Best Practices for Telemedicine Among Surgical Patients: A Summary of Qualitative Findings

UAB MEDICINE
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Background

Telemedicine can reduce barriers to access but has variable use for surgical patients.

Goal: Use qualitative analysis to determine best-practices for using telemedicine in the peri-operative setting.

Methods

- Individual semi-structured interviews with UAB Colorectal nurses and physicians (n=8) Jun-Sep 2021, patients (n=27) Nov 2020-May 2021

- Recorded, transcribed, and coded until thematic saturation was reached

	Patients	Providers
In-Person	• Important pre-op (intangibles - confidence, body language, interaction with staff)	• Meeting patients before surgery • Sharing bad news • Seeing patients after complicated surgeries
Telemedicine	• Uncomplicated, outpatient surgeries • Post-op, surgeons trusted to determine appropriate visit setting • Content with phone calls (often technical issues with video-based visits)	• Pre-op workup (labs, imaging, etc) completed before in-person meeting • Video-based preferred, but often relied on phone calls due to technical/scheduling difficulties • Incorporate at beginning/end of clinic

Pre-op

- Telemedicine to arrange for workup (APP assistance)
- In-person meeting for the first time for large cases (smaller cases depend on patient/provider preference)

Post-op

- Telemedicine for routine follow up incorporated intentionally into clinic, include phone calls
- In-person for complicated surgeries, complications, initial visits

Discussion

Telemedicine use is variable among providers, who often drive hesitancy. Among colorectal patients, telemedicine would best be used to ensure complete pre-op workup and in the post-operative setting for uncomplicated cases. Importantly, phone-based visits are key to remote communication with patients.

Conclusion

Standardizing peri-operative telemedicine use will allow for more equitable reimbursement and patient access of the healthcare system.