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ORIGINAL ARTICLE

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Older people's perceptions of teleconsultation via telephone during the COVID-19 pandemic: a qualitative study

Percepção de idosos sobre teleconsulta por telefone durante a pandemia de COVID-19: um estudo qualitativo

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Abstract

Objectives: In March/2020, our geriatric outpatient clinic implemented teleconsultation via telephone due to the COVID-19 pandemic. This study aimed to understand older patients' perceptions of this experience through their narratives.
Methods: A qualitative study with Thematic Oral History and thematic analysis. We conducted open-ended interviews in which older patients narrated their perceptions of this experience.
Results: Twelve patients were interviewed from December/2021 to January/2022, and 2 themes emerged: older patients' experience of teleconsultation and possibilities and challenges of telemedicine. Some patients did not identify the call as a teleconsultation. Regarding possibilities, patients reported satisfaction and convenience in specific circumstances. As for challenges, patients reported concerns about the effectiveness of communication and need for physical examination.
Conclusion: Teleconsultation is well accepted, as long as situations that require face-to-face interactions are considered. Considering person-centered medicine, listening to the narratives of older people contributes to a better structuring of telemedicine services in geriatrics.
Keywords: telemedicine; teleconsultation; remote consultation; COVID-19; qualitative research.

Resumo

Objetivos: Em março/2020, nosso ambulatório de geriatria iniciou a teleconsulta por telefone em virtude da pandemia de COVID-19. O objetivo desta pesquisa foi conhecer a percepção dessa experiência por esses pacientes, por meio de suas narrativas.
Metodologia: Pesquisa qualitativa com História Oral Temática e análise temática. Realizadas entrevistas abertas, nas quais os idosos narraram suas percepções sobre essa experiência.
Resultados: Doze pacientes foram entrevistados de dezembro/2021 a janeiro/2022 e dois temas emergiram: vivência ante a teleconsulta e possibilidades e desafios da telemedicina. Alguns não identificaram que se tratava de uma teleconsulta. Nas possibilidades, afirmaram satisfação e conveniência em circunstâncias específicas. Nos desafios, apontaram preocupações com eficácia de comunicação e com necessidade de exame físico.
Conclusão: Existe uma boa recepção da teleconsulta, desde que respeitadas situações que demandem atendimento presencial. Considerando uma medicina centrada na pessoa, a escuta das narrativas dos idosos contribui para melhor estruturação de serviços de telemedicina em geriatria.
Palavras-chave: telemedicina; teleconsulta; consulta remota; covid-19; pesquisa qualitativa.

INTRODUCTION

The COVID-19 pandemic imposed significant limitations on older people.[1] That was the way to safeguard their lives, but it created difficulties for medical follow-up and emotional effects due to loneliness and fear.[2] Among the measures to combat COVID-19, legal and financial security was provided for telemedicine.[3,4] Essentially, telemedicine aims to overcome geographic barriers to provide adequate health care. Telemedicine experiences focus on assisting people with chronic diseases, mainly in remote regions.[5-7] During the pandemic, however, this role was extended to different contexts and needs.[8,9] Despite the advances in digital technologies, traditional tools, such as the telephone, still play an important role due to their wide availability and ease of use. In Brazil, telephone is widely available in health care units and telemedicine projects, being the means of contact for public health surveillance programs.[10-13]

Studies conducted in Germany and the Netherlands showed extensive use of the telephone for teleconsultation and evaluated it positively.[14,15] However, in the United States, its use is more prevalent in vulnerable populations such as older people, individuals living in rural areas, Asian, African American, and Hispanic populations, and people without insurance coverage.[16-18] Therefore, although the telephone can facilitate access to health care, it can also reflect the existence of barriers to the use of digital technologies. Therefore, technology can cooperate with the World Health Organization's goal of universal health coverage, but it can also increase inequalities in access to care, especially for people with low digital literacy, limited internet access, language barriers, and for the older population.[19-24]

Patient-centered medicine is one of the pillars of high-quality health care.[25] To respect personal preferences and values, it is necessary to understand how the services provided are perceived and evaluated. There is a significant gap in how older patients experience and perceive telemedicine, particularly teleconsultation via telephone. Understanding these experiences is essential to expand telemedicine use and to ensure that it is an effective tool in the care of older people.

This study aimed to understand older patients' perceptions of medical care delivered via telephone during the COVID-19 pandemic in our geriatric outpatient clinic.

METHODS

This qualitative study was approved by the ethics committee (CAAE: 38102620.0.0000.5505/approval number: 4.412.983) and followed the Consolidated Criteria for Reporting Qualitative Research.[26] During the period of COVID-19 restrictions, the geriatric outpatient clinic of a teaching hospital in the city of São Paulo, Brazil, with a team of 3 senior geriatrician preceptors and 8 resident physicians, transformed the scheduled face-to-face consultations into teleconsultations via telephone. This is offered to an average of 15 patients per day, referred from primary health care, who are often followed up for years.

The teleconsultation aimed to answer the patient's questions and to check adherence to previous recommendations, access to medication, acute problems, decompensation of chronic diseases, and need for in-person evaluation. From March 21 to July 31, 2020, using the telephone number provided in the medical records, the residents called patients in the week before their previously scheduled face-to-face consultations. The teleconsultations occurred during the clinic's usual opening hours, without prior scheduling. There was no specific training for the medical team, but the geriatrician preceptors developed a protocol based on their professional experience and supervised the teleconsultations.

A convenience sample was selected from the list of older patients who had visits conducted via telephone. Contact information and data of interest were obtained from the patients' medical records. The patients were contacted via telephone by the researchers, who applied the informed consent process. Only the older patients who did not have memory or cognition impairment, who had talked to the physician with no need for help from another person, and those who could express their opinion regarding the care received were eligible for inclusion. Thirty-three patients were invited to participate. Of these, 21 did not participate (3 refused to participate, 10 did not answer the various telephone calls, and 8 said they had not received a call from the clinic). Therefore, 12 older patients were interviewed.

From December 2021 to January 2022, open-ended interviews were conducted via cell phone calls on speakerphone and digitally recorded using devices placed next to the cell phone. The interviews lasted from 15 to 40 minutes. The following guiding questions were defined:

A) How do you like this doctor's consultation over the phone?
B) Did you have any difficulties during your consultation?
C) Were you satisfied with your medical consultation over the phone? Why?

The interviews were conducted by 4 researchers experienced in the Thematic Oral History method (1 psychologist

with a PhD degree, 2 dentists with a master's degree, and 1 nursing student).

All narratives were analyzed thematically. Thematic analysis was conducted individually by 3 senior researchers (1 health philosopher, 1 psychologist, and 1 geriatrician). The transcripts were read and the data were inductively coded to identify the central ideas and their key expressions. Then, the researchers met to discuss their interpretations and, by consensus, described the themes.[27,28]

RESULTS

A total of 12 older patients were interviewed, 9 women and 3 men, with a mean age of 81 and 78 years, respectively. The analysis of the interviews yielded 2 themes: older patients' experience of teleconsultation and possibilities and challenges of telemedicine.

Theme 1 – Older patients' experience of teleconsultation

Older patients demonstrated how much they appreciate the service provided by the outpatient clinic. Ms. M. mentioned the students' affection: *That's how they treat us there, as if they were our children, they treat us with great affection.* (MAF) Mr. A. commented: *You have always been very kind to me*. (ASQ) And Mr. S. spontaneously said: *The service there is great, I have no complaints... Can I say it? It's better than private health insurance.* (SCO)

There was acknowledgment that it was a consultation; for example, Ms. H. stated: *Dr. R. called me that week, asking me about the result of my treatment of blood pressure.* (HTU) And Ms. I. considered that: *The call showed they were concerned about me. I had an appointment scheduled, but it was canceled and soon after that they called me for this appointment over the phone.* (ICI)

All contacted patients had a record of the teleconsultation in their medical records. However, 4 patients did not remember this teleconsultation. Two described that they were contacted, but, in their understanding, it was to reschedule the appointment, that is, they did not identify the telephone contact as a teleconsultation. Two other patients were emphatic in saying that they did not speak with the physician. Mr. Z. said that: *I don't even know if it's a doctor who called. Someone called here to change the appointment date... something like that. That we weren't supposed to go there during the pandemic, right?* (ZVZ) Ms. N. said: *I don't know if she was a doctor. She asked me how I was. I told her I was fine. She asked me if I was taking my meds, I told her I was. And then she rescheduled it for December. But I had no consultation. I only rescheduled it.* (NAG)

Theme 2 – Possibilities and challenges of telemedicine

The interviews revealed possibilities and challenges associated with teleconsultation.

Possibilities:

1. Quality perception:
   Ms. I. said: *I was very satisfied with the consultation, it was quick, I didn't have any particular problems, I wasn't in pain or anything like that, it was good. Now we need to see how it'll work if one day I am sick.* (ICI), reporting satisfaction with the efficiency and convenience of the consultation via telephone, despite having doubts whether it would be equally good if she were in poor health.
   Mr. A. stated: *They treated me well, they listened to me well, and I heard them well too. And I was an obedient patient. They moved the date to another month*. (ASQ) Likewise, Ms. L., Mr. S., and Ms. T. said that the teleconsultation had been very good.
   Ms. M. stated: *I told her everything was fine. At the time, I had been through a lot of serious problems, I told her everything. And she called me to reschedule my appointment [...] When it was close to the date, she called me again, asked me if everything was ok... And if I needed anything, I was supposed to go there or ask someone to go there and get a prescription for me. [...] and it really worked, when I needed a prescription, they did everything pretty well, and I asked my son to go there and get it from the person in charge.* (MAF) Despite not understanding that it was a teleconsultation, she highlighted the good physician/assistant-patient interaction and process efficiency.
2. Convenience in specific circumstances: Some statements suggest that telemedicine can be useful in certain circumstances, such as in the absence of unexpected problems or the impossibility of face-to-face consultation. For Ms. H.: *The consultation was very good, better than going there, but if I need it, can I call them too?* (HTU) For Mr. S.: *It (teleconsultation) was great, because it was at a time when all consultations were suspended, so the attention was important to me.* (SCO) Ms. T. commented about another health care facility, saying that they also called her, and the call "*was really helpful*" (TJM), but she really missed the face-to-face activities.

Challenges:

1. Communication effectiveness: Some patients reported feeling unable to express themselves adequately or afraid that their health concerns would not be fully understood, thus preferring in-person care.

Ms. T. said: *I prefer face-to-face appointments. It's hard to express ourselves over the phone*. (TJM) For Ms. M.: *In-person is one thing, virtually is quite another. Because not everything we say is understood. Virtual visits only as a last resort, really only as a last resort.* (MAF)

2. Need for physical examination: patients showed concern about situations that require physical examination. Ms. M. reported that she had a teleconsultation with her pulmonologist and said: *He just adjusted my meds, asked me to take some of them and stop others. But if I had been there, he'd have auscultated me, it would have been much better to talk to him in person.* (MAF)
For Ms. T.: *On the one hand it's good, but on the other hand... I prefer in person. That's how I think: "Oh my God, but she can't see me!" For example, if I have an allergy (and I've had one for a few days now) on my arms or legs... I think the doctor needs to see what the allergy looks like.* (TCC)

DISCUSSION

All older people interviewed here were already patients at our clinic and expressed, in their interviews, that they felt welcomed and well cared. Some of them did not understand that they had participated in a teleconsultation and were convinced that it was an administrative contact to reschedule an appointment.

Several institutions transformed the traditional in-person visits into virtual visits during the pandemic. However, we are unaware of an experience similar to ours, in which the teleconsultation occurred as an anticipation of the consultation that would take place in person, without prior scheduling. Dewar et al.[29] described their experience in providing telehealth for 5 weeks for older patients, with approximately 70% of the teleconsultations via telephone calls. There were preparation procedures, including physician training and contact between the technical team and patients, family members, or caregivers prior to the consultation. The physicians recognized the feasibility of telemedicine for older adults.

Differently, in our outpatient clinic, teleconsultations were not previously scheduled. Therefore, the surprise contact may have made it difficult for some patients to understand that it was a medical appointment. However, Khanassov et al.[30] reported that physicians perceived a preference by older patients for telephone teleconsultations over videoconferencing platforms, but that these patients did not consider these contacts a medical act. The authors suggested that medical service leaderships should actively educate patients about this issue.

This study was conducted via telephone surveys, and we observed that the older patients comprehended that they were being interviewed and understood the purpose. A significant aspect is that we contacted the patients in advance to ask them about their interest in participating in the study and then scheduled an interview. Therefore, we believe that informing older people in advance and asking them to choose appointments from a schedule at their convenience may facilitate understanding, because it will give them the opportunity to internalize the event and be prepared to receive the telephone call. In a previous qualitative study, contact with administrative staff was also pointed out as a facilitator for teleconsultation.[31]

Although our study participants reported being satisfied with teleconsultation, their narratives pointed to its convenience as an emergency and necessary option due to the reality of the moment, but not as a preferred option. The social importance of face-to-face consultations was highlighted in the interviews. Patients also reported concerns about their ability to express the nuances of their health over the telephone and emphasized the importance of physical examination. Therefore, the wish for a hybrid model, with virtual visits for clinical follow-up and in-person visits for new or complex problems, was implicitly present.

Similar concerns about the lack of nonverbal communication, physical examination, and social interaction with the physician also appeared in the narratives of 20 older people, described by Abdallah et al.[32] This group of older people was satisfied with the virtual care received during the pandemic, but they suggested a hybrid model of consultations to continue their medical follow-up. Another group of 29 older Canadians showed similar perceptions of satisfaction, but with an interest in continuing with a hybrid consultation model.[30] Likewise, Whitehead et al.[33] found higher satisfaction rates among older patients, but this group also reported that they would have preferred in-person appointments. A common factor between these studies and ours is the fact that the older people were already patients under medical follow-up at the study sites before the transition to telemedicine. The previous patient-physician relationship was identified as a facilitator for teleconsultation.[31,33]

We recognize that considering the views of health professionals, caregivers, and managers is important. However, we understand that our study has the strength of presenting the lived experiences of older patients and their perceptions of telemedicine during the pandemic, which can contribute to the structuring of telemedicine services. On the other hand, our study is limited to 12 interviews, which are not representative of the community-dwelling older adults. We also

excluded older people dependent on the assistance of a family member for the teleconsultation, so we are unaware of the patient-caregiver dyad, which is an important factor in geriatric care.

Furthermore, the 18- to 22-month interval between the teleconsultation and the interview may have introduced a memory bias, without a clear recall of the lived experience, thus influencing the reports at the time of the interview. During this period, the study was conceived, designed and submitted for approval by the ethics committee, the team was trained, volunteers were recruited, and finally, the interviews were conducted. We believe that the use of the Thematic Oral History method, which allows participants to produce their own narratives, thus also allowing their feelings and perceptions to emerge, and the decision to include patients without cognitive impairment who spoke directly with the physician may have mitigated this bias.

Another limitation was the lack of specific training for resident physicians and assessment of protocol adequacy. These preparation procedures are cited as important to improve the efficiency of teleconsultation.[30,31] The lack of training may have influenced patients' perceptions by potentially affecting the quality of care provided and the accuracy of diagnoses and treatments. To minimize this problem, senior geriatricians supervised the teleconsultations, focused on personalized care.

Future studies should expand the eligibility criteria, for example, to include frail older adults with impaired functional status. In addition, they should assess the impact of education and health literacy on older people's ability to express their complaints and develop metrics to quantify convenience and quality. As for the structural aspects, they should evaluate hybrid models (in-person and virtual care), video appointments, and remote monitoring. Another sensitive point is the development of criteria and guidelines for best practices in telemedicine for older people and human resources training so that teleconsultation can offer diagnostic accuracy, comfort, empathy, and respect while taking into account the specific needs of each older patient.

CONCLUSION

This study brought us closer to older people's perceptions of teleconsultation via telephone to maintain medical care during the pandemic. We observed that older patients value the social aspect of the consultation and are concerned about their ability to express their complaints and the need for physical examination. However, teleconsultation was well accepted by patients, as long as situations that require face-to-face interactions are considered. We believe that preparation procedures, such as team training, care protocols, scheduling, and prior clarification, may help older people to prepare for the telephone call and facilitate patient-physician communication. Our results contribute to making telemedicine an efficient tool in the health care of older people.

Conflict of interest

The authors have no conflicts of interest to declare.

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Author contributions

LMQA: formal analysis, conceptualization, writing – original draft, writing – review & editing, resources, validation. NVV: project administration, formal analysis, conceptualization, writing – original draft, investigation, methodology. ACGV: writing – review & editing, investigation. LAC: writing – review & editing, investigation. RSS: writing – review & editing, investigation. VCC: project administration, formal analysis, conceptualization, writing – original draft, writing – review & editing, investigation, methodology, supervision.

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