

To Evaluate the Feasibility and Satisfaction of Using Teleconsultation in Managing Call Back of Abnormal Investigation Result in Staff Clinic

Y.Y CHAN, K.H. KAM, M.K. LEE, K.W. LEUNG
Department of Family Medicine, New Territories East Cluster, Hospital Authority, Hong Kong



Introduction

Teleconsultation is becoming more popular nowadays. It would be very much useful for patient’s education, informing results, which don’t need physical examination and many follow up actions. When doctors call back patients for informing minor abnormal investigation result, patients would think that it is time consuming and it takes long travelling time for in-person consultation. As such, teleconsultation is provided as another option of consultation.

Objective

- To evaluate the feasibility of using teleconsultation as another method for consultation
- To evaluate patient satisfaction of using teleconsultation
- To evaluate the barrier of not using telemedicine

Method

Figure 1

Doctors had screened for all investigation results. If doctors noticed the case was suitable for teleconsultation (no need for physical examination and few follow up actions), the patients would be invited to join. Data was collected from September 2024 to February 2025. Teleconsultation was conducted through HA Go. Feasibility of teleconsultation was considered good if 80% or more of the consultations were completed. Patient’s satisfaction was assessed by the telemedicine Satisfaction Questionnaire (TSQ). Question 2 was cancelled as it would be quite similar to question 10.

Baseline Characteristics (N=20)		
Sex		
	Male	5 (25%)
	Female	15 (75%)
Age		
	30-39	6 (30%)
	40-49	3 (15%)
	50-59	9 (45%)
	60-69	1 (5%)
	70-79	1 (5%)
Working Place		
	Same Hospital	9 (45%)
	Not same hospital	11 (55%)
Post		
	Nurse	6 (30%)
	Allied Health	4 (20%)
	Supporting	4 (20%)
	Admin	2 (10%)
	Dependent	2 (10%)
	Retired	2 (10%)

Result

51 patients were invited to join teleconsultation, 30 patients refused to use teleconsultation (58.8%). The main reasons for refusal use were: 10 patients were not familiar with telehealth/HA Go (33.3%), 10 patients preferred face to face consultation (33.3%), 5 patients found inconvenient time (16.6%), 3 patients had reviewed their result in other clinic (10%). For patients who refused to use telemedicine, 20 patients live in same region (66.6%). For 21 patients joined telemedicine service, 2 cases had been converted to phone consultation as the technical problem of using HA Go. The completion rate would be 90.5%. The response rate to TSQ was 95.2% (20/21). The average TSQ score would be 53.8/65. The satisfaction was high. The highest score would be “saving the travelling time” (average 4.7/5). The lowest score would be “cannot see the healthcare provider as if met in person” (average 3.6/5).

There was some feedback from patients. 3 patients noticed network problem in their working place. 1 patient don’t know how to use HA Go during consultation. Around 45% of patients were working in our hospital and around 55% of patients were working outside our hospital. Please see Figure 2.

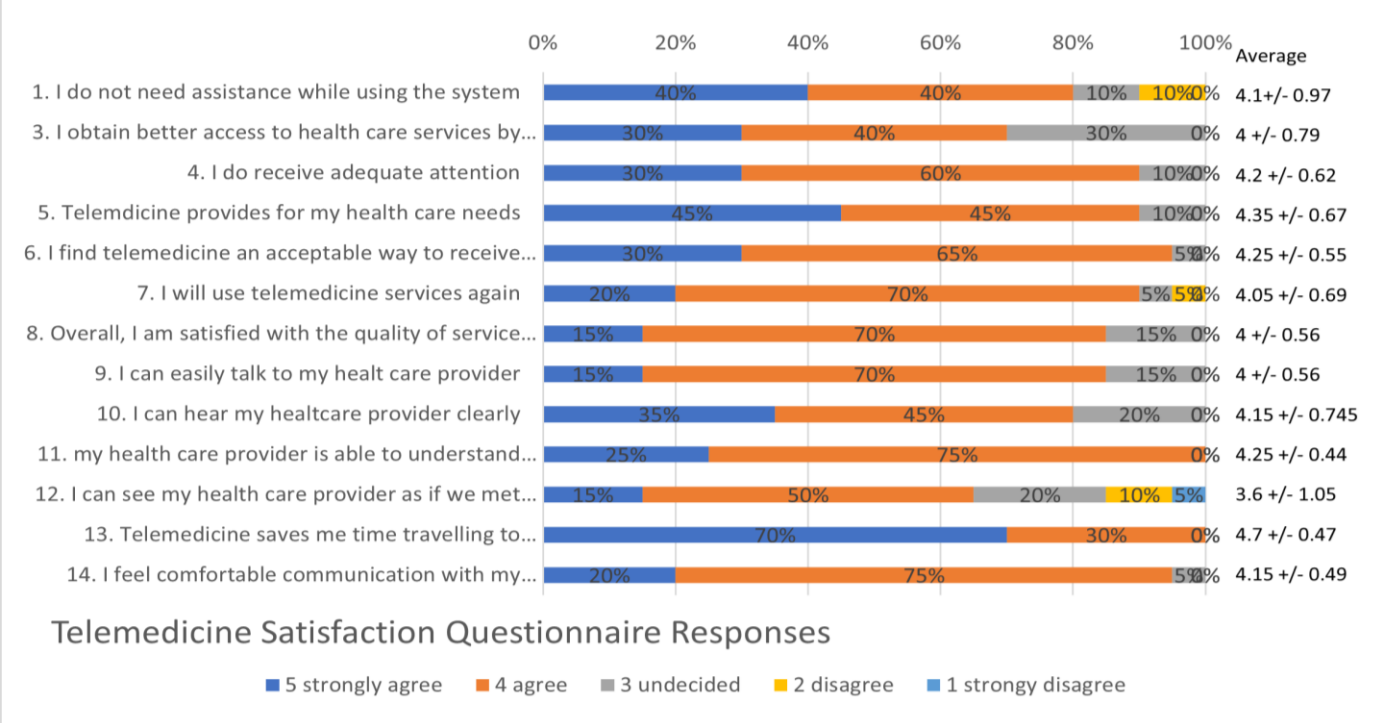


Figure 2

Conclusion

This study shows that managing call back of abnormal investigation by using teleconsultation would be feasible and the satisfaction rate is high. The main barrier for not using teleconsultation would be not familiar with HA go system and inconvenient time. Living or working nearby the clinic would be another barrier of using telemedicine. Promulgation for using telemedicine in HA Go, improving the technical issues, assistance for use of telehealth system will further enhance the usage and satisfaction of teleconsultation.