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A UK online survey exploring patient perspectives of remote consultations for managing psoriasis and psoriatic arthritis during the SARS-CoV-2 pandemic

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ABSTRACT

The use of remote consultations via telephone or video can contribute to the management of people with psoriasis and has allowed continuity of patient care throughout the SARS-CoV-2 pandemic, though little is known about the patient experience. The present study aimed to provide insights into the views and experiences of people with psoriasis and psoriatic arthritis on their remote consultations during the SARS-CoV-2 pandemic and develop guidance for patients and healthcare professionals on how to optimise future remote consultations. We conducted a cross-sectional, on-line survey of people with psoriasis and psoriatic arthritis. Data were analysed using descriptive statistics and Thematic Analysis. Overall, 126 people reported experiences of telephone (92%) or video (8%) consultations. Most participants were satisfied with (78%), and were happy for, remote consultations to continue (21%); few were not (5%). Others did not always want remote consultations (39%) and preferred alternating with face-to-face consultations (18%). Some wanted remote care during the pandemic only (17%). Five themes were identified: (1) *Advantages of Remote Consultations*; (2) *Disadvantages of Remote Consultations* plus sub-themes (2.1) *Practical Issues* and (2.2) *the Absence of Non-Verbal Cues and Emotions*; (3) *Serving a Purpose*; and (4) *A 'Good' Remote Consultation*; and (5) *Advice to Other Patients*. Remote consultations form an important part of psoriatic disease management, mainly for routine follow-up appointments in patients with stable disease, and in addition to face-to-face consultations. Additional skills training for clinicians could improve the quality of remote consultations.

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Introduction

During the SARS-CoV-2 pandemic dermatology and rheumatology services implemented guidance from NHS England to adopt remote patient management to allow continuity of care (British Association of Dermatologists, 2020b; National Institute Health and Care Excellence, 2021)

Teledermatology and telerheumatology refer to remote health services or medical activities (Wootton, 2001). Teledermatology includes the use of synchronous video conferencing (VTC) involving real-time video consultations with patients (Wang et al., 2020) and asynchronous store and forward (SAF) whereby skin images are transmitted to clinicians for review. Use of these technologies increased during the pandemic to reduce SARS-CoV-2 transmission (Leite et al., 2020); however, this paper focuses on remote consultations via telephone and video rather than teledermatology.

Remote consultations have increased since the SARS-CoV-2 pandemic (British Association of Dermatologists, 2020c); 100% of UK dermatology departments are now using telephone or video consultations compared to 30% before the pandemic (British Association of Dermatologists, 2020a). With rapid and continuing advancements in digital technology, remote consultations delivered via a variety of digital media are likely to form a part of future dermatology service provision (Glines et al., 2020). Understanding people's experiences of service delivery changes is, therefore, key to the debate about the suitability and acceptability of remote consultations for people with psoriatic conditions, although evidence is currently lacking.

People with dermatological diagnoses report satisfaction with telephone consultations and are amenable to remote dermatology clinics beyond the SARS-CoV-2 pandemic (Lavery et al., 2020; Sadasivan et al., 2020). A survey of 156 adults attending two UK dermatology services revealed telephone consultations were considered both convenient and flexible for patients. However, there are language and technical barriers to their use, and face-to-face consultations were rated preferable overall for new and follow-up appointments (Gnanappiragasam et al., 2021). A study of people with hidradenitis suppurativa (HS) concluded that face-to-face consultations should be prioritised over telephone appointments due to the presentation of HS in intimate body areas and the additional need for good rapport and sensitivity from clinicians (Patel, 2021). Similarly, a recent survey found that people living with dermatological conditions in Italy were highly satisfied with both telephone and video consultations, but many expressed a preference for video consultations in future and felt face-to-face visits were more satisfactory overall (Ruggiero et al., 2022). This study also emphasised patient concerns about privacy and technology use (Ruggiero et al., 2022). Collectively, existing studies suggest that remote consultations may be appropriate for people living with some dermatological conditions, but evidence on video consultations were limited and no studies were specific to psoriatic diseases.

Psoriatic disease carries significant burden including risk of physical and psychological comorbidities (Griffiths et al., 2018; Jansen et al., 2020). Remote consultations are likely to remain a part of health service provision beyond the pandemic (Leite et al., 2020), but research on patient experiences is required to support this shift.

We aimed to

- (1) Report patients' experiences of telephone and video consultations for psoriasis and psoriatic arthritis.
- (2) Provide patient insights on how to improve the remote consultation experience.

Method

Design

A mixed-methods, cross-sectional, online survey.

Participants

People with psoriasis and/or psoriatic arthritis living in the UK with experience of remote telephone or video consultations during the SARS-CoV-2 pandemic.

Recruitment

Snowball sampling technique was used to recruit participants through the Psoriasis Association UK (PA UK) e-mail, member's magazine, website and social media (Facebook, Instagram and Twitter).

Materials

Table 1 (see appendix) includes survey items and response options.

Procedure

Participants accessed the SurveyMonkey URL, read information about the purpose of the study, inclusion criteria (UK residents only), management of anonymised data, and provided e-consent.

Ethics approval was granted in February 2021 (Cardiff University Research Ethics Committee REC773).

Analysis

Quantitative data were imported to IBM SPSS Statistics v 25.

Free-text responses were imported into NVivo 12. An inductive thematic analysis of the data was conducted from an essentialist/realist perspective (Braun & Clarke, 2006) to portray the reality of remote psoriasis management during the global pandemic based on people's lived experiences of attending a telephone or video consultation. Data were coded by RMH at the surface level before independent checks of the data were performed by CB to ensure coding consistency; any discrepancies were discussed and resolved collaboratively. Codes were categorised into superordinate and subordinate themes by RMH. Themes were then reviewed and verified independently by the wider research team (CB, DU, HM, JS).

Results

Table 1 (see appendix) summarises the number of responses to survey items.

In total, 126 people completed the survey, 106 (84%) respondents were from England. A total of 116 people (92%) had telephone consultations and 10 (8%) received a video consultation. 60 (48%) of the consultations were with a dermatologist, 24 (19%) with a rheumatologist, 21 (17%) with a nurse, and 15 (12%) with a GP. Ninety-eight patients (78%) were satisfied with their experience of the consultation and 28 (22%) were not. Twenty-seven (21%) people would be happy to have future remote consultations, 49 people (39%) said yes but not for every consultation, and 23 people (18%) expressed a preference for alternating face-to-face and virtual consultations. Twenty-one patients (17%) felt remote consultations were acceptable during a pandemic only, and six patients (5%) did not want any further remote consultations.

Thematic analysis

Thematic analyses of free-text responses produced five main themes: (1) *advantages of remote consultations*; (2) *disadvantages of remote consultations*, including the sub-themes (2.1) *practical issues* and (2.2) *the absence of non-verbal cues and emotions*; (3) *serving a purpose*; (4) *a 'good' remote consultation*; and (5) *advice to other patients*.

Advantages of remote consultations

The SARS-CoV-2 pandemic created anxiety for patients needing a specialist appointment:

I feel very wary about being in close contact with others. I have been shielding at home 'my comfort zone' outside of my zone fills me with anxiety. (11899933148, Telephone, Other HCP, Wales)

Remote consultations enabled continuity of care in a safe environment:

Well I felt what I got out of the appointment was similar in terms of being able to talk and being safe at home shielding. (11870609600, Video, Dermatologist, England)

Patients reported barriers to accessing secondary care, including booking time off work, travelling long distances to attend appointments, identifying on-site parking and waiting times in clinics, which heightened anxiety. Remote consultations helped to overcome these barriers:

It saved lots of time stressing about travel, parking and COVID. (11912697466, Telephone, Rheumatologist, England)

They were perceived as convenient and more efficient:

As a busy mum and working in a school, it would be so much easier via phone or preferably video. (11692266265, Telephone, Dermatologist, England)

Efficient - when I go into hospital for F-F consults it wipes out half a day, because they are always delayed, plus travelling time, parking, and rubbish. I was done and dusted in ten minutes, and got on with my day. Brilliant! (11623233966, Telephone, Nurse, England)

Disadvantages of remote consultations

Some drawbacks of remote consultations were identified.

(2.1) *Practical issues*, especially physical examination of skin and joints:

My psoriasis was not viewed by a medical profession. I feel it is essential for a skin condition to be observed by the specialist doctor. (11740704028, Telephone, Dermatologist, Scotland)

My consultant not being able to see my problem joints properly and examine in the way that he usually would. (11810988998, Video, Rheumatologist, Scotland)

Few participants doubted the accuracy of remote clinical assessments and diagnoses:

First discussion with dermatologist I had asked to see for a second opinion - I was bemused that a diagnosis could be made over the phone! Obviously it couldn't!! [...] Psoriasis needs to be seen not just talked about. (11695647585, Telephone, Dermatologist, England)

Some felt telephone consultations were poorly scheduled; the inability to plan for consultations and disruption to personal schedules was a source of frustration:

My call was unscheduled so didn't have time to prepare any questions. (11870738233, Telephone, Rheumatologist, England)

Timing. Most of them [telephone consultations] are during the day and is difficult if you work or were at school. (11903275619, Telephone, Dermatologist, England)

(2.2) *The absence of non-verbal cues and emotions*. Face-to-face consultations facilitated communication, rapport and mutual understanding between patients and HCPs: '*Seeing faces and body language is very useful*' (11 691 429 343, Telephone, Nurse, England).

With remote consultations, many reported difficulty naming or expressing emotions and discussing the impact of their condition:

Unable to get over problems as I struggle to explain and use right words. (11912386257, Telephone, Rheumatologist, England)

The absence of visual cues during telephone consultations increased difficulty understanding HCPs with an unfamiliar accent and gauging emotions. Patients felt these consultations were impersonal and that HCPs were disengaged, hurried, and dismissive of their concerns:

Also feels very impersonal and rushed and I feel a lot can be missed. (11621668081, Telephone, Rheumatologist, Scotland).

It wasn't positive at all, she was dismissive, and treated me like it didn't matter. (11811004033, England, GP, Telephone).

Serving a purpose

Most reported positive experiences of remote consultations and said they would be happy to have more in the future *in addition to*, but not *instead of*, face-to-face consultations. Others felt that a remote appointment was preferable to no appointment at all during the pandemic:

I'm just grateful as it hasn't been easy to get an appointment and this was a massive help. (11653986914, Video, GP, England)

Some patients preferred video to telephone appointments because they allowed a degree of physical examination and real-time discussion with clinicians:

If my skin was very bad and had flared up I think I would like the doctor to be able to see my skin for themselves as a telephone call just wouldn't do. Video call would also be a better option." (11781940648, Telephone, Dermatologist, Wales).

Most people were not offered a video consultation. Those who were or had the option to send photos pre-appointment experienced poor video and picture quality:

Photos were difficult to take and not provide a good enough impression of problem skin. (11805288867, Telephone, GP, England)

Many people stated that they '*prefer a face-to-face appointment*' (11 782 103 799, Telephone, Dermatologist, England), allowing for accurate physical examinations and discussion of the psychological impact of psoriasis. Patients needed and wanted to have their skin or joints physically examined occasionally, particularly if pregnant, beginning a new treatment plan, or when experiencing a flare up:

I would be happy to have phone/ video consultations to review my treatment when I feel my skin is doing well and I am happy with the treatment. I would want to have a face-to-face during the period of first starting a new treatment, (up until the point I am happy with it) and when my skin is not well controlled. (11648644659, Telephone, Dermatologist, England)

There were opposing views on remote appointments:

Forget telephone consultations, and ensure face to face and physical appointments." (11726940878, Telephone, Rheumatologist, England).

A 'good' remote consultation

Suggestions of how HCPs could improve the patient experience of remote consultations were offered, particularly the need for choice:

... because appointments are made several months ahead there needs to be the option to change from face to face to telephone or vice versa if the need arises. (11693196388, Telephone, Rheumatologist, England)

Participants wanted contact prior to an appointment to agree on an appropriate consultation style, and to be notified about service delays to minimise anxiety:

Whenever possible give a time as patients can get quite anxious if waiting all day for phone call. (11898833148, Telephone, Other HCP, Wales)

Patients highlighted the importance of continuity of care during the pandemic and completing routine measures, such as the Dermatology Life Quality Index (DLQI), irrespective of consultation type:

I was not able to fill in a DLQI, which I am normally asked to do, which made it more difficult to have a conversation about my psoriasis, as this normally helps us to have a starting point for conversation. (11648644659, Telephone, Dermatologist, England)

A major criticism of remote consultations, especially telephone consultations, was that they did not feel personal. To overcome this and build rapport, patients suggested that HCPs read patient medical records before consultations to familiarise themselves with the patient's circumstances and advised:

Remember to be super clear to introduce yourself and perhaps even an outline of what the patient can expect from the consultation. (11909568903, Telephone, Nurse, England)

Reflect back so you know you have heard all the information. (11771084513, Telephone, Nurse, Scotland).

Patients were rarely asked about their well-being during remote consultations and wanted HCPs to acknowledge the psychological impact of psoriatic disease:

Ask about "what can't I see in this call?" This may encourage patients to talk about psychological effects of disease and Covid isolation, plus the affected body parts that may be out of shot. Ask "what do you do well, and what do you struggle with at the moment?" (11914924653, Video, Rheumatologist, England).

Listen to what is being said - and not being said. Don't interrupt - psoriasis affects the 'whole' person. (11695647585, Telephone, Dermatologist, England)

Some patients worried about treatment access and availability and condition management during the pandemic, and wanted to feel supported:

It was also so nice to hear "please make sure you call us or your GP whenever you need, don't suffer in silence because of the current Covid crisis" (11691001480, Telephone, Rheumatologist, England)

Advice to other patients

Patients offered suggestions to other patients to maximise remote consultations. Patients were encouraged to familiarise themselves with the technological requirements and be prepared: *'think about what you want to say before the meeting. Write a list of questions'*. (11 738 183 900, Telephone, Dermatologist, Wales).

It was important to patients to be offered an agreed treatment plan, advising others to

Be open and honest and if you are not happy with the outcome, you must say. (11781940648, Telephone, Dermatologist, Wales).

Be open about your condition and don't play it down, it's easy to pretend things are better than they are. (11789877593 Telephone, Dermatologist, Northern Ireland)

Due to the visible nature of psoriatic disease, patients advised to request a video consultation or for HCPs to review pictures of their symptoms before their appointment. One participant advised:

Maybe have someone with you so they can manoeuvre the camera around you in them awkward areas you can't reach. (11903143927, Video, GP, England).

They encouraged patients to document discussion points and actions.

Discussion

This study of mainly telephone consultations shows that patients view remote consultations as an important part of UK dermatology and rheumatology service provision both during and beyond the SARS-CoV-2 pandemic. Consultations were largely positively received, enabling patients to safely continue treatment and gain reassurance from specialists during a highly anxious time. They were considered efficient, overcoming major travel, time and financial barriers to visiting healthcare settings. However, they did not allow for effective physical examinations and inhibited important personal discussions on the psychological impact of living with psoriatic disease. The few patients who had video consultations felt these improved patient–practitioner communication. Patients preferred a combination of remote and in-person appointments and wanted choice over consultation type.

What this study adds

Previous studies have concluded in general telephone (Lavery et al., 2020; Sadasivan et al., 2020) and video (Ruggiero et al., 2022) consultations were a satisfactory form of patient care during the SARS-CoV-2 pandemic. We showed that remote consultations mostly via telephone can contribute to service delivery for people with psoriasis and psoriatic arthritis. Many of our findings echo those of recent research involving people with disabilities and deafness (Meakin, 2020), as well as dermatological (Gnanappiragasam et al., 2021) and rheumatological conditions, including psoriatic arthritis (Jethwa et al., 2022). Our sample reported remote consultations as more efficient and convenient because they reduce travel and waiting times (Jethwa et al., 2022), but were inferior to face-to-face appointments because they do not allow for quality physical examinations of skin (Patel, 2021) and joints (Jethwa et al., 2022), or the assessment of non-verbal cues (Jethwa et al., 2022; Meakin, 2020), plus language barriers were reported (Gnanappiragasam et al., 2021; Jethwa et al., 2022).

Our participants reported a focus on physical manifestations only and felt remote consultations were less appropriate for discussing wider impact (Meakin, 2020) of psoriatic disease. Previous studies indicate that the concerns and issues of people with dermatological conditions were adequately addressed in both face-to-face and telephone consultations (Gnanappiragasam et al., 2021); however, people in the present study reported that the quality of verbal and especially non-verbal communication with HCPs was poorer and felt less inclined to discuss their feelings over the telephone. This finding aligns with those of a recent survey of people with psoriatic arthritis, some of whom felt that remote consultations were not conducive to holistic approaches to management or building rapport between patients and clinicians (Jethwa et al., 2022). In addition, the present work strengthens the previous survey findings that a hybrid of remote and in-person appointments are preferred, depending on individual perceptions of disease status (Jethwa et al., 2022).

Suggestions for improvement included that patient's plan ahead and are honest about the impact in the consultation, and HCPs prioritise patient choice and improve communication skills to facilitate whole person management and boost patient satisfaction. This novel contribution to the existing literature has implications for best practice in the provision of remote consultations.

Strengths and limitations

Through the rapid deployment of this online survey, we captured real-time data on patient's views of remote consultations during the SARS-CoV-2 pandemic. Compared to previous studies (Lavery et al., 2020; Sadasivan et al., 2020), our sample included people with psoriasis and psoriatic arthritis from across the UK. However, diagnoses were self-reported, most participants were from England and had experienced telephone consultations.

The survey did not gather demographic data which prevented comparison of people with for example, skin or joint disease only or both, or those considered clinically vulnerable to contracting SARS-CoV-2. Participants were not asked to specify which type of nurse they saw, so it is unclear if comments related to specialist dermatology and rheumatology nurses, or generic outpatient nurses. Although wording in the study title, advertisements and survey indicated that we wanted people who had experienced a remote consultation during the pandemic, we did not ask participants to specify the date or time frame in which their remote consultation took place. Whilst it is reasonable to assume that most, if not all, of the respondents would have had their remote consultations in the period since the pandemic began, we cannot be certain that some respondents might have answered in relation to a remote appointment they had before the start of the pandemic.

Lastly, the cross-sectional study design prevented the assessment of patients' views of remote consultations across subsequent waves of the pandemic.

Implications for practice

Table 2 (see appendix) summarises patient recommendations for optimising remote consultations.

Remote consultations allowed patients to continue their medical care and treatment without increasing anxiety about the risk of SARS-CoV-2 in clinical settings; important as this group often experiences low mood or anxiety (Parisi et al., 2019; Zhao et al., 2020).

Guidelines by NICE (National Institute for Health and Care Excellence, 2020) advocate a holistic approach to disease management, yet participants reported that HCPs rarely acknowledged psychological factors during remote consultations, suggesting they may not be conducive environments for discussing the psychological burden of psoriatic diseases. Whilst not new this finding is concerning because these patients often struggle to process and regulate emotions, a trait known as Alexithymia (Chimenti et al., 2019; Panasiti et al., 2020), and discordance between patient and practitioner assessments of psoriatic disease severity is common, especially for depressed and anxious individuals (Carr et al., 2021). If

remote consultations are a further barrier for people to describe their feelings then this poses a risk to patients' well-being and quality of life (Panasiti et al., 2020) and psychological aspects of these conditions are likely to be under-reported.

These findings have implications for consultation skills training; HCPs need to address psychological issues related to psoriatic diseases, especially at this moment in time. Patients' suggestions to address poor communication closely aligns with the principles and techniques of Motivational Interviewing (MI; Rollnick & Miller, 1995) shown to be effective in psoriasis (Qureshi et al., 2019). The specialist PsoWell™ (psoriasis & well-being) training programme improves clinicians' knowledge, MI skills and confidence to address associated psychological issues and behaviour change (Chisholm et al., 2017), and is acceptable and feasible to implement during standard consultations across a range of dermatology settings (Hewitt et al., 2021). PsoWell™ training could enhance HCPs remote consultation skills with patients with psoriatic diseases.

Implications for future research

Our study captured patient experiences of telephone and video consultations. Further work to understand clinicians' views of these mediums is needed, as is a comparison of the value, standard and quality of remote versus face-to-face consultations to facilitate implementation.

Conclusion

Patients recognised that remote consultations form part of future service delivery for psoriatic disease management, but they want a choice of medium. Video consultations could be offered to patients as an alternative option to face-to-face consultations for routine follow-up appointments. Improvements in practice, especially further consultation skills training for clinicians, is recommended.

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Data availability statement

Data available upon reasonable request from the authors.

Disclosure statement

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Appendix

Table 1. Summary of responses to survey items.

	<i>n</i>	(%)
Total	126	(100)
In which nation of the UK do you live?		
England	106	(84.1)
Wales	8	(6.3)
Scotland	10	(7.9)
Northern Ireland	2	(1.6)
Was your appointment held by telephone or video?		
Telephone	116	(92.1)
Video	10	(7.9)
Which healthcare professional was your appointment with?		
Dermatologist	60	(47.6)
Rheumatologist	24	(19.0)
Nurse	21	(16.7)
GP	15	(11.9)
Other	6	(4.8)
Were you satisfied with the care/treatment advice you were given during your appointment?		
Yes	98	(77.8)
No	28	(22.2)
Free text box for comments	91	(72.2)
What do you feel was positive about your telephone/video appointment in comparison to a regular face-to-face appointment?		
Free text box for comments	126	(100)
What did you feel were the drawbacks of having a telephone/video appointment in comparison to a regular face-to-face appointment?		
Free text box for comments	126	(100)
Would you be happy to have further telephone/video appointments in future?		
Yes	27	(21.4)
Yes, but not every time	49	(38.9)
Yes, alternate remote and face-to-face appointments	23	(18.3)
Yes, only during the pandemic	21	(16.7)
No	6	(4.8)
Free text box for comments	86	(68.3)
What advice would you give to other people so that they get the most from a telephone/video appointment?		
Free text box for comments	126	(100)
What advice would you give to healthcare professionals to help improve telephone/video appointments?		
Free text box for comments	126	(100)
If there is anything else you would like to tell us about your experience of telephone/video appointments for your psoriasis or psoriatic arthritis, please do so here		
Free text box for comments	72	(57.1)

Table 2. Patient recommendations on how to optimise remote consultations.

Recommendations for HCPs Before a consultation	Recommendations for patients
<ul style="list-style-type: none"> ● Contact patients to agree an appropriate mode of consultation ● Read patients medical records to become familiar with their circumstances 	<ul style="list-style-type: none"> ● Request preferred type of consultation ● Ask for a HCP to review pictures of visible symptoms if a video consultation is not available ● Become familiar with any technological requirements ● Prepare a list of discussion points and questions
During a consultation	<ul style="list-style-type: none"> ● Be honest about symptoms and feelings ● Co-develop treatment plans with the HCP
<ul style="list-style-type: none"> ● Introduce yourself ● Set the agenda for the consultation with patients ● Ask patients about their physical and psychological well-being ● Listen to patients and demonstrate empathy ● Co-develop treatment plans with patients ● Provide contact details for the department for patients to ring in case of emergency 	<ul style="list-style-type: none"> ● Write down important discussion points and actions
After a consultation	
<ul style="list-style-type: none"> ● Continue patient care 	