Within an integrated health care system, surgical specialties can implement telemedicine rapidly, equitably, and efficiently in the preoperative and postoperative encounters of patients with benign, urgent, and cancer diagnoses.

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| Challenge | **Assess patient and provider characteristics associated with telemedicine uptake, including variables such as surgical subspecialty, surgical acuity (benign, urgent, and cancer), and determine predictors of and barriers to telemedicine usage before and after COVID-19 Shelter in Place (SIP) mandates.** |
| Existing Evidence | Telemedicine has the potential to provide high-quality, rapid, and convenient communication between providers and patients. However, significant obstacles have hindered widespread adoption of telemedicine. |
| Target Population | Patients referred to surgery who underwent a procedure or operation |
| Intervention or Exposure | Implementation and utilization of telemedicine in surgical subspecialties before and after SIP mandate. |
| **Outcomes/Key Findings** | **We found a rapid shift to telemedicine usage after SIP across a spectrum of surgical diagnoses and acuity, without significant identifiable provider or patient barriers.**  Most likely, a pre-existing infrastructure supporting telemedicine facilitated the transition from mainly in-person visits to telemedicine visits. It is reassuring to note that usage of telemedicine on average allowed timely care in patients who proceeded with surgery. |
| **Resulting Action/Change** | **Surgical specialties continue to use telemedicine for preoperative and postoperative encounters after SIP mandate lifted and have developed tools to facilitate virtual consultations.** |
| Additional Recommendations |  |
| Implementation Tools | Disseminate study findings through regional surgical meetings and TPMG research forums |
| Implementation Measurement | Regional dashboards continue to track telemedicine usage |
| Reference | See next page |

