Dermatology

Digital Outpatient Appointments





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Images

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The Challenge

"The time has come to reevaluate the purpose of outpatient care and align those objectives with modern-day living and expectations"

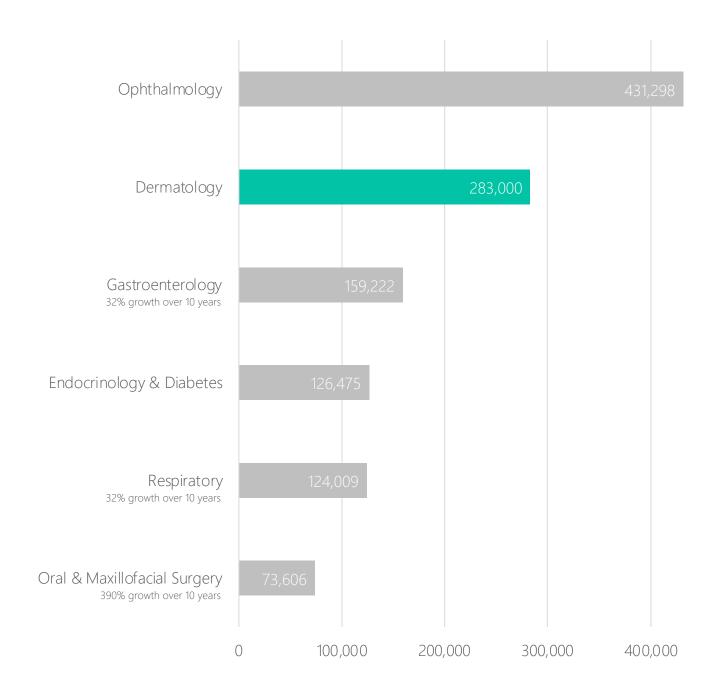
Outpatients: The Future - Royal College of Physicians Report Nov 2018

Key Recommendations

- Alternatives to face-to-face consultations available to patients and included in reporting of clinical activity
- Clinic templates should allow for timing flexibility depending on case complexity
- All outpatient care pathways should aim to minimise disruption to patients' lives
- Clinical information should be available to clinician and patient prior to consult..
- Patients should be supported to be coowners of their health decisions
- Patients should be able to communicate with secondary care in a variety of ways, and know how long a response will take.

Increasing Demand

Some outpatient appointment types have grown over the last 10 years.



The Opportunity

Can we change the current diagnosis on a single data point and by a real time appointment paradigm?

- Can a new digital service model be delivered more efficiently and safely?
- Can it deliver an improved patient experience?
- What % of outpatient appointments are suitable for digital clinic model?
- Can it integrate with existing systems to support clinical workflows and reporting?
- What conditions are appropriate for this type of service model?

Dermatology Challenge

59% Recurring Appointments Annually

283,000

Dermatology Outpatient Appointments in Scotland •41% First Time Appointments

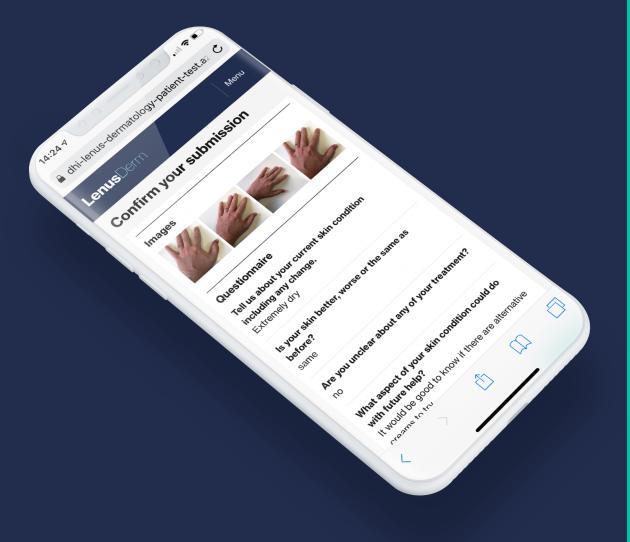
4,000

Deaths estimated each year in Scotland due to a skin disease. Other conditions like eczema and psoriasis impact negatively on quality of life.

Increase in demand for Consultant Appointments

7%

Digital Appointments via asynchronous virtual clinics



- Removes the scheduling conflict health professional and patient do not interact in real time
- Alternative care pathway for % of clinics and outpatient consultations
- Improved patient experience and reduce reliance on oral histories
- Integration to Trak important to support workflow & reporting
- Increase control and ownership of health data - a patient focused longitudinal record

Getting Started

The digital appointment is set up in TrakCare by an administrator

Track sends a message to new system with date & time + patient ID + email address

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Patient App: Desktop/Tablet/Mobile

The patient:

- Receives an email with link to the app.
- Is prompted to login or register.
- Then grants consent to share data (GDPR)
- Sets preferences for reminders (SMS/Email)

Lenus Derm

Appointment confirmation

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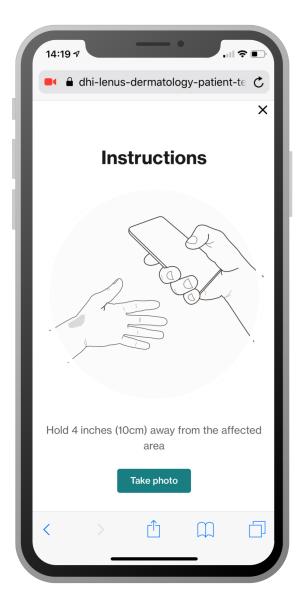
© Lenus Derm, NHS Scotland

When the patient's virtual appointment window opens they can add information to send to their clinician.

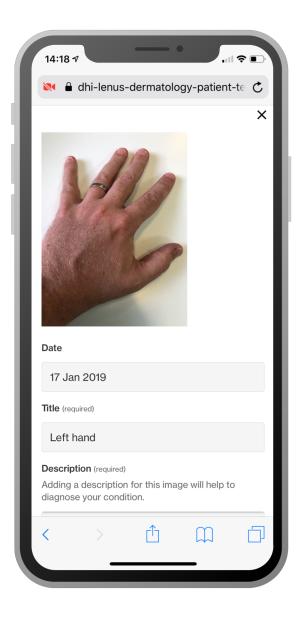
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The patient can upload images using the app.

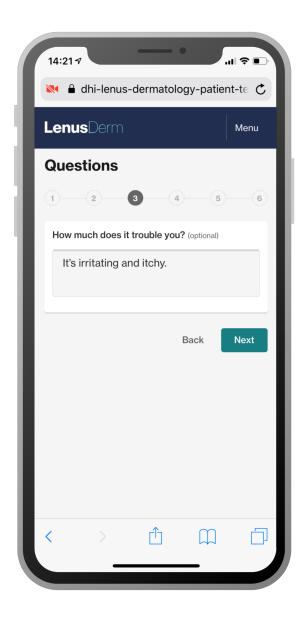
The images are sent to the data platform's FHIR API.



The patient can upload images using the app. The images are sent to the data platform's FHIR API.

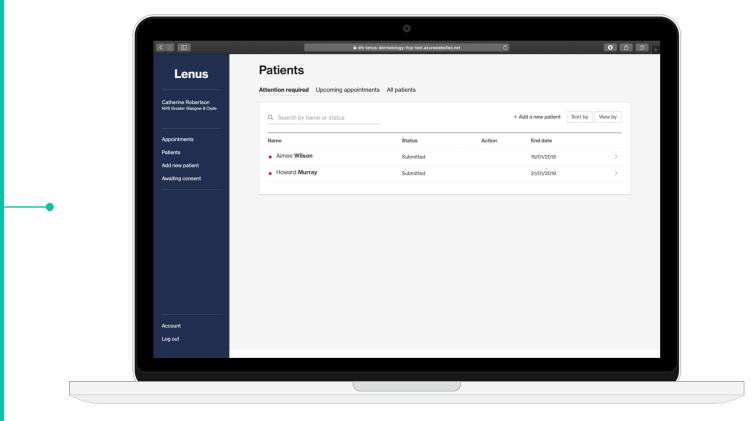


The patient answers clinical questions before submitting the appointment.



Clinical Dashboard

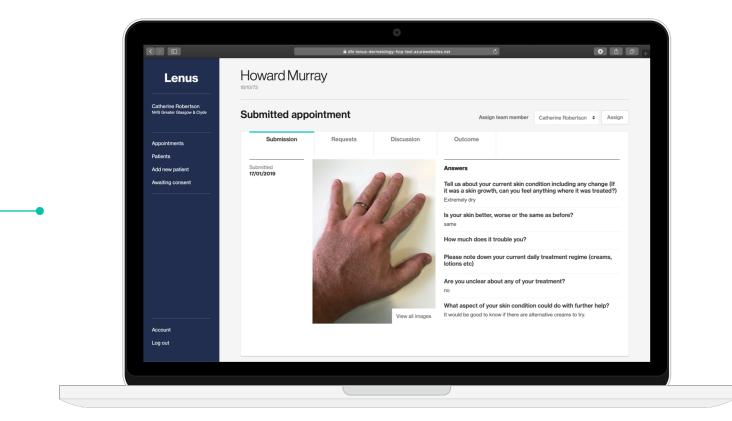
The clinician is presented with a view of patients that have recently submitted data for an appointment.



Clinical Dashboard

The clinician uses the dashboard to review the information submitted by patients.

Option to request more data from patient and refer to colleague for second opinion



Clinical Dashboard

The clinician responds to the consultation with an outcome which is shared with patient.

A PDF of the clinical interaction is automatically exported back into the patient record in EHR.

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|----------------------------------------------------|-----------------------------------|---------------------------------------------|-----------------------------|---------------------------|
| Lenus | Howard Murray | | | |
| Catherine Robertson NHS Greater Glasgow & Clyde | Submitted appoint | ment | Assign team member Cat | herine Robertson 🗢 Assign |
| Appointments | Submission | Requests Discussion | Outcome | |
| Patients Add new patient | Respond with an outcome ar action | d Outcome | | |
| Awaiting consent | | | | |
| | | | | h. |
| | | Triage options Change prescription | Refer to Consultant Dermato | logist |
| | | Refer to treatment room | Discharge | |
| | | Other | | |
| | | Action | | |
| | | | | |
| Account | | | | 4 |
| Log out | | Requires another appointment? Yes Vo | | |

Addressable Market

✓ 20%

of appointments could be onboarded to this model now.

✓ 57,600

derm appointments per year could be fulfilled using this model.

Anticipated Benefits

4 minutes rather than 10

Early testing of the service highlights appointments can be conducted, on average, in 4 minutes rather than 10.





5,760

Hours of consultation time saved pa

200

Tonnes of CO₂ saved from reduced patient travel time pa

Other Outpatient condition Types

Easily customise to meet requirements for other conditions.

Leverage existing digital components: identity, consent, notifications, FHIR data exchange & Trak & EHR integration.

Customise data collection and presentation to fit condition

