

Patient Attitudes About Specialty Follow-up Care by Telephone

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TO THE EDITORS:

The number of specialty care visits in the United States is rising, contributing to increased costs and delayed access to specialty care.¹ In primary care, telephone-based follow-up has decreased the number of outpatient visits.² However, telephone-based follow-up in specialty care has focused on clinical outcomes and quality of life, not on reduction of outpatient healthcare utilization.³

Little is known about patient attitudes toward using telephone-based programs to reduce office visits in US medical specialty clinics. In the context of a clinical operations project aimed at reducing discretionary specialty follow-up visits, we explored patient attitudes about telephone-based follow-up.

METHODS

We conducted semi-structured patient interviews over 2 months in an urban academic endocrinology clinic. Interviews were conducted in clinic with a convenience sample of patients immediately following their physician encounter.

Interviews started with questions on clinic experience and utilization followed by a description of a potential pilot program. The proposed program involved changing the type of scheduled follow-up for patients. Rather than scheduling a follow-up office visit at the end of the visit, an appointment for a telephone visit with the medical assistant (MA) would be scheduled. Information gathered during the MA telephone call would be conveyed to the physician, who would decide whether patients should have another telephone call by a health professional (MA or physician) or a scheduled physician office visit. Interviewers asked about patient attitudes toward the program. Participants were provided free parking as compensation.

Interview notes were iteratively reviewed individually by 5 evaluation team members, who then met and reached consensus on key findings and themes. This project did not meet criteria for review by the Internal Review Board, as it used existing data collected for a quality improvement project.

RESULTS

Team members interviewed 24 patients (71% female, aged 22 to 64 years, median age 44.5 years). Overall, patients were very satisfied with their clinic experiences

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and traveled a median of 1.5 hours one way to clinic visits.

Patients expressed enthusiasm for alternatives to office-based follow-up. The major themes that emerged were *patient convenience, communication facilitation, and altruism* (Table). Patient endorsement of telephone-based follow-up was predicated upon the expectation that physicians continue to have primary responsibility for clinical care. Two patients expressed reservations about MA phone follow-up, including concerns about MD-MA coordination.

COMMENT

This study describes positive patient attitudes towards the concept of telephone-based alternatives to specialty clinic follow-up. Unexpected findings include perceptions about the program’s potential to facilitate clinic communication and improve clinic access for others.

Previous studies have shown positive patient attitudes toward telephone-based alternatives to primary care clinic follow-up,^{2,4} and this study extends those findings to specialty clinic follow-up. New models of specialty care are needed to address patient and payer demands for better access and quality. These findings support pilot testing a program to introduce telephone follow-up visits as a strategy for reducing discretionary office visits and improving specialty care access in similar clinics. Further assessment of patient and provider attitudes about telephone-based follow-up care in other clinical settings and specialties is also warranted.

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Take-Away Points

- Patients have positive attitudes toward using telephone-based follow-up in the specialty clinic setting.
- Using telephone-based follow-up may be an effective strategy to reduce discretionary follow-up visits and increase access to specialty care.

■ **Table.** Major Themes From Patient Interviews Regarding a Medical Assistant Follow-up Call in Lieu of a Scheduled Physician Clinic Visit

Theme	Examples
Patient convenience	<ul style="list-style-type: none"> • Time and money saved with fewer clinic visits • Reduced hassle related to rearranging work schedules of patient and family required to attend clinic visits
Communication facilitation	<ul style="list-style-type: none"> • Anticipation of increased frequency of communication with clinic • Anticipation of improved quality of communication with clinic
Altruism	<ul style="list-style-type: none"> • Potential to contribute to increased clinic visit access for other patients

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