

Phone-in doctoring fails to improve patient outcomes

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Keeping in close contact with heart failure patients once they leave the hospital has been an ongoing challenge for physicians. A patient's condition can worsen with no notice and early intervention could potentially make a big difference.

Researchers at Yale School of Medicine thought they found the solution with a telephone call-in program designed to improve doctor-patient communication. But results from their study published in the November 16 [New England Journal of Medicine](#) shows that this program failed to improve patient outcomes. The paper will be presented simultaneously at the American Heart Association scientific sessions in Chicago, Illinois.

"Despite promising pilot studies, we could not find benefits of a telemonitoring system that was designed to enable patients to send critical information about their condition to their doctor on a daily basis," said first author Sarwat Chaudhry, M.D., assistant professor of medicine at Yale School of Medicine."

To test the idea that telemonitoring could improve patient outcomes, Chaudhry and her co-authors recruited clinicians at 33 cardiology practice sites across the country that reviewed and managed the telemonitoring information on the 1,653 patients enrolled in the six-month study. The investigators used a telephone-based interactive voice-response system that collected daily information about heart failure symptoms and body weight.

Clinicians managing patients' heart failure reviewed this information, with the idea that they could intervene if they saw early signs of a worsening condition. All patients in the study were recently hospitalized for [heart failure](#), and were therefore at particularly high risk for adverse events, including readmission and death. The system flagged information that indicated that the patient's condition was worsening.

"Flaws in our [health care system](#)—in the mechanics of delivering care—are responsible for many adverse outcomes for patients," said senior author Harlan Krumholz, M.D., the Harold H. Hines, Jr. Professor of Medicine, Epidemiology and Public Health at Yale School of Medicine. "It is not just how ill [patients](#) are, but how well the system functions for them and supports them in managing their recovery."

"We thought this phone system to facilitate communication would help, but we are in an era when we cannot assume that an intervention is helpful just because it seems it should work," Chaudhry said. "We need to test it and, in this case, the test showed that this approach is just not helpful. Maybe the communication alone is not enough; maybe there are other changes in our system that are necessary to improve patient outcomes."

"As we search for a new approach—particularly approaches that change the way we practice—we will need to evaluate them thoroughly to ensure that the resources we expend are providing benefit," Krumholz added.

More information: *New England Journal of Medicine*, [doi:10.1056/nejmoa1010029](https://doi.org/10.1056/nejmoa1010029) (November 16, 2010).

Provided by Yale University

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