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Authors

Barnes, Lauren E
Al-Dabagh, Amir
Huang, William W.
et al.

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Original

Common reasons why acne patients call the office

Lauren E. Barnes¹, BS, Amir Al-Dabagh¹, BS, BA, William W. Huang¹, MD, MPH, and Steven R. Feldman^{1,2,3}, MD, PhD

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Center for Dermatology Research, Departments of ¹Dermatology, ²Pathology and ³Public Health Sciences; Wake Forest School of Medicine; Winston-Salem, North Carolina

Correspondence:

Steven R. Feldman, MD, PhD
Department of Dermatology, Wake Forest School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1071
Phone: 336-716-7740, Fax: 336-716-7732, E-mail: sfeldman@wakehealth.edu

Abstract

Background: Communication between physicians and patients is essential to providing proper medical care. At times, patients leave visits with insufficiently addressed questions. These questions prompt patients to call the clinic for additional information, which disrupts the flow of care, delays proper treatment, and reduces patient satisfaction.

Purpose: We aim to examine acne patients' post-visit questions to develop interventions to improve patient education and reduce call backs.

Methods: A retrospective electronic medical record chart review was performed involving Wake Forest Baptist Health Dermatology clinic visits between October 1, 2012 and October 31, 2012. We identified acne patients using clinic visit notes and recorded their telephone calls to the clinic between October 1, 2012 and March 29, 2013.

Results: Of 315 acne patients, 31 (9.8%) called the clinic. Isotretinoin was the subject of 66.7% of the calls, half of which involved questions about potential side effects. Other calls addressed topical medications, acne symptoms, and pharmacy requests.

Limitations: The study involved one center and email and fax correspondence was not captured.

Conclusions: We found gaps in communication sufficient to require patients to call in for support, specifically regarding oral isotretinoin treatment. Interventions to address these questions have the potential to improve quality of care.

Keywords: physician-patient communication, isotretinoin treatment, acne, telephone, calls, dermatology

I. Introduction

Communication is critical to proper medical care. Unfortunately, patients often leave a clinic visit with inadequate instructions or inappropriate expectations [1]. They may have problems tolerating treatment or questions about side effects. They may need clarification of their management plan after an office visit, which prompts them to call the clinic for additional information or care. Such gaps in patient care are disruptive to the flow of clinical practice and also contribute to lower patient satisfaction [2]. Our goal is to examine the questions acne patients disclose after their visit, questions sufficiently important to warrant a call.

Determining these gaps will facilitate the development of interventions to improve communication between physicians and patients.

II. Methods

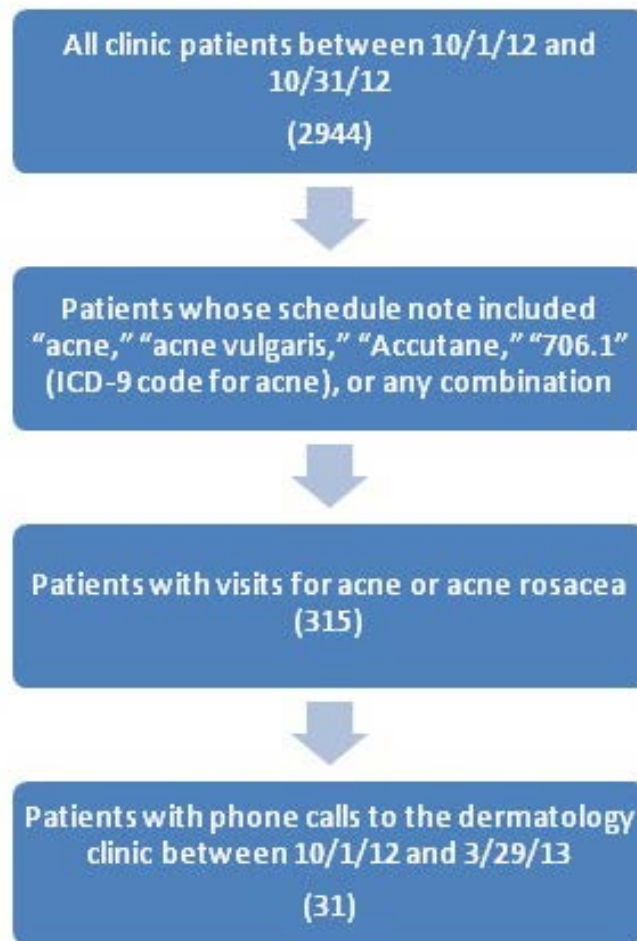


Figure 1. Workflow to identify acne patients with call backs

A retrospective electronic medical record (EMR) chart review was performed in the Wake Forest Baptist Health (WFBH) Dermatology clinic. The patient sample was selected from all clinic patients between October 1, 2012 and October 31, 2012. Three hundred fifteen acne patients were identified using the “Note” column of the clinic schedule (Figure 1). Patients whose appointment note contained “acne,” “acne vulgaris,” “Accutane,” “706.1” (ICD-9 code for acne), or any combination of the above were selected for review.

For patients who had called in, all notes in the chart were filtered to display telephone correspondence notes between October 1, 2012 and March 29, 2013, when data were collected. Each telephone note was reviewed and the notes pertaining to acne were summarized for data collection. Notes were grouped into seven categories (Table 1). Patients whose telephone notes did not involve acne or dermatologic questions were excluded. Thirty-one acne patients made calls to the clinic between October 1, 2012 and March 29, 2013.

III. Results

Of the 315 acne patients, 31 (9.8%) called the clinic with questions about their medications or prescriptions (Figure 2, Table 1). The 31 acne patients made 42 total calls between October 1, 2012 and March 29, 2013 and close to one third (9 patients, 29%) called the clinic multiple times. The average number of days between an office visit and patient call was 21 days, ranging from one day prior to the visit to nearly six months following the visit (Table 1). Ten calls (23.8%) involved prescription logistics; patient prescriptions had not been transmitted to the pharmacy, patients requested refills, or patients requested a lower cost alternative medicine owing to issues with insurance (“Isotretinoin: prescription or pharmacy questions” and “Pharmacy requests,”

Table 1). In another nine calls, patients asked about logistics related to oral isotretinoin therapy (“Isotretinoin: medication logistics,” Table 1).

Reasons for patient call backs

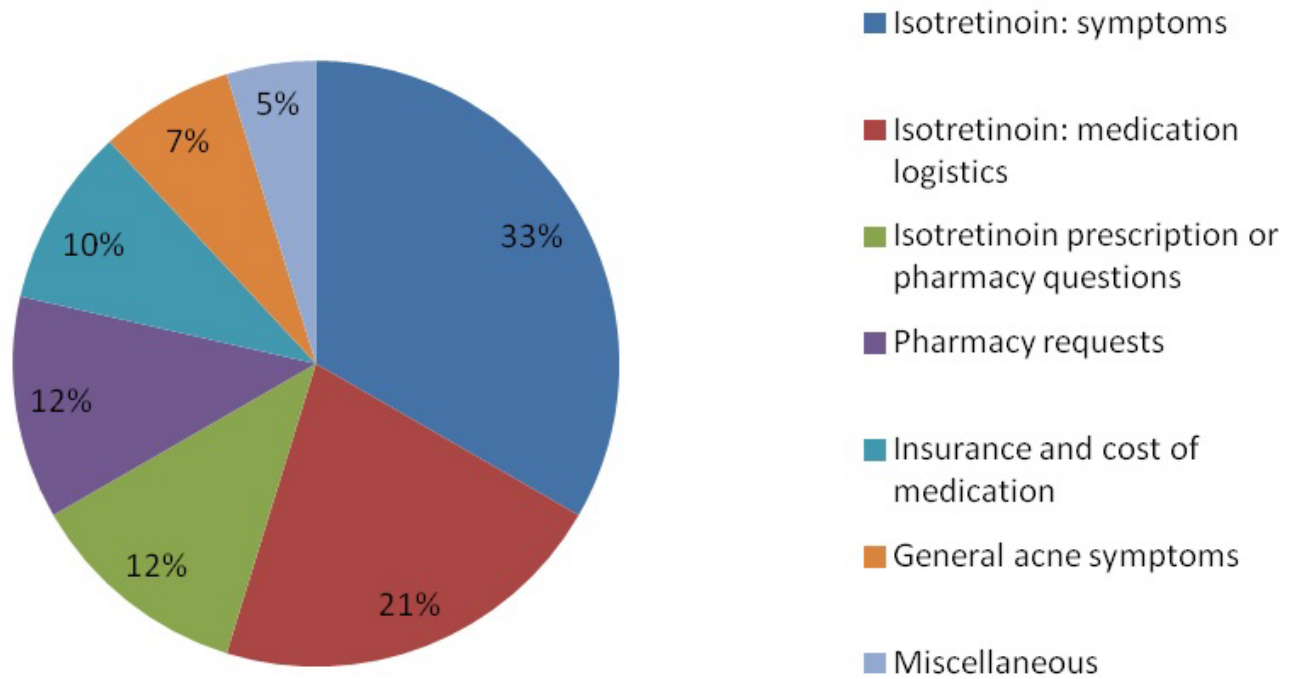


Figure 2. Reasons for patient calls

Table 1. Index of calls

Category	Reason for call	Days between visit and call	Total
<i>Isotretinoin: symptoms</i>			14
	• Patient is experiencing flu-like symptoms and wants to change back to minocycline	57	
	• Patient has noticed new “deep” acne	1	
	• Patient is experiencing fatigue, headaches, and visual disturbances	1	
	• Patient is experiencing muscle and low back pain and discomfort	5	
	• Patient was experiencing “bad thoughts” and flu-like symptoms and stopped taking her isotretinoin	62	
	• Patient noticed red, dry spots on hands and wrists	53	
	• Patient noted hair loss and request to take vitamin B and zinc because she knows she cannot take vitamin A	5	
	• Patient experienced palpitations	11	
	• Patient experienced sharp pains in the head	21	
	• Patient’s eczema symptoms have flared while on isotretinoin; requesting medication for eczema	4	
	• Patient asked if low grade fever, muscle aches for few days, and scant rectal bleeding for the past few weeks could be symptoms of isotretinoin	27	
	• Patient wonders if a nosebleed, facial darkening, mood changes, or palpitations are side effects of isotretinoin	11	
	• Patient confirmed having a better mood once isotretinoin was discontinued	21	
	• Patient noticed mood changes with a dose increase from 40 mg to 60 mg daily; request to decrease dose	21	

Category	Reason for call	Days between visit and call	Total
<i>Isotretinoin: medication logistics</i>			9
	• Patient wants to start isotretinoin as soon as possible	16	
	• Patient wants to stop isotretinoin, can it be stopped abruptly?	7	
	• Is the patient confirmed in iPLEDGE?	5	
	• Patient called to confirm iPLEDGE status	3	
	• Patient requesting 30 more isotretinoin pills	5	
	• Patient requested 30 more pills because the patient was taking 3 times daily instead of the prescribed 2 times daily	17	
	• Requesting nurse visit for medroxyprogesterone shot because she is on isotretinoin	28	
	• Requesting nurse visit for medroxyprogesterone shot	28	
	• Patient insists on doing home urine pregnancy test instead of one in-office for isotretinoin	29	
<i>Isotretinoin: prescription or pharmacy questions</i>			5
	• Patient requests 30 more isotretinoin pills to make up difference of a refill filled from an old prescription	5	
	• Patient missed a 7-day window to pick up isotretinoin at pharmacy due to insurance coverage issue	8	
	• Pharmacy did not receive the prescription for isotretinoin; request re-send	5	
	• Pharmacy did not receive isotretinoin prescription	1	
	• Isotretinoin prescription not transmitted through to pharmacy	11	
<i>Pharmacy requests</i>			5
	• Needs prescription sent to pharmacy	172	
	• Needs adapalene/benzoyl peroxide reordered	10	
	• Request to refill prescription for ampicillin	8	
	• Request prescription is reordered	1	
	• Patient requested prescription for adapalene gel to be called in to pharmacy	22	
<i>Insurance and cost of medication</i>			4
	• Patient's Tricare expired, needs new referral	-1	
	• Patient requesting separation of adapalene/benzoyl peroxide to be more affordable	41	
	• Medicaid won't pay for tazarotene, request change to a different medication	47	
	• Doxycycline is too expensive for patient	2	
<i>General acne symptoms</i>			3
	• Bumps appearing on face	30	
	• Skin is dry and blistered; taking antibiotic	9	
	• Acne symptoms continue to flare despite use of minocycline, benzoyl peroxide wash, adapalene/benzoyl peroxide, adapalene	38	
<i>Miscellaneous</i>			2
	• Patient recently pregnant, concerned whether her medications are safe in pregnancy: clindamycin/benzoyl peroxide gel, tazarotene cream	31	
	• Inquiring about cost of procedure for "smoothing of the skin"	4	
Average days between visit and call		21.4	
Total number of calls			42

Twenty-eight of the 42 calls (66.7%) were related to isotretinoin. During half these calls, patients inquired whether the following symptoms could be side effects of the medication: fatigue, flu-like symptoms, palpitations, nosebleed, gastrointestinal bleeding, thinning hair, mood changes, dry skin, eczema exacerbation, headache, and muscle and low back pain (Table 1). The remaining calls dealt with pharmacy logistics and issues surrounding routine screenings for patients on isotretinoin. One patient appeared to have increased his dose of isotretinoin, from twice daily to three times daily, without his dermatologist's knowledge. He asked for an additional 30 pills in order to have enough medication until his next appointment.

Other medications addressed included adapalene/benzoyl peroxide, tazarotene, adapalene, minocycline, doxycycline, and ampicillin. Patients requested refills for these medicines, wanted to switch to more affordable alternatives, and stated that certain medications, like doxycycline, were too expensive at their pharmacy (Table 1). None of the calls involving topical medications addressed skin irritation or other side effects. One patient called to report that she continued to have acne symptoms despite the use of minocycline, benzoyl peroxide wash, adapalene/benzoyl peroxide, and adapalene. Another had recently become pregnant and called to inquire about the safety of using benzoyl peroxide/clindamycin and tazarotene topical medications during pregnancy.

IV. Discussion

Adequate communication is a critical component of excellent medical care. We found gaps in communication wide enough to require patients to call in for support. The majority of calls were related to isotretinoin therapy, specifically symptoms patients perceived as side effects of the medication. There was a paucity of telephone calls about topical medications, a mainstay of acne treatment, despite the potential for local irritation with topical treatments [3]. Medication non-adherence is prevalent among adolescent acne patients and adherence to topical medications tends to decline over time [4,5]. Perhaps our patients who experienced irritation with topical acne medications discontinued use of the medication without contacting our office. Our findings support the need for providing patients greater prospective information on oral isotretinoin treatment; changing the information being given on managing side effects from topical treatments does not appear to be a high priority.

One limitation of this study is the involvement of only one center. Also, our review did not capture email or fax communication between patients and their physicians. Some patient calls regarding prescription, pharmacy, and insurance logistics may be unavoidable. However, we identified other gaps in communication that were significant enough to cause patients to call back to clinic after a visit and these appear to be preventable. Logistical issues can also be communication issues if providers do not adequately advise patients about monitoring requirements and about what to expect when obtaining the prescribed medication. Physicians can provide patients with prospective information about prescription logistics; advising patients about the cost of medication or the need for laboratory monitoring when appropriate is advised.

Many potential barriers exist for proper patient-provider communication. Providers may find time constraints on clinic visits to be a barrier to thorough communication with patients. Often clinical nursing staff plays a role in the counseling of patients and their training may be inadequate for medications such as isotretinoin. In addition, patients may not know the proper questions to ask until after treatment is initiated or they may forget during their visit. With the development of extensive online resources and the emerging use of social networking services such as Twitter as a source of medical information [6], it is unknown what type of secondary information patients are receiving.

Measures to address these deficiencies have the potential to both improve quality and lower cost. A patient symptom survey, in which patients report the severity of the common symptoms of isotretinoin on a mild/moderate/severe scale, is one effective method of monitoring patient understanding of isotretinoin side effects [7], but it may not improve patient education. Additional strategies to optimize teaching time with patients can include providing patients with written handouts and visual aids and assessing patient understanding [8]. A “frequently asked questions” (FAQs) handout may help address the common side effects encountered while on isotretinoin, important medication interactions of which patients should be aware, the logistics of isotretinoin prescriptions including enrollment in iPLEDGE, and the laboratory surveillance needed while taking isotretinoin. Patients will be directed to the iPLEDGE website, where they can confirm their enrollment in the program. A dedicated document for isotretinoin patients also has the potential to better inform patients about the necessity of keeping their monthly visits. Some of our patients requested additional pills before their next appointment. Supplemental written FAQs can reinforce concepts discussed at the clinic visit and provide prospective information up front so that patients will not need to call after their visit. The value of such an intervention could be tested by a future study of the effects on clinic call backs.

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