



Research Week 2022

Patient-Reported Experiences for Telemedicine-based Hernia Repair and Advanced Abdominal Wall Reconstruction Consultations

Amber L. O'Connor, BS; Abigale Shettig, BS; Nicole M. Santucci, BS; Thomas L. Sutton, MD; Jordan O. Bray, DO; Charlie Borzy, BS CCRC; Sean B. Orenstein MD; Vahagn C. Nikolian, MD

oconnoam@ohsu.edu

Oregon Health & Science University

Keywords

telemedicine, virtual care, patient reported experiences, abdominal wall reconstruction, hernia

Abstract

Background

Healthcare delivery has rapidly transformed as a result of the COVID-19 pandemic, with significant resources dedicated to implementing telehealth modalities. Studies have shown that telemedicine-based care is safe, feasible, and may improve access to care, though data related to patient experiences in surgical practices is lacking. We sought to prospectively assess patient reported experiences (PREs) in perioperative care provided via in-person and telemedicine-based modalities.

Methods

Adult patients evaluated at an advanced abdominal wall reconstruction center from August 2021-November 2021 were prospectively surveyed. Telemedicine-based care included both video-based and audio-only encounters. Patient characteristics, downstream care utilization, care efficacy, and PREs were compared among patients evaluated in-person and with telemedicine-based care.

Results

Of 109 respondents (86% response rate), 55% utilized telemedicine-based services and had similar characteristics to those receiving in-person perioperative care. In-person care more often resulted in plans for operative intervention (57% vs 42%, $P=0.02$). Telemedicine encounters necessitated supplemental in-person evaluation among 16% of patients. Indirect costs associated with in-person evaluations resulted in a significant burden of time off work for patient (33% vs 3%, $P<0.001$) or supporting family member (27% vs 3%, $P<0.001$), lost wages for patient (14% vs 0%, $P=0.003$) or supporting family member (10% vs 0%, $P=0.02$), and coordination of personal accommodations among patients (12% vs 0%, $P=0.007$). Patient satisfaction ratings related to bed-side and web-side experiences among both groups were high with no differences identified related to patient reported experiences ($P>0.4$ in all 7 assessed domains).

Conclusion

Compared with in-person evaluations, perioperative telemedicine-based care is associated with significant direct and indirect cost savings for patients related to travel, work absence, and coordination of accommodations. Patients using telemedicine-based services had comparable satisfaction rates related to their care which should encourage health systems to continue providing and optimizing digital health options for the future.