

# Telephone clinic consultations in the post-COVID-19 pandemic era: an evaluation of factors affecting patients' level of satisfaction

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## Introduction

The rate of telephone clinic consultations increased significantly since the COVID-19 pandemic began.<sup>1,2</sup> As telephone reviews become more frequent, it is important to evaluate this health service and to identify issues that may arise following its implementation. We investigated the factors associated with the level of satisfaction among patients in our rheumatology department who were reviewed in telephone clinic consultations.

## Materials and methods

Patients who had telephone consultations in the period January–March 2022 were given a questionnaire to rate their level of satisfaction using 11-point numerical rating scales between 0–10, with the highest score (10) indicating 'full satisfaction'. Furthermore, they were asked to rate, using the same scales, their

confidence level in undertaking telephone consultations and their perception of whether their clinician was adequately trained. The questionnaire also asked whether they experienced any technical issues affecting the quality of the telephone call.

The clinic letters corresponding to the telephone consultations were reviewed to collect information on the current treatment, the clinician's grade, investigation requests and conversion to subsequent face-to-face appointments.

Factors associated with patients' satisfaction levels were determined using multivariate linear regression analyses, adjusting for sex and age.

## Results and discussion

59 questionnaires were completed; 43 (73%) were women with median (IQR): age 66 (59–74) years. 20 (34%) of the patients were reviewed by consultants and the remaining were reviewed by either nurse specialists or specialty trainees. 26 (44%) patients had rheumatoid arthritis. The majority of patients (63%) were on conventional synthetic and/or biological disease-modifying antirheumatic drugs (DMARDs). The median (IQR) score for patients' level of satisfaction was 9 (7–10).

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**Table 1. Multivariate linear regression results investigating factors associated with patients' satisfaction levels following telephone clinic consultations**

Factors	Beta coefficient (95% CI)	P-value
Sex (female)	−0.18 (−0.45, 0.09)	0.181
Age (years)	−0.06 (−0.32, 0.21)	0.666
Review by a consultant (versus other clinicians)	0.01 (−0.27, 0.28)	0.969
Current disease-modifying antirheumatic drug (DMARD) therapy (conventional synthetic and/or biological DMARD)	0.03 (−0.25, 0.31)	0.829
Request for a subsequent face-to-face appointment	−0.36 (−0.60, −0.11)	<b>0.006*</b>
Decision to request investigations	−0.08 (−0.36, 0.20)	0.559
Patients' rating of their own confidence in undertaking telephone consultations	0.82 (0.66, 0.97)	<b>&lt;0.001*</b>
Patients' perception that the clinician was appropriately trained in conducting telephone consultations	0.80 (0.63, 0.96)	<b>&lt;0.001*</b>
The presence of technical issues affecting the quality of the telephone call	−0.37 (−0.62, −0.12)	<b>0.004*</b>

As depicted in Table 1, multivariate analyses identified that telephone consultations that required conversion to face-to-face appointments were associated with lower satisfaction levels. Patients who felt that they were more confident in undertaking telephone consultations were more likely to have higher satisfaction levels. Patients who felt that the clinician was adequately trained were also more likely to be satisfied. Patients who experienced technical issues during the telephone clinic consultations were more likely to have lower satisfaction levels.

Telephone reviews by consultants, current DMARD therapy and investigation requests were not significantly associated with patients' satisfaction levels.

## Conclusion

Telephone clinic consultations may not be suitable for all patients. Those who are less confident in having telephone reviews should ideally be given the option for a face-to-face appointment, where possible.

The patient's perception towards the training received by their clinician highlights the importance of maintaining good communication skills and the need for a departmental training session for clinicians as part of ongoing professional development.<sup>3</sup>

Patients who required subsequent face-to-face reviews were more likely to be less satisfied. The challenges that occur with telephone reviews, such as the lack of physical examination, may prevent clinicians from completely addressing their patients' concerns and render the management plan suboptimal, leading to lower satisfaction levels.

Unsurprisingly, technical issues pose a challenge in remote consultations and any potential interventions to minimise these are fundamental as telephone reviews become more common in the post-COVID-19 era.<sup>4</sup> ■

## References

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