

Telepsychiatric Consultation vs. In-person Consultation in Clinic for Psychiatry in Skopje, North Macedonia

Haxhihamza Kadri, MD, PhD^{1*}, Arsova Slavica, MD, PhD¹, and Bajraktarov Stojan MD, PhD¹

¹University Clinic of Psychiatry, Outpatient ward, Skopje, North Macedonia.

*Correspondence:

Kadri Haxhihamza, University Psychiatric Clinic, Beogradska str N.N. Skopje, North Macedonia. Tel: +38975456917.

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ABSTRACT

Introduction: Our dilemma as mental health professionals was; what do our patients prefer - tele psychiatric or face-to-face consultations?.

Materials and Methods: In two-month period (July 15th through September 15th, 2021) all patients that have had their consultations at our Clinic were offered to choose between face-to-face and tele psychiatric consultation. At the same time, they were asked why they choose that particular form of consultation.

Results: Total number of patients (2.053) 1339 chose face-to-face consultation, 714 chose tele-psychiatric consultation.

Discussion: Many doctors and patients alike still like a “personal touch” but not all procedures should be performed face to face, especially during COVID-19 pandemics, in cases when patients just can't get in to see their doctors in-person, and for many cases that don't require a physical exam (e.g. renewing of prescriptions of chronic patients), telemedicine can be a good alternative.

Conclusions: Tele-medicine (particularly tele psychiatry) is here to stay. The only dilemma now is: what are the future ways to enhance tele psychiatry for use in different cultural and technological environments, so patients would choose tele-psychiatric consultation more often.

Keywords

Consultation, In-person, Tele psychiatry.

Introduction

For the last two years, our Clinic went through several changes in procedures regarding meetings with our patients. Constant appearance of new strains of COVID-19 viruses caused fear of infection and therefore the need of extending use of protective measures wearing masks and keeping distance. However, at the end of the day, it is patients' health, satisfaction and comfort that matters so telepsychiatry was introduced on much larger scale than before. Even then, with all the fear present (fear of infection, of mixing with other people in public transportation or with other

patients in waiting room) and telepsychiatry as a choice patient still wanted to “meet with their doctor face to face”.

Our dilemma as mental health professionals were: what is better for patients- tele psychiatric or face-to-face consultations? What do our patients prefer and why?

There is a predictable turning point in any debate about telemedicine. Someone will concede that it can save money, provide clinical evidence; bring care to the underserved and even drive revenue. But inevitably they'll worry that the quality of the virtual visit just isn't as good as an in-person visit – that telemedicine is “impersonal.”

The medical interview is a pillar of medicine. It allows patients and clinicians to build a relationship. Ideally, this process is inherently therapeutic, allowing the clinician to convey compassion, and be responsive to the needs of each patient. Eliciting and understanding the patient’s agenda enhances and facilitates patient-clinician communication.

But how personal is the quality of a traditional visit? According to a study published in the Journal of General Internal Medicine, not very personal at all. In fact, 64 percent of primary care providers (PCPs) and 80 percent of specialists did not bother to ask the patient why they came in – and when they did, most of them interrupted the patient after a median of 11 seconds.

Can you explain all your medical symptoms and questions to a doctor in 11 seconds? [1]. A Massachusetts General Hospital study found that patients reported strong personal connections with providers when using telehealth visits. Approximately 62 percent of patients said the quality of telehealth visits was just as good as in-person visits; 21 percent said it was even better.

Patients are often more relaxed and candid during a telemedicine visit. They don’t have to miss work, hunt for parking or sit for forty minutes in a waiting room, which can put them in a better mood and help them be honest about their self-care habits. Telehealth gives them more of what they want most and gets rid of the stuff they don’t want. With a telehealth visit, 95 percent of the time spent by the patient is face-to-face with the doctor, compared to less than 20 percent of a traditional visit, in which most time is spent traveling and waiting [2]. In our survey it was not so.

Materials and Methods

As of July 15th, 2021 pandemic precaution measures were mitigated and patients (and doctors, too) were offered to choose between face-to-face or tele psychiatric consultation. This was sanctioned by National Health Insurance Fund of Republic of N.Macedonia and Ministry of Health of Republic of N.Macedonia.

In two-month period (July 15th through September 15th, 2021) all patients that had their consultations arranged through “Moj Termin” (“My appointment” - the appointment system provided by the Ministry of Health to all clinics) on Psychiatric Clinic in Skopje were offered to choose between face-to-face and tele psychiatric consultation. At the same time, they were asked why they choose that particular form of consultation. Questions and answers of the patients were asked and recorded by one of our technicians, through special phone line that was established.

A total number of 2.053 patients were given this choice. Of total number of patients 1339 chose face-to-face consultation, 714 chose tele-psychiatric consultation. Results were obtained through quantitative analysis of data provided by the “My appointment” application. Under North Macedonia, laws and regulations IRB approval or waiver statement was not necessary for this kind of study.

Results

Our results show that majority of patients still prefer face-to-face consultation over telepsychiatric consultation (Figure 1).

Reasons for this are different, as shown in Figure 2.

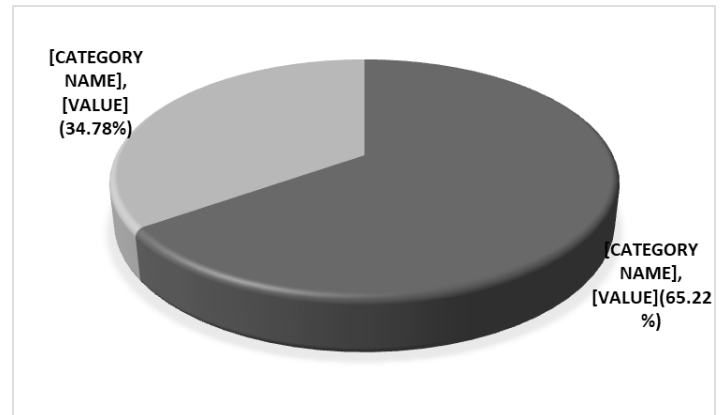


Figure 1: Number and percentage of patients that chose particular form of consultation.

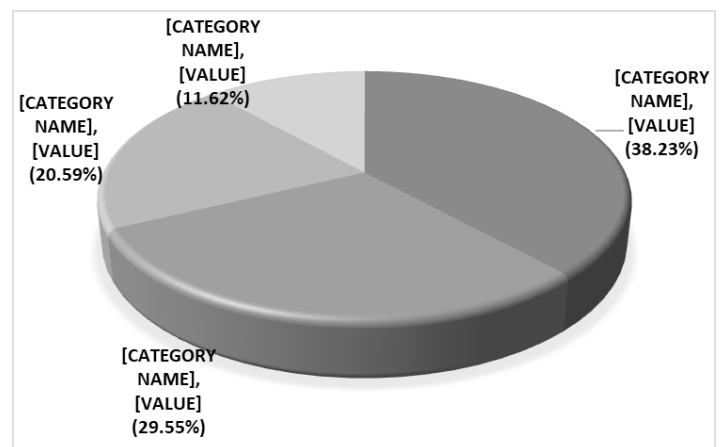


Figure 2: Number and percentage of different answers of patients that chose telepsychiatric consultation.

Most of our patients responded that telepsychiatric consultation is “more comfortable” because it is conducted from their home. Large group of patients said that they “were afraid of COVID” so didn’t like “mixing with other patients”. Considerable number of patients were feeling good with present medication and just needed to continue their therapy: telepsychiatry was the simplest (and most secure) way to do this. Last group were patients with financial problems or with other medical conditions that prevented them to come to our clinic so they chose telepsychiatry consultation.

Having in mind considerable number of patients (136) that didn’t show up at their scheduled controls (for whatever reason they might have) we can say that virtual health can also improve continuity of care.

Discussion

In situations where a pandemic is declared, the feelings of anxiety and uncertainty overwhelmed people, and health systems struggled to cope with an uncontrolled and exponential demand. Without exception, health services were exposed to the risk of collapse caused by an inundation of queries that could be serviced by virtual means. Health facilities became overwhelmed and had insufficient capacity to provide adequate treatment to those most in need of care. Teleconsultations were logical choice: a safe and effective way to assess suspected cases and guide the patient's diagnosis and treatment, minimizing the risk of disease transmission.

Many doctors and patients alike still like a "personal touch," and not all procedures – even simple checkups – can be performed digitally. However, in cases where patients just can't get in to see their doctors in-person, and for many cases that don't require a physical exam (e.g. renewing of prescriptions of chronic patients), telehealth can be a good alternative [3].

Virtual health can also improve continuity of care [3]. Provider collaboration, remote monitoring and ongoing updates help primary care physicians follow the narrative thread of a patient's story – fostering more consistent care and meaningful conversations.

Conclusions

The COVID-fueled surge has tapered off as patients venture back to doctors' offices. But medical professionals and health experts predict that when the pandemic is over, telehealth will still play a much larger role than before.

Providers need less pressure and more face-to-face time with patients, while patients need focused attention. Telemedicine can't solve every documentation challenge, but it can facilitate deeper patient relationships – and accelerate effective medicine [4].

Studies show patient satisfaction with telemedicine is high. And for physicians who previously were skeptical of remote care, necessity has been the mother of invention.

For patients, the advantages of telemedicine are clear: You typically can get an appointment sooner, in the safety of your own home or workplace, saving time and money on gas and parking — in some cases, even avoiding a loss in wages for missing work. Telemedicine also provides care for people in rural areas who live far from medical facilities [4-7].

Conclusion is clear: telemedicine (particularly telepsychiatry) has gain momentum in our country and is here to stay. The only dilemma now is: what are the future ways to enhance tele psychiatry for use in different cultural and technological environments?

We believe that education for use of telemedicine, both for doctors and patients, is the most practical solution under given circumstances.

Education of doctors (and other medical professionals) for use of telemedicine should start during their studies at the University. Next step would be education for use of telemedicine through specialization for family doctors.

Recently, an agreement of collaboration is signed between Cathedra of psychiatry and School of Family medicine in Skopje in the field of Telemedicine so telepsychiatry will become part of the curriculum for Family Medicine specialization.

During this study year, a new program for Telemedicine for medical students will be introduced at Medical Faculty in Skopje as elective courses (telepsychiatry and teledermatology).

Education of patients for use of telemedicine should aim at making telepsychiatric consultation as simple and friendly for patients as possible. At the moment, patient is contacted a day ahead of scheduled consultation and asked if he/she would prefer telepsychiatric or face-to-face consultation.

A short clip explaining use of Telemedicine tools for our patients will be placed on MoH (Ministry of Health) Internet site. Short leaflets on the same topic will be prepared and distributed by MoH to all family doctors and other specialists.

We believe that, in near future, number of patients that prefer telepsychiatric consultation will rise because: "People easily adopt practices that make their life easier".

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