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ORIGINAL RESEARCH

Telephone or surgery asthma reviews? Preferences of participants in a primary care randomised controlled trial

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Summary 203 participants completing a randomised controlled trial comparing telephone vs. face-to-face asthma consultations were asked about preferences for future reviews. Qualitative analysis of data from 209 respondents identified divergent views. Clear opinions were expressed about the respective roles of the two modes of consulting; telephone consultations were considered convenient for reviewing 'well controlled' asthma, whereas face-to-face consultations were perceived as allowing in-depth assessment of problems in those with more symptomatic asthma. Practices may consider offering patients the choice of a telephone or face-to-face review.

Introduction

The evidence-based recommendation of national and international guidelines, that people with asthma should be reviewed regularly, reflects good clinical practice [1,2]. Only about a third of people with asthma heed this advice and attend their general practice for a routine annual review [3,4]. Our trial of telephone consultations for asthma demonstrated that telephone-based care can facilitate delivery of routine healthcare, substantially increasing the proportion of patients reviewed when compared with traditional face-to-face consultations [5]. We aimed to explore the preferences expressed by people with asthma for alternative modes of consultation in order to gain insight into factors which may influence the

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implementation of services offering a telephone option.

Methods

Setting

Our randomised controlled trial comparing telephone and face-to-face consultations for delivering routine asthma care, undertaken in four UK general practices experienced in the provision of proactive asthma care, recruited 278 symptomatic asthma patients [mean age: 55.5 yrs (SD 17.5), 58% female] [5]. During the trial, 101 of the patients experienced a telephone asthma consultation and 68 had a face-to-face review with the practice asthma nurse. Fifteen patients withdrew during the course of the 3-month study.

Study procedure

On completion of the trial, we posted a semi-structured questionnaire to the 263 participants who completed the study, enquiring about their preferences for future reviews, and the reasons for their preference. Non-responders were sent two reminders. Approval was obtained from the South-East Multi-centre Research Ethics Committee.

Analysis

Patients' free-text responses to open-ended questions about their views on modes of consultation were thematically analysed through a multidisciplinary discussion involving a general practitioner, an asthma nurse, an asthma patient and a health services researcher. Using the principles of qualitative content analysis, we developed a coding frame and identified key emerging themes [6]. These themes were presented to attendees at a feedback meeting for patients of one of the practices, and areas of agreement or disagreement with our preliminary themes were identified through open discussion. This discussion was simultaneously transcribed and data analysed for convergent and divergent themes.

Results

We obtained responses to our questionnaire from 209/263 (79%) of those canvassed (mean age: 54.9 years (SD 17.5); female: $n = 153$ (60%)). The subsequent feedback meeting was attended by two trial participants, 10 non-study patients, the practice asthma nurse and the practice manager of one of the participating practices.

Overall 70/209 (33%) preferred telephone consultations for future reviews, 35/209 (17%) preferred surgery and 104 (50%) expressed no preference. Preferences for mode of future consultation analysed by age, gender, trial allocation and previous experience of telephone consultation are provided in Table 1.

Five main themes were identified from the free text responses:

Convenience of telephone consultations

Telephone consultations were valued by many of the respondents as being convenient for those at work or with domestic commitments, helping to overcome mobility and transport problems and reducing time and travel costs.

"Due to working full time, difficult to get an appointment when convenient to me" (38 M. Trial

Table 1 Preferences for mode of future consultation analysed by age, gender, allocation and experience of telephone consultation.

		Preference		
		Surgery	Telephone	No preference
All	($n = 209$)	35 (17%)	70 (33%)	104 (50%)
Allocation	Surgery ($n = 103$)	18 (17.5%)	27 (26.2%)	58 (56.3%)
	Telephone ($n = 106$)	17 (16.0%)	43 (40.6%)	46 (43.4%)
Consultation experience	Surgery ($n = 58$)	16 (27.6%)	11 (19.0%)	31 (53.4%)
	Telephone ($n = 85$)	10 (11.8%)	37 (43.5%)	38 (44.7%)
Gender	Female ($n = 116$)	17 (14.7%)	42 (36.2%)	57 (49.1%)
	Male ($n = 93$)	18 (19.4%)	28 (30.1%)	47 (50.5%)
Age	Mean (SD)	59.5 (16.0)	53.0 (18.6)	58.6 (15.9)

allocation: telephone review. Future preference: telephone)

"*Because I have a sick husband and I don't leave him more than I can help*" (76 F. Trial allocation: telephone review. Future preference: telephone)

"*Totally dependent on others for transport; find public transport too unreliable*" (88 M. Trial allocation: telephone review. Future preference: telephone)

Several responses suggested that the convenience of telephone consultations may facilitate a review that would otherwise have been postponed, sometimes to the detriment of care.

"*As one tends to put off going to the surgery as one "isn't bad enough", a regular telephone check would be ideal*" (78 F. Trial allocation: telephone review. Future preference: telephone)

"*As my asthma is not severe I found the phone consultation very convenient. I perhaps would not have gone to the surgery otherwise and would still be suffering now*" (43 F. Trial allocation: telephone review. Future preference: telephone)

Specific problems with telephone consultations

Concerns were occasionally expressed about confidentiality, particularly when calls were taken at work, or the timing was inconvenient.

"*I work full time and it's difficult to talk privately about a medical condition because people are often in the same office/location*" (42 F. Trial allocation: telephone, but review not achieved. Future preference: surgery)

"*I was not prepared for the phone call and should have made a note of what was said*" (79 M. Trial allocation: telephone review. Future preference: telephone)

Human dimension of face-to-face encounters

About half of those preferring surgery consultations appreciated the personal, relaxed style, which was perceived as being more 'human'. Some respondents commented on the importance of visual clues contributing to a more in-depth check.

"*I prefer talking to the nurse than on the phone*" (32 F. Trial allocation: telephone review. Future preference: surgery)

"*Being on the phone puts you on the spot. It's nice to discuss problems face to face in relaxed environment*" (38 M. Trial allocation: surgery review. Future preference: surgery)

"*Direct contact with experts' eye is always more helpful*" (85 M. Trial allocation: telephone, but review not achieved. Future preference: surgery)

Appropriate mode of consultation depended on the clinical situation

Many respondents felt that, as their asthma was mild and well controlled, quick and convenient telephone reviews were ideal. If a problem arose with their asthma they would make an appointment at the surgery.

[The telephone is] *convenient. If you have a problem with your asthma you make an appointment at the doctors*" (29 F. Trial allocation: telephone review. Future preference: telephone)

"*A routine telephone check would be reassuring & any questions could be asked. But for specific new symptoms the face-to face meeting is preferred*" (78 F. Trial allocation: telephone review. Future preference: telephone)

Wider implications

A few patients wanted to explore other innovative modes of consultation.

"*I have attached peak flow information. Would it be possible to e-mail?*" (49 M. Trial allocation: surgery review. Future preference: surgery)

Patients at the feedback meeting agreed with our conclusions, but in addition expressed interest in extending telephone care to other chronic diseases.

"*Good to have an option that might be more convenient*" (non-study participant at the feedback meeting)

"*Potential for wider applicability and greater access to consultation*" (non-study participant at the feedback meeting)

"General applicability of telephone consultation—not just asthma" (study participant at the feedback meeting)

Discussion

Our results suggest that participants perceived complementary roles for telephone and surgery reviews. Telephone consultations were seen as a convenient option for the routine review of 'mild' or 'well-controlled' asthma, overcoming work and domestic obstacles and facilitating acceptance of care. The personal nature of face-to-face consultations, allowing in-depth assessment, was seen as being more appropriate if asthma control had deteriorated.

Limitations and strengths of our study

The responses to a single free-text question at the end of a trial can only provide limited insight; however, the comments do indicate the potential value of a follow-on in-depth exploration of patients' perspectives on the mode of delivery of their care. Despite the broad entry criteria for our trial, our volunteer sample were slightly older than the total eligible population [5] and may have been favourably disposed to the concept of telephone consultations and therefore not wholly representative of the wider population. However, the feedback group, which included non-study patients, endorsed wider applicability.

Strengths of our study include the large sample size, and the fact that many of the participants had previous experience of telephone consultations which informed their opinions.

Interpretation and practical implications

Our participants' views echoed recognised features of telephone communication [7]. Patients who preferred 'personal' face-to-face consultations may have been uncomfortable with the 'distance' imposed by a telephone conversation. The preference of some patients for the 'relaxed', 'in depth' style of face-to-face consultations may reflect the more focused nature of telephone conversations. This was not necessarily a problem for a routine check-up of 'controlled' asthma, but may explain the preference for a surgery appointment if asthma had deteriorated. A greater understanding of the dynamics of telephone consultations would facilitate specific training to help professionals overcome some of these issues [8].

Several practical implementation issues were highlighted. Some patients felt unprepared for the call, and others were concerned about confidentiality at their workplace. Our trial procedure expected the nurses to initiate the calls; these problems could be overcome if patients were able to book telephone consultations at their convenience.

Conclusions

This preliminary enquiry suggests that many of our patients were positive about the advantages of telephone consultations and expressed clear opinions about the respective roles of telephone and surgery asthma reviews. Pending further exploration through an in-depth qualitative interview study, practices may consider offering patients the choice of a face-to-face or telephone review.

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Conflicts of interest

None known.

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