Evaluation of Remote Physiotherapy

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WHO HAS DELIVERED AS PART OF A REMOTE SERVICE?
Our Plan

Aim: To explore the opportunities and challenges of remote physiotherapy during the Covid-19 pandemic.

1. Rapid scoping review (both academic and broader literature) of remote physiotherapy delivery. Blog data from patient forums.

2. Scoping questionnaire of CSP members. To get a picture of how PT is being delivered remotely in the UK. Purposively sample respondents to take part in the case-studies.

3. Indepth case studies with selected sites. Collection of documents, service data and interviews with service leads.

4. Workshops to discuss and confirm findings with patients and CSP members.
Rapid Scoping Review

- Three electronic databases (CINAHL, MEDLINE and Cochrane) searched using key terms
- The search terms ‘Physiotherapy’, ‘Rehabilitation’ and ‘Therapy’ were combined with terms such as remote, mHealth, teleconferencing.

Inclusion criteria
- Primary studies, reviews and reports
- English language
- Published in the last 5 yrs
- Any study methodology

Exclusion Criteria
- Studies or reports that do not refer to physiotherapy and remote delivery
Number of papers N= 81

MSK and orthopaedics: N= 19
Older adults and falls: N= 3
Neurological: MND N=1, Parkinson’s N=2, general N=5, Stroke= N=19
Incontinence: N=1
Hand therapy: N=3
COPD: 4
Cardiac Rehab: N=15
Children’s: N=2
Rheumatology: N=1
General: N=6

**Range of papers:** Systematic review, trials, cohort and observational studies, qualitative studies

**Technologies:** Robots, VR, mHealth, sensors, videos, apps, Smartwatch, Kinnect/VR, tablet, app and video based exercise programme, phone, digital glove, web based, teleconferencing, telerehabilitation through monitoring and exercise delivery.
Conclusions so far....

• Most strong evidence around cardiac, stroke and MSK- these all show evidence from systematic reviews.

• Such a mix of interventions across populations and different study designs, difficult to come to firm conclusions.

• Most services are around prescription, delivery and monitoring of rehabilitation exercises, very little around physiotherapists other broad roles!!!

• Very few studies on triage and assessment.

• Very little UK based delivery by actual services.

• Similar issues across all remote delivery of Physiotherapy regardless of population

• Often proved to be equivalent to standard care.
ANY QUESTIONS?
THE UK WIDE SURVEY OF SERVICE LEADS
1620 Services responded

Service sector

- Primary Care: 356
- Secondary Care: 336
- Tertiary Care: 75
- Community Care: 312
- Mental Health Care: 11
- Independent Healthcare: 31
- Private Healthcare: 53
- Private Practice: 336
- Social Enterprise: 17
- Charity: 20
- Hospice: 12
- Other: 55

Number of services
Geography of patients

- Rural: 786
- Urban (inner city): 206
- Urban (suburban): 422
- Rural & Urban: 340
- Other: 28

The diagram shows the distribution of patients based on their geographic location.
Platforms/apps you use

- Telephone
- AccuRx
- Skype
- FaceTime
- Zoom
- Attend Anywhere
- Microsoft Teams
- Sisco Webex
- Physitrack
- PhysioTech
- MyCOPD
- Clinco
- Xuper/Viscon
- Whatsapp
- Pexip
- Google Meet
- Other
- MyCOPD
- Physitrack
- Clinco
- Xuper/Viscon
- Whatsapp
- Pexip
- Google Meet
- Other

Number of services
<table>
<thead>
<tr>
<th>Purpose of remote delivery</th>
<th>Number of services (percentage of services)</th>
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<tbody>
<tr>
<td>As part of the initial assessment</td>
<td>1105 (83%)</td>
</tr>
<tr>
<td>Follow up and progress treatment</td>
<td>1004 (76%)</td>
</tr>
<tr>
<td>Prescribe exercise</td>
<td>982 (74%)</td>
</tr>
<tr>
<td>Monitor and review progress</td>
<td>984 (74%)</td>
</tr>
<tr>
<td>To provide self-management support</td>
<td>922 (70%)</td>
</tr>
<tr>
<td>Screening and triage</td>
<td>882 (67%)</td>
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<tr>
<td>Deliver advice e.g. health promotion advice, safe transfer advice.</td>
<td>851 (64%)</td>
</tr>
<tr>
<td>Goal setting including review and progression of goals</td>
<td>831 (63%)</td>
</tr>
<tr>
<td>Deliver exercise one to one</td>
<td>776 (59%)</td>
</tr>
<tr>
<td>Deliver education one to one</td>
<td>747 (56%)</td>
</tr>
<tr>
<td>Evaluation of outcomes/ treatment effectiveness</td>
<td>663 (50%)</td>
</tr>
<tr>
<td>Assess and review use of equipment</td>
<td>277 (21%)</td>
</tr>
<tr>
<td>Deliver group exercise</td>
<td>222 (17%)</td>
</tr>
<tr>
<td>Deliver education in a group</td>
<td>155 (12%)</td>
</tr>
<tr>
<td>To help with remote delivery tool e.g. session to specifically aid with the technology</td>
<td>155 (9%)</td>
</tr>
<tr>
<td>Other</td>
<td>75 (6%)</td>
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• 451 (27.8%) involved patients/ carers/ family in developing the remote service.

• 162 (10%) involved patients/ families/ carers in the development of any evaluation measures.

• 643 (39.7%) have a service specification or standardised operating procedures to guide delivery of remote consultations.
514 (31.7%) were able to define patient population and referral criteria for their remote service.

Most services had the same criteria but patients had to have the ability to use devices/connectivity/support.

- Patients in covid-at-risk groups are offered a tele/video initial appointment.
- Those with capability, consented and have the appropriate devices.
- Telephone triage is usually normal referral criteria.
- Patients primarily booked for a face to face for initial assessments due to the higher complexity of these patients.
- All patients without need for emergency intervention should receive telehealth as a first line.

We have had to ensure that our inclusion / exclusion criteria are much tighter. It takes much longer to get the correct information from the GP.
Evaluation - Patient satisfaction

- 798 (49.3%) of services evaluate patient experience and most use a patient satisfaction questionnaire or ask for verbal feedback.

- 294 (18.1%) have changed how they evaluate patient experience since the COVID-19 Pandemic.

- Qualitative comments indicate there is mixed patient satisfaction with remote delivery with some finding it more convenient and others preferring to wait for face to face treatment.

Anecdotally across my caseload patients are overwhelmingly negative about telehealth, they would prefer "proper" physio but feel it's better than nothing,

Lots of patients comment on how convenient the online appointments are especially for rehab programme review
Evaluation - Patient outcomes

- 859 (53%) of services said that they evaluate patient outcomes.

- 242 (14.9%) services use different outcome measures because of COVID and remote delivery. Most use validated clinical tools and questionnaires.

There is also an increased risk to the patient because we cannot complete a full objective assessment.

A surprising amount of objective assessment on quality of movement, balance impairment can be assessed on video.
Evaluation - staff experience

- 326 (20.1%) evaluate staff experience of remote delivery and this is done mostly by in house survey or informal discussion and feedback within teams.

Virtual appointments have revolutionised my practice! I love being able to see patients doing their exercises in their home environment.

I am finding remote consultations are exhausting and isolating as a clinician.
Digital exclusion

- 309 (19%) gather information on those who are unable/unwilling to access the remote service.

There are many older patients who just cannot cope with a telephone call, so this service has not been appropriate.

As a paediatric and adolescent service we have had a large number of our families unable to access remote working for various reasons e.g. lack of technology/ability of parents, child's diagnosis etc.
Evaluation-time to deliver the service

- 345 (21.3%) services evaluate the time it takes to deliver their remote service, most services state they record the time of each consultation or the average time for consultations.

Delivery takes as much if not more time than Face to face.

Remote consultation can be a very useful triage tool, saving time and travel within the community and helps to prioritise urgent cases more rapidly.
Evaluation - cost to deliver the service

- 203 (12.5%) services evaluate the cost of delivering their remote service, most NHS services have not yet looked at cost/benefits of remote services.

I worry about the educational future of the profession and that funding cuts are using this opportunity as a way of reducing costs.

Excellent cost effective way of delivery some elements of my service. Particularly good for post op patients when combined with exercises prescription software.
Evaluation - Patient related incidents

- 172 (10.6%) said that there been patient related incidents reported while the service has been in use (e.g falls, technology, software).

Remote aspect of the service has been set up very quickly, we have had no clinical incidents, 2 incidents regarding information governance / confidentiality breach.

Technical glitches are frustrating for patients and clinicians
Future evaluation

- 435 (26.9%) services have not currently done any evaluation of their remote service, but plan to so within the next six months and 367 (22.7%) services are unsure whether they will.

- Qualitative comments suggest this is because services have been set up quickly and also because some services have only just returned after re-deployment.

As the use of remote technology is new evaluation hasn't yet been developed as its use in our Falls service has been very limited. The service is still not fully operational with only patients triaged as red and amber being offered face to face visits.

Service evaluation has been a low priority during this time as most staff have been redeployed.
Challenges

• 837 (51.7%) services have said that they have experienced challenges in setting up remote services.

• 193 (11.9%) services have overcome these challenges.
Your Turn!

What have been the barriers you have come across?
Barriers/challenges

- Suggested that remote delivery should not be seen as a long term viable alternative to hands on therapy.
- Equipment, set up and connectivity is a major issue.
- Suitability for patients in terms of familiarity with platform, technical ability and access to devices.
- Suitability of patient in terms of treatment needed, cognitive, auditory and visual limitations.
- Stressful and exhausting for staff and concerns voiced that they may ‘miss something’ in diagnosis and assessment.
Barriers

Access and use of technology for many service users with LD has been a challenge. Many supported living environments do not have WiFi or the available technology. Hands-on assessments of complex postural issues are still required.

Living in rural area- poor coverage of internet. Many patients do not have access to support the platform. Patients want face to face and not virtual.

Older adults generally are only comfortable with the platform they use at home and have difficulty adapting to a different platform.

I have spent a lot of time trying to use Attend Anywhere but not being successful if the clients do not have access to the technology or family members fail to assist at the agreed time etc.

I cannot properly assess strength, sensation, balance, heat etc remotely. Many clients with cognitive impairments, hearing deficits, or balance issues need to be seen in person for safe and effective assessment/treatment.

In MSK this will cause a deskillng of students and future staff.
Your Turn!

What have been the facilitators?
Positives

• Flexibility of delivery

• Patients not having to come into clinics.

• A necessity to enable continued delivery during lockdown.

• Particularly useful for some triage, assessments and follow-ups.
Facilitators/positives

Pre-screening to make the most out of a face-to-face visit have been very valuable.

Our waiting-list has gone down more rapidly compared to normal. We are doing part of our initial assessment over the phone which saves time compared to completing this in the patient’s home.

Patients are far more motivated to help themselves when it is a virtual appointment. Less passive in their approach. I would want to continue with a mixture of F2F and online appointments in the long term.

It has been an uphill struggle against clinicians and governing bodies not thinking that this type of delivery is of value. Covid has had a very positive effect in that clinicians have now been forced to use it and realise that it can be an extremely effective way of delivering treatment when done properly.
Your Turn!

What things do you think are important for us to explore further in the case studies?
What next?

• We will be getting in touch with case study sites over the next few months.

• We will be looking at running workshops with physiotherapists and patients to confirm our findings in the Spring.

• Further findings from the survey and from our scoping review will be available through Frontline magazine and the CSP website.
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