Call Centre Triage and Advice Services 2004. Revised 2014.

November 2014

Introduction

The AMA is concerned with the growth of call centre health advice and triage services over the past decade. While telephone triage can be part of an integrated GP out-of-hours service model, it is not a substitute for accessing high quality GP after-hours services. There is a paucity of independent evidence regarding the cost effectiveness of call centre advice and triage services and good evidence that they are ineffective in managing the demand for emergency department services.

Examples of such call centres include *healthdirect* (commenced 2007), which provides 24-hour, 7-day telephone health advice by registered nurses, and the *after-hours GP Helpline* (commenced 2011), an extended service in which after-hours callers to *healthdirect* may be transferred by the triaging nurse to a telephone-based GP. These services are both managed by the National Health Call Centre Network, an initiative of the Council of Australian Governments, operating under the name of *healthdirect Australia*.

AMA concerns relate to the unproven, and often disproved, objectives for the establishment of call centres. Often, the impetus given for such services is to reduce demand for Emergency Department (ED) services. Evidence demonstrates that while telephone triage services gain high consumer satisfaction they have no demonstrable impact on relieving pressure on EDs[1]. There is also evidence to show that referrals to the ED by the national health call centre network *healthdirect Australia*, are no more appropriate than self-referrals, and less appropriate than GP referrals[2]. In addition, evidence shows that patients often attend the ED despite a contrary recommendation by the call centre. This in part may be due to difficulty accessing after-hours health services[3].

The AMA acknowledges there is scope for telephone triage services to play a role in the provision of medical care, particularly in rural and remote regions of Australia, where access to medical services, particularly after hours, is limited. Notwithstanding this, the AMA is of the view that the focus on call centres as a solution to access to medical advice tends to be politically rather than need driven. Low-acuity presentation rates to emergency departments have remained essentially constant and there is no support for the

[1] Ng, J et al. Appropriateness of *healthdirect* referrals to the emergency department compared with self-referrals and GP referrals. MJA 2012; 197: 498-502.
[2] Ibid.
[3] Ibid

myth that GP-style patients are imposing significant pressure on hospitals compared to more urgent triage categories[4].

Key Issues

Patient health information services require high levels of quality control that need to become part of an accreditation process to ensure they provide high quality information. They must operate on the basis of general practitioner endorsed protocols that are adhered to and quality assurance must be regularly undertaken. They must be consistent with a GP focus to allow the patient access to a diagnosis and an explanation of their presentation in the context of their personal setting and environment.

They must be evidence-based, cost effective and clinically appropriate.

In order to maintain continuity of patient care, call centre health advice and triage services must have robust systems in place to automatically provide a callers' regular GP with an event summary of the interaction with the service. They must also maintain comprehensive provider directories to enable call operators to provide relevant advice regarding the local availability of after-hours medical care for those patients who need to be seen in person.

To ensure the quality of advice provided, it is vitally important that the medical practitioners recruited to call centres have an appropriate level of experience and hold a fellowship of the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine or be recognised in the specialty of general practice by the Medical Board of Australia.

Regular evaluation of call centre health services must be undertaken and the call centres must be transparent regarding their nurse triage process and disposition of calls to inform this process.

Locally and internationally, call centres are used increasingly by various industries to provide a single gateway to their service. There is a risk that call centre triage can be used to serve economic imperatives rather than the best intervention for patients for quality health outcomes.

Call centres must only be used as a tool to access genuine triage. They must not be used as a substitute for general practice care or by pre-existing hospital and community services (e.g. crisis teams) to restrict access to services or to introduce managed care.

AMA Position

It is **essential** that any call centre model must:-

- *be based in Australia;*
- *be able to provide patients with meaningful local knowledge about available health services;*

[4] NMML (Northern Melbourne Medical Local) 2013. Challenging myths and perceptions: understanding primary care patients in the emergency department. Summary report. Melbourne: NMML.

- *comply with national standards and protocols;*
- *have clearly defined and transparent objectives;*
- *incorporate transparent evaluation processes linked to its objectives;*
- *ensure medical practitioners providing advice hold a fellowship of the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine or are recognised in the specialty of general practice by the Medical Board of Australia;*
- *maintain continuity of patient care by providing a caller's regular GP with an event summary;*
- *be demonstrated to be cost efficient and effective; and*
- *meet all other criteria deemed as essential by the AMA for out-of-hours primary care services**

A call centre is unacceptable to the AMA if it:-

- *incorporates costs containment as a primary aim;*
- *redirects essential resources from other existing health services;*
- *compromises the viability of other GP in hours or out-of-hours services;*
- *is established at the expense of other essential GP services;*
- *is located off shore; or*
- *contains any other criteria identified as unacceptable to the AMA for out-of-hours primary care services.**

*refer to AMA Position Statement Out-of-Hours Primary Medical Care - 2004. Revised 2011.