Implementation of a fall prevention service conducted by phone in Dutch community pharmacies: The patients' perspective.

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Abstract

Introduction: Falls among the elderly are of great concern. The use of fall risk-increasing drugs (FRIDs) often plays a role in the risk of a fall. Therefore, community pharmacies are a good setting for fall prevention services. In view of digitization and corona, it is desirable to have a fall consultation carried out by telephone.

Method: This qualitative study aims to gain insight into patient experiences over a fall prevention service by telephone in Dutch community pharmacies. Inclusion criteria were: Age ≥70 years, community-dwelling, using at least five drugs and one FRID and being able to speak Dutch. Patients were registered in one of three community pharmacies in the Netherlands. Data were collected between February and May 2021, and interviews were audiotaped and transcribed verbatim.

Results: Evaluation interviews were conducted with 34 patients. Patients appreciated interpersonal involvement between the patient and the pharmacy team, knowledge, and efficiency of the pharmacy team. No patients started doing something practically different after the fall consultation. Patients generally liked that their medication was reviewed. The telephone aspect was of little influence on patient experience.

Discussion/conclusion: In general, patients were positive about the fall prevention service. Despite this, the findings reveal that virtually all patients had trouble remembering what they were advised. This leads to believe that the role of the community pharmacist in an effective, multifaceted fall prevention service needs to be further investigated.

Introduction

Falls are common in older people [1]. The frequency of falling rises as one becomes older and more fragile [2]. In the Netherlands, about one third of all people aged 65 years and older fall at least once a year [3]. The underlying causes of falls are complex, involving a mix of biological and environmental factors. These factors range, for example, from age-related changes and certain medical conditions to external factors as the use of fall risk-increasing drugs (FRIDs) [2, 4].

Consequences of falls are severe, including for example an estimated 109.000 hospitalizations in Dutch emergency departments in 2018 [3]. Approximately 10% of hospitalized elderly that are living independently are not able to return home and become home residents of long-term care facilities [5]. People may view falls as a threat to their identity – they fear that they might be treated differently after experiencing a fall, which can influence their confidence severely. Falls are also experienced as a threat to independence and to social interaction [6].

Pharmacists are well-respected practitioners who work with the elderly on a daily basis and are easy to approach. They are trained and equipped to recognize medication-related fall problems and

perform medication reviews to reduce fall risk due to FRID use. This makes community pharmacies a well-suited place to screen the elderly for fall risk, and to monitor the use of FRIDs in these patients [7, 8]. Aside from that, pharmacists may provide details on other modifiable risk factors like exercise, diet, and maintenance of a safe home environment. For effective fall-prevention, collaboration between health care providers is important [9-11]. The role of the pharmacists in such a collaboration initiative is to monitor use of FRIDs and, if possible, give advice on deprescribing [12]. Besides, it has been shown community pharmacies have successfully implemented health promotion practices [7].

Face-to-face interactions between a provider and a patient have traditionally occurred in a physical setting. Distance and patient disability are factors that restrict access to care [13]. These factors are of great significance for older people who have experienced a fall or have a fear of falling, because they are often less mobile [14]. For many years, research has been conducted into the possibilities of remote care [15, 16]. During the COVID-19 pandemic period, face-to-face consultations were limited. Telephone use increased in Dutch community pharmacies [17]. The use of information and communication technologies (like the telephone) for remote care is referred to as telemedicine. When compared to face-to-face contacts at the counter, the use of telemedicine can increase efficiency and improve the access to this type of care [18]. With proof of comparable effectiveness and high levels of satisfaction shared by patients, calls have emerged as a potentially viable alternative to personal visits [19].

Aim

To gain insight into patient experiences over a fall prevention service by telephone in Dutch community pharmacies.

Method

Study design

A qualitative study was conducted as part of an implementation study. In the implementation study, a pharmacist-led fall prevention service was implemented in community pharmacies, and several strategies were applied to guide and monitor the implementation process. Patients were informed and invited about the study by an invitation letter, by phone, or both. All patients gave written informed consent. The Institutional Review Board of Utrecht University's Division of Pharmacoepidemiology and Clinical Pharmacology approved the study protocol.

Intervention

Before the intervention, members of the pharmacy team could complete an e-learning to learn more about fall prevention, how certain drugs are related and how to perform the fall consultation [20]. In most pharmacies, the intervention would be performed by the pharmacy technician (natural implementation), however for one pharmacy, the researcher would provide support and perform the fall consultation (research-facilitated implementation).

Participants underwent two main contact moments, which were preferably carried out by telephone. During the first moment of contact, patients underwent the intervention, that consisted of a quick screening, to screen whether the patient would be eligible for the fall consultation (see appendix 1); and the fall consultation itself to inquire as much as possible about concerns (possible side effects) that raise the risk of falling of patients (see appendix 2). Based on the information provided by the patient, tips could be given to the patient on how to reduce the risk of a fall or whether it would be desirable to refer the patient to another care provider. Then, the pharmacist could perform a medication review, to determine whether it was necessary to adjust the medication in consultation with the physician. After one month, the researcher would contact participants for the evaluation. The step-by-step plan is schematized in figure 1.

This manuscript focuses on the last step of the implementation study: the patient evaluation.



Figure 1. Schematic overview of the steps that are taken during the study.

Setting and participants

The study was carried out at 3 community pharmacies throughout the Netherlands. Pharmacies were recruited through the Utrecht Pharmacy Practice network for Education and Research [21]. Pharmacies volunteered to participate.

Patients who met the inclusion criteria for participation in the study were invited by letter by the pharmacist. The inclusion criteria were:

- Age ≥ 70 years;
- Simultaneous use of at least five drugs;
- Use of at least one FRID;
- Mastery of the Dutch language.
- Community-dwelling

Data collection

During the implementation study, several data were collected. The evaluation was held by interview approximately one month after the fall consultation took place. A fall risk assessment (Short Falls Efficacy Scale (FES-I)), used to determine how severe the patient's fear of falling was and when it occurred took place at baseline and at evaluation. For the assessment, patients had to estimate their fear of falling on certain activities on a scale of 1 to 4, ranging from no to severe concern. When scores were missing on certain items, the average score of the other items was filled in. Scores were summed up and the higher the score, the greater the concern about falling [22]. Besides, a multiple-choice knowledge test on fall prevention, based on The DobbelFit game [23] was also carried out at baseline and at evaluation. Data collection took place between February and May 2021.

Interview

An interview guide was composed to explore the patient experience regarding the fall consultation. Main topics were derived from three domains of the Consolidated Framework for Implementation Research (CFIR) – the outer setting, characteristics of the intervention and characteristics of the pharmacy team. The CFIR is a widely used framework to gain insight in potential barriers and facilitators for the implementation of health care programs, such as a fall prevention service. The questions that were asked provided insight into the needs of patients, how they perceived the fall consultation and the effectiveness of the intervention. The interview guide was extended with topics about telemedicine. These topics were based on literature (see appendix 3 for a scientific foundation of the interview topics).

Data analysis

All audio recordings were transcribed verbatim. The interviews were imported into NVivo version 12 software. To ensure anonymity, participants' names were replaced with a research code. The transcripts were coded by one researcher, partly checked by a second researcher, and discrepancies in coding were discussed with a third researcher. A predefined coding tree, based on the topics and the CFIR, was used to guide the coding process (deductive coding). The findings were reported based on the main topics and were further illustrated with quotes from the interviews.

Using SPSS Statistics 26, paired sample t-tests were performed based on the FES-I scores and the percentage of correctly answered questions from the knowledge test. This was only done for patients where the data from both measurement moments were available.

The patients who underwent the consultation by phone, were asked whether they would agree or disagree about several statements that could affect their opinion about telemedicine. When patients agreed to a statement, the value of 1 was given. When patients disagreed to a statement, the value of 0 was given. When patients were unclear or neutral about a statement, the value of 0.5 was given.

Results

34 patients completed the study in its entirety between February and May 2021. All participants met the inclusion criteria, except for three, a man and woman of 66-years old and a man of 68-years old. Their views however were comparable with the overall findings. Slightly more women than men partook in the evaluation, and the median age of the participants was 77 years (standard deviation [sd] = 6.15 years). An overview of patient characteristics is given in table 1.

Mean short FES-I score was 11.00 ([sd] = 4.94) at base; at evaluation 11.81 ([sd] = 4.15). Difference in short FES-I score was not significant (t(31) = -0.893; p = 0.379). Mean knowledge test score was 63.78% ([sd] = 16.95) at base; at evaluation 11.81 ([sd] = 4.15). Difference in knowledge test score was also not significant (t(21) = -0.901; p = 0.378). An overview is given in table 2.

	Patients (N = 34)
Female gender (N, %)	19 (55.88)
Age in years (median [sd])	76.5 [6.61]
≥ 1 fall experience(s) (N, %)	20 (58.82)
Number of dispensed medications (median,	12 [9-13]
[Q1-Q3])	
Number of dispensed FRIDs (median, [Q1-Q3])	6 [3-7]
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Table 1. Background characteristics of patients.

	Baseline	At evaluation	p value
Short FES-I score (mean [sd])	11.00 [4.94]	11.81 [4.15]	0.379
Knowledge test score (mean [sd])	63.78% [16.95]	64.42% [14.96]	0.378

Table 2. Assessment and test scores at baseline and at evaluation.

Characteristics of the pharmacy team

The main impression was that the participants perceived the contact with the pharmacy team that performed the fall prevention service as positive. People often stated that the pharmacy team took their time, and they appreciated the attention, that questions were asked clearly, and that subjects were explained in an understandable way. This was reflected in patients' answers to the researcher when asked about things that went well during the fall consultation:

"Yes, what went well? I found it crisp and clear. She asked the questions well. I cannot make any remarks about her saying anything wrong, no. She was clear and asked the questions well. There's no way around that, it was fine." Women, 82-years-old (apo3pt5).

It seemed that people experienced the contact with the person who performed the fall consultation as less pleasant when the intention of the consultation was not completely clear.

"The people from the pharmacy should have told what the interview was for. [...] She did not say what it was for. [...] Now I do not feel taken seriously. Like: 'Oh, such an old person, that'll just have to be done.' She does not have much to say, because she will not remember it anyway. I don't want to be treated that way." Woman, 76 years old (apo3pt1).

In general, when many questions about fall prevention were asked, patients considered the pharmacist or researcher to be an expert. There were no patients who lacked confidence in the care being provided.

"She was indeed well informed. I could go to her with questions about that [fall prevention]." Man, 68 years old. (apo3pt15).

Some patients found their medication to be the main topic of conversation, rather than fall prevention. As a result, it was sometimes difficult for patients to estimate the expertise of the pharmacy team in the field of fall prevention.

"Yes, what should I answer to that, yes, um, yes, he scanned the medicines for me, he said. That is all..." Man, 74 years old (apo5pt4)

Characteristics of the intervention

Patients were asked about the effect the implementation had on their lives and whether they were doing something different than before. In the field of fall prevention, there had not been a single patient who had started doing something practically different than before (e.g., more exercise or adjustments to the house) or consulted another health care provider about what to do to reduce the risk of a fall. "No. She [pharmacy technician] said, 'I am fine with the way you tell it. I am very pleased with how you are doing during the day.'" Woman, 79 years old (apo4pt1). Moreover, there was not one patient who could remember any advice. Whenever a reason was given, it could often be attributed to a low fear of falling or a lifestyle already adapted to reduce the risk of a fall, according to patients.

"Yes, it was about it [fall prevention]. She [pharmacy technician] may have discussed that. I also told them that I was not afraid to fall. Last week, for example, I sawed off a branch from a tall tree." Man, 82 years old (apo3pt11).

"No, actually not. I have been studying my health for 25 years. I have two sisters and two nieces who work in health and a cousin who studies physical therapy, so we're always really into it." Man, 86 years old (apo3pt16).

Patients were also asked whether they had indicated if they wanted their medication to be evaluated and what they thought of it. The majority of the patients liked that their medication was reviewed. It gave patients extra assurance that what they were taking is right. When something had changed about the medication, patients were generally positive about it.

"One drug went off, that was for depression. I actually don't have that [depression] at all. I don't know how they came up with that either. [...] The less the better." Woman, 77 years old (apo3pt2).

In two cases, side effects got worse, which negatively affected the experience about the intervention.

"Over the next three weeks, different strengths of the patches [fentanyl] were tried, and they made me very sick. I was shaking all over and I was completely knocked out. [...] I am also very confused. Because with the oxycodone I also had pain, but it was livable. I was satisfied and I started doing all kinds of things. And then suddenly I couldn't do anything anymore. And now I'm still recovering from it all." Woman, 76 years old (apo3pt1).

Some patients where in doubt about the pharmacy changing their medication, highlighting the role of the prescriber.

"The pharmacist can say that, but then that must also be in consultation with the hospital, with the heart specialist, I mean." Man, 74 years old (apo5pt4).

Outer setting

Most patients said they had not changed their mind about their risk of falling. A few of them substantiated this by saying that they were already aware of their fall risk and that their feelings about it have not changed or that their situation cannot be changed. However, for some patients, a piece of awareness had been created by the fall prevention service. They described how they had generally become more cautious as a result of the conversation with the pharmacy team. They mentioned that they realize that while they get older, it might be wise to avoid certain activities.

"If something is pointed out to you, you will involuntarily pay attention to it. We have a garden and there is a staircase in it. I used to walk up or down that without a thought. And now I think: Hey, there is a staircase. In other words, be careful not to stumble." Man, 75 years old (apo3pt8)

The same sentiment was reflected when patients were asked about what they had learned from the fall prevention service. The majority mentioned that they did not learn anything, or that they should more be more careful in general. A couple of participants mentioned something they had learned from the knowledge test on fall prevention.

In addition, most people had not changed their mind about the fall risk of their medication. Some of the reasons given for this were that they have been using it for a long time and/or that they had confidence in their doctor and that they are prescribing is the right thing.

"...I trust my doctor. When my GP says: 'You have to take this and that medication', I ask: Why is that? And then she says how or what and then I do it. I don't have that with the pharmacy. But I do with my doctor." Woman, 79 years old (apo4pt1).

The telephone aspect

In total, for 21 out of 34 patients the fall prevention service was entirely carried out by phone. Their answers to statements linked to telemedicine are given in figure 2. Least consensus among participants was found for three statements. First, 15 patients (71%) thought that the fall consultation was a good addition to their medical care. Second, 13 patients (62%) thought the

telephone contact was just as good as a personal consultation. Third, 12 patients (57%) did not know wat to expect from the fall consultation.



Figure 2. Responses to statements about telemedicine. The bars indicate the mean of all patients.

Patients who underwent the fall consultation by phone thought that fall prevention was a topic that could easily be discussed over the phone. Most patients thought they could express their questions and concerns to the pharmacy team via phone, and that enough time was taken for the consultation. A sidenote to this is that a significant proportion who indicated that they could ask all their questions previously indicated that they had few concerns about their fall risk. A few patients indicated that they might ask more questions in person, because for them a consultation by phone feels less structured.

"Yes, at a certain moment you do not know certain things and then you want to ask them you are already a long way further, when you are on the phone." Woman, 75 years old, consultation at the pharmacy (apo3pt9).

Some patients indicated that they regretted not being able to see the staff member. Patients mentioned that they like it when they can also see the response of their conversation partner and a few patients also mentioned that they might also response differently in a face-to-face setting.

"... you will be called and then you will answer the questions, but no more than that. It is often the case that in a personal setting that something more comes to the surface during the conversation." Man, 75 years old fall consultation by phone (apo3pt8).

Many patients for whom the consultation was conducted by telephone appreciated that they could have the consultation from home, which saved them time. Another personal benefit most patients mentioned was that they found it easy to schedule the telephone consultation.

"I think you now have a little more opportunity to think, because otherwise you will also be distracted by the environment, around that person. Now you only have the device on your ear, and the brain you need to use, if you can." Man, 88 years old, fall consultation by phone (apo5pt5)

A few patients mentioned that the consultation by phone was not planned at all and that they were taken by surprise.

"Yes, if you have to go there, you prepare yourself a bit. By phone... It happens suddenly. Then you are unprepared." Man, 85 years old, fall consultation by phone (apo3pt10).

Another patient stated that it is a bit difficult for him to use the phone, due to his hearing condition.

"Sometimes I can't understand it very well. A bit noisy, because I'm deaf too. I have a hearing aid. If there is a bit of noise, I can hardly understand it." Man, 85 years old, fall consultation by phone (apo3pt10).

Discussion

Patients were mainly positive about community pharmacies providing fall prevention services by telephone. Patients particularly mentioned they appreciated that the health care providers had attention for them. Awareness of fall risk seemed to enhance in some patients by participating in the fall consultation. However, all patients experienced difficulties with recalling concrete recommendations, given in the fall consultations, to reduce the risk of a fall. In general, the use of the telephone was not an issue for patients, but sometimes they missed the personal contact.

Concerning the characteristics of the pharmacy team, patients specifically mentioned that the team members communicated clearly, were clear about the purpose of the conversation and asked open and purposeful questions that can lead to in-depth conversations about fall prevention. Patients generally felt that the researchers had sufficient knowledge about fall prevention and hence had confidence in the care being provided. This demonstrates the importance of health care providers having good communication skills in order to make patients feel comfortable to raise their questions and concerns about falling. The application of a quick screening and a protocol may have supported the implementers to communicate clearly with their patients. This has previously been established in other studies, that showed that health care providers may be helped by basic materials developed for both themselves and their patients, for example about fall risk factors, fall risk assessments and protocols [8, 24].

Regarding the characteristics of the intervention, there were no patients who could name a concrete change in their lives after the fall consultation. Besides, none of the participants consulted other health care providers to further reduce their fall risk. However, previous studies indicated that a multidisciplinary approach is needed for effective fall prevention [9].

In general, patients valued that their medication use was reviewed by their pharmacist and most patients adhered to their changes. Despite that, a few patients indicated that they have more trust in their prescriber than their pharmacist regarding the safety and effectiveness of their medication use. This is in line with earlier studies that have shown that the elderly are largely accepting deprescribing of medications, as long as their prescriber agrees [25].

Considering the outer setting, some patients mentioned that they had little fear of falling or that they already adapted their lifestyles to prevent falls. In literature, a concern that is often raised about fall

prevention, is that patients underestimate or downplay their fall risk [2, 26], which also might have been the case for patients in this study. Moreover, it has been described that discussing fall risk factors with patients may increase their awareness on their fall risk [27]. Awareness of fall risk seemed to increase in some participants by participating in the fall consultation, although most patients had not changed their minds about perceived fall-related risks of their medication.

The intervention was carried out by telephone. Most patients perceived it as an advantage that they did not have to leave their house and they found it easy to schedule a consultation. These factors are often associated with increased access to care [13, 19, 28]. However, the quality of remotely delivered care has often been linked to interpersonal engagement with the health care provider [13, 19, 29]. This is somewhat reflected in this study, where a significant proportion of patients indicated that they may express themselves differently in a face-to-face setting and that they might have asked more questions about their issues. In literature it is stated that sound-related difficulties may negatively impact patient experience in the elderly [30]. However, this was of little issue in our study, where only one patient indicated that his hearing impairment was limiting his ability to use the phone.

Strengths and limitations

To the best of the author's knowledge, this is the first manuscript investigating patients' perspectives of a by telephone delivered pharmacist-led fall prevention service. This study included 35 patient evaluations, from three community pharmacies across the Netherlands, in rural and urban settings. Fall consultations were performed by multiple health care providers. There were no strong differences in experiences between the different community pharmacies, which indicates that a good picture can be given about how patients experience the fall consultation in general. The relatively small size of patients and participating pharmacies may limit generalizability of this study. This was further limited by the fact that all participants spoke Dutch and no data was collected on their ethnic or cultural backgrounds. Because ethnic minorities' primary health care utilization and health literacy may differ, disparities may be expected among them [31].

Patients underwent the fall prevention service by phone. This also allowed more fragile people to participate in the fall prevention service. Nevertheless, the research consisted of several steps and an informed consent form had to be filled in, something that can still form a barrier for older people who are more limited in their actions. In addition, the frailest are already undergoing many other contact moments with their caregivers and participating in this study may be too much for them.

Lastly, patients were asked to evaluate their experience of a service provided by their own pharmacy, which may have subjected them to response bias.

Implications

Fall prevention programs should be tailored to the needs of patients. Patients' perceptions on the fall prevention service are shaped by their own beliefs on the subject. Management of fall risk improves with positive, proactive health behaviour [6]. This may be achieved through providing information, verbally or written, about the risk of falling from FRIDs, for example at first dispensing. When patients are given information about typical side effects that their medication may cause, e.g. dizziness, they know who to contact in case of experiencing those side effects [2].

For most patients, the fall prevention service focused mainly on deprescribing. Patients showed very little behavioural changes after the fall consultation. However, deprescribing of FRIDs might not be enough to effectively reduce fall risk. For effective fall prevention, a multifactorial approach is recommended [9]. For successful collaboration, it is important for health care providers that their role in the process is demarcated [32, 33]. It is necessary to further investigate how the role of the

community pharmacist fits within a multifaceted approach in fall prevention and whether the pharmacy team is adept at screening, educating, and referring patients to other health care providers about their fall risk.

Another factor that may have affected the effectiveness of the fall prevention service is the use of the telephone. Previous studies have shown patients may not understand their risk of falling [2, 26]. Pharmacy team members might have missed fall risk factors since they could not visit or see the patients. Therefore, despite that patients responded that they could express their questions and concerns well over the telephone, it must be determined in the future whether it is possible to properly screen for fall risk by telephone.

Conclusion

Patients are positive about the fall prevention service that is provided by telephone. As most important reason for this, patients stated that there was sufficient level of interpersonal involvement between the patient and the pharmacy team. Knowledge and efficiency of the pharmacy team members also had a significant influence on how patients experienced the fall prevention service. Nevertheless, the results show that nearly all patients found it difficult to recall what was advised to them. Patients felt that fall prevention is a topic that can be easily discussed over the phone, which led to believe their experiences were not negatively influenced by using the phone. Patients might miss the personal aspect of a consultation though.

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Appendices

1. Quick Screening

The Quick Screening consisted of four questions. The diagram below indicates when a patient would be eligible for the fall consultation.



2. Fall consultation

Торіс	Examples of questions	Scientific foundation
Fall history	How often do you fall? Do you remember how you fell?	Questions about fall history could assist the diagnostic process to identify issues that can be addressed by intervention [34].
Mobility	Are you experiencing problems with walking or moving?	Exercise programs can significantly boost mobility, stamina, and body mechanics, and some controlled trials have shown that falls are significantly reduced [35, 36].
Medication	Why do you think your medicines could affect your risk of falling? Are you experiencing side effects?	Elderly patients do not always link their use of FRIDs to an increased fall risk. They find it difficult to express their drug-related issues. Patients should be informed and monitored when using FRIDs [2].
Weight Loss	Have you had any unintentional weight loss in the past 6 months?	Malnutrition may be linked to an increase fall risk [37].
Urinary incontinence	Do you have unwanted urine leakage?	Urinary incontinence increases the risk of falls. The unwillingness to discuss incontinence is one of the main reasons why incontinence screening questions should be used on a regular basis [38].
Vision and hearing	Are you experiencing problems with vision and / or hearing?	Visual impairment and hearing loss can increase fall risk [39, 40].
A safe home environment	What are you already doing yourself to prevent falling?	The chance of falling is reduced when home safety measures are implemented [41].

Vitamin D and calcium	What is your daily calcium intake? Are you taking vitamin D supplements?	There is increasing evidence that vitamin D combined with calcium reduces the risk of falling [42].
Multidisciplinary approach	Have you previously discussed with a healthcare provider that you are falling? Would you agree with the pharmacy to inform your doctor about what you have said?	Since falling is a multifaceted issue with multiple risk factors outside the pharmacist's scope of practice, multidisciplinary teamwork is important for successful fall prevention [9, 10].

3. Topics addressed in the evaluation interview, with literature foundation

Patient evaluation of fall prevention service			
Торіс	Examples of questions		CFIR domain
Effectiveness	What have you changed after having contact with the researcher / pharmacy technician?		Characteristics of the intervention
Awareness	What have you changed your mind about after having contact with the researcher / pharmacy technician?		Outer setting
Motivation	What was the reason you took part in the study?		
Knowledge and skills of the care provider Experiences with the intervention	How knowledgeable was the researcher / pharmacy technician in fall prevention? How did you experience your contact with the researcher /		Characteristics of the implementers
Evaluation of nations satisfaction with telemedicine			
	Examples of Scienti		ific foundation
	questions/statements		
Personal benefits of telemedicine	What (dis)advantages did telephone contact have for you? <i>Statement:</i> It was easy to schedule the consultation	Persor conver travel, comfo influer teleme	nal benefits like increased nience, decreased stress and effort of decreased costs, increased personal rt, and convenient access may nce the perception of patients on edicine [19, 28, 29, 43, 44].
Quality of care	What (dis)advantages did telephone contact have for you? To what extent have you been able to ask all your questions and raise concerns? Would this have been different for you during a physical consultation? <i>Statement:</i> I think the fall consultation by phone was a good addition to my medical care	Being quality opinio factors and be	pleased or having concerns about the y of care will change the patients' n on telemedicine. This includes s like time spent with the care provider enefitting from care [19, 29, 43, 45].

Interpersonal	How did you feel about the	Components like good communication,
engagement	consultation being held by	feeling seen and understood, feeling that the
	phone?	doctor listened, and liking the doctor may
	Statement: Contact by	change patients' perspectives on
	phone was just as good as a	telemedicine [19, 28, 29, 46, 47].
	personal consultation.	
Use of technology	Statement: I find it difficult	Challenges of using the phone may affect
	to use my phone	patient satisfaction about telemedicine
	Statement: I experienced	Older patients, in general, do not embrace
	technical problems during	change, but recent studies have identified a
	the fall consultation	generational acceptance of technology and
	Statement: I trust that my	telemedicine in general [43, 45, 46, 48]
	privacy-sensitive data will be	
	handled properly	