Telephone consultations in secondary care

Nicola J. Roberts, Martyn R. Partridge*

Imperial College London, NHLI Division, Charing Cross Campus, St. Dunstans Road, London W6 8RP. UK

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Telephone consultation; Patient satisfaction; Asthma

Summary
Objective: To determine the role of telephone consultations in respiratory medicine.
Design: An observational study.
Setting: Respiratory outpatients department in an inner London teaching hospital.
Participants: Five-hundred sequential patients attending three different outpatient respiratory clinics.
Intervention: Substitution of the next intended consultation with a telephone consultation.
Outcome measures: Proportion of patients suitable for telephone consultation, their availability when telephoned, length of consultation and patient satisfaction.
Conclusions: Telephone consultations are an effective alternative to traditional consultations in a third of respiratory patients attending for hospital follow-up. This style of consultation allows the option of not attending the hospital for a consultation and 23.9% had their consultation at their place of work.

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Background

In primary care, telephone consultations are frequently used for triage purposes and for handling out of hours calls. Telephone consultations have also been used to review patients with asthma and shown to be more successful by telephone than with face-to-face consultations. Telephone consultations with adolescents have also been shown to reduce unscheduled use of healthcare. There are few studies reported which have been carried out in secondary care. One study in a rheumatology service suggested that telephone follow-up was very acceptable to patients and that patients were available when telephoned.

A previous feasibility study in a respiratory outpatient secondary care setting involving patients with a diverse range of respiratory conditions suggested that approximately a third of patients might be suitable for telephone consultations. We have now evaluated such a service and assessed use, suitability and patient satisfaction.

Methods

Five-hundred consecutive patients attending respiratory outpatient clinics in a central London teaching hospital were studied to assess the proportion in whom telephone consultations could be substituted.
consultation might be a suitable alternative to face-to-face consultation. Patients targeted in the study were those attending three Thursday afternoon clinics including a Diffuse Parenchymal Lung Disease Clinic (DPLD), a Difficult Asthma Clinic and a clinic for those with chronic obstructive pulmonary disease (COPD).

Patient features determining suitability for telephone consultations were:

1. follow-up patients in whom it was perceived there was a need for continued review in a hospital clinic,
2. patients with no need for either physical examination or investigations such as chest radiograph, blood tests or lung function tests on every attendance,
3. patients who had access to a confidential telephone line,
4. patients who had no mental, hearing or linguistic problems.

If suitable for subsequent telephone consultations, patients were given written details about their telephone appointment and asked to supply a confidential telephone number on which they wished to be contacted. At the time of the telephone consultation, the time of onset and length of call was recorded, whether a landline or mobile telephone was used and whether the patient was at home, at work or in a public place. Telephone consultations were carried out at a pre-arranged time with the hospital notes being available and the patient and the patients’ GPs were sent confirmatory letters summarising the substance of the consultation. After the telephone consultation, patients were also sent a patient satisfaction questionnaire, the medical interview satisfaction scale (MISS-21) (adapted with permission of Dr. R. Meakin) to complete and return. The patient’s follow-up appointment was sent to the patient as requested by the clinician usually for 3–4 months time. At this subsequent face-to-face consultation, patients were asked to record the time when they had left home, their arrival time in the clinic, the waiting time for their consultation and the length of their consultation. They were also asked to report any costs associated with their attendance at the hospital in terms of loss of income and travel. The patients were asked to complete the MISS-21 questionnaire again after their face-to-face consultation.

Results

Following the index consultation, 183/500 patients were being reviewed only annually or were being discharged. One hundred and four (33%) were deemed suitable for alternating telephone and face-to-face consultations (Fig. 1). Figure 2 shows the percentage of patients suitable for telephone consultations according to diagnosis. Table 1 shows the reasons patients were unsuitable for a telephone consultation. These mainly concerned the need for the patient to be physically examined or to have investigations that could only be done within the hospital setting.

When telephoned at the pre-arranged time, 31.7% (33/104) of patients were not available. For those whom we did contact, 73.3% (52/71) had their telephone consultation in their own home and 23.9% (17/71) had their consultation at their place of work (Fig. 3). In four cases, a comment was made by the doctors about noisy backgrounds or bad telephone lines, and one patient had a problem with their mobile telephone which involved repeated calls to complete the telephone consultation. 28.3% (20/71) of the telephone conversations were carried out prior to, or at the planned appointment time, and the telephone consultations lasted a mean of 8.6 (± 3.3)
Of the remaining 51 consultations that did not start on time, telephone consultations started a mean of 8.94 (±7.79) min late. As a result of the telephone consultation study, only four patients needed to be given an expedited follow-up within 2 weeks of their telephone consultation. This was due to the patients reporting a deterioration in their condition in all four cases.

Out of 104 recruited patients, 74% attended their subsequent follow-up appointment and 82.4% of the patients arrived early or on time, having undertaken an average of 40.2 (±22.5) min of travel time (n = 69) to the clinic. The waiting time within the clinic before they were seen by the doctor averaged 35.8 (±42.8) min. The consultations lasted on average 15 (±6.9) min.

For those patients who underwent both a telephone and face-to-face consultation and who completed a MISS-21 questionnaire (n = 45), the scores were compared between the telephone and face-to-face consultations. Patient satisfaction showed no significant differences between the two types of consultation (MISS-21 p = 0.064, Wilcoxon statistical test). These outcomes are summarised in Fig. 3.

**Discussion**

Telephone consultations in primary care are now widely used and have been widely reported.1,2 Less information is available about evaluation of telephone consultations in secondary care. One study in a rheumatology outpatient clinic referred to 173 patients who were deemed to be suitable for telephone follow-up and only three of these patients declined such a mode of consultation. In that particular study, consultations lasted on average 3.5 min and the "not available at time of telephoning" rate was 12% (20/173).4 Satisfaction with the telephone consultation in that study was only evaluated by means of a Yes/No questionnaire. A previous study of the feasibility of telephone consultations in a respiratory clinic involving an even wider spectrum of respiratory diseases, showed that 36% of consultations could potentially have been undertaken on the telephone and our current study of the actual use of telephone consultation has shown a very similar result (33%).5 In view of the inconvenience and the amount of time taken for patients to attend for face-to-face consultations, we would recommend a more widespread use of the offering of telephone consultations to patients needing follow-up in medical outpatient clinics.

Although we have a high non-attendance rate in all of our respiratory clinics the particularly high rate of non-availability for a telephone consultation was a surprise. It is possible that the "newness" of the approach was a factor in that patients did not really believe we would telephone, and this was stated by one patient. We have found in other work that telephone reminders prior to patients attending
outpatient clinics can significantly increase attendance and perhaps this is something to be implemented as part of a telephone consultation service.\(^7\) In six cases, we had difficulties accessing mobile phone numbers because not all hospital clinic rooms permitted telephone access to mobile phone and higher cost numbers. One patient used a call barring scheme that denied access to unidentified numbers. We have now implemented telephone consultations as normal practice. Telephone consultations are different from face-to-face consultations and some training may be necessary before their use.\(^8\) When implementing telephone consultations, several points need to be considered.

- Doctors should ensure patients are in a confidential environment and that they have remembered that the consultation was to take place and that it was still convenient for the patient to take the call.
- An even greater effort to be punctual should be made with telephone consultations. If the patient is physically present in the clinic and the clinic is overrunning, it is usually apparent to the waiting patient. The same is not apparent to a patient awaiting an overdue telephone consultation.
- The case notes need to have been carefully re-read prior to making the telephone call because it is not easy to review them during a call.
- It may be helpful to have some disease-specific questions ready which can be used to semi-objectively assess the patient's condition. For example, have you been awoken at night by your asthma in the last week, or what is your peak flow reading?
- It is important to continually summarise key points and at the end make sure both the doctor and patient agree on any conclusions drawn.

Organisationally, it is important to ensure that all telephone consultations are fully documented, appropriate time is dedicated for telephone consultations and that patients and primary care physicians receive a written summary of that which was discussed.\(^9\) If patients will need investigations such as blood tests prior to the next face-to-face consultations, the request forms have to be sent to the patient with these letters summarising their telephone consultation.

In a previous study, we have shown that 60.2% of patients attending cardiorespiratory outpatient clinics would like to attend out-of-hours or at the weekend.\(^10\) One of the commonest expressed reasons for this was the patients or the patients' family having to take time off work to attend a specialist consultation. In the current study, telephone consultations were taken at the place of work by nearly a quarter of our patients, and perhaps evening telephone consultations may prove even more convenient for some patients.

Overall patient satisfaction with the telephone service was indistinguishable from the satisfaction with the face-to-face consultation and the Miss-21 scores similar to those achieved in comparable traditional consultations. Telephone consultations are considerably shorter and their use offers potential for doctors to consult with more patients within a given time.

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**Figure 3** Summary characteristics of the telephone and face-to-face consultations.
References