Teleurology to Enhance Access and Expedite Care of Patients Referred with Hematuria

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Abstract

Introduction & Objectives: A recent increase in hematuria consults followed the redefinition of microscopic hematuria as ≥3 RBCs/HPF (AUA Guidelines, 2012). The objective of the study is to report on the utility and value of a Teleurology pathway in addressing hematuria consults efficiently and expeditiously.

Methods: We processed all hematuria consults through a designated Teleurology hematuria clinic at the Atlanta Veterans Affairs Medical Center (AVAMC). Tele-appointment consisted of a 30-minute telephone call with the urology provider to review full history and medical records, and to arrange standard laboratory investigation, upper tract imaging and flexible cystoscopy. The encounter was documented in the EMR through a standardized hematuria consult template. Immediately following cystoscopy, patients were surveyed regarding their experience, satisfaction and preference levels with Teleurology hematuria clinic. The survey consisted of 28 questions; 8 primary questions using a linear visual scale from 1 to 10 and 20 secondary “yes/no” questions to delineate impact factors.

Results: 107 subjects participated in the study and survey. Median age was 63 (range 25-87). Median time from consult request to appointment was 13 days (1-108) and to cystoscopy was 16 days (0-79). Mean scores ranged between 9.3±0.7 out of 10 (range 4-10) for overall satisfaction, efficiency, convenience, friendliness, quality of care, understandability, privacy and professionalism. 104 subjects (97.1%) preferred telephone appointment over face-to-face clinic appointment for transportation issues (distance, driving traffic, parking and cost), 67.3% (72/107) for logistical issues related to clinic appointment (check-in, check-out, filling forms, waiting, receiving labs and imaging studies). 88.8% (n=95/107) of subjects felt they had better service as judged by a more-focused provider who explained tests and procedures without rushing and without interruptions. All patients (100%) were satisfied with their experience, and all would choose to have telephone appointment the same way for themselves, family members, or friends if needed in the future for hematuria evaluation.

Conclusions: The study confirms patients’ acceptance and high levels of satisfaction with the use of telephone appointments as the first line of evaluation for hematuria. Patients preferred telephone appointments over clinic appointments. Telephone appointments may enhance access and expedite patient care and have the potential to positively impact patients, providers, cost and productivity.

Background

- Conventional face-to-face clinic appointments carry a significant burden related to difficult access, inconvenience, inefficiency and cost.
- Patients are often inconvenienced and frustrated with the time spent/wasted during a clinic appointment.

Objectives

- To survey patient impression/satisfaction with telephone appointments for a commonly referred urologic condition (hematuria)
- To determine the factors responsible for patient satisfaction/dissatisfaction

Methods

- Prospective Study (Atlanta VA Med Center)
- Hematuria Telephone clinic consisting of 30 min. appointments
- Hematuria evaluation electronic template
- Investigation of upper & lower urinary tracts

Hypothesis – Telephone appointments positively impact clinic access, efficiency, patient satisfaction and overall care of patients referred for evaluation of hematuria

Conclusions: Telephone appointments positively impact patient satisfaction, clinic access, efficiency, and overall care of patients referred for the evaluation of hematuria.

Results

- 107 patients were enrolled in the study (completed the survey)
- 75% accepted (25% declined) early appointments (within 14 days)
- 87% of patients were evaluated within 30 days & 52% within 2 weeks
- 13 days – Median duration between referral & appointment
- 16 days – Median duration between appointment & cystoscopy
- All patients stated that they would choose and recommend the same telephone clinics to family members and friends in the future.

Hematuria Telephone clinic consists of 30 min.

Clinical Logistical Issues %

- Checking-in 38.3%
- Checking-out 22.4%
- Filling Forms 21.5%
- Waiting to be seen 54.2%
- Waiting for labs 22.4%
- Waiting for X-rays 18.7%
- Any of the above 67.3%