The digital patient: transforming primary care?

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Our brief and methods

Brief

- To understand how patients using digital services will impact on primary care

Methods

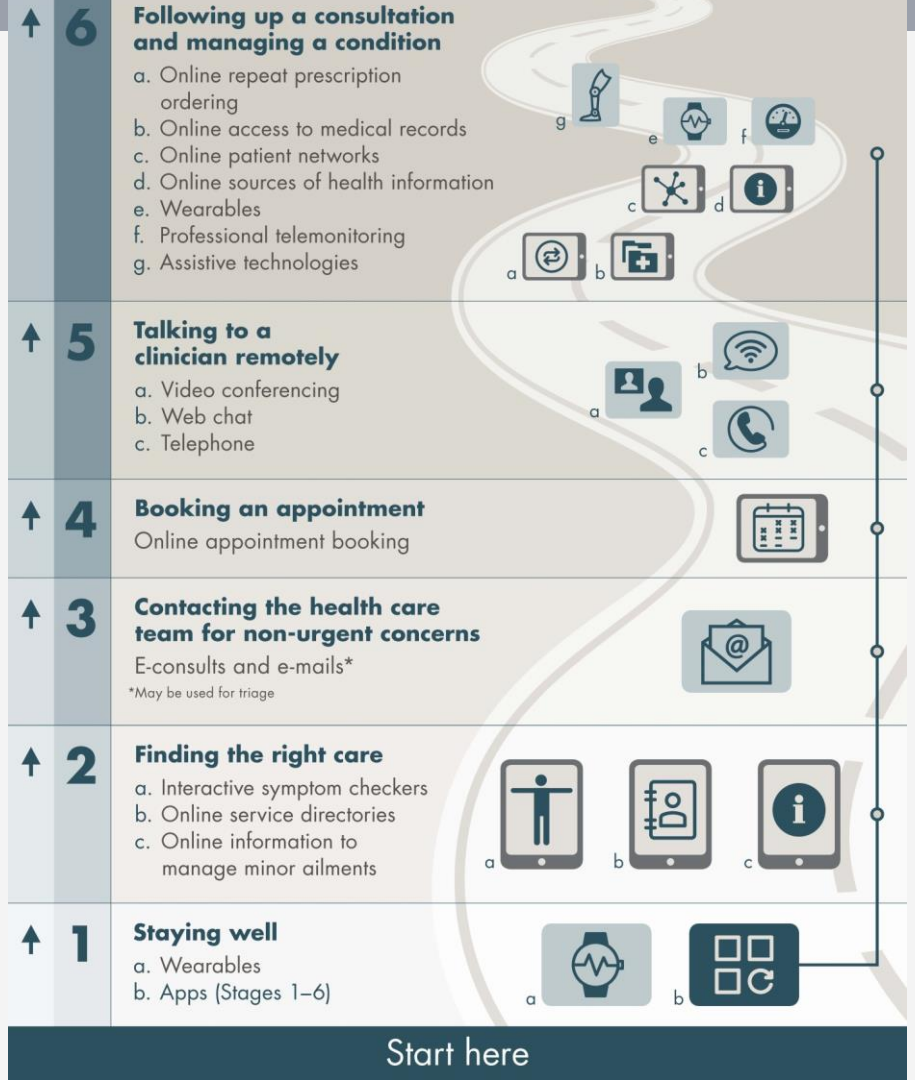
- Review of academic and grey literature (including policy and funding documents)
- Interviews with 21 stakeholders including representatives from technology companies, policy, academia, patient organisations and primary care providers
- Scenario generation workshop with key stakeholders
- Four case studies exploring use of technology on the front line
- Project oversight from project steering group

Where are we now and what does the future look like?

- The use of digital technology in the NHS is limited
- In the future, digital tools could transform how we access services and improve our capacity for self-care – reducing demand on stretched resources
- Or apps and online information could give harmful or inaccurate advice; marketing campaigns could be more impactful than NHS accreditation; and professionals could shy away from patient technology
- Evidence is lacking and technology is developing rapidly
- We pulled together the best available evidence

Overview of areas and technologies

- Triage
- Online transactional services
- Online access to electronic medical records and care plans
- Remote consultations
- Monitoring
- Information, targeted interventions and support



Technology is supporting patients at each stage of their patient journey

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Monitoring and wearable technology

- Can improve diet, exercise and medication adherence
- May offer new approaches to population health
- But engagement likely to dwindle without professional support
- Cannot accredit all devices – and patients need to know risks
- Professionals need to use and interpret data – need guidance on accountability, some form of accreditation, data interpretation software, storage solutions and training where appropriate

Online triage

- Online self-triage is already used by 50% of the population
  - Can be used to intercept patients before they access the healthcare system
- At present self-triage tools are risk-averse and may inflate demand
- But investing in sophisticated tools that draw on clinical decision support tools and medical records could help reduce demand
- More research is needed on their impact on resource use, health outcomes and how patients use them
- Self-triage should be prioritised for development, testing and further research

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Online sources of health information, targeted interventions and peer support

- Can engage patients – particularly online patient networks
- Simple ways to improve efficiencies/manage demand on time
- Can provide new approach to proactive care
- But online health information may be inaccurate
- Patients may struggle to interpret health data – user-centred design and support should be provided
- Interventions need to be well-targeted – draw on experience from other sectors

Online appointment booking and other transactional services

- Limited evidence they can improve patient experience
- There is hope they can reduce administrative burden but evidence is lacking
    - Professionals worry they will increase demand and be used inappropriately
- Organisations have to invest significant effort to align with existing triage systems
- Uptake is low – further effort needed to encourage patients
- Need further research into impact on demand and how to link with triage

Remote consultations

- Can improve patient experience (particularly for those with mobility problems and language barriers)
- But
  - Evidence on demand and health outcomes is inconclusive
  - Uptake and provision is low
  - Technology often cumbersome and difficult to use
  - Professionals often resistant
- Need to improve technology, use alongside sophisticated triage systems, commission robust evaluations, reassure patients and professionals about safety

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Online access to electronic medical records and care plans

- Can improve patient experience and patient engagement
- Can also help facilitate integrated care
- Can improve patient safety
- But evidence on demand and health outcomes is inconclusive
- Professionals have to change approach to health record-keeping and many have a number of concerns around data privacy and interpretation
- Safeguards must be in place (e.g. restricted retrospective access) as well as training and support for professionals to help patients engage - could be supported by organisations working in the community

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Apps

- Over 165,000 health apps on the market – and around 43 in the apps library
- Emerging evidence they can positively impact diet monitoring, physical activity, adherence to medication and chronic condition management
- But behaviour change is hard to sustain
    - Although patients tend to be enthusiastic about using apps for their health and wellbeing, of people who start to use a medical or fitness app, only 27-30 per cent are still using it after 90 days
- Greater use of gamification and behaviour change techniques likely to be needed
- Many apps are inaccurate and the efficacy of the majority is unknown
- We need more evidence on what works and in which contexts

Towards an action plan

- Ensure patient engagement and digital uptake
  - Digitally skilled consumers do not automatically convert into digitally engaged patients
- Reduce digital exclusion
- Take a whole system approach
- Coordinate regulatory efforts
- Develop a strong communication strategy
- Evaluate impact and progress

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