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LETTER

Advancing Virtual at-Home Care for Community Health Center Patients Using Patient Self-Care Tools, Technology, and Education [Letter]

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Dear editor

We have read the paper by Cheryl Modica et al on Advancing Virtual at-Home Care for Community Health Center Patients Using Patient Self-Care Tools, Technology, and Education.[1] We congratulate all authors who provide interesting information regarding health services that use virtual models that integrate self-care tools and technologies. This is interesting because since the beginning of the COVID-19 pandemic, health centers have switched to a virtual service delivery model. Providing efficient, coordinated and high-quality services is important for the prevention and management of chronic disease conditions in patients. Virtual health services that use self-care tools and technology are an important model for increasing access to care for hard-to-reach patients.[2]

The study conducted by Cheryl Modica et al aimed to explore the use of virtual care models, implemented using a systems approach and patient-driven tools and technologies, on clinical measurement performance and patient experience.[1] However, there are several obstacles that have arisen that can be caused by virtual care, including communities whose connectivity and access to technology is still limited and also concerns about primary health services, where there is a focus on relational continuity of services based on relationships between patients and health workers due to the widespread use of virtual services.[3] Therefore we must pay attention to several things before using a virtual care model including (1) the guiding principles needed for measuring virtual care; (2) best practices implemented to measure the quality of virtual services aligned with face-to-face frameworks; (3) Increasing the implementation of virtual services which have an impact on patient access and experience as well as the scale of measurement; (4) constraints and barriers faced by organizations in developing a quality virtual service framework; and (5) Application of virtual services in various patient cases.[4]

The results of Cheryl Modica et al's study showed a statistically significant improvement in patients who completed the initial 4 virtual visits and reported decreased depression and increased satisfaction with virtual care visits compared to in-person visits.[1] However, healthcare professionals also need to evaluate the use of virtual visit platforms in primary care, examine patient and physician preferences for virtual communication methods, and report on visit characteristics and patient experience of care. Although there are concerns that virtual visits will be overused by patients, many virtual visits appear to be replacing in-person visits. This approach can improve access and continuity of primary health services.[5]

In conclusion we agree that primary healthcare services that implement virtual care models with patient self-care tools, technology, and education, experience improvements in chronic condition prevention and patient recovery.[1] However, it is important to review how the use of virtual health services has evolved and ensure patients have access to the platform for a longer period of time. Therefore, further research is needed which must also focus on the use of administrative data to track the impact of virtual services on the use of face-to-face primary health services, emergency department visits and hospitalizations, as well as exploring how the use of virtual care impacts.[5]

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Disclosure

All authors report no conflicts of interest in this communication.

References

1. Modica C, Lewis JH, Bay RC. Advancing virtual at-home care for community health center patients using patient self-care tools, technology, and education. *J Multidiscip Healthc*. 2024;17:521–531. doi:10.2147/JMDH.S443973

2. Swan M. Emerging patient-driven health care models: an examination of health social networks, consumer personalized medicine and quantified self-tracking. *Int J Environ Res Public Health*. 2020;6(2):492–525. doi:10.3390/ijerph6020492

3. Rouleau G, Wu K, Parry M, Richard L, Desveaux L. Providing compassionate care in a virtual context: qualitative exploration of Canadian primary care nurses' experiences. *Digit Heal*. 2024;10. doi:10.1177/20552076231224072

4. Demaerschalk BM, Hollander JE, Krupinski E, et al. Quality frameworks for virtual care: expert panel recommendations. *Mayo Clin Proc Innov Qual Outcomes*. 2023;7(1):31–44. doi:10.1016/j.mayocpiqo.2022.12.001

5. Stamenova V, Agarwal P, Kelley L, et al. Uptake and patient and provider communication modality preferences of virtual visits in primary care: a retrospective cohort study in Canada. *BMJ Open*. 2020;10(7):e037064. doi:10.1136/bmjopen-2020-037064