# 'I'm just ringing for some advice...'

## Issues concerning GP advice lines

In response to the increasing demand for emergency department and outpatient services, many hospitals are establishing general practitioner advice lines. While this and other forms of telemedicine may benefit patients, GPs, and specialists, issues such as medical records, confidentiality, reimbursement and standards of care need to be addressed. Such issues may be overcome through training, analysis of existing models and the development of standards in telemedicine. Rigorous evaluation is also necessary to ensure GP advice lines are both safe and effective and not just a cheaper way of delivering care.

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**Accessing appropriate specialist care for a patient is one of the most difficult, frustrating and time consuming parts of general practice. With emergency departments (ED) stretched, patients face long waits for outpatient appointments. In addition, patients admitted to hospital face rapid discharge, shifting the burden of care back to GPs who are left to deal with more complex and unfamiliar cases. General practitioners in rural areas are caring for patients with more diverse conditions with fewer specialists available to them for referral and advice.**

Choices available to GPs accessing specialist care include:

- sending a referral letter to the local hospital outpatient department where the wait for an appointment may be extensive, possibly 2–3 months (GPs are not usually notified of the time of the appointment)
- giving the patient a referral letter to see a local private specialist. In this scenario the patient may get to see the specialist a little sooner, perhaps within 1 month
- sending the patient to an ED hoping that the hospital staff can bypass the bureaucracy and arrange an earlier specialist outpatient appointment.

Using telemedicine (the use of telecommunications for medical diagnosis and patient care) is another alternative. General practitioners can call a specialist colleague for advice and where possible continue to care for the patient in the general practice setting. This is especially useful in the rural setting where the telephone is an important means of communication. General practitioners tend to call specialists they know and have fairly well formed networks of specialists who they call for most of their concerns.[1]

In recent years there has been a growth in telephone consultation, in part as a response to increased demand for GP and ED care.[2] Many hospitals and organisations have established telephone advice lines for GPs where specialists respond to a GP's case description and provide advice about diagnostic and management problems.

Such a service has many benefits for patients, GPs and specialists and has the potential to decrease morbidity and mortality through the provision of timely advice, education, and support of GPs. It can also decrease costs, increase efficiency and increase access to health care where it might not otherwise be available.[3] Through utilisation of the advice line GPs have the opportunity to learn from specialist colleagues through one-on-one discussion about difficult problems. Telephone access to specialists also means that GPs can 'keep' their own patients while at the same time extending their own diagnostic and management capability.

## Potential problems with GP advice lines

### Medical record keeping

Across the range of telemedicine there is lack of consistency in the way medical records are kept.[4] When a GP calls a specialist for advice in their rooms or on a mobile phone, it would be rare for that specialist to keep a record of that call. The GP might however, note in the patient's medical record 'discussed with Dr...' and write down what advice was given. If however, as a service to local GPs or in an attempt to decrease the numbers of patients presenting to EDs or outpatient departments, a hospital/organisation commences a GP advice line, the question arises as to whether a medical record should be kept for that patient. There are several reasons why adequate documentation needs to occur:

- continuity of care – the patient may present to the hospital for the same condition at a later date

- professional accountability – if an adverse event or legal prosecution occurred as a result of the advice given, the specialist would need to produce a legal medical record that accurately reflected the GP advice line interaction, and
- organisational accountability – if the specialist is acting in the capacity as an employee of a public hospital when giving advice on the GP advice line, there are concerns regarding vicarious liability.[5,6]

Logistically however, the keeping of medical records for a GP advice line is very difficult. Specialists might find onerous the need to carry either a laptop computer or a proforma on which to record patient details and any advice given. This would then need to be incorporated into existing hospital records or a new patient record formed.

### Confidentiality

A confidential telephone line in a quiet area is essential both for the GP making the call and for the specialist taking the call. If a mobile phone is used to ensure immediate access there is the risk that the call is taken in a public area where patient details may be inadvertently disclosed.

### Reimbursement

How should hospitals pay specialists who agree to participate in a GP advice line? Should payment be linked to the number of calls taken or by the hour? Should it be linked to provision of documentation on each call made or should specialists be paid merely for being 'on call' for the service? What is reasonable remuneration for specialist participation in a GP advice line?

### Other problems

A fourth potential problem is that of equipment or system failure. An example is where a poor connection to a mobile phone or 'drop out' occurs at a crucial moment. There is also the question of who is liable if such a failure occurs.[7] General practitioner advice lines utilising the services of several specialists may also be plagued by lack of consistency of practice or advice. If records are not accurately kept audit and quality assurance will be difficult. There is also the possibility that misunderstandings may occur either on the part of the specialist who misconstrues what the GP is relating about the patient, or on the part of the GP who misunderstands the specialist's advice.

## Addressing the problem

One Australian GP advice line has developed a model to overcome many of these issues. The GP Psychiatric Support Service (www.psychsupport.com.au/) has formal processes to document calls received and advice given. General practitioners are required to register with the service when they first access it. The call is then logged and triaged and a series of questions aimed at ascertaining the patient's degree of risk and the nature of the inquiry are asked by an administrator. The GP is given a fixed time (within 24 hours) when they will receive a call back from a psychiatrist. The advice given is documented and faxed through to the GP who can then place it in the patient's file. This allows the GP to go back and refer to the advice at a later date. It also provides documentation for medicolegal protection. The fact that the advice line works through 'call back' means that the service can employ psychiatrists for fixed time periods according to demand. It does however, mean that GPs cannot access immediate advice when the patient is present.

Increased training for service providers may minimise the risks and problems associated with GP advice lines. Car et al[8] have called for improved quality and safety of telephone based delivery of care by teaching telephone consultation skills. They suggest such training should address key issues such as an appreciation of the importance of verbal cues and focused history taking to compensate for the inability to examine the patient.

With the rapid progression of telemedicine beyond telephone advice to services such as teledermatology, pathology and radiology, video linked consultations and consultation via email, there is urgent need for careful consideration of the processes, system and documentation requirements needed to support such initiatives and the medicolegal consequences they incur. The Royal Australian and New Zealand College of Radiologists has developed a position statement outlining standards for teleradiology (www.ranzcr.edu.au). The Royal Australian College of General Practitioners (RACGP) has draft guidelines about issuing telephone advice to patients (www.racgp.org.au/downloads/pdf/standards3rdeditiondraft.pdf) but not about telephone advice received from hospitals or specialist colleagues. The RACGP and other specialist colleges need to address these issues.

Another strategy to minimise risks is the adoption of rigorous evaluation of the service. Research on telephone consultations involving patients has identified substantial variation in the quality of such consultations.[9,10] This variation may also be a feature of interactions between GPs and specialists on a telephone advice line. Careful evaluation must therefore occur to verify the benefits in terms of clinical outcomes for patients and to ensure that such services are not just promoted because they are a cheaper proxy for the face-to-face consultation.

## Conclusion

General practitioner advice lines have the potential to be of great benefit for GPs, patients and specialists. With increasing pressures on health systems the use of telemedicine will play an increasing role. However, in the interests of patient safety there must be an awareness of the difficulties inherent in establishing such services and careful attention paid to overcoming them.

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