

Dr David Smith Video Transcription

Mike Checkley : Welcome. I'm here with dr. David Smith. Dr. Smith. Welcome. We're here today to talk about virtual care. How do you decide between phone and video with each patient?

Dr. Smith: I do encourage the video option. I do believe that it's, where things are going even after the pandemic. I mean, I think that the ability to get complete is enhanced by having visual cues, in addition to the conversations that we're having.

So, I try to identify those patients where there will be some continuity needed if it's really a one conversation or very limited. But basically, I invite everybody to consider whether video conferencing is a video consultation is something that they would be comfortable with and whether it falls inside of what they are interested in.

And, you know, surprisingly, a lot of people have experience with it and they're interested. So, I don't find that the patients are resisting it at all and often I find they share the, the notion that being able to see and hear each other, helps us to get complete.

Mike Checkley: Right. So, what are, if any, do you think are the barriers for patients to engage online then? What are the remaining barriers? Is it just like the difficulty in getting signed up? Or do you think that's sort of a temporary thing that will go away? Like you say, as patients become more comfortable, even in other aspects of their lives.

Dr. Smith: Yeah. No, I think the patients are going to move forward on this. I don't worry about them. Every time you do something for the first time, there's a little bit of wonder to it. Um, but I find it's pretty easy to walk them through it. I think a lot of it does have to do with the, the spirit or the, how you present it. If you are secretary and yourself as a provider are enthusiastic about it, the patients will see it in a similar, positive light. I think there's a lot to be excited about here for all stakeholders.

Mike Checkley : Do you use the secure messaging to follow up after video visits with plans or documents or other to dos, for the patient.

Dr. Smith: Yeah right now, my secretary uses a lot for sharing bowel preps or other types of instructions and scheduling information. And the patients, if they want to send in lists of medications or information that they may have. So increasingly that's something I would like to do myself and there are certain more complicated patient journeys, where I do think it would be a great comfort for them if they could reach out to me directly.

I think if it does turn into a quality exchange and moves things along and replaces frustration or fears with some constructive conversation, I actually think it could be better, you know, make everything better for everybody. So, I haven't got a lot of experience on the physician side of things, but that's my next level of exploration.

Mike Checkley : Okay. That's, that's very interesting. So, on that note, what advice would you have for other clinics that haven't got into virtual care yet? But know it's something that

they're going to try need to try to make it part of their practice. What advice you have for them to get started?

Dr. Smith: I mean, the biggest thing is a, is a willingness to try. Like if they're willing and curious to try, I think they're going to start things will start opening it up for them, I think and, and maybe just to expect there will be glitches, there will be a need to have plan B if the video consults doesn't sort of work, then the telephone that's okay. That's just inside of that experience there's something to learn and something that might inform the next scheduled event. But just to try and to be honest, to have fun with it, I mean, I think it's not supposed to be familiar. It's not supposed to be even easy necessarily, but it does get, it's an exciting, it's an exciting opportunity, right?

All of these conveniences and safety issues that I have seen for my patients. The first person I saw that for was my secretary, Heidi, who, I mean, I look back now and to think that she would drive an hour to work and drive back an hour to work every day, regardless of the weather, regardless of, of, um, You know, and now her workspace has completely moved home and it is rare that she'll be in the actual physical, physical office.

So, it's completely flipped that. And, um, so I think that it is not just a nice thing to do. I actually, I actually think there is something in this for everybody and yeah, I would just say that they owe it to themselves to give it a try.

Mike Checkley : Maybe not to put you on the spot here, but can you think of a, to share with us like a, a patient story of, of like how, you know, their experience was dramatically improved by the accessibility of these tools?

Dr. Smith: I guess it occurred to me the other day as that as I got feedback from a patient who had gone from screen to screen if you like. And that not just from the door of the hospital where he raved about the culture and raved about the care got and raved about the fact that people talk to them about responsible anthologies and storage and distribution of opioids, which he appreciated all of that his surgery had gone well, but he also spoke about how his experience got complete because his time was respected in the video conference, he felt that the consult was done in a secure way. He appreciated that he had his own technology background. So, he shared that, that gave him confidence. His follow up was also virtually done and he was doing it, you know, from the comfort of his home. So I just realized that every aspect of his cycle of his, his care met his definition of a quality experience, but that those consults and the avoidance of any burden associated with attending them was a big part of his perceived experience. And just one more, that was quite interesting. Another patient and follow up who I, you know, I, I normally would have come to the office and review the pathology and whatnot, and she was a young mother and, and we did the consult, the follow up we got complete.

She felt very happy with that. And you know, as it is my habit now I'll often ask the same question that you asked me and I'll sort of say, you know, had you had to come into the office, what would that experience have been? And she said, well, you know, I've got a two-year-old there she's sleeping upstairs. I would have had to get a babysitter. I would have drove in 20 minutes to your office and then parked and then waited in your office and had

the same sharing of information, but then I would have gone paid for the parking driven back. And you realize, and I think typically we don't appreciate the disruption of the average day person who's got busy lives and their different ways and, and what we, the burden is on them to sort of unnecessarily bring them into the office. So, I routinely learn from the patients, just how appreciated it is if we can respect their time. And every patient has a story, but they are, they've all got a reason why they, you know, why they want a secure, convenient delivery of their care and, and they really appreciate the fact that the whole system and the whole team is making efforts to get there.