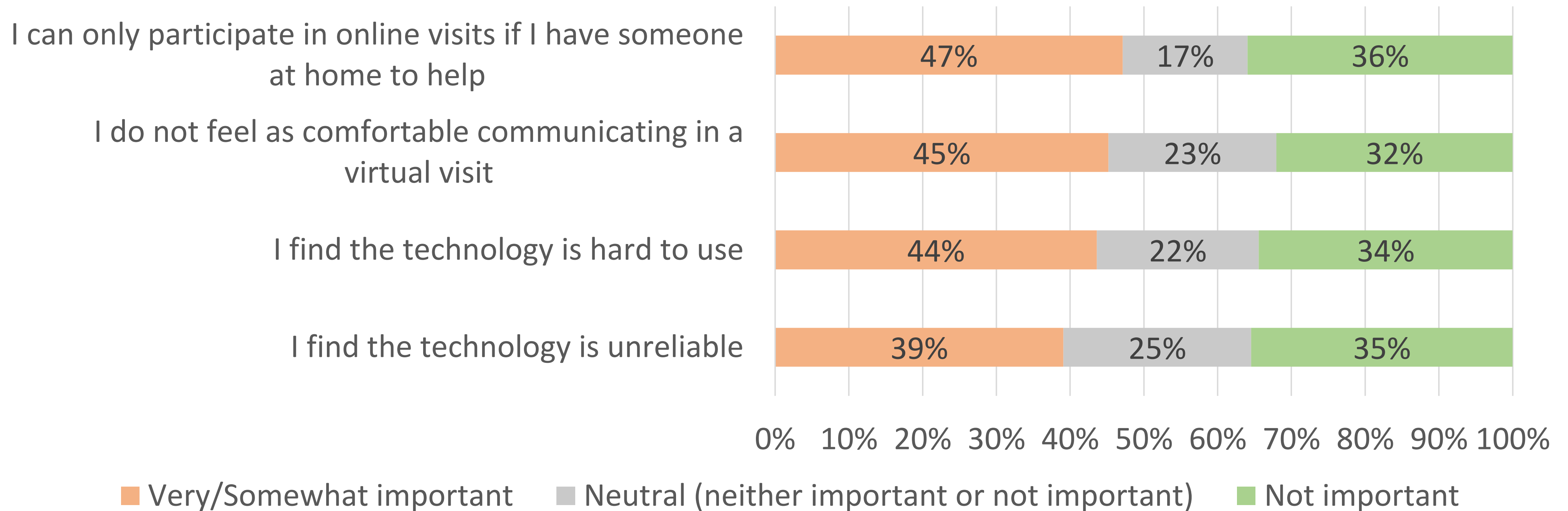
What can it best be used for?

Role of virtual visits

How can we use it better?

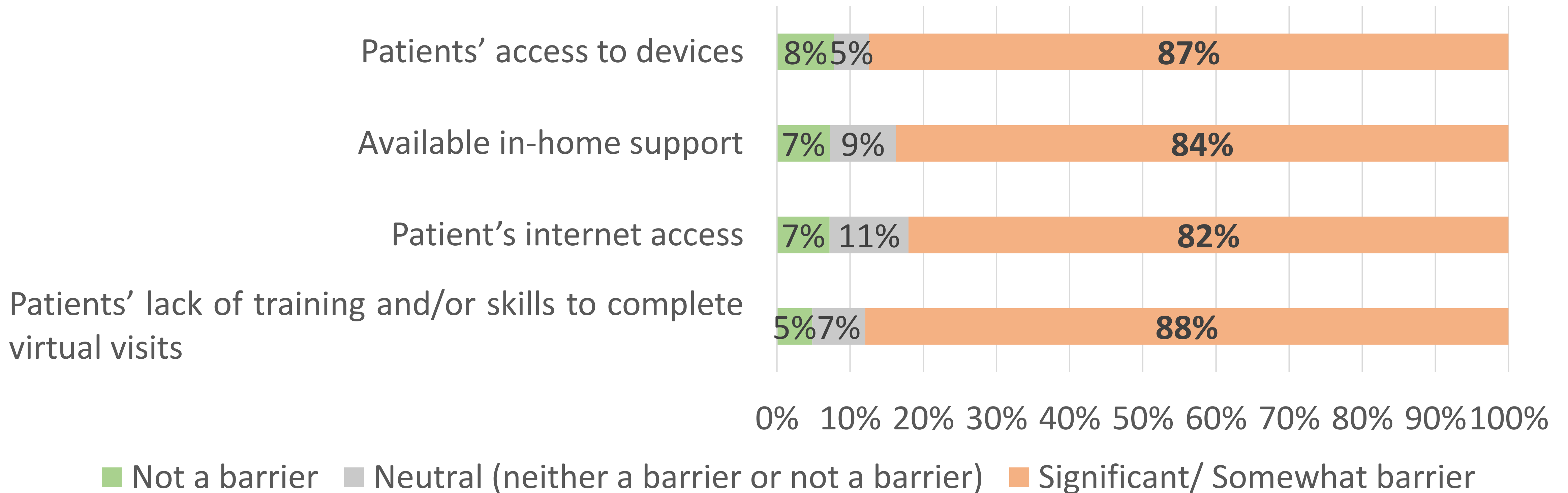
Adaptations for virtual visits

Clients report technology is somewhat a barrier



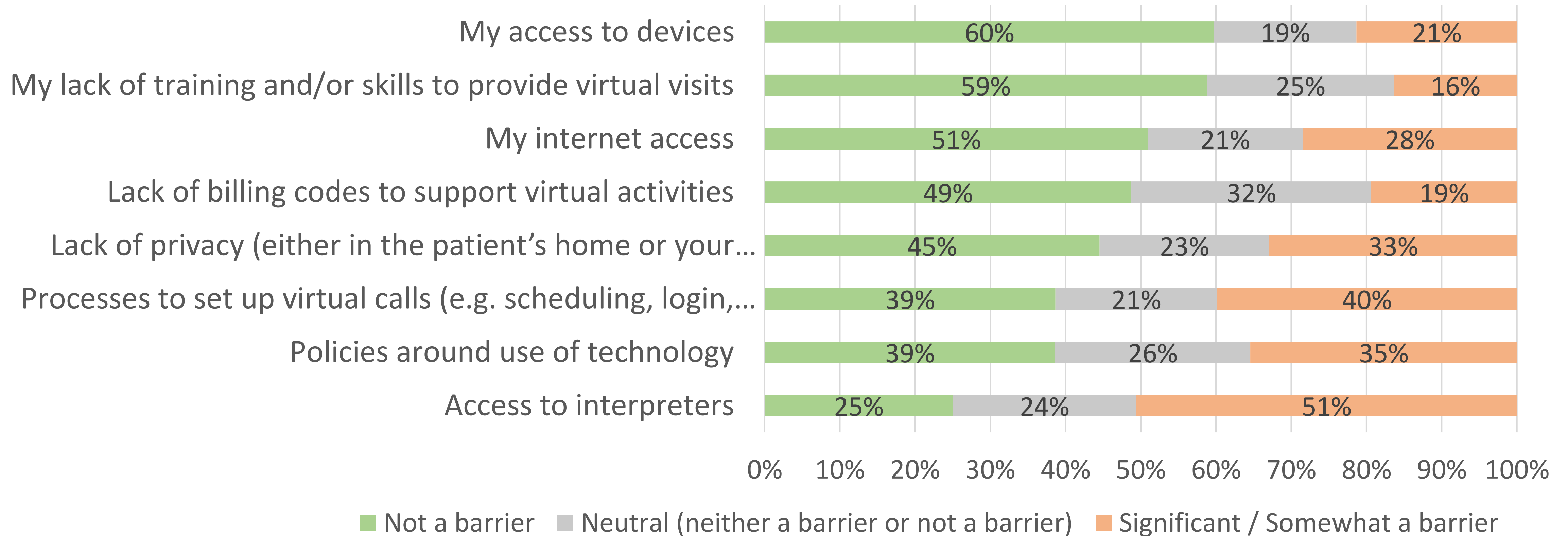
PCPCRC

Clinicians report significant barriers for clients' use of virtual care



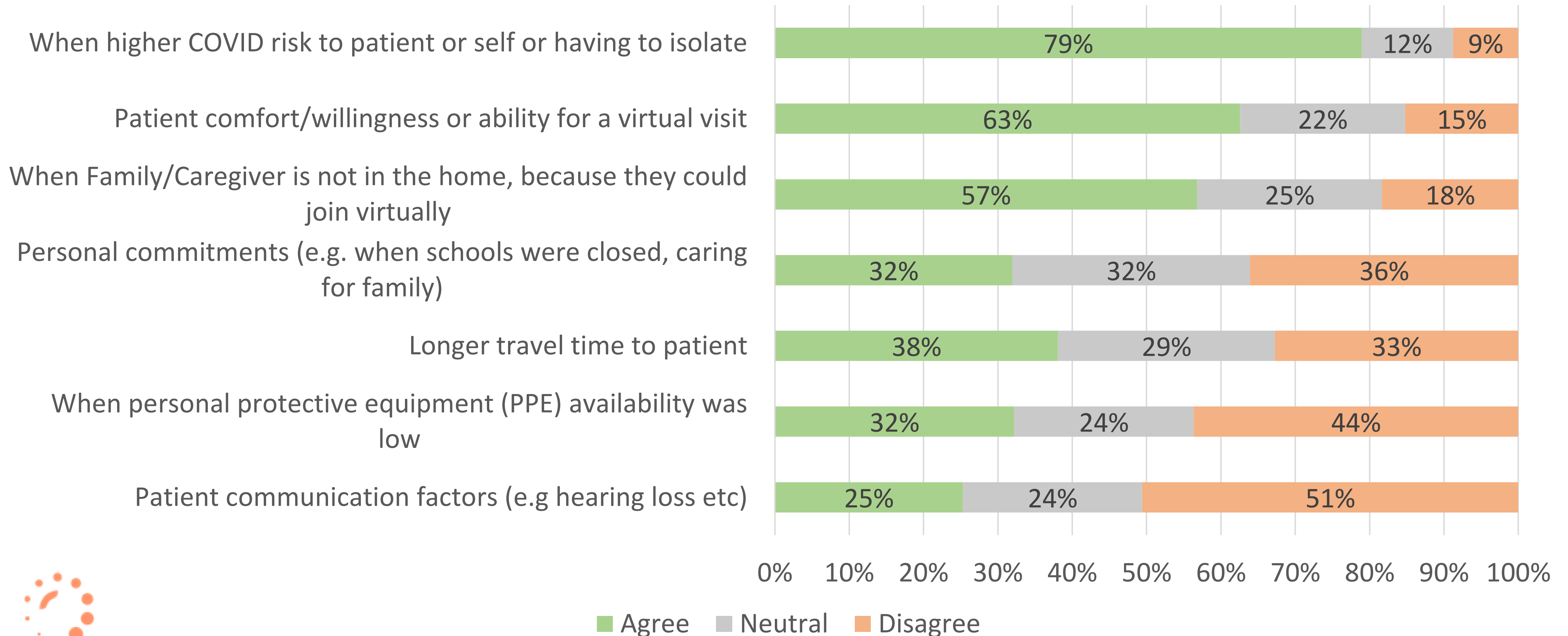
PCPCRC

Clinicians report fewer barriers to using virtual care themselves



PCPCRC

Clinicians used virtual more often when…



PCPCRC

FACTORS FOR USING TECHNOLOGY

Technology factors

"And to just maintain the technology itself, right, booting and rebooting it, accessing things in multiple places that require extra passwords. Getting blocked out of the passwords, having to call IT and wait for that." (N1)

Client factors

"And the only ones you're having the video calls with are the higher functioning with the money to have – so, the ones who have less money or less technology and less cognitive ability aren't actually online." (SW1)

"I am not comfortable with technology, and I am not necessarily eager to learn at 75 years old"
(Free text client)

Clinician factors

"I don't think anybody on our team is bothering with Zoom calls to clients. It takes too much effort and bother." (SW1)

"Expectations of managers that technology works seamlessly in the community. It does not. Significant time cost and is a barrier to communication (Free Text clinician)

System Context

"The COVID pandemic and health care worker shortage changed the way health care and palliative services are delivered to patients. Is it ideal? Maybe not. But it's the best the system can provide until alternative care is created."
(Free text – client)

"..phone-in or online visits are the next best services in rural remote BC. Particularly during adverse weather events when no road travel is permitted."
(Free text – client)

PCPCRC

5 THEMES

What are the problems?

Factors for using virtual technology

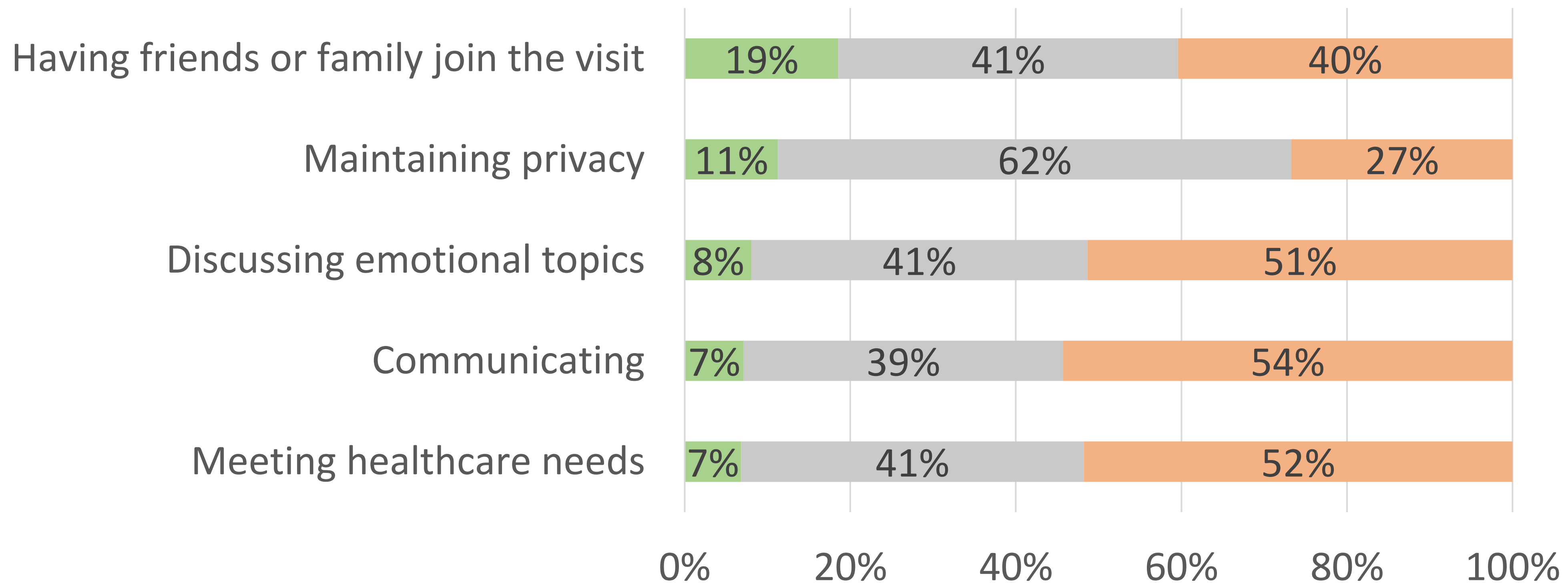
Risks and disadvantages of virtual visits

Advantages of virtual visits

Role of virtual visits

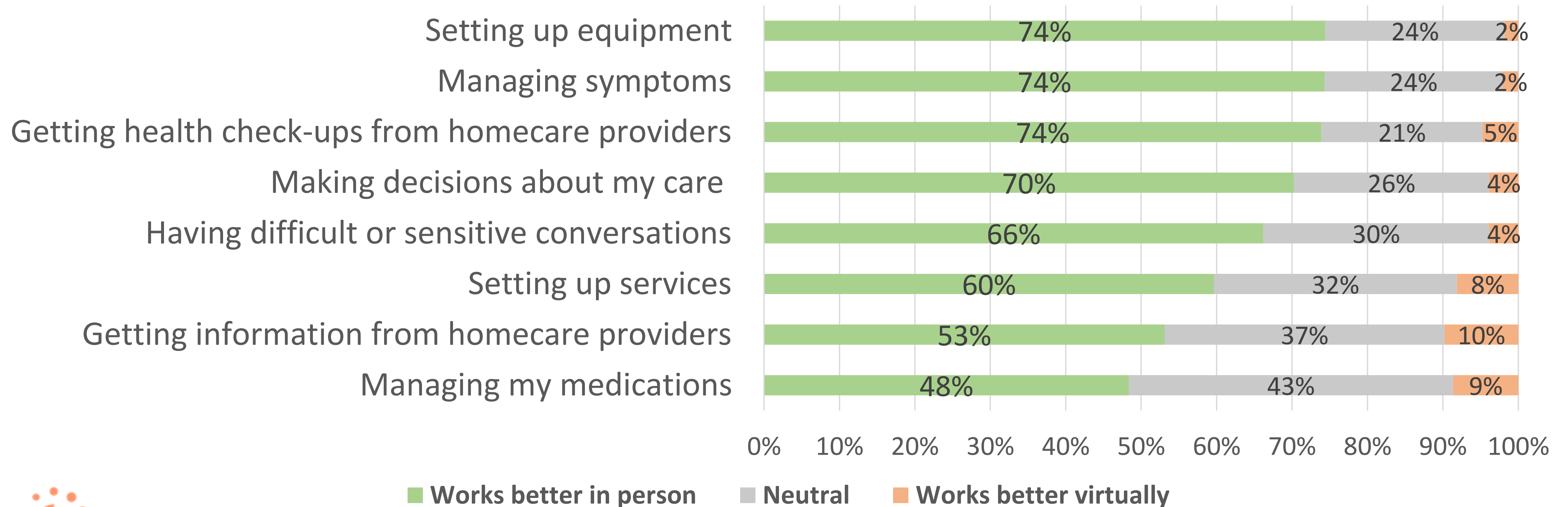
Adaptations for virtual visits

Clients report challenges with virtual visits



PCPCRC

Clients find in-person works better for everything



RISKS AND DISADVANTAGES OF VIRTUAL VISITS

Missing information

“"...much is missing virtually; palliative care of clients requires all of our senses - from the moment we walk into the home to where we see the client. Seeing the home, seeing the support people, the client from head to toe, the surroundings, the smells, noises and other - is important in overall care of the palliative client at home” (Free text – clinician)

Crisis missed or delayed

“What ends up happening is when a client’s health is failing, we only tend to notice or hear about it when it has reached a crisis.” (Free text - clinician)

“Virtual visits may be fine when one is stable, but one cannot conduct proper medical assessments virtually, especially when palliative patients begin to deteriorate. Virtual medicine should be viewed as a stop gap measure only, not as a serious method of practice.”
(Free text – Client)

Rapport and connection

“but the difference in rapport, in connection, in feeling heard and seen is – you can't even quantify the difference when you're there and somebody gets to know you and see you and feel like they had somebody on their couch with them.” (SW1)

“Feels less personable. Very impersonal. No human contact makes you feel like it is more of a question and answer session. Lack of human compassion.”
(Free text Client)

Need to go in-person

“Only doing virtual visits as a follow up to an in-person visits. New consults are too challenging as you need to get into the home to get a sense of the real situation” (Free text – Clinician)

“I can take a picture of a swollen eye... but I can't tell you if the lungs sound rattling. See what I’m saying? So there are times when your person needs to be with their practitioners because you can't visually see it.” (C3)

PCPCRC

5 THEMES

Factors for using virtual technology

Risks and disadvantages of virtual visits

What are the benefits?

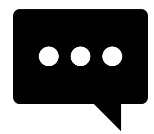
Advantages of virtual visits

Role of virtual visits

Adaptations for virtual visits

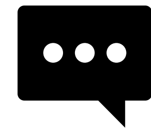
More emails and texts between clinicians

57% email


59% texts

Clinician-to-clinician

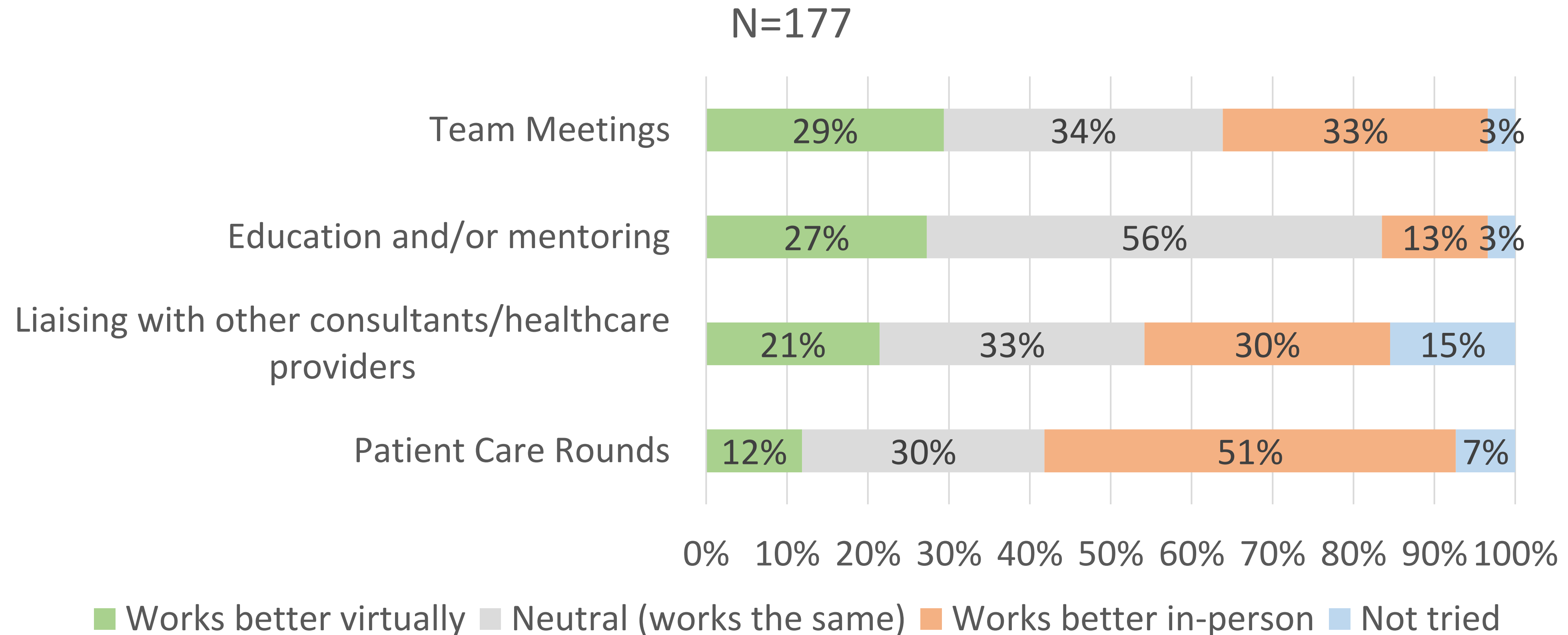
32% email


35% texts

Clinician-to-patient

PCPCRC

Varied perspectives on virtual care for team activities



PCPCRC

ADVANTAGES OF VIRTUAL VISITS

Availability of Clinician

"I don't know if I have actually had a family say, "No" to be honest when I say, "Can we do virtual?' because usually it means they can get seen faster and get advice faster and that usually tips them over that although they may not be super comfy with doing it, they want to be seen sooner so then we do it." (N4)

"We like virtual visits. Often we require hands on so they come to visit. When possible we do virtual. The other option I love is to text my mom's N/P or nurse with questions or vitals/symptoms and we troubleshoot before we make an appt. It makes me feel like we always have a support in place when we need it." (Free text – Caregiver)

Positive for Clinician

"meetings with colleagues, you have meetings with managers that are always easier, I think easier to do via MS Teams, rather than go to an office and wait for your appointment time. And this way can always be done even in between appointment times and what have you." (N3)

"I learned that it is possible and in most cases more efficient and effective to care for palliative patients virtually (as a nurse practitioner with the support of in person beside care from RNs, RPNs and PSWs). I am able to help more patients each day via phone then when I am out and about driving around the countryside to patients' homes" (Free text – Clinician)

Positive for client and caregiver

"The family conference. The getting everybody on the same page, hearing the same information, that was really useful, especially for the out-of-town family members and stuff. There are some really good uses of it." (SW1)

"Easier to fit into the day, allowed my mom to sleep in because less prep time, didn't have to ramp up to having company preparations, less stressful for mom having a day off instead of an appointment." (Free text –Caregiver)

5 THEMES

Factors for using virtual technology

Risks and disadvantages of virtual visits

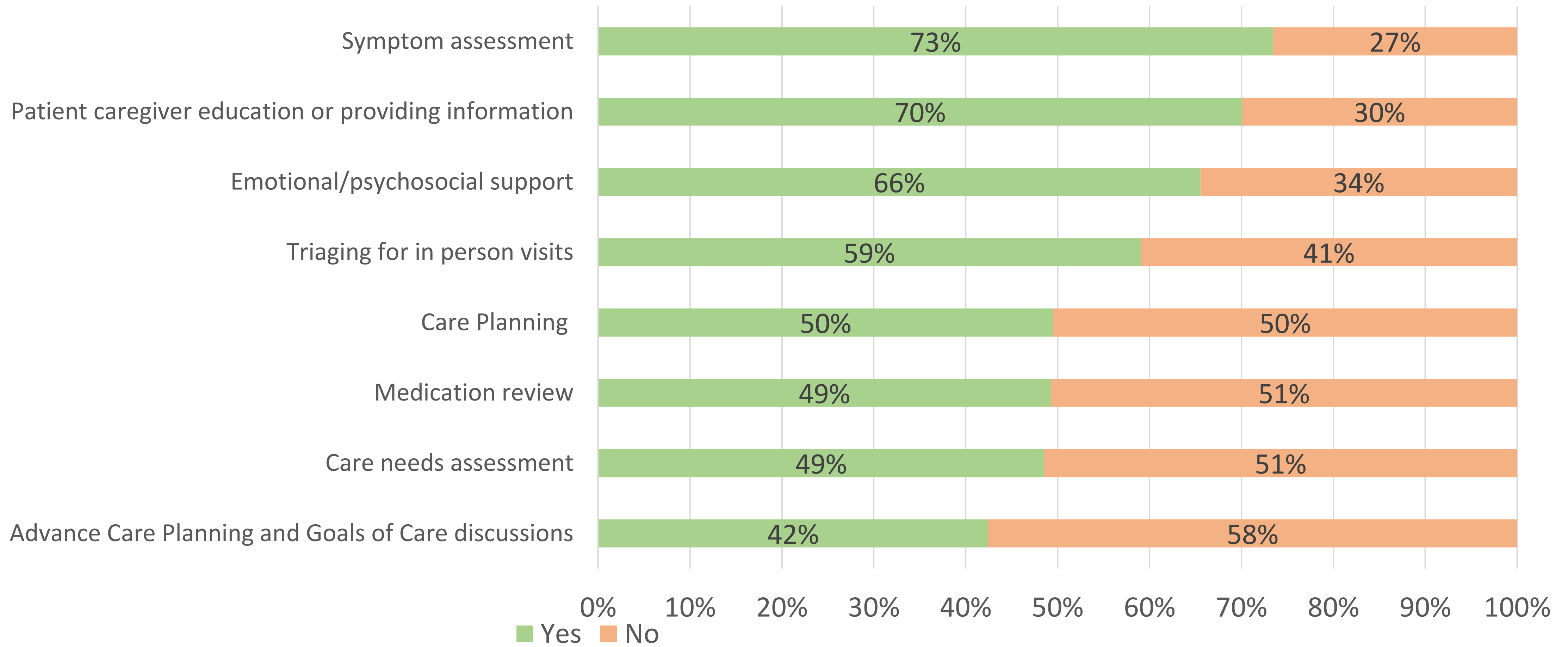
Advantages of virtual care

What can it best be used for?

Role of virtual visits

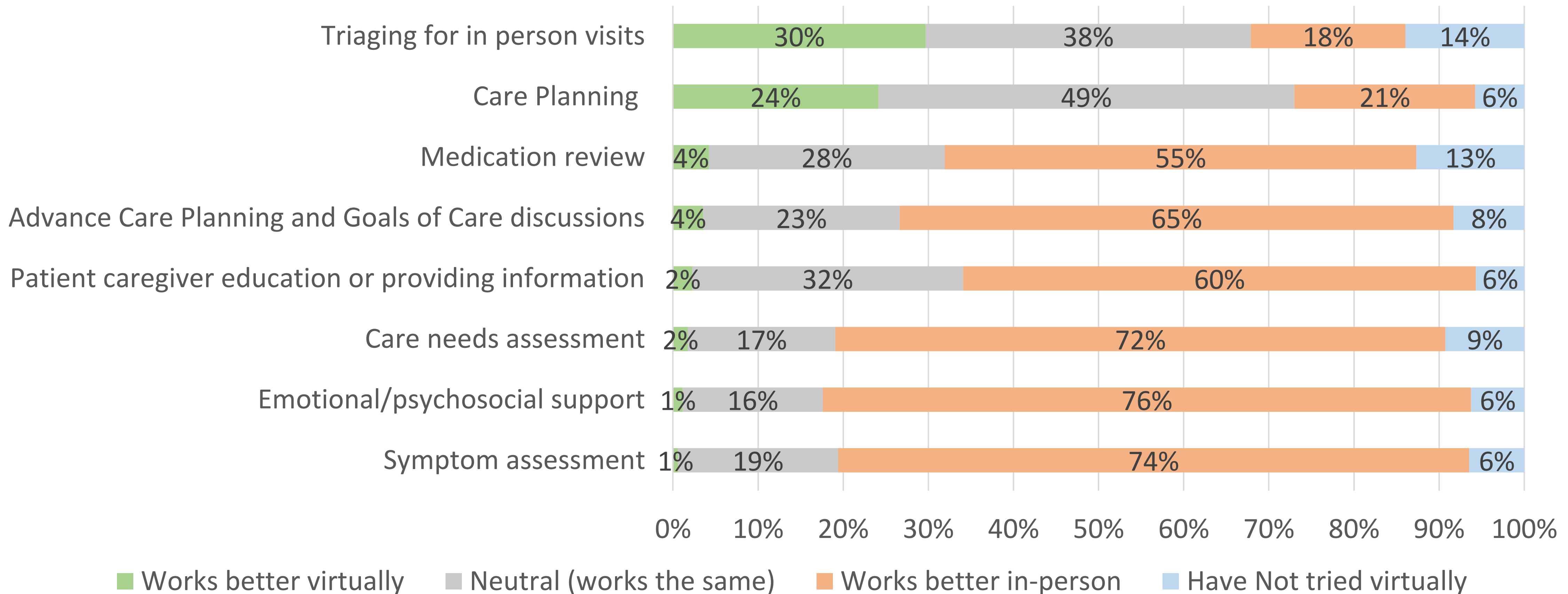
Adaptations for virtual visits

Clinicians tried virtual care for many activities



PCPCRC

Clinicians find in-person works better than virtual care except for triaging and care planning



PCPCRC

ROLE OF VIRTUAL VISITS

Checking in to choose visit modality

"If I phoned them in the morning, and they say, "You know what, everything's fine. We don't have any concerns, there's no symptomatic issues", then we might just leave it for another time." (N3)

"Like, if I have a symptom and it's not urgent, I don't need someone to check on me, but I need someone I need to talk to a nurse to be, like, do I have to go to the hospital or should I — when do I go to the hospital? So in that case, the virtual." (P2)

Select Tasks

"Usually virtual visits can take place quicker and with simpler issues, that is what you need. Just a quick answer or guidance" (Free text – Client)

"So we do a lot of early palliative care or education, so anticipating what might be coming in the future, talking to people about our programs and resources, that, you know, letting them know what to expect or who to call when things come up, I think those things, for the most part, were fairly comparably achieved virtually." (SPN2)

Persistent use of Virtual technology post pandemic

"I don't want to just go and visit all my clients in- person and then forget about them till I see them again in another week. And I think virtual care kind of – it enhances that relationship. So you know, oh, I can follow up and see how their blood works going or see if they went to pain and symptom at the [organization]. I don't know, I just think virtually you're able to kind of supplement their care." (N3)

"I had hoped we would continue virtual visits and move forward vs backwards to the old way of doing things...tradition and authority without much thought put into how things can work better, more efficient, more effective without compromising pt care, better work life balance etc." (Free text-clinican)

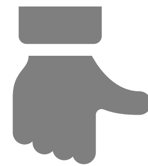
PCPCRC

Client preferences beyond the pandemic:

n=341

36%

I’d like some/most of my visits to be virtual



16%

No preference

48%

I’d like none of my visits to be virtual

Clients >65 years and <grade 12 education were 20% more likely to want no virtual visits

PCPCRC

Clinicians thoughts on the future of virtual care:

“Never. Unless there is another outbreak.”

“I expect to decrease virtual visits and return to 100% in person care, unless the client requests just a telephone call.”

“No real changes. Telephone contact with client and family when client stable and capable to call. In-person required at intervals for assessments and teaching, preparing client and family for changes in future.”

“Virtual visits are used for triage and visit planning (mostly by phone), same as pre pandemic. I offer Zoom visits as an option, but the vast majority of people choose in-person. I will check in with clients or family members by phone when my caseload numbers are very large and exceed my ability to see people in person although this is really not ideal.”

“Will continue to use Teams for Team meetings with other professionals. Saves much time. Continue to set up family mtgs virtually especially when family members are unable to physically be present during mtgs times due to commitments.”

PCPCRC

5 THEMES

Factors for using virtual technology

Risks and disadvantages of virtual care

Advantages of virtual care

Role of virtual care

How can we use it better?

Adaptations for virtual care

ADAPTATIONS FOR VIRTUAL VISITS

Visit Preparation

“What kind of tips? Practice, use the technology yourself because how you tell somebody else what to do, when you're not confident in using the technology yourself? Probably a big part is know how to troubleshoot it.” (N3)

“I have my list of medications ready. I have a list of pertinent symptoms ready. I like to keep a list of questions on hand too.” (Free text – Client)

Visit Tips

“It’s important to be even more curious about the client than normal as it is easy to miss things if you don’t ask direct questions. Also, it’s important to ask who is in the room as there might be family members you cannot see on camera.” (Free text – Clinician)

“Have the support of a family member to use the technology and to answer the doctor’s questions” (Free text – Client)

Increasing Tech Access

“But I really think for anybody providing home care, they should all have business cell phones, and those business cell phones should be textable for the people that can text.” (C3)

“At this time, we are not to communicate via email with non-[Organization] providers or even client's and family members. This is not sustainable. Email/text communication is especially useful when we're dealing with a language barrier.” (Free text – Clinician)

PCPCRC

CLINICIAN TIPS

for virtual palliative homecare visits

Before Virtual Visit

Use when appropriate
for select clients, simpler issues, triaging, or check-ins when stable

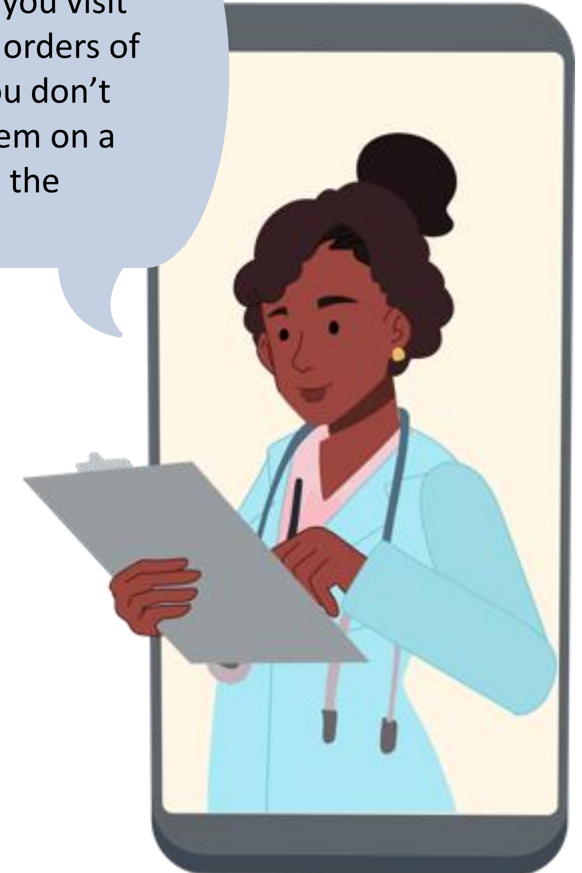
Build rapport first
Virtual visits are best when you already know the person

Assess client's ability
to use phone/online

Involve family
for virtual meeting support

Prepare ahead
Streamline your process and email necessary documents

I have no problem with virtual technology. I think it has a huge role in, like, you do a change in their pain medication, you visit them, you assess and you've got orders of pain medicine change. Maybe you don't have to do a visit, you can get them on a video call, right, though we need the technology to be seamless



CLINICIAN TIPS

for virtual palliative homecare visits

During Virtual Visit

Prepare your space

Ensure you have privacy, back-up tech available, & adequate battery/power source

Confirm identities

Ask who is present

Anticipate challenges

Sign on early, let the client know if you're running late, be open to guiding the client in using tech

Communicate effectively

Speak clearly and slowly, listen hard, ask direct questions, and avoid assumptions

Be thorough & accurate

Use a symptom checklist and share your screen

CLINICIAN TIPS

for virtual palliative homecare visits

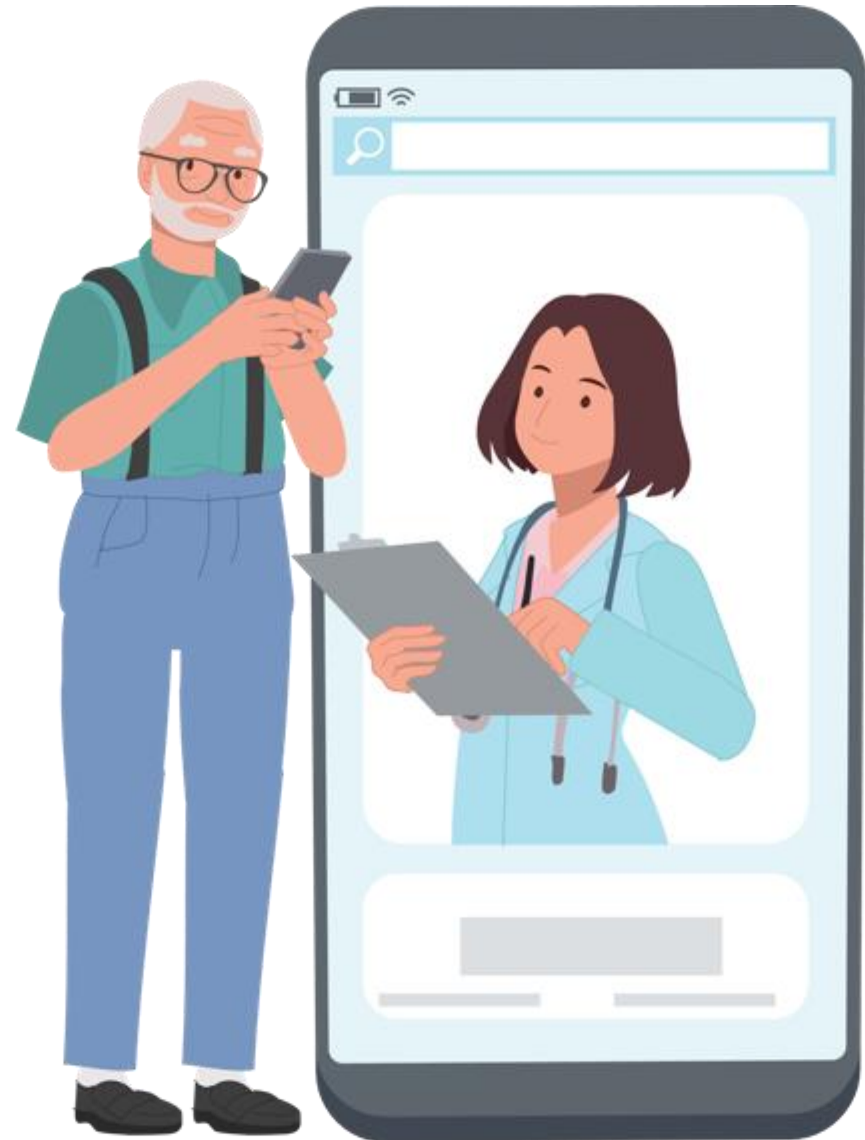
After Virtual Visit

Document as virtual visit

and send summary to client

Alternate

Hold your next follow-up in person to avoid missing important health changes



CLIENT TIPS

for virtual palliative homecare visits

Before Virtual Visit

Prepare ahead

Write down questions or topics you want to discuss and have your medication list ready

Meet in person the first time

Virtual care is best when you already know your provider

Prepare tech support

Have a family member, volunteer, or neighbor at home with you

Expect a time window

for your visit, have a back-up way to connect

"I liked the virtual visits as it was a way to have a nurse check in on how I am doing and to ask questions about things I may be experiencing. I also liked the reminder that I could reach out before the next check in if I had questions."

CLIENT TIPS

for virtual palliative homecare visits

During Virtual Visit

Prepare your space
with privacy, quiet, and adequate battery/power source for your device

Ask
what the providers' roles are

Have a supporter
to advocate with you and to take notes

Be honest about your concerns
Provide as much detail as possible

Use your checklist
throughout your visit

Request
a written summary, especially medication changes

CLIENT TIPS

for virtual palliative homecare visits

REMEMBER:

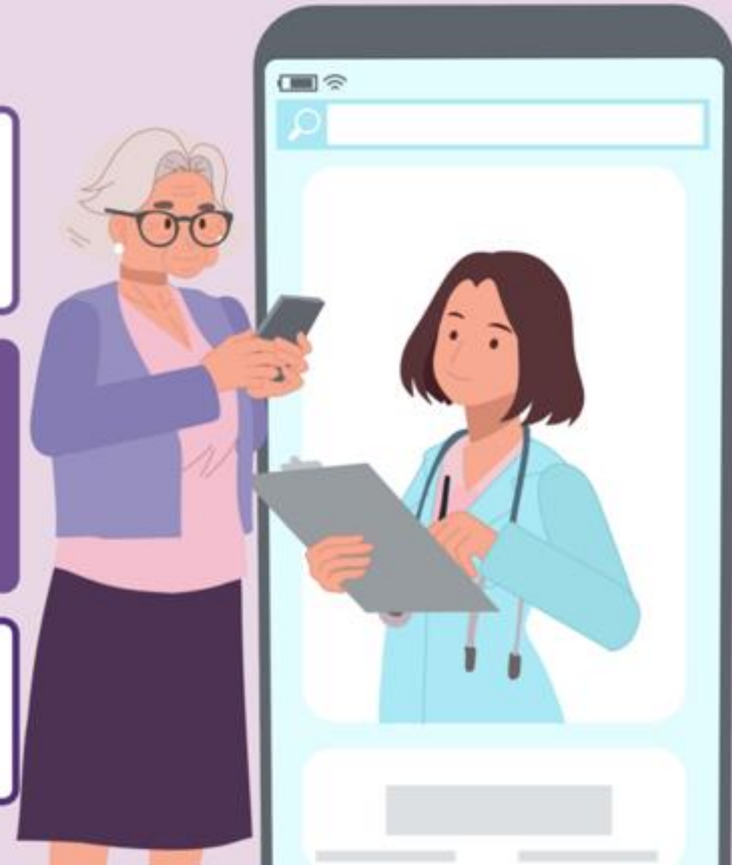
Request an in-person appointment when:

- there are changes in your health
- you can't use virtual tech

Virtual care is great when:

- checking in for simple issues
- you want to cut down on wait time to access your provider
- you're worried about infections

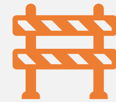
Your homecare team wants to do their best to support you.
Let them know if something isn't working.



Takeaways

Video visits were seldom used

Virtual care use increased during the pandemic, but has not sustained



Many clients face challenges for virtual visits – Phone is used most

Limited activities virtually (e.g. triaging, scheduling visits, client preference)

Improved technology/accessibility may help but in-person remains at the heart of palliative home care

PCPCRC

Future of Virtual Palliative Home Care?

Supplementary to in-person care