

135: EVALUATION OF PRACTICE-BASED REGISTERED NURSE TELEPHONE TRIAGE PROTOCOLS FOR THE TREATMENT OF PATIENTS WITH ADULT VIRAL UPPER RESPIRATORY INFECTION/ACUTE SINUSITIS AND PEDIATRIC CONJUNCTIVITIS

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Objective:

To evaluate the impact of telephone-based care in the practice setting.

Methods:

A prospective cohort design was applied to determine the use and effect of the phone-based care on patients participating in the study. New telephone protocols were implemented to enable patients to obtain pertinent education and/or antibiotics without a provider visit when appropriate. The number and results of phone-based care patient calls were determined. Follow-up and potential complications were collected from billing data. Patient satisfaction surveys were obtained on a sample containing both patients receiving antibiotics and education and those with education only.

The study utilized both primary and secondary data sources. Protocol use and patient satisfaction data was captured from October 2001 to March 2002. Estimates of avoided visits and cost savings were based on billing data for those patients participating in the pilot phase of the study. Raw data (completed triage forms) were collected from the registered nurses handling the triage calls. Follow-up information was extracted from billing data during the time period from the date of the actual call and 30 days following the phone contact.

Results:

From October 2001 to March 2002, 410 total office visits were avoided for adult viral upper respiratory infection (URI)/sinusitis. For pediatric conjunctivitis, 116 visits were avoided during the same time period. Patients surveyed expressed satisfaction with the process and outcomes whether receiving antibiotics and education or education only. Of those patients surveyed 84% were very satisfied and 15% were somewhat satisfied with the process. No further treatment was required in 93% of those participating. The expense of providing registered nurse triage coverage was much less than the expense of a provider visit. In this experience, it was found that over 20 triage phone calls could be provided for the cost of a single provider visit. In light of continued demand for services, options for care such as phone-based care protocols allow a shift in appointment access. This shift opens appointments for potentially higher acuity patients to be seen in a more timely manner. Failed treatment rates were minimal ranging from 2.2 to 3.4% in adult viral URI/sinusitis and 0% in the pediatric conjunctivitis category.

Conclusions:

Practice-based telephone triage can be both satisfying for the patient and offer cost savings to providers and payers. Further study is needed to determine whether true costs are being saved or the threshold of treatment is being lowered through non-visit care.