Hybrid Healthcare

Simple Tools Today

Choosing and using everyday digital tools in hybrid care

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Contents

01

What you will be able to do

By the end, you will be able to…

01 Identify the five common categories of simple digital tools used in hybrid care

02 Evaluate a tool against four criteria: privacy, accessibility, usability, evidence

03 Demonstrate setup and use of two simple tools in a guided scenario

04 Reflect on equity and digital-inclusion implications when introducing tools

02

What this module is about

Purpose

This OER helps healthcare educators and students confidently choose, evaluate and apply simple, accessible digital tools in hybrid care — so that patient communication, follow-up and continuity are improved without depending on complex platforms.

Practical | **Accessible** | **Used well**

Why we are doing this

Most hybrid care gaps are closed by simple tools used well — not by new enterprise platforms.

The problem

- Curricula lag behind digital practice
- Educators are time-poor and tool-unsure
- Complex platforms create real barriers
- Patients with low digital literacy get left behind

What helps

- Familiar tools, well configured
- Clear evaluation against four criteria
- Small repeatable behaviours over big rollouts
- Equity-first habits when introducing tools

03

Who is this for

Audience and needs

For

- Healthcare educators and lecturers
- Final-year nursing / medical / allied-health students
- Clinical-placement supervisors
- CPD coordinators

They need

- A clear map of what tools exist
- A simple way to judge if a tool fits
- Hands-on confidence in 60–90 minutes

A one-minute story

Lukas, a community-care nurse, follows up with an older patient at home. He needs to share a simple wound-care reminder, confirm the next visit, and check a blood-pressure reading.

Which two simple tools would you pick — and why?

04

The Five Tool Categories

Five categories at a glance

1

Secure messaging

Quick, asynchronous patient–clinician exchanges

2

Video consultation

Real-time appointments when in-person isn't needed

3

Patient portals

Records, results and bookings the patient owns

4

Symptom & remote monitoring

Trackers, wearables, simple home readings

5

Automated reminders

Appointment, medication and follow-up nudges

These five cover ~90% of hybrid-care use cases without enterprise platforms.

Before you browse: how to read this list

These are illustrative examples — not endorsements

- The tools shown on the following slides are widely used in EU and UK settings. They may not be approved in your country or institution.
- National regulators and your data-protection officer always have the final say.
- Use the list to recognise the categories and start conversations — not as a procurement shortlist.
- When in doubt, treat any tool as “needs local verification” before patient use.

1 Secure messaging

AccuRx	SMS, messaging and triage for NHS clinicians and patients	accurx.com
Doctolib	Appointment + secure messaging platform across France, Germany, Italy	doctolib.com
Siilo	GDPR-compliant medical messenger for clinical teams	siilo.com
Signal (consumer)	End-to-end encrypted; not healthcare-specific — verify local rules	signal.org

When to use: Asynchronous clinical questions, follow-up instructions, photo triage

2 Video consultation

Doxy.me	Free-tier browser-based video; purpose-built for healthcare	doxy.me
Visiba Care	Scandinavian/EU virtual-care platform with scheduling and triage	visibagroup.com
Doctolib Video	Integrated video within the Doctolib appointment workflow	doctolib.com
MS Teams	Enterprise video — widely available via institutional licences	microsoft.com/teams

When to use: Stable check-ins, initial assessments, specialist second opinions

3 Patient portals

NHS App	UK national portal: records, prescriptions, appointments	nhs.uk/nhs-app
MyChart (Epic)	Portal deployed in hospitals running Epic worldwide	mychart.com
Patients Know Best	Patient-held record used by NHS trusts and EU pilots	patientsknowbest.com
gematik / ePA	Germany’s national e-prescription and patient-record infrastructure	gematik.de

When to use: Access to records, results, bookings and care plans

4 Symptom and remote monitoring

Withings	Connected BP monitors, scales, sleep trackers — clinical-grade	withings.com
Huma	Clinical remote-patient-monitoring platform, CE-marked	huma.com
KardiaMobile	Single-lead ECG on a smartphone; AF detection, CE-marked	alivecor.com
MyDiagnostick	Handheld AF screening stick for community and GP settings	mydiagnostick.com

When to use: Chronic conditions, post-discharge follow-up, home BP / ECG

5 Automated reminders

AccuRx Reminders	Batch SMS / NHS App reminders built into the AccuRx platform	accurx.com
Doctolib Reminders	Automated appointment reminders via SMS and email	doctolib.com
Twilio	Programmable SMS/voice API — custom reminder workflows	twilio.com
mjog	Patient engagement and messaging system for NHS primary care	mjog.com

When to use: Appointment nudges, medication prompts, screening follow-up

Free vs freemium vs institutional

Free / open	Freemium	Institutional
• Doxy.me free tier • Signal • NHS App (UK) • Many basic reminder apps	• Doctolib (basic) • Withings app (basic) • Huma (limited features) • Siilo (free for clinical chat)	• AccuRx (NHS-wide) • MS Teams (licence) • Epic MyChart (hospital) • gematik ePA (national)
Low barrier; may lack support or audit	*Core features free; advanced features paid*	*Approved and supported; needs procurement*

Mix and match: one patient, three tools

Scenario: Mrs Alonso, 72, hypertension, lives alone, stable but needs regular follow-up.

1	MONITOR	**Withings BPM**	Patient takes BP at home; readings sync to clinician dashboard
2	MESSAGE	**Doctolib / Siilo**	Nurse reviews reading and sends a secure follow-up question
3	REMIND	**Doctolib Reminders**	Automated SMS confirms next video check-in date

Three simple tools, no enterprise platform, ten minutes of configuration.

Find what's approved in your setting

You don't need to find the "best" tool. You need the one that's already approved and fits.

1. Ask your IT department or data-protection officer what is already approved
2. Check your national digital-health authority website (e.g. gematik.de, esante.gouv.fr)
3. Ask colleagues in other departments — someone may already use a tool you need
4. Search the Erasmus+ Results Platform or WHO Digital Health Atlas for pilots near you

The fastest route is almost always: "What does our IT team already support?"

Activity: your starter tool map

In 5 minutes, write one tool you already know in each box. If a box is blank — that's the gap to explore.

Secure messaging	Video consultation	Patient portal	Symptom monitoring	Automated reminders
?	?	?	?	?

Debrief: compare with a neighbour — did they find one you missed?

05

How to Choose a Tool

Four criteria for any tool

P

Privacy & GDPR

Data location, consent, auditability

A

Accessibility

Works on basic devices, low bandwidth, screen readers

U

Usability

Patient and clinician can use it without training

E

Evidence

Real use, clinical outcomes, safety record

Mnemonic: P-A-U-E — "if a tool fails on any one, it isn't ready."

The evaluation rubric

Criterion	Green flag	Red flag
Privacy & GDPR	EU/EEA data hosting; explicit consent flow; audit log	Unclear data location; no consent capture; no audit
Accessibility	Works on a 4-year-old phone; SMS fallback; screen-reader friendly	App-only; needs latest OS; no captions/alt text
Usability	Onboard a patient in <5 min; one-tap actions; plain language	Requires training video; >5 steps to send a message
Evidence	Peer-reviewed evaluation, named services using it, safety record	Vendor case studies only; no outcome data; no incident process

06

Spot → Pick → Set → Reflect

How the session runs: Spot → Pick → Set → Reflect

Spot the gap

SPOT

PICK

SET

REFLECT

Look for moments where hybrid care breaks down

- A patient calls because they forgot the appointment time
- Test results sit in an inbox the patient cannot see
- A short question becomes a 30-minute travel visit
- Follow-up depends on the patient remembering everything

Your turn: name one moment from your setting in a single line.

How the session runs: Spot → Pick → Set → Reflect

Pick the right tool

SPOT

PICK

SET

REFLECT

Match the gap to one category, then test against P-A-U-E

- Forgot the appointment → Automated reminders
- Can't see results → Patient portal
- Short clinical question → Secure messaging
- Stable check-in needed → Video consultation
- Tracking BP at home → Symptom / remote monitoring

Your turn: pick one tool for your spotted gap, and check P-A-U-E.

How the session runs: Spot → Pick → Set → Reflect

Set it up well

SPOT

PICK

SET

REFLECT

A 5-minute setup checklist

1. Strongest privacy default ON before first use
2. Lowest-bandwidth fallback identified (SMS, phone, paper)
3. Clear plain-language onboarding message for the patient
4. Documented ‘what if it fails?’ route
5. Save your config as a screenshot for the rubric upload

How the session runs: Spot → Pick → Set → Reflect

Reflect on what changed

SPOT

PICK

SET

REFLECT

Three short prompts (write 1 line each)

- Which patient might struggle with the tool I picked — and what's my plan?
- What is the smallest change I would make to the setup before pilot?
- What is one thing I will try in teaching this term?

Exit ticket: pick one prompt and answer it before you leave.

Equity and inclusion

A simple tool can quietly exclude people. Plan for that from day one.

Who can be left behind	How exclusion shows up	What to do
• Older patients without smartphones • Carers managing on a parent's behalf • Patients with low literacy or non-native language • Areas with poor connectivity	• App-only access (no SMS or phone path) • Sign-up needs a national digital ID • Long onboarding videos • No screen-reader / large-text option	• Always pair the tool with one offline route • Test onboarding with a non-expert before pilot • Plain-language messages, default ON • Document who the tool is NOT for

Take it into your week

Pick ONE thing to do in the next 7 days.

TEACH Add a 10-minute Spot → Pick → Set → Reflect activity to your next class

TRY Configure one tool against P-A-U-E and save the screenshot

SHARE Send the rubric to one colleague and compare picks

ASK Ask one patient or student which tool they would actually use

Sources and further reading

- **WHO. Global strategy on digital health 2020–2025**
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