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# MEDIA RELEASE

## ***healthdirect* phone advice: why aren't callers complying?**

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The *healthdirect* telephone advice line offers guidance to Australians around the clock — but many are not complying with it, according to the results of a study published in the November 5 issue of the *Medical Journal of Australia*.

More than half of those who attended Royal Perth Hospital's emergency department (ED) after contacting *healthdirect* did so despite being given advice not to attend, according to Dr Joseph Ng, Anaesthetist and Emergency Medicine Registrar at Royal Perth Hospital, Professor Daniel Fatovich, Professor of Emergency Medicine, University of Western Australia, and their coauthors.

The finding emerged during a study designed to measure how many "appropriate" ED referrals were made by the free telephone advice line compared with self-referrals and referrals made by GPs.

Appropriate referrals were defined as those that resulted in admission to hospital, referral to an inpatient team for assessment, referral to an outpatient clinic, transfer to another hospital, performance of radiological or laboratory investigations or death in the ED. Of the three referral sources, the authors found GP referrals were most likely to be appropriate at 89.7%.

Although they hypothesised that *healthdirect* referrals would be more appropriate than self-referrals, they instead found that the two were similar at 72.9% and 73.8%, respectively.

Meanwhile, 52.4% of those patients who attended the ED and who were traced back to the *healthdirect* database had attended despite having been given advice on self-care or advice to seek treatment in a non-ED setting.

The authors wrote that *healthdirect*-referred patients were more likely than self-referred and GP-referred patients to attend the ED out of hours, and that this finding points to a need for more after-hours health services.

"The finding that more than half the *healthdirect*-referred patients in our study attended the ED despite a contrary recommendation spotlights the issue of access to after-hours health services", the authors wrote.

However the study also raised questions over whether *healthdirect* represents the best use of finite health dollars, wrote Conjoint Associate Professor Patrick Bolton, from the School of Public Health and Community Medicine at the University of New South Wales, in an accompanying editorial published in the same issue of the *MJA*.

"It is not clear that, if offered an informed choice, the community would choose to pay for telephone advice that makes little difference to their behaviour over other health service priorities. In relation to whether an ED visit is required, it appears that a phone call will not answer the question", he wrote.

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