Revista Portuguesa de Cardiologia 42 (2023) 79–80

Portuguese Society of CARDIOLOGY

Revista Portuguesa de
Cardiologia
Portuguese Journal of Cardiology
www.revportcardiol.org

LETTER TO THE EDITOR

Are telephone consultations the future of patient follow-up in primary health care?

Serão as consultas telefónicas o futuro do seguimento dos doentes nos Cuidados de Saúde Primários?

The follow-up of chronic diseases in both primary health care (PHC) and in hospitals was challenging during the Covid-19 pandemic. Telemedicine emerged as a way to maintain access and promote continuity of care,[1–3] without neglecting measures to reduce virus transmission. However, little is known about the effectiveness of this methodology in the control and monitoring of chronic diseases in PHC, e.g., arterial hypertension (AHT) and diabetes.

This study evaluated the satisfaction of PHC patients with telephone consultations and the control of hypertension and diabetes.

A descriptive cross-sectional study with an analytical component was conducted with diabetic and/or hypertensive patients aged ≥18 years old, enrolled in the diabetes and/or AHT surveillance program. The sample was selected from two medical files at the Beira Ria Family Health Unit, with ≥1 consultation per semester with analytical control, diabetes and/or AHT diagnosed >2 years ago and who received telephone contact in the period between 01.03.2020 and 31.07.2020. A satisfaction questionnaire was developed by the authors and applied face-to-face to diabetes and/or AHT patients in a follow-up consultation in the second half of 2020, and was answered by the patient, when autonomous and cognitively intact, or by the caregiver, in cases of dependence, with prior informed consent. The research project was approved by the Ethics Committee of the Central Regional Health Administration (Portugal). Clinical information was complemented by consulting patients' electronic health records.

The sample was calculated from the number of telephone consultations carried out in the period under analysis, within two files from the FHU (n=217), with a sampling error of 7% and a confidence level of 95%, obtaining a value of 104.

Data were analyzed with SPSS Statistics, using descriptive and inferential statistics, namely non-parametric (Mann-Whitney). Values of $p<0.05$ were considered statistically significant.

The majority of the sample were men (53.80%), with a mean age of 65.18 years; 61.54% AHT, 31.73% AHT and diabetes and 6.73% only diabetes. Patients were, overall, satisfied with the telephone consultation, in the context of the pandemic environment (Covid-19). It was considered that this type of consultation enabled adequate control of their disease and patients felt that they were being accompanied by their primary healthcare physician. The respondents considered that the telephone consultations were carried out on time, taking into account the date of the first appointment. They reported that information was clearly transmitted, and that the quality of telephone communication did not affect the transmission of information. However, they did not rate telephone consultations as being better then face-to-face appointments. When asked about the possibility of, in the future, monitoring their disease through a face-to-face consultation and a telephone consultation, therefore avoiding face-to-face visits to the health center, there was a greater dispersion of opinions. A slight majority thought this was an advantage (Table 1).

Regarding disease control, the parameters blood pressure (BP) (≤140/90 mmHg) and microalbuminuria (≤30 mg/g) were considered for hypertensive individuals; HbA1c (≤6.5%) and microalbuminuria for diabetic patients; BP, HbA1c and microalbuminuria for hypertensive and diabetic patients. It was found that the majority of patients whose disease was controlled in 2019 remained controlled in 2020 (Table 2).

The fact that BP and HbA1c control values were considered independent of age can be considered a limitation of the study, as well as the small sample size.

The satisfaction reported by the sample was independent of age (p=0.623), sex (p=0.86), disease (p=0.108) or its control (p=0.179). This could be an asset in the day-to-day life of health professionals, enabling the optimization of follow-up consultations for hypertensive and diabetic patients.

https://doi.org/10.1016/j.repc.2021.12.015

Table 1 Questionnaire results applied in consultations, by question.

Question	Mean (standard deviation)
Q1 - Overall, are you satisfied with telephone consultations?	4 (0.983)
Q2 - In your opinion, does this type of consultation enable adequate control of your disease?	4 (1.18)
Q3 - Regarding the feeling of accompaniment, did you feel it met your needs?	4 (0.959)
Q4 - Regarding face-to-face consultation, how do you feel about this type of consultation?	3 (0.996)
Q5 – Do you consider that the telephone consultation was carried out on time, taking into account the date of the initial appointment?	5 (0.562)
Q6 - Regarding the clarity of the information transmitted by telephone (medication, exams, scheduling of the next appointment), how do you feel?	4 (0.853)
Q7 - Regarding the quality of telephone communication, how do you consider it?	5 (0.745)
Q8 - Regarding the possibility that, in the future, the monitoring of your disease could be carried out with a face-to-face consultation and a telephone consultation throughout the year, do you think this could be helpful?	4 (1.167)
Q9 - Regarding the possibility of not having to go in person to your health center, how did you feel?	4 (1.056)

Table 2 Disease control 2019 vs. 2020.

	N (%)
Kept control	49 (47.1)
Lost control	15 (47.1)
Won control	18 (17.3)
Kept uncontrolled	22 (21.2)

Conflicts of interest

The authors have no conflicts of interest to declare.

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