

PATIENT AND PHYSICIAN PERSPECTIVE OF TELE-HEALTH IN GASTROENTEROLOGY

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Background: Given the social distancing measures employed to reduce the transmission of SARS-CoV-2, tele-health has rapidly expanded and is now routinely used in new patient encounters and in follow up appointments across Canada.

Aims: To determine the patient and physician perspective towards tele-health in a gastroenterology outpatient setting.

Methods: An anonymous voluntary online survey was distributed to patients who had previously undergone at least one tele-health visit in a tertiary care gastroenterology outpatient setting. A separate online survey was distributed to gastroenterologists practising across Canada.

Results: A total of 181 patients from British Columbia (59.8% female) completed the survey. The tele-health appointment was the first visit for 21.8% of patients. Appointments occurred by phone call alone (61.4%) or by video and audio software (38.6%) and started within 5 minutes of the scheduled time in 75% of visits. Patient satisfaction with the tele-health visit was high (8.54 on a scale of 0-10; 0 completely dissatisfied, 10 extremely satisfied; IQR 8-10). Most patients did not perceive a difference in likelihood of compliance compared to a non-tele-health visit (90.6%), were not concerned about the lack of physical exam during a tele-health visit (82.4%) and did not withhold information they would have revealed in person (88.7%). After the COVID-19 pandemic, some patients would prefer tele-health visits (39.2%), whereas others would prefer in office visits (28.5%) and the remainder were indifferent (32.3%). Post-pandemic, most patients would prefer tele-health for follow up visits (68.4%), over tele-health for all possible visits (27.9%) or no tele-health visits (3.8%).

A total of 25 Canadian gastroenterologists (28.0% female; 60% academic practice, 40% community practice) completed a separate survey. Regarding the lack of physical exam in tele-health, 44% of physicians believed this did not affect the quality of their assessment, whereas some physicians believed it had either minimally (48%) or greatly (8%) impaired the quality of their assessment. Almost all physicians (96%) perceived that patients either appreciate tele-health as much as or more than in office visits.

Post-pandemic, most physicians (96%) supported a hybrid model of both tele-health and in office visits. Appointments for follow up of benign endoscopic pathology results (96%), follow up visits (92%), consultations prior to endoscopy (76%) were deemed to be most appropriate for tele-health. Follow up of malignant pathology results (24%) and consultations for new patients (32%) were thought to be less appropriate for tele-health visits.

Conclusions: Patient and physician satisfaction with tele-health in a Canadian outpatient gastroenterology setting is high. Most patients and physicians wish for tele-health to remain available in the post-pandemic setting.

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