REaCH TRAINING
For Remote Healthcare Consulting

# SUMMARY

# Embedding remote consultations into healthcare for people living with long term conditions.

## A gap analysis for seven countries of sub-Saharan Africa and resources to support gap closure


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# SUMMARY

**Universal Health Coverage is the ambition of most countries of sub-Saharan Africa**, where all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

**This includes quality healthcare for the rapidly increasing number of people living with long term conditions** such as hypertension, coronary heart disease, diabetes, and chronic obstructive airways disease to reduce premature mortality and expensive to treat complications.

**Quality healthcare includes patients being able to contact healthcare workers when it will make a difference to how they manage their condition,** for example, adjusting a medication dose, managing side-effects, understanding how to change their diet.

**In primary care and specialist ambulatory healthcare of sub-Saharan Africa, remote consulting using mobile phones can be used to effectively deliver health care for people living with long term conditions.**

**Primary and ambulatory specialist healthcare services globally struggle to deliver this care within the limitations of their resources.**



Our synthesis of research evidence over the past decade indicates that remote delivery of healthcare is as effective as face-to-face, improves the quality of care through enhanced timeliness, and improves the reach of healthcare to marginalised populations.

Based on our recent research in Nigeria and Tanzania, we now know that remote consulting between a patient and healthcare worker using mobile phones is safe and trustworthy for the management of patients with long term conditions within everyday primary healthcare. We further know how remote consulting can be delivered by existing primary healthcare teams. We have freely available (when used not for profit) training on remote consulting (REaCH training) for healthcare workers as a stand-alone 8-hour online course for hosting on educational platforms.

# THE PROBLEM:
## Upscaling remote consulting in existing primary care

**Although the solution is technically straightforward - remote consulting can be undertaken with any mobile phone, the problem is how to embed remote consultation into existing healthcare provision. Our gap analysis identifies what is needed to solve this.**

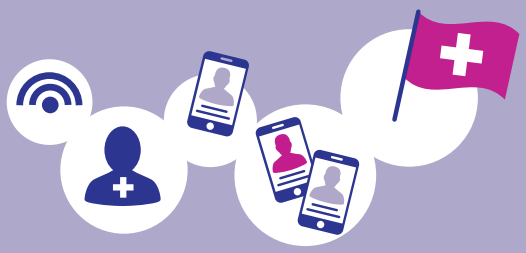
## GAP ANALYSIS: METHODS

We reviewed publicly available policy documents from seven sub-Saharan African countries and met with policy makers, professional regulators, healthcare providers and telecommunication companies in these countries. We used WHO Digital Investment Guide to frame our analysis.

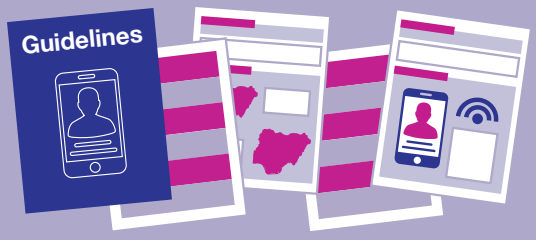

## GAP ANALYSIS: RESULTS

**Countries are policy ready to upscale digital health but need changes to regulations, guidance and procedures to enable remote consulting:** changes are needed to scope of practice of health workers, payments for remote consulting, provision of airtime, systems for accessing prescriptions and medication so patients can collect medication as close to home as possible.


**Training in remote consulting is needed so it becomes embedded in normal health worker practice.**



**Health facilities need guidelines for their health workers for delivery of remote consulting including how to adapt current routines and workloads.**



# NEXT STEPS

The next steps for closing the identified gaps include:

**National level steps for remote consulting service provision.**

- Include remote consulting in the scope of practice of all relevant health worker cadres.
- Recognise remote consultation in payment structure and agree payment level; where payment is made by patient, a remote system for receiving payment is needed.
- Provide airtime for healthcare workers for remote consulting.
- Ensure systems for prescription and supply of medication to enable patients to collect medication as close to home as possible.
- Support pilots of remote consulting and evaluate the pilots. To avoid risk to patient safety, undertake these pilots initially in health facilities with their patients living with long term conditions. Pilots undertaken where there is good mobile phone coverage provide evidence for extending remote consulting to other areas when mobile coverage reaches them.

**National level steps for health worker training in remote consulting:**

- Adapt, pilot and evaluate REaCH training
- Accredit training for all relevant health worker cadres to undertake as part of Continuing Professional Development (CPD) in fulfillment of professional (re-)registration.
- Integrate REaCH training on remote consulting to pre-service training for all relevant health worker cadres.

**Facility/Healthcare provider level steps**

- Train relevant health workers in how to undertake remote consulting (see Appendix 1)
- Disseminate guidance on remote consulting (see Appendix 4)
- Adapt facility routines and workloads to integrate use of remote consulting
- Put in place arrangements for receiving phone calls from and making calls to patients
- Agree arrangements for examination, tests and referrals for patients who need it.

**Resources to support next steps**

This report includes details of online REaCH training, protocol and questionnaire for evaluation of REaCH training and guidance for remote consulting for adaptation to local contexts.

All resources are available on the REaCH website: **https://www.kcl.ac.uk/research/reach-trial.**

# THE FUTURE

**We envision remote consulting integrated within current primary care, with health workers confident in how to undertake remote consulting safely and ethically, allowing patients with long term conditions to access healthcare at times when it will make a difference to how they manage their condition.**