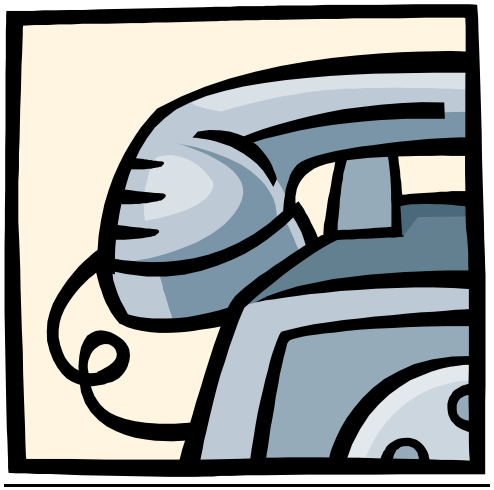
Who Called Ontario's Telephone Triage Pilot Project?



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BACKGROUND

Northern Ontario:

- vast landmass
- relatively small and widely scattered population

Rural and remote communities in Northern Ontario typically have *limited access to and availability of* health care services (e.g., long distances, few health care providers).

Teletriage Pilot Project:

- July 1999 to March 2001
- staffed by registered nurses
- available to Northern Ontario residents, 24 hours/day, 7 days/week
- callers described symptoms to a teletriage nurse who used clinical guidelines and nursing experience to arrive at a recommendation

Aim of Teletriage: to help improve access to health information and help a caller decide whether he/she should:

- see a physician or other health care providers,
- proceed to an emergency room, or
- follow self-care instructions.

RESEARCH QUESTIONS

(1) Did rural residents take advantage of the teletriage service?

(2) What are some of the implications of teletriage for rural health and health care?

DATA SOURCES

Caller Survey:

- CRaNHR mailed questionnaires to 5475 households (consenting callers) Feb-June 2001
- 44% response rate (n=2390)

Call Records:

- 28,000 call records from consenting callers collected July 11, 2000 to March 31, 2001
- recorded by Clinidata, analysed by ICES

Population Data:

- 1996 Census Data from Statistics Canada

RESULTS

Calls:

- calls represent ~8% of the population of Northern Ontario (based on last 12 months)
- most calls were made between the hours of 4 p.m. to 8 p.m.
- ~90% called for symptoms only, 7% called for information only, and 3% called for both.
- ~44% of callers had called for themselves
- ~56% of the callers who had called on behalf of another person typically called for their son/daughter, aged 16 years or less

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Demographic Comparison:

Gender:

- 89% of callers were female, 62% of patients were female, ~50% of Northern Ontario residents are female

Age:

- most patients were 0 – 16 years old, most callers were 17 to 34 years old
- callers/patients tended to be younger than the population of Northern Ontario

Language:

- ~86% of callers spoke English at home and 97% spoke English during the call
- 72% of Northern Ontario residents speak English at home

Marital Status:

- 78% of callers were married / living with a partner
- ~53% of the general population of Northern Ontario are married / living with a partner

Education & Household Income:

- callers/patients reported a higher level of education & higher household income than the population of Northern Ontario

Geography:

- 54% of callers lived in cities, 28% live in towns
- 49% of the population of Northern Ontario live in cities, 25% live in towns

RESULTS

Who Called?

- married / common-law / partnered women

Why & When Did They Call?

- called in the evening
- called to discuss symptoms
- calling for young son or daughter
- patients:
    - female, <17 years old

Callers/Patients were significantly different from the general population of Northern Ontario.

Relative to N. Ontario, callers/patients were predominantly:

- Female
- English-speaking
- Younger
- Better-educated
- Richer (reporting higher household incomes)
- Living in cities and, to a lesser extent, in towns

CONCLUSION

Our evaluation suggests that rural residents of northern Ontario were under-utilizing the teletriage service. Other groups who were under-utilizing the service were males, seniors and French-speaking residents of northern Ontario. There is some suggestion that First Nations peoples may also be under-utilizing the service.

The full benefit of the teletriage service may not occur until utilization is increased for demographic groups who are known to have difficulties related to access and availability of health care services and who may have lower health/well-being status.

It may be that teletriage services may need to market specifically to rural residents and/or may have to augment services for rural residents by, for example, encouraging greater continuity of care and more actively promoting self / informal care.