

The use of recording devices in healthcare – were are we at?

The good, not so good and the ugly

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SEPTEMBER 10TH 2016

I'd like to talk a bit about mobile devices and their possible use in clinical consultation.

There is no small irony that I would consider myself to be at the Luddite end of the scale when I reflect on my expertise in the use of this technology

Britain's Queen Elizabeth II was overheard on camera describing Chinese officials as "very rude" during a conversation with a senior police officer at an event celebrating her 90th birthday.

I'm not a royalist but I do think that the Queen is quite a trooper . She's a good example of someone aging well. Here she is at Ascot around the time she was overheard describing Chinese officials as "very rude" during a conversation with a senior police officer.



When I looked at the photo I saw that she had a bruise on her right shin.



I wondered how she had sustained the injury.

Well I've done a little detective work and I know how it actually happened





“I hope one’s
cell phone was jolly
well turned awf!”

This comment accurately summarises much
of what I want to say in presentation today.



RECORDING DEVICES CURRENT M.P.S. ADVICE.

“As it is often impossible to know whether a consultation is being recorded it may be prudent to assume that it is, in a similar way to assuming that all your written entries in a medical record will be read by the patient”

Dr. Alan Doris, MPS medical adviser

I think I mostly believe this advice.

But a consultation is a two way process.

And the Medical record tends to reflect what the doctor recorded

- Confidentiality
- Privacy
- Trust
- Sensitive issues
 - One's body, lifestyle, emotions and behaviour
 - We need rules to protect the individual
 - How does the use of mobile devices challenge the status quo?

HEALTH INFORMATION- THE BASICS

New behaviour

- Strong reactions, both positive and negative
 - An erosion of trust?
 - Confused and conflicting responses
 - Potential for social media dissemination
 - Does it change the nature of the consultation?

RECORDING DEVICES-THEMES

RECORDING DEVICES

CURRENT M.P.S. ADVICE

“Managing the situation depends greatly on who is intending to make the recording, how this is done, and for what purpose”

Dr. Alan Doris, MPS medical adviser

This comment emphasises that technology in one sense is neutral.

It's how you use it that determines the balance between harm and benefit

RECORDING DEVICES CURRENT M.P.S. ADVICE

“Managing the situation depends greatly on who is intending to make the recording, how this is done, and for what purpose”

Dr. Alan Doris, MPS medical adviser



Many of you will know the term “Janus faced”

or having two faces, one looking forward, one looking backward, as the Roman God Janus.

Whatever we do in the future we have to keep these paradoxes in mind.

AS A DOCTOR - IF YOU DO NOT WANT PATIENT TO RECORD CONSULTATION!

- A recording device:
 - hinders open sharing of information and views
 - cannot convey relevant non-verbal cues that affect an assessment
- The recording (or a transcript)
 - may be edited in ways that alter its significance
 - subsequent use of the recording will be outside your control
 - could be used to misrepresent your actions or views
- Are your objections sound?

If you are a doctor, what happens if a patient asks if they can record the consultation?

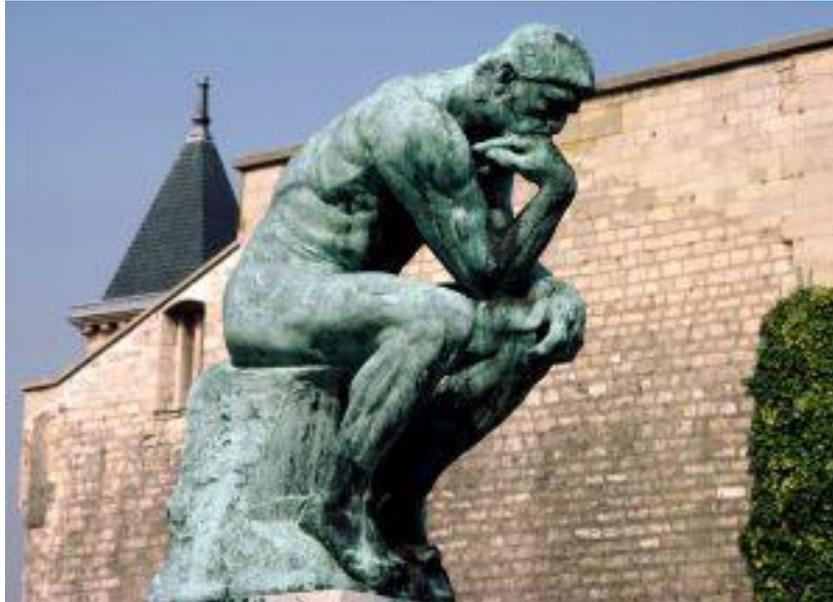
You might feel it would hinder the open sharing of information and views. It might not convey relevant non-verbal cues

The recording could be edited in ways that might alter its significance.

This would be outside your control.

Whatever your reasons you should be sure your objections are sound.

THEMES AND REFLECTION



Taking an oath reinforces the physicians' sense of honour and responsibility to uphold the values of their profession.

This includes reflection.

I think we need to take an enlightened view on this new technology.

I hope can support this view in the rest of my talk

IF YOU AGREE TO A RECORDING.....

- Should you
 - ask for a copy of the whole recording from the patient
 - seek the patient's agreement to make your own separate recording of the consultation.

As the doctor let's say you agree to a patient recording a consultation.
At Wellington Hospital there is currently no policy for how this should be managed.
How might you protect yourself?
You could ask for a copy of the recording.
You could ask to make a recording of your own
That's all a bit cumbersome

Downloaded from <http://bmjopen.bmj.com/> on August 25, 2015 - Published by group.bmj.com

Open Access

Research

BMJ Open Patients recording clinical encounters: a path to empowerment? Assessment by mixed methods

Glyn Elwyn, Paul James Barr, Stuart W Grande

STUDY QUESTIONS

Have you ever secretly recorded your encounter with a health professional?

Would you consider secretly recording your encounter?

Would you like your clinic to allow you to record your encounters?

Results

Table 2 Experience and views on patients secretly recording encounters

	Respondent totals (%), N
Have you ever secretly recorded a visit to a doctor or another medical professional?	
Yes	19 (15)
No, but I know someone who has	14 (11)
No, and I do not know anyone who has	95 (74)
Would you consider secretly recording a visit to a doctor or other health professional?	
Yes, I would consider secretly recording a visit	45 (35)
No, but I would consider recording a visit after asking permission	44 (34)
No, I have no interest in recording a visit	39 (31)
Would you like your clinic to allow you to record visits with a doctor or another health professional?	
Yes	98 (77)
No	29 (23)

My interpretation is that there is an unmet need

An intrusion into consultation

Dissemination on social media??

Disrupts the normal flow of the clinic

Consent process required

Potential use for litigation purposes

Contents lists available at ScienceDirect

Patient Education and Counseling

ELSEVIER

Journal homepage: www.elsevier.com/locate/pateducou

PEC

Review

Providing recording of clinical consultation to patients – A highly valued but underutilized intervention: A scoping review

Maka Tsulukidze^a, Marie-Anne Durand^b, Paul J. Barr^a, Thomas Mead^c, Glyn Elwyn^{a,d,*}

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^bDepartment of Psychology, University of Hertfordshire, UK
^cBiomedical Libraries, Dartmouth College, USA
^dThe Cochrane Institute for Primary Care and Public Health, Cardiff University, UK

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PROBLEMS OF AUDIO ?



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YOU NOW HAVE A DIAGNOSIS OF CANCER!!

Emotions ++

Can you take everything in??

Emotional reactions might interfere strongly with
cognitive processing of information

YOU NOW HAVE A DIAGNOSIS OF CANCER!!

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Oliver Cancer Center in the USA

- gives recorders to patients

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**DO YOU WANT TO RECORD
THIS INTERVIEW?**

Oliver Cancer Center in the USA

Power imbalance in clinical encounters?

BUT we espouse

- shared decision-making
- patient involvement

Will 'recording' modify this asymmetry?

**DO YOU WANT TO RECORD
THIS INTERVIEW?**

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- Improved consent processes
- Re-listen explanations of complex procedures
 - discuss with family / friends
- Clearer understanding of treatment options
 - Equivalent to patient taking notes
 - More active engagement in treatment decisions
- Reduced decisional regret

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RECORDING-POTENTIAL ADVANTAGES

Recordings become part of clinical record ?

How might this data accessed and used ?

OTHER THEMES

- Were alternative approaches mentioned?
- Any information given to help compare alternatives?
- Balance between
 - probabilities of harm?
 - likelihood of benefit?

COULD YOU AUDIT A RECORDED CONSULTATION?

Were guidelines consulted?

Were patient's values sought?

Were preferences elicited?

COULD YOU AUDIT A RECORDED CONSULTATION?

Did not extend consultation time

Positive perception by patients

Some provider concerns over

- process
- workflows
- Decreased number of explanatory phone calls

ISSUES AND SOME ANSWERS...

Table 2

Major themes and key findings across the themes.

Theme	Key findings ^a	References
1. Use of recordings by patients Majority Listened	<ul style="list-style-type: none"> - 72% (weighted average) listened to the audio-recorded consultation - 68% (weighted average) shared recording with family, friends and doctors - Audio-recordings were listened to 2-50 times 	[2-7,22-42,43,44]
2. Impact on information recall and understanding Improved recall	<ul style="list-style-type: none"> - 22 studies (67%) reported improved information recall and understanding out of 25 measuring the impact on recall and understanding - Audio-recordings helped with recall of information on disease and treatment, side effects, implication, prognosis and available options - Patients heard "new" and forgotten information 	[2-6,22,23,25-29,31-39,41,42,44,45]
3. Patient acceptance of recordings of clinical consultations +ve perceptions	<ul style="list-style-type: none"> - 26 studies (79%) of studies reported positive patient perceptions (e.g. helped in adjusting emotionally and psychologically to their illness) - Some patients expressed desire to have more consultations audio-recorded - Some would recommend to others 	[2,3,5,22-30,32-45]
4. Benefits for specific patient population	<ul style="list-style-type: none"> - Patients with lower SES, older age, impaired abilities and overwhelmed with stress may benefit more 	[2,3,22,36]
5. Provider divergence	<ul style="list-style-type: none"> - Impact of clinical specialization on provider perceptions mixed - Concerns about free flow of consultation, patient confidentiality 	[19-26]
6. Organizational factors	<ul style="list-style-type: none"> - Time requirements and workflow disruption most frequently discussed - Medico-legal aspects not sufficiently investigated 	[6,19,20,23,27,44]

Themes/outcomes- literature summary

Did not extend consultation time

Positive perception by patients

Some provider concerns over

- process
 - workflows
 - Decreased number of explanatory phone calls
- **

The patient voice?

ISSUES AND SOME ANSWERS...

“An RACP survey identified that only 17 % of physicians believed that most of the time, doctors know the patient’s preference for end-of-life care”

Death
in a digital age

The Royal Australasian College of Physicians

Improving Care at the End of Life:

Our Roles and Responsibilities

May 2016

145 Macquarie Street, Sydney NSW 2000, Australia

Telephone +61 2 9256 5420 | Facsimile +61 2 9251 7476 | raccp@racp.edu.au

“An R.A.C.P. survey identified that only 17 % of physicians believed that most of the time, doctors know the patient’s preference for end-of-life care”



Death in a digital age

From what I’ve said so far

- Could the use of mobile technology make a difference?
- I should also mention that 80% of the respondents to the survey said that communication skills training should be mandatory

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uncharted
territory

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Patients

- Unconscious
- Delirium
- Unable to decide

Recordings

- helpful to families
 - with EOL or other decisions
 - Struggling with grief and complex emotions
 - Ability to fully comprehend conversation an issue
 - Able to review conversations
 - Understand conversations better

ICU

It changes almost everything.

Patient centeredness

Never before been able to analyze

- what is said
- what is claimed
- what is actually done

WHERE DOES THIS LEAVE US?

OBSERVATIONS

PATIENT POWER

“Patientgate”—digital recordings change everything

Patients’ recordings of consultations are a valuable addition to the medical evidence base

Glyn Elwyn

Dartmouth Center for Health Care Delivery Science, Hanover, New Hampshire 03755

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The UK General Medical Council

- “Patients should be provided with ‘information they want or need in a way they can understand’**
- Allowed covert recordings of encounters as admissible evidence in conduct hearings.

Permission not needed !

SOME REALITIES

The UK General Medical Council

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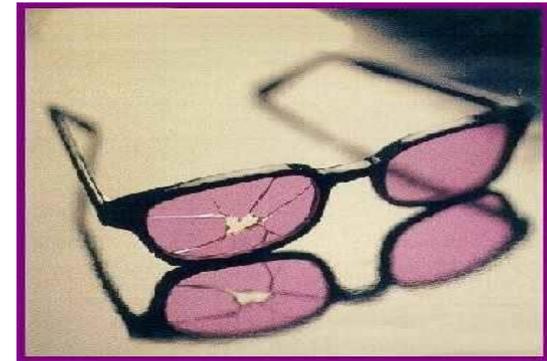
Permission not needed !



**G.M.C. IN THE UK-
EMPOWERMENT**

Covert recording

- Potential for being out of context
- End up in court
- Facebook, or Twitter, or YouTube,
- Hurt reputation
- Risk management?
- Smart watches



MY GLASSES ARE BROKEN !!

Covert recording

- Potential for being out of context
- End up in court
- Facebook, or Twitter, or YouTube,
- Hurt reputation
- Risk management?
- Smart watches

RECORDING DEVICES- THE UGLY SIDE?

The problem is that if a recording goes viral the damage is already done

- Threatening or offensive material and messages
- Spreading damaging degrading rumours
- Publishing invasive and distressing images
- Young people
 - Truancy
 - Depression
 - Suicide

Harmful Digital Communications Act-2015

- Threatening or offensive material and messages
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Section 14

New Zealand Bill of Rights Act 1990

“guarantees the right to freedom of expression”

Harmful Digital Communications Act-2015

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Section 14

New Zealand Bill of Rights Act 1990

“guarantees the right to freedom of expression”

Harmful Digital Communications Act-2015

Recording covertly is legal

- doctor has little influence over what is done with the recording

Unedited recording is admissible as evidence
(GMC)

SUMMARY

MORAL THEORY - DOING THE RIGHT THING

Utilitarianism

“...actions are:

*right in the proportion as they tend to promote happiness,
wrong as they tend to produce the reverse of happiness”*

J.S.Mill

Maximising human welfare makes an action right

What are the limits / definition of “clinical consultation”?

Which health professional groups need to be covered by any policy?

Some clinicians would prohibit the use of recording devices in clinical consultation.

- This view has to be acknowledged
 - A personal right to refuse the use of R.D.
 - Manage this refusal
 - Arrange consultation with other clinician

WHERE TO FROM HERE? (1)

Appropriate signage in clinical areas

- Where?
- Either
 - Bans covert use of R.D.
 - Use of R.D. not allowed without consent

WHERE TO FROM HERE? (2)

- A) Generate a policy on the basis of current “consultation” and practice?
- B) A review after one year?

WHERE TO FROM HERE? (3)

A) A survey monkey questionnaire to SMOs/RMOs?

B) Then generate a policy on the basis of current
“consultation” and practice?

- A review after one year?

WHERE TO FROM HERE? (4)

The future??



The future??

Augmedix, a startup out of San Francisco that has developed a platform for doctors to collect, update and recall patient and other medical data in real-time, has raised \$17 million in a strategic round.

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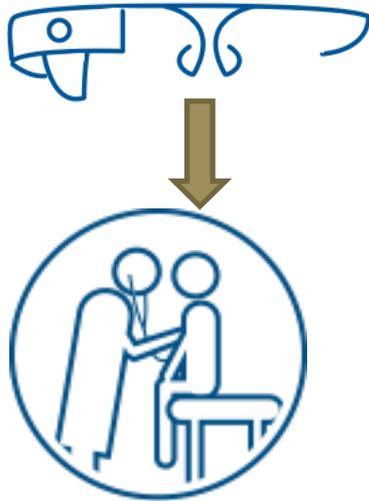
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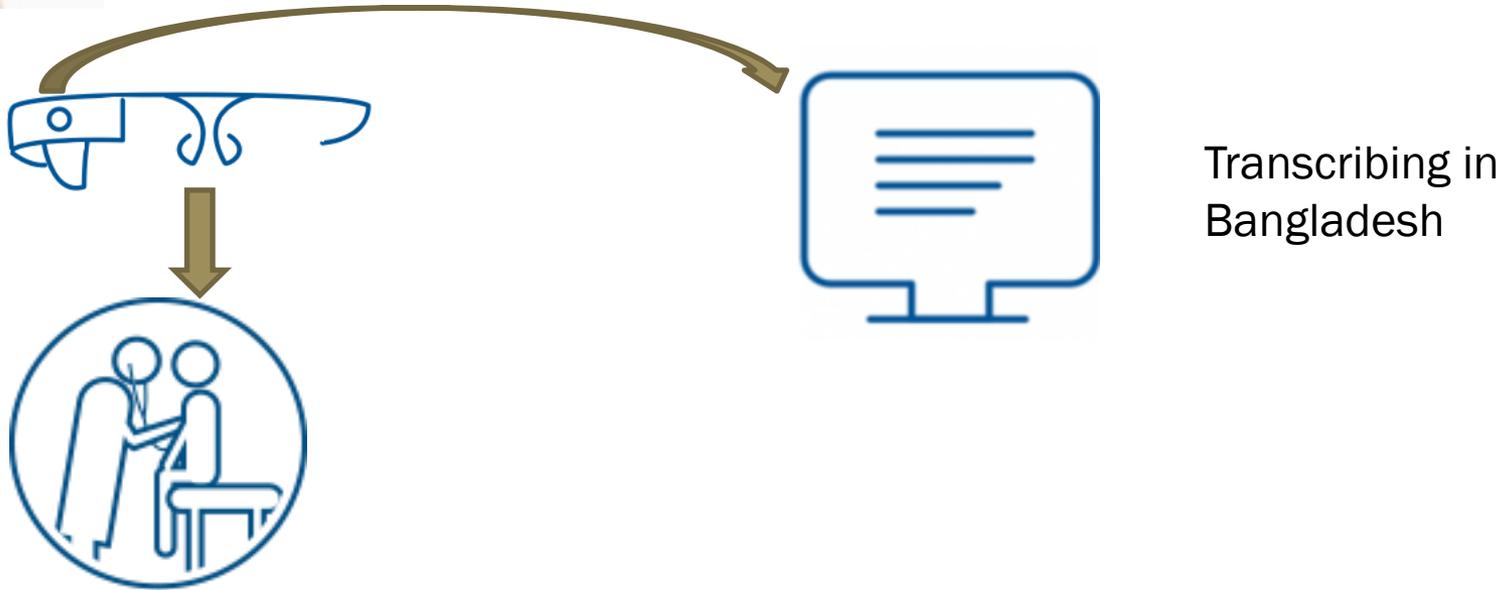


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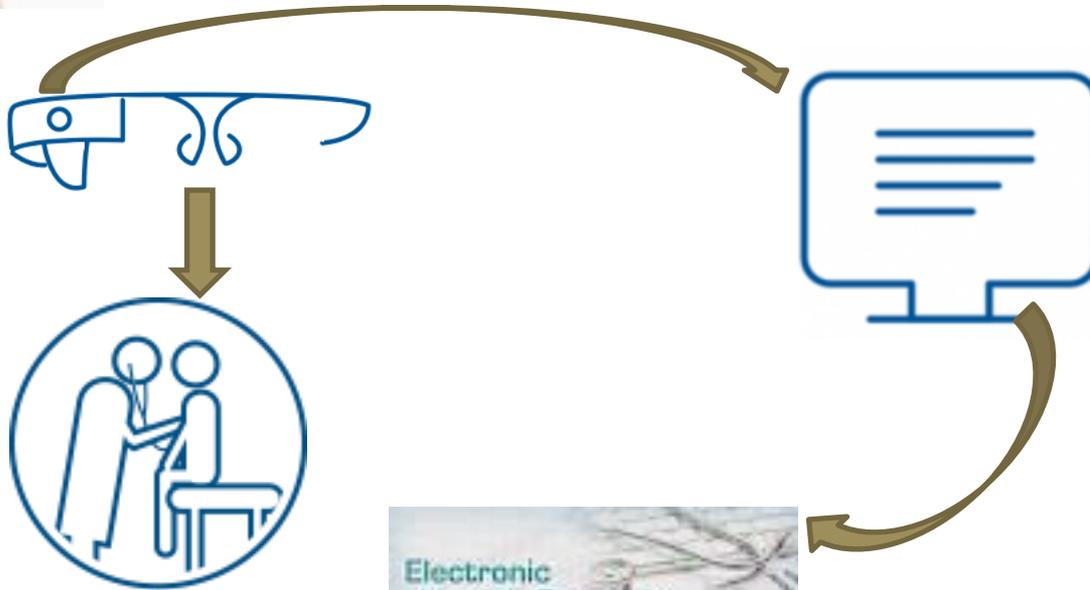
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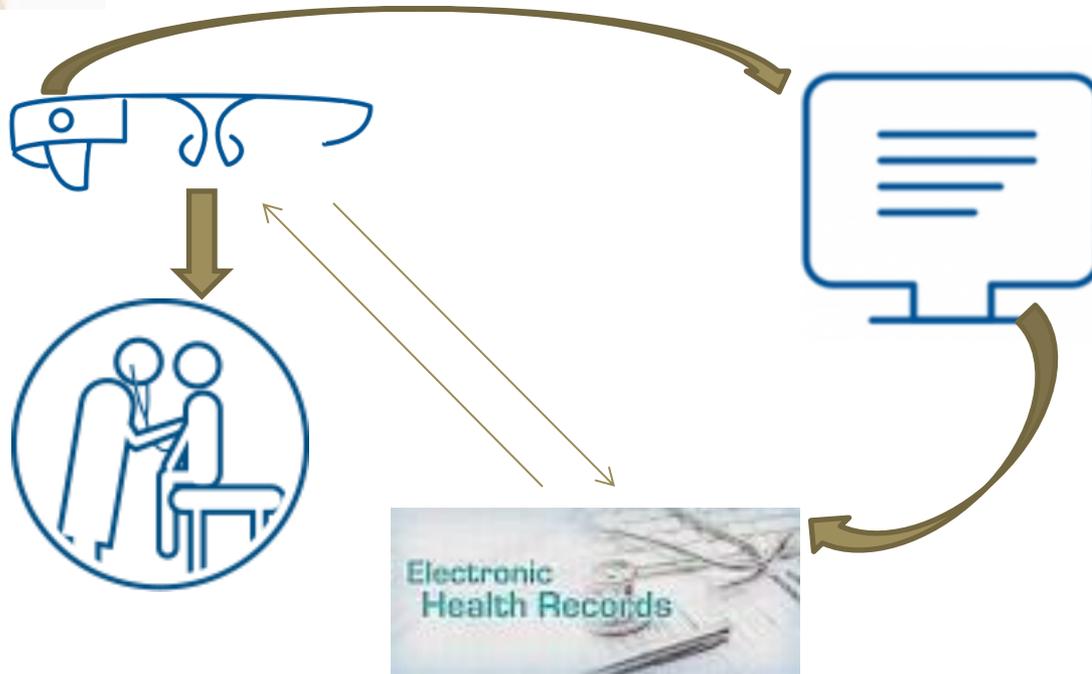


Transcribing in
Bangladesh



The future??

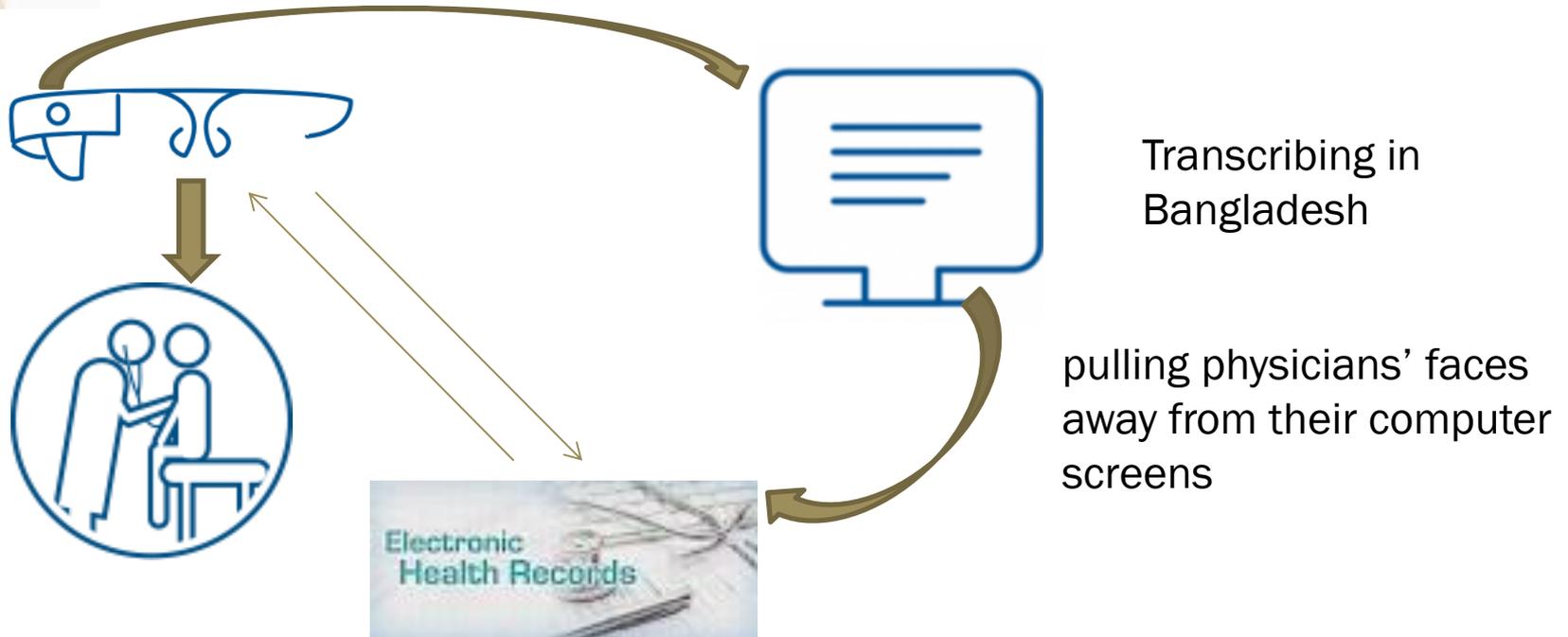
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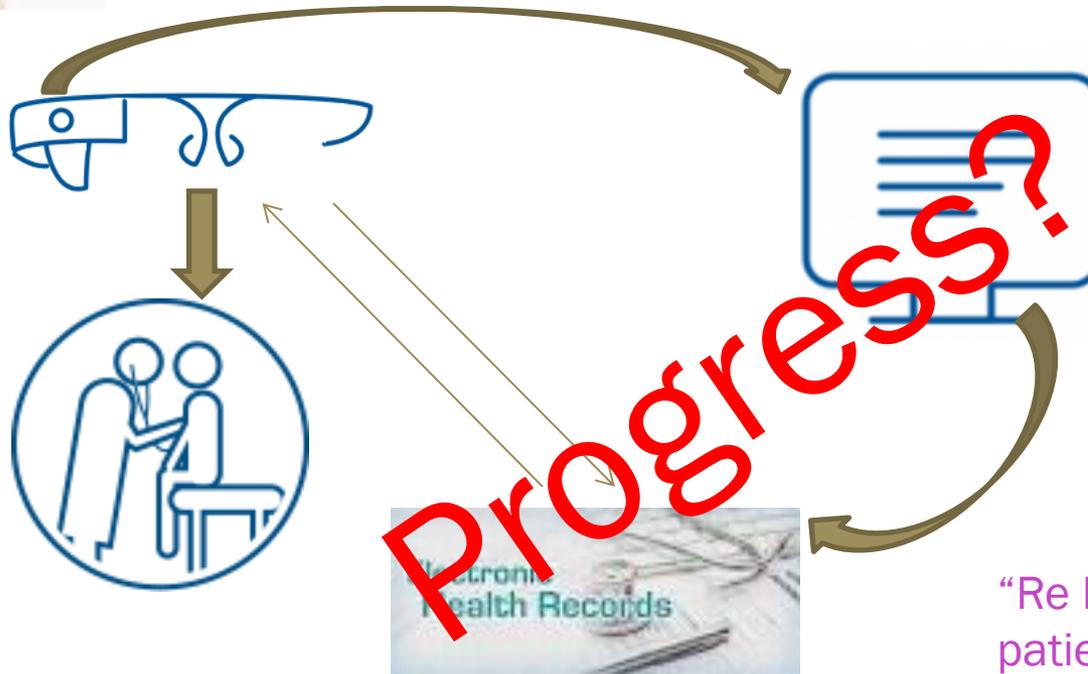
“Once I’m connected, we should be able to see each other.”

Clinical Admin ABILITY, MedHOK, Imprivata, ClearDATA, MINDBODY, TALYST, remedypartners, AuthenticData, nextdocs, koreo, OSI, wavemark	Digital Med Devices proteus, iRhythm, Orthosensor, GenabSvs, vitalconnect, integrity, sensible, Sotera, OrSense, B.W. Health	EHR/EMR HGT, patientkeeper, PROGNOSIS, CoreCloud, simplyMD, practice fusion, corventis, medivo, ARBSTRIP, OSI, CASHHEALTH, LIFE NEXUS, dr, Shareable Ink, ARBSTRIP, OSI, AkeLex	
Population Health Mgmt PRIVIA, R. Ante, AXIONHEALTH, wellcentive, Vela, KINSEER, MedVENTIVE, CASTLIGHT, keas, wisfr, care team connect, agile, limeade, ZOmega, PHYTEL, TANGO	Online Health Communities Glow, @sharecare, omada, OneHealth, patientslikeme, shopee	Patient Engagement WellDoc, eliza, simplee, LINCOR, glooko	Genomics GUARDANTHEALTH, SVBio, genophen, CARDIO, NEXT, GBOX, 100, CourSys
Medical Big Data STATION, U, bina, Predictics, Flatiron, HealthCatalyst, NEXTCODE, comprehend, AYASDI, HUMERICA, ZEPHYR, APDXIO, NEXUS, FLATIRON, NEXTCODE, AYASDI	Services Search ZocDoc, Brighter, CHANGE, UNWELLHEALTH, CU, vitas, pd, GRAND SQUARES, CUREBY	Digital Health 509 Companies \$7.05B Funding See the updated scan and more: venturescanner.com/scans/digital-health	Doctor Networks sermo, DICOM, Grid, QuantMD, CIMS, perfectserve
Mobile Fitness / Health Apps LARK, mindbloom, Mango Health, endomondo, FITSTAR, every move, gain fitness, Sway, Netpulse, mapmyfitness, asana	teleHealth VGO, Teladoc, healthtrough, CoreCom, Vagno, health, DOCTOR, CARENA, health	Remote Monitoring Caring, Lively, motherknows, Q-Medic, vitalconnect	Healthcare Mobile Communications voalte, IOMAX, tigertext, Visum, vocera
	IOT Health & Wellness fitbit, striv, point, striv, BASIS, BODYMEDIA, Withings, mc10, white	Online Health Destination lumosity, Sites, HealthCentral, Healthguru, HealthNation, hopppy, Healthline	Healthcare Marketing evariant, appature, myomo, bgr, vocera, bgr, vocera

Venture Scanner

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Transcribing in Bangladesh

pulling physicians' faces away from their computer screens

“Re humanising the patient - doctor encounter”

My response to all this activity is will we have to redefine the meaning of the word progress?

Or will it just mean moving forward in time?



gettyimages®
Chris Jackson

Health-care information and its utility is complex

- Patient / family / whanau perspective

- Information ++
- Communication
- Emotion
- “Choices”



Can the use of R.D.
improve decision
making?

- Audio recording

- Devices ubiquitous
- Reflection
 - Wider discussion
 - Better decisions/outcomes?
 - Better use of resources??



Evidence?

SUMMARY

THE END
PHEW!!

A) Continue current / ad hoc management:

B) Conduct a trial of

- EITHER - Allowing R.D. use one clinical area
- OR- Providing R.D. use in one clinical area
 - This would require
 - Research proposal
 - Consultation with researchers
 - How long a study?
 - Funding ??

C) Use the findings as the basis for policy generation?

WHERE TO FROM HERE? (5)

Thematic analysis

