



Introduction

- Patients with lower socioeconomic status are at greater risk of failure to follow up
- Follow up is essential for patient safety and to optimize outcomes
- This study examined patients’ barriers to follow up and preferred methods for communication

Methods

A patient survey was conducted in an ambulatory clinic at a major safety net hospital over 1 year. Participants included preoperative and postoperative patients as well as those with nonoperative conditions. Corresponding patient records were queried for demographic data and procedure type. Associations between variables were assessed using Pearson’s chi-squared or Fisher’s exact test, as appropriate.

Study Variables

Clinic Survey

Technology Access

- Device Use, Internet Access, Social Media Use

Follow-up

- Follow-up challenges & likelihood of attending follow-up appointments

Outreach Interest

- Preference for Contact Methods

Patient Chart

Demographic Information

- Age, Sex, Race, Ethnicity, Primary Language, Housing Status, Zip Code, Insurance Type

Surgical Course and Burn Severity

- Total body surface area (TBSA), Area of Body affected, Number of Surgeries

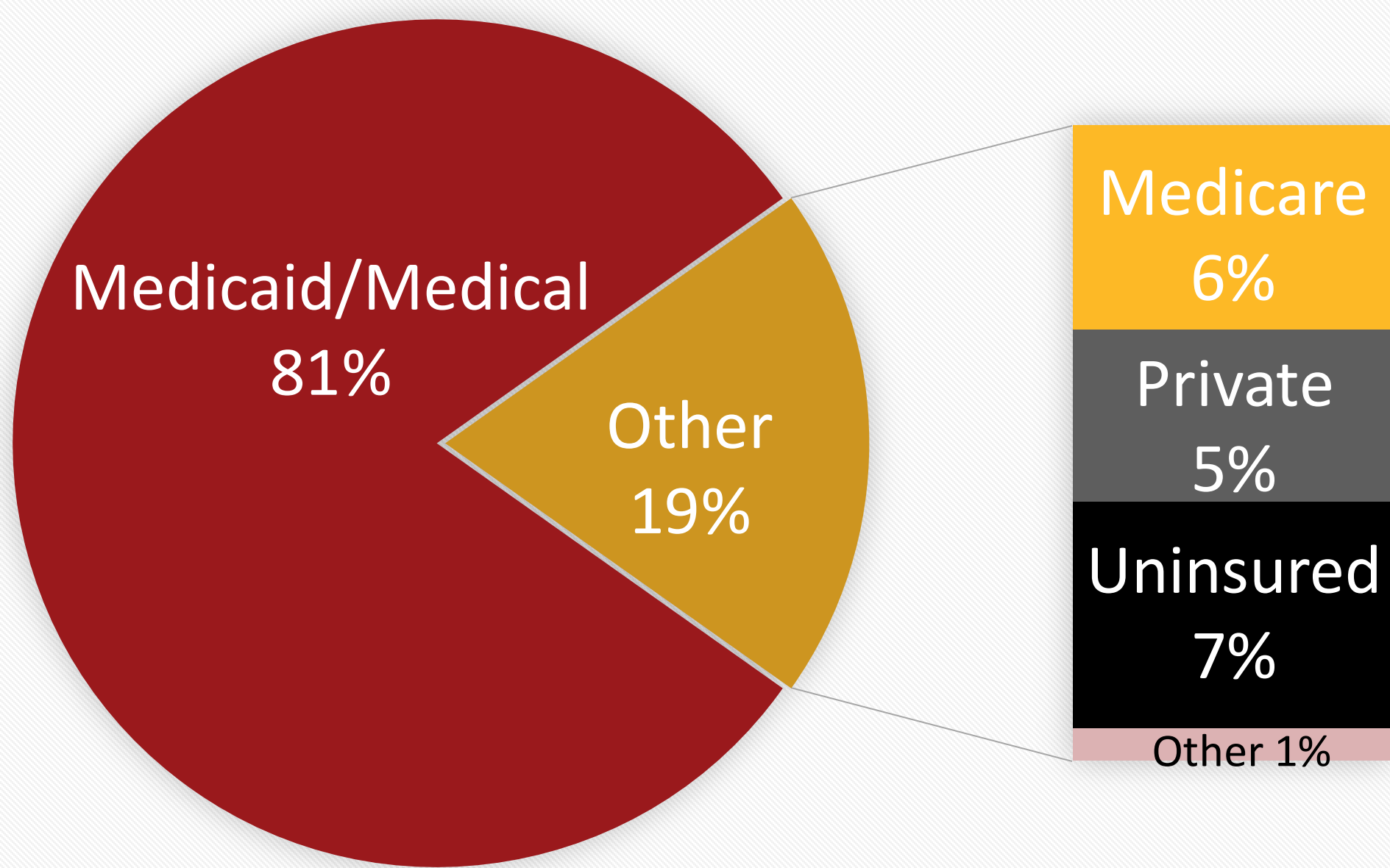
Results

- **55% of patients** anticipated difficulty following up
- 10% anticipated not being able to attend **even a single follow up visit**
- 301 total patients surveyed
 - *50.5% reconstructive plastic, 49.5% burns*

Table 1. Patient Anticipated Barriers to Follow Up (Number of Patients Answering Yes)

Difficulty with transportation	62 (20.6%)
Trouble taking time off work	42 (14.0%)
Language barrier	17 (5.6%)
Cost or insurance coverage	32 (10.6%)
Too busy	18 (6.0%)
Forget to schedule	33 (11.0%)
I don’t expect any challenges	137 (45.5%)
Other	23 (7.6%)

Insurance Types Based on EMR Data



Patient’s Preferred Language

English
58.5%

Spanish
39.9%

Other
0.7%

Results

Table 2. Preferred Forms of Communication for Follow Up

Variable	Non-Hispanic/Latino (n=69)	Hispanic/Latino (n=175)	p-value
How would you prefer to be contacted by your care team after leaving the hospital?			
Call	41 (59.4%)	114 (65.1%)	0.403
Text	54 (78.3%)	108 (61.7%)	0.014*
Email	25 (36.2%)	35 (20.0%)	0.008*
Patient portal	12 (17.4%)	19 (10.9%)	0.168
Social media	0	7 (4.0%)	0.092

Do you have consistent access to Wi-Fi or Cellular Data?

No	6 (8.7%)	10 (5.9%)	<0.001*
Yes	63 (91.3%)	136 (79.5%)	
Sometimes	0	25 (14.6%)	

What type of device(s) do you use to access social media?

Phone	66 (96.7%)	162 (92.6%)	0.567
Laptop	29 (42.0%)	21 (12.0%)	<0.001*
Desktop computer	11 (15.9%)	11 (6.3%)	0.018*
Tablet	17 (24.6%)	22 (12.6%)	0.021*
No device	0	7 (4.0%)	0.196

Conclusion

1. The majority of patients at a safety net hospital anticipate difficulty following up
2. Access to the internet varied by demographic, and advances in patient portals and smartphone follow up may exclude vulnerable populations.

References

1. Roberts SE, Rosen CB, Keele LJ, et al. Association of Established Primary Care Use With Postoperative Mortality Following Emergency General Surgery Procedures. JAMA Surg. 2023;158(10):1023-1030.
2. Solomon EA, Phelan E, Tumbaga LG, et al. Understanding Factors in Burn Patient Follow-up. J Burn Care Res. 2023;44(3):501-507.
3. Rencken CA, Allorto N, Harrison AD, McGarvey ST, Aluisio AR. Factors associated with adherence to follow-up care after burn injuries. Burns. 2021;47(1):240-248.
4. Sharif-Askary B, Zolper EG, Deldar R, et al. Risk Factors for Loss to Follow-Up in the Lower Extremity Limb Salvage Population. Plast Reconstr Surg. 2021;148(4):883-893.
5. Badger K, Acton A, Peterson P. Aftercare, Survivorship, and Peer Support. Clin Plast Surg. 2017;44(4):885-891.

The Authors have no relevant financial or non-financial interests to disclose