Telemedicine for patient education
An Interprofessional, Advanced Clinician Practitioner in Arthritis Care (ACPAC) - led program about inflammatory arthritis

Carol Flewelling, BSc., MEd.
Telemedicine Program Manager
“…I heard of the seminar……once I saw it was at St. Michael’s, and in Toronto, I would have found it difficult to get there……I would [not have been able to] attend just because of the drive. We’re seniors and it would be a challenge to drive into Toronto..”

-RxEd Participant
RX
For Education
A Workshop for Patients with Inflammatory Arthritis

St. Michael’s
Inspired Care. Inspiring Science.
St. Michael’s Hospital

• Academic health sciences centre, fully affiliated with the University of Toronto

• Home to the Li Ka Shing Knowledge Institute
Increasing access to inflammatory arthritis education in rural communities in Ontario using telemedicine
Disclosures

This study is funded by CIORA
(Canadian Initiative for Outcomes in Rheumatology Care)
Study Objectives

To evaluate the feasibility of using telemedicine (TM) to deliver RxEd.

a) To explore the process of delivering an interprofessional program via TM.

b) To explore participants’ perceptions of the RxEd program delivered using TM technology.
What you should know following this presentation

RxEd?  Interventions?

Outcomes?
Inflammatory Arthritis
Management of Inflammatory Arthritis

Assessment & Diagnosis

Medication

Exercise

Patient Self-management

and...
Prescription for Education (RxEd)
Prescription for Education: Development, Evaluation, and Implementation of a Successful Interprofessional Education Program for Adults with Inflammatory Arthritis

Carol A. Kennedy, Dorcas E. Beaton, Kelly Warmington, Rachel Shupak, Caroline Jones and Sheilah Hogg-Johnson
Even with RxEd, a problem remains…

Population of Ontario: 13.6 million

Population living in rural, remote and northern areas: 1.9 million

CANADA
One solution ...
Videoconferencing 101 Content

- Adult Learning Principles
- Patient Education Principles
- Videoconferencing Best Practices
- Strategies to Enhance Interactivity
Methodology: Mixed Methods Approach

Quantitative

Qualitative
Inclusion Criteria

≥ 18 years of age

✓ Inflammatory arthritic disorders
✓ Gout
✓ Psoriatic arthritis
✓ Rheumatoid arthritis
✓ Lupus
# Participating Communities

<table>
<thead>
<tr>
<th>Participating Communities</th>
<th># of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Session 1 (Oct 2012)</td>
</tr>
<tr>
<td><strong>In-person site:</strong></td>
<td></td>
</tr>
<tr>
<td>St. Michael’s</td>
<td>12</td>
</tr>
<tr>
<td><strong>Telemedicine sites:</strong></td>
<td></td>
</tr>
<tr>
<td>Thunder Bay</td>
<td>9</td>
</tr>
<tr>
<td>Sault Ste. Marie</td>
<td>10</td>
</tr>
<tr>
<td>Sudbury</td>
<td>10</td>
</tr>
<tr>
<td>Orangeville</td>
<td>8</td>
</tr>
<tr>
<td>Timmins</td>
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</tr>
<tr>
<td>Brampton</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>49</td>
</tr>
</tbody>
</table>

**Total 150 participants**
**Participants’ Perceptions**

### In-person and remote (TM) sites

- I could hear the presenter clearly* (n=85)
- Overall, today’s session met my expectations* (n=114)

### Remote (TM) sites only

- Interaction between sites was adequately facilitated* (n=84)
- I could see slides clearly* (n=85)
- I could see who was speaking at the remote sites* (n=84)
- I could hear the discussion between participants at different sites clearly* (n=85)
- I could hear the presenter clearly* (n=85)

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Participant Feedback: Need for Information

[T]he fact that it was available in the outlying areas…was excellent for us and we so appreciate having the opportunity to participate…”

“I was basically getting information on arthritis and that type of stuff that we don’t get here. Being up north we see doctors, but they don’t totally explain how arthritis works.”
Participant Feedback: Local Facilitation

“I think sometimes we're a bit nervous when we want to ask questions, so it was helpful to have the instructors who were at each area [remote site] kind of repeat the question.”
Participant Feedback:  
Local Facilitation & Peer Support

“You probably could have sat at home and watched it on your computer. But I don’t think it would have had the same opportunity for reinforcement, either by the facilitator or by the other people in the group.”
Participant Feedback: Peer Support

“the greatest value I got out of it was being there with people who were further down the path than I was - who were saying ‘it’s going to get better’.”
Educator and Co-facilitator Feedback: Quality of videoconference

“Easy to use, it helped to have the telemedicine learning session prior to the education day. The tips that were provided were helpful and allowed for more comfort with the technology and hopefully a more successful day for the participants.”
“[Only one] presenter flipped back and forth between themself and the slides. We watched the slides for the duration of each presentation. This makes for a boring presentation…”

“The camera was pointed at the side of their head…it didn’t feel like they were speaking to us.”
It was easy to interact with the other sites.

I was impressed with the level of interaction and how smoothly the videoconference seemed to function.
Conclusions

• It is feasible to **effectively facilitate** RxEd via videoconferencing

• **Data and feedback** was useful in **improving subsequent** RxEd sessions

• Educators were able to **adapt their teaching approaches**

• All participants and educators perceived there was value in the **RxEd** program

• Most importantly, **access** to RxEd was increased to rural and remote communities
Next Steps

• Further enhance RxEd program
  – Open to other rural/remote sites

• Explore options for ‘repackaging’ RxEd
  – self-directed small group education with professionals
  – Several half day workshops
  – Online resources

• Continue program evaluation
Acknowledgements

Study Investigators:
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