The telephone in family practice

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Summary

In a time-and-motion study in family practice it was found that 35,8% of all patient contact was per telephone. The study further revealed that 12,3% of total practice time was spent on the telephone, stressing its importance as a useful tool in family practice. The study supports others which suggest that 'telephone medicine' is worthy of careful examination in terms of cost-effectiveness. The implications for the doctor-patient relationship are also considered.

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The telephone has become as much part of our standard equipment as the stethoscope.[1] This form of communication has become an integral and vital part of all medical care systems.[2] A common opinion seems to be that the telephone is a useful tool when doctors take the initiative, but a nuisance when used by patients wanting to speak to their doctor.[3]

The differences between medical management via the telephone and in person stem not so much from what needs to be done as from the relative difficulty in doing it.[4] The professional's task on the telephone depends on the ability to ascertain the physical condition of the patient, the social and emotional tenor of the family and the competence of the person calling to describe the situation. This evaluation must be aimed at without benefit of the senses of smell, sight and touch, which are vital in clinical situations.[5] There is a real place for telephone medicine as long as the caller is not disrupting surgery schedule or trying to jump the queue. Many minor problems can be dealt with in this way. The key is that the enquirer must be left satisfied that the problem has been dealt with adequately and not with an unpleasant feeling that the doctor is too idle to make a house call.[6]

Telephone care can be derived into four areas of expertise: (*i*) accessibility, i.e. adequate number of telephone lines, well-trained receptionists, and practical arrangements for emergency calls; (*ii*) diagnostic skill — although trained to obtain accurate information when face to face with patients, it is surprising how slapdash doctors are with questions on the telephone, as the actual reason for the call may be hidden behind a more acceptable symptom or problem; (*iii*) treatment, including counselling and reassurance; and (*iv*) communication skills, i.e. the ability to understand and be understood.[2]

The aims of the study were: (*i*) to assess how much time was spent on the telephone; (*ii*) to compare the findings with those of other similar studies; and (*iii*) to consider some implications of telephone consultations for the doctor-patient relationship.

Method

All telephone conversations from 06h30 to 18h00 daily from Monday 31 August 1981 to noon Saturday 5 September 1981 (excluding Tuesday afternoon) were timed and monitored. My normal routine was to answer the telephone at home from 06h00 and to leave on house visits at approximately 07h30. Patients had been encouraged to telephone requests for house calls to the doctor's residence early in the morning. Surgery consulting hours were from 10h30 to 13h30 and from 15h30 to 18h00 (except Tuesday afternoons when I was off duty). The receptionist was informed where I was at all times. The practice policy was that, once consulting had commenced at the surgery, the reception staff were instructed to: (*i*) put through all calls from doctors, pharmacists or paramedicals; (*ii*) allow one or at most two interruptions per consultation, unless urgent; and (*iii*) allow no interruptions during counselling (unless 'life and death' situations existed and another doctor in the practice was unable to temporarily manage the situation).

The reception staff were instructed to screen calls in the following manner: 'Is it for an appointment, or may I help you?' If the patient insisted on speaking to the doctor, the call was then put through (if he was accepting calls). Otherwise an arrangement was made whereby either the patient would call back when the doctor was accepting calls, or their numbers would be taken and the doctor would call back. The receptionist was instructed never to say: 'Doctor is busy'. This is to me the ultimate form of rejection.

Results

A total of 165 telephone calls were received during the week studied (27,5 per day). Twenty-five were received at home, 29 while I was on rounds and 111 at my rooms. Eighty-two calls were from patients (13,7 per day) (Tables I and II). Of all patient contacts, 35,8% were telephonic (Table III).

A total time of 5 hours 9 minutes 3 seconds (representing 12,33% of all practice time) was spent on the telephone (exclud-

TABLE I. TELEPHONE CALLS

	Patients	Others	Total
Monday	26	23	49
Tuesday*	8	9	17
Wednesday	12	16	28
Thursday	19	14	33
Friday	9	13	22
Saturday*	8	8	16
Total	82	83	165

*No consultations on Tuesday or Saturday afternoons.

TABLE II. TELEPHONE CALLS FROM NON-PATIENTS

Doctors	24
Own receptionist	18
Personal*	16
Pharmacists	12
Postgrad./undergrad. education	10
Miscellaneous (hospital; X-ray; ambulance)	3
Total	83

* Family, friends, accountant, motor mechanic.

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TABLE III. PATIENT CONTACTS IN 1 WEEK

	No.	%	Time spent (h)
At surgery	114	49,8	32,5
On telephone	82	35,8	2,5
At patient's home	33	14,4	28,0
Total	229	100,0	63,0

ing after-hours time). A time of 3 hours 31 minutes 38 seconds was spent on the telephone during consulting hours, representing 10,77% of consulting time. The numbers of patient contacts per hour were 3,5 in the surgery and 1,18 at the patients' homes.

Of patient contact via the telephone, 53,6% was considered to be for the purpose of a 'telephone consultation' (Tables IV and V).

The average time spent per telephone call was longer for doctors than patients. The average times per call were: (*i*) all calls, 1 minute 52 seconds; (*ii*) patients, 1 minute 55 seconds; (*iii*) doctors, 3 minutes 10 seconds; (*iv*) pharmacists, 1 minute 5 seconds; and receptionists 1 minute 25 seconds.

TABLE IV. ANALYSIS OF TIME SPENT AT ROOMS

	Time spent consulting (h)	No. of patients seen	Time on telephone min	s
Monday	7,5	20	67	19
Tuesday	3	8	20	40
Wednesday	7	21	45	24
Thursday	6,5	23	40	52
Friday	4,5	23	20	49
Saturday	4	19	16	34
Total	32,5	114	211	38

TABLE V. REASONS FOR PATIENTS' PHONING

	No.
Consultation/advice	44 (53,6%)
Reporting back*	24 (29,3%)
House call request	12 (14,6%)
Other	2 (2,5%)
Total	82

* At my request or voluntarily.

Discussion

The study covered a week in the working life of a family practitioner (excluding night and weekend work and undergraduate teaching). The most significant facts to emerge were that 3 times as many patients could be seen in the surgery than at home within 1 hour, and almost 10 times as many patients could be consulted by telephone in the same period.

In 1966 in a time-and-motion study, four private paediatricians spent an average of 12,5% of their working day advising parents over the telephone.[7] In 1971 the US Department of Health, Education and Welfare revealed that 13% of all patient care contacts (and 30% of paediatrician contacts) were by telephone. As paediatrics forms a large part of my practice, this workload possibly accounts for the higher percentage of telephone contacts with patients in this study.

In 1974 Westbury[8] in Canada maintained that the telephone practice accounted for about 20% of the total practice workload. He also found the average number of telephone calls from patients were 12,7 per day in 1970; 13,7 per day in 1971, and 12 per day in 1974. These results are almost identical to this study, i.e. an average of 13,7 patient calls per day. Westbury also found that calls to pharmacists were brief (1,25 minutes) while in this study they averaged 1 minute 5 seconds. He explained this by saying that calls to pharmacists convey a simple and direct message and are thus uniformly brief. He found that the average time for his telephone calls was 2,5 minutes (compared to 1 minute 55 seconds in this study). It can be seen that the use of the telephone in my practice shows a similar trend to that of Westbury. There is no doubt that the benefit of telephone practice to the patient is an incredible saving of time. This survey reinforces Westbury's view that there is strong evidence to suggest that telephone medicine is worthy of the most careful examination in terms of cost-effectiveness.

Charney[9] maintains that patients regard the availability of physicians by telephone as a valuable ingredient of primary care services. The telephone, however, presents a problem in the doctor-patient relationship, in that ordinary limits of time and space are transcended. The patient can telephone the doctor at any time from any place. It is the patient's responsibility not to abuse this facility, and the doctor's to make this facility available, but also to make sure it is not abused.

The doctor must identify the reasons for the patient's using the telephone instead of coming to the surgery. Is there an underlying reason for the patient's avoiding 'eyeball' contact with the doctor? Is he/she trying to avoid the doctor's discovery of underlying interpersonal conflicts? The doctor should also try to identify what type of patient regularly resorts to telephone contact. On reviewing all the patients who made telephonic contact during the time of this study, I defined three broad categories of patients: (*i*) dependent patients; (*ii*) anxious patients; and (*iii*) defensive patients. There is no doubt that the telephone may be a way of getting help at a 'safe distance'. Just as a doctor would be reluctant to treat a complicated medical or surgical problem over the telephone, so also should he be reluctant to treat an emotional problem over the telephone. He must know where to draw the line and say, 'I feel we cannot discuss this problem over the telephone, please come into my surgery.'

I would like to question the conclusion of the leading article in the *British Medical Journal*,[3] which stated: 'Yet the telephone can give the patient contact with the doctor more quickly and more easily than any other method, to the benefit of all concerned.' Is it really to the benefit of the doctor and the doctor-patient relationship?

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