

79. A MONTH OF PHONE CALLS IN A BUSY PAIN CLINIC

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Introduction: Answering phone calls are a basic part of any pain treatment service. Since the rebirth of narcotic treatment for chronic benign pain, we have noticed a large increase in the number of phone calls for our doctors and nurse practitioners. About six years ago, we also began placing dorsal column stimulators and intrathecal pumps. The purpose of this prospective study is to evaluate the number, duration and nature of all phone calls made to our pain clinic.

Methods: After receiving IRBPHS approval, we collected logistical data on all calls made to our pain clinic for 4 weeks. We separated the calls into three groups: those that involved the office staff (secretary, clerk, office manager), those that were messages for the doctors and nurse practitioners and those that involved a physician or nurse practitioner to call back. All times recorded were rounded off to the nearest minute.

Results: Of the 590 completed forms, 528 (89%) contained useful information. 266 (51%) involved office staff alone. Of these 71 (27%) were to schedule an appointment, 79 (30%) were to change an appointment, 35 (13%) were requests for documentation and 88 (30%) were for other reasons.

262 (49%) required physician (MD) or nurse practitioner's (NP) involvement. 111 of these (42%) did not require the MD/NP to return the phone call and were for medication renewal. 78 out of 111 (70%) of these were for narcotic renewal. 19 (17%) were for gabapentin. 12 (11%) involved more than one medication.

151 of the 262 MD/NP calls required a return phone call. Of these 52 (34%) involved medication renewal; 21 (14%) were questions about medications; 16 (11%) about medication side effects; 15 (10%) were for an increase in pain; 6 (4%) concerned intrathecal pumps; 8 (5%) concerned dorsal column stimulators; 12 (8%) concerned nerve blocks, 5 were about incorrectly written prescriptions; and 24 (15%) other items. 35 of the 52 (67%) calls returned for medication renewal were for narcotics. 12 (23%) were for gabapentin. 10 (20%) involved more than one medication.

Of the 151 calls that were returned, 23 were returned after 1700 hours. The average time before completing a return phone call was 178 +/- 140 minutes. The mean attempts made for returning a call was 1.2 (range 1-7) attempts. The mean duration of the calls were 4.6 minutes (range 1-31 minutes). 22 of these calls involved making more than one phone call (calling a pharmacy, hospice or caregiver). The mean duration of these calls was 7 minutes (range 1-60 minutes).

Overall 163 of the 262 phone calls that involved the MD/NP involved medication renewal. 113 (69%) of these medication renewals involved narcotics.

During the same period, there were 386 office visits, 187 blocks performed, 2 intrathecal catheter placements and 3 dorsal column stimulator placements.

Discussion: While phone calls are a part of every office practice, they are often an uncompensated part of our business. Although many believe that interventional pain management (dorsal column stimulators and intrathecal pumps) would be a cause for many phone calls, we did not find this to be the case. Rather, we found the majority of the phone calls were related to medication renewal and in particular, narcotic medication renewal.

In our practice, when we are starting narcotic therapy we see patients very frequently. When our patients become stable on a dose of narcotic, we begin to increase the duration to their next clinic appointment to as many as 12 weeks. We believe that seeing these patients more frequently is unnecessary and not practical for both parties. However, in our state we have triplicate prescriptions of one-month duration and no renewals. This has led to increased work and increased costs in our practice. This may be a cause for physicians to abandon or not wish to utilize narcotics as a form of treatment in their practice.