Af: Tuomas Koskela, associate professor of general practice at Tampere University, Finland - tuomas.koskela@tuni.fi

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On the edge – landing in the digital future

Keynote speech at the Nordic Congress of General Practice in Stavanger.

When I started my career as a general practitioner at the turn of the millennium in Finland, health records were kept in cardboard folders, and medical evidence was found in books that fitted in my coat pockets or on a shelf of my consultation room. The telephone was the only available remote consultation tool.

Twenty-three years later, digitalisation has dramatically changed both the way in which GPs work and the way in which patients seek help. Today, the books in my consultation room have changed into searchable digital databases. An electronic health record (EHR) with clinical decision support is taken for granted. GPs are able to follow the journey of their patients in secondary care and with other providers through integrated data systems. Patients can request a renewal of their prescriptions and follow the data related to their health care through patient portals. Moreover, more and more remote options are available for communication; from video consultations to online chat conversations and encrypted e-messages. We have landed in the digital future, whether we like it or not.

In my keynote speech at the Nordic Congress in Stavanger, I tried to highlight the impact of digitalisation in the work of a GP and the future challenges of this development in an even more digitalised world. As the framework of my presentation, I used the recently published "Core values and principles of Nordic general practice".

Core values to guide us

Core value 1 refers to the continuity of care. There is a very strong body of scientific evidence to support this value. eHealth has the potential to provide new fluent means to maintain continuity, but it could also be used against continuity if the system is not built to support this purpose.

Core value 2 prompts GPs to make a timely diagnosis and avoid unnecessary tests. In Finland, digital evidence-based guidelines for health care professionals and EHR-integrated clinical decision support are considered as everyday tools for all GPs doing clinical work. Finnish physicians make over 200,000 evidence-based medicine guideline clicks every day. However, strong evidence is still missing on the positive impact of clinical decision support on patient outcomes.

Core value 3 encourages prioritisation of those with the greatest needs for health care. However, digitalisation is in itself a source of inequity. The low digital literacy of some patients and the low capacity to use digital tools are realities. To prevent inequity, face-to-face contacts should be available for those who find it difficult to deal with digital tools. Digitalisation should facilitate, not complicate, contacts with health care.

Core value 4 refers to person-centred medicine, emphasising dialogue. In the digital world, the amount of information decreases as one moves from face-to-face consultation to asynchronous e-messages. In particular, the loss of clinical examination, the loss of intimacy and the restricted possibility to observe the non-verbal expressions and movements of patients may restrict the GPs' diagnostic thinking and their understanding of their patients.

Udsigten fra Preikestolen - et berømt klippefremspring ved Lysefjorden, tæt på Stavanger, Norge. Foto: Colourbox.

Core value 5 recommends that GPs remain committed to research. Research evidence on digital health is increasing rapidly. Earlier this year, a systematic review assessed the evidence on the effectiveness of teleconsultations in primary care. It pointed out some situations that are suitable for in-person consultations. Examples are situations with high-risk patients, situations with patients who cannot communicate adequately through a telephone or video conference, and situations when clinical examination is necessary. Yet, patients with chronic conditions who need follow-up and patients having difficulties with travelling to a health centre may be suitable patient groups for teleconsultations. In a Norwegian study carried out during the pandemic lockdown, GPs highlighted follow-up contacts and previous knowledge of the patient as the most suitable situations for video consultations. Suitability also varied considerably across the reasons for encounters. This may all signify that teleconsultations will have a restricted suitability within the entirety of the primary care consultation system, although they are the primary consultation channel in some places. Strong evidence of the effectiveness, safety and costs of new consultation methods is still missing.

Key questions for the future of e-Health are the following: What leads eHealth to provide added value to health care? And what makes eHealth attractive to both professionals and patients?

eHealth to complement other services

There are good examples of eHealth interventions which could hold added value by providing new insights and information that would otherwise not be available. In Finland, the terveyskirjasto.fi website provides care information for the general public by presenting reliable basic information of medical conditions and their care.

Both clinical decision support for health care professionals and apps for patients may stimulate action when it is needed. The triage and timeliness of care could be facilitated by electronic symptom checkers. In Finland, the omaolo.fi service is a national e-Health service based on research evidence and used for assessing the symptoms of diseases and suggesting appropriate care.

eHealth should be evaluated, for example by using the six domains of health care quality that have guided development initiatives in other parts of health care system. When it comes to medical devices, regulations prompt us to investigate safety issues. The patient approach and usability aspects are quite easy to study, but the effectiveness of the tools is a much more difficult and resource-intensive topic to study.

Research and practical experience have indicated that digital services are not a replacement; they are to complement the traditional services. We have already landed in the digital future; it is a future of blended care. We should gain evidence of the optimal blended care system in primary care and share it. Critical questions for the future are: How do we retain our core values and principles in the digital world? How can we utilise digitalisation to sustain these values and principles?

As GPs, we must be involved in this development. We can do so by highlighting the core values that serve as the foundation of our academic discipline and by saying them out loud.

For referencer kontakt venligst forfatteren. //