Changing from telephone to videoconference for pre-treatment pharmacist consults in cancer services: Impacts to funding and time efficiency

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Introduction

Prior to a patient commencing their cancer therapy protocol, a cancer pharmacist is required to complete a medication history.[1,2] This consult can be conducted in person or via telehealth by telephone or videoconference. At the study institution, pharmacists routinely obtain these patient medication histories prior to treatment during an unscheduled telephone consult. However, service inefficiencies exist in the telephone consult model of care.

Aim

To examine the time efficiency and cost-benefit of a standard care model of unscheduled telephone consults compared to scheduled videoconference consults for obtaining pre-treatment medication histories for patients with cancer.

Methods

Data related to (a) both the available and the claimed Activity Based Funding (ABF) for both models and (b) the number of contacts and the duration of each contact to complete the patient's medication history via either unscheduled telephone or scheduled videoconference consults was collected and compared.

Results

Data was collected for 86 telephone and 56 videoconference consults. The actual ABF claimed for telephone consults was $0, even though $86 of ABF was available for each consult. ABF was claimed for all but one videoconference consult with an average of $205 received per consult, when $221 per consult was available. The average total minutes for the pharmacist to obtain a medication history via a telephone consult with the patient (with or without a support person present), and if necessary, community pharmacist, GP or other person was 15.8 minutes. This was of a longer duration compared to the average total minutes for a videoconference consult which was 13.5 minutes (p=0.101), although this was not statistically significant. The mean number of contacts (calls related to the consult) was statistically significantly higher for the telephone consult patients at 1.47, compared to the videoconference consults which had a mean of 1.15 contacts per consult (p=0.009).

Discussion

When compared to unscheduled telephone consults, the scheduled videoconference consults represented increased reimbursement and equivalent time efficiency for the cancer pharmacist completing pre-treatment medication histories. There was a lower number of contacts per patients in the videoconference service compared to the telephone service, one contributing factor may be the benefit videoconference allows by enabling medication containers and labels to be visually checked if necessary.

Conclusion

The videoconference consults represent increased reimbursement potential, equivalent time efficiency and less contacts when compared to the telephone consults. Telehealth offers a safe visual interaction between a patient and a pharmacist in the context of COVID-19.

Selected references

1. Coutsouvelis J et. al. Standard of practice in oncology and haematology for pharmacy services. *JPPR.* 2020;50:528-545.
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