

Telephone versus videoconference cancer pharmacist consults for pre-treatment medication history taking: completion rate and satisfaction

Marissa Ryan¹⁻³, Elizabeth Ward^{4,5}, Clare Burns^{5,6}, Christine Carrington^{1,7}, Katharine Cuff¹, Mhairi Mackinnon¹, Centaine Snoswell^{2,3,7}.

1. Princess Alexandra Hospital, Brisbane, Australia. 2. Centre for Online Health, The University of Queensland, Brisbane, Australia. 3. Centre for Health Services Research, The University of Queensland, Brisbane, Australia. 4. Centre for Functioning and Health Research, Metro South Hospital and Health Service, Brisbane, Australia. 5. School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia. 6. Royal Brisbane and Women's Hospital, Brisbane, Australia. 7. School of Pharmacy, The University of Queensland, Brisbane, Australia.

Background

- The collection of a pre-treatment medication history for outpatients with cancer is typically conducted via an unscheduled telephone call.
- Challenges with this model sometimes occur, such as patients being unable to confirm all medication details during the call and the pharmacist being unable to visually verify medication details, resulting in an incomplete medication history before treatment day. Scheduled videoconference consults may mitigate these challenges.

Aims

- To compare the successful completion rates of pre-treatment medication history consults conducted by pharmacists with patients either via an unscheduled telephone consult (current standard care) or a scheduled videoconference consult model.
- To examine pharmacist perceptions of the telephone and videoconference consults, and explore patient (+/- support person) perceptions of videoconference consults.

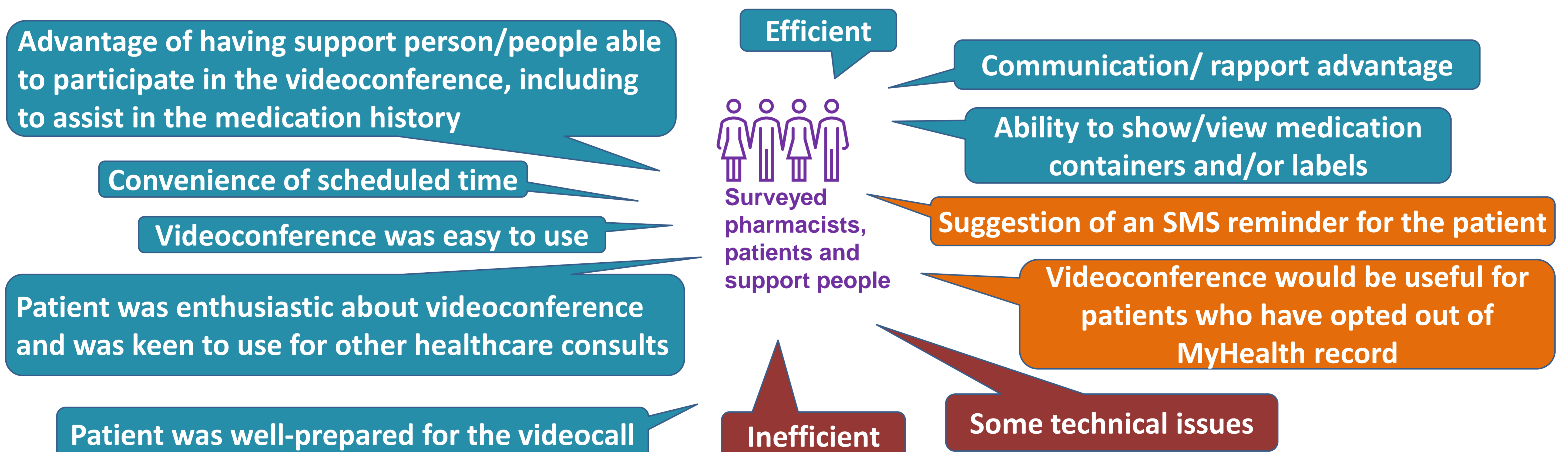
Methods

- Completion data were collected and compared for the 2 modalities.
- Pharmacists commented on any positive and negative factors impacting all consults.
- For the final 35 participants completing a videoconference consult, patients, support people, and pharmacists involved, completed a survey exploring perceptions and satisfaction.

Discussion

- A significantly higher completion rate ($p < 0.0001$) was found for the videoconferencing model, with 94% (76 of 81) completed successfully compared to 72% (76 of 105) of the unscheduled telephone consults.
- Pharmacists reported multiple factors impacting the success of the telephone consults including scheduling issues, technical issues, and patient/support person being confused/unable to fully detail medications.
- 22 patient/support person and 17 pharmacist surveys were completed. Survey responses revealed that 100% of patients/support people and 82% of pharmacists reported satisfaction with videoconference consults. All respondents thought it was convenient having a scheduled time for the videoconference consult, were happy with the level of rapport, and would consider using videoconference for other pharmacy services. The majority of patients/support people and pharmacists agreed or strongly agreed that the telehealth system was easy to connect to, and that audio and visual quality was adequate.

Themes from the survey question regarding any other comments about videoconference consults.



Conclusion

- Results indicate pre-treatment medication history consults should be offered via videoconference to maximise success; telephone consults should also be offered for those patients unable to participate in the videoconference modality.
- Further research examining the barriers and facilitators to both telephone and videoconference consult models is needed to further optimise service delivery of both modalities.