NEWSLINE TITLE

Influence of Telemedicine-First Intervention on Patient Visit Choice, Post-Visit Care, and Patient Satisfaction in Gastroenterology

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| Challenge | The emergence of the SARS-CoV-2 virus in December 2019 led to a rapid expansion of telemedicine (e.g. video and telephone visits), in order to provide patients with continued access to care, while minimizing in-person contacts. Within gastroenterology, minimal telemedicine-related data exist on patient choice/acceptance, its impact on medical decision-making, and completion of follow-up testing and treatment. |
| Existing Evidence | To address this evidence gap, we evaluated the acceptance and outcomes of offering telemedicine as a first appointment option for initial gastroenterology appointments *prior* to the onset of the pandemic, to inform decisions regarding telemedicine use during the pandemic and beyond. |
| Target Population | All adults aged 18 and over who were electronically referred to the San Francisco Medical Center from 1/1/2016-9/30/2019 for routine outpatient gastroenterology consultation, |
| Intervention or Exposure | Starting Jan 1, 2019, a telemedicine visit (telephone or video visit) was offered as a first choice to patients referred to the practice. Patients could accept or request an in-person office visit. |
| **Outcomes/Key Findings** | In a single-arm cross-over study using an interrupted time series design to account for temporal trends, there were high levels of patient acceptance of telemedicine and no discernible changes in outcomes/care use related to medical decision-making, times to appointment, or patient satisfaction. |
| **Resulting Action/Change** | This is the first study to our knowledge to describe both acceptance and relevant outcomes of telemedicine visits as the primary consultative delivery model across a GI practice; its completion prior to COVID-19 allows for research evaluations that are not biased by the marked pandemic-related changes in care practices. This study provides evidence to support the continuance and expansion of telemedicine for outpatient specialty care. |
| Additional Recommendations |  |
| Implementation Tools | Programming for monitoring post-visit decision making such as procedure codes, labs, medications, etc. relevant to GI |
| Implementation Measurement | Proportions of patients receiving telecare; changes in post-visit decision making |
| Reference | doi: <https://pubmed.ncbi.nlm.nih.gov/33075348/>  (A) Counts of appointment types by month. (B) An interrupted time series analysis of percentage of patients with 6 parameter composite endpoints within 3 months after initial e-consult. No significant immediate level change (β2: 95% confidence interval, –4.9 to 2.7; P = .58) or sustained trend change (β3: 95% confidence interval, –1.0 to 0.2; P = .25) was found. The trend regression lines with 95% confidence interval shaded bands of the predicted values are provided |

