61 Real-time Burn Outpatient Virtual Visits in the Home During the Era of COVID-19

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Introduction: The majority of burn injured patients travel long distances to receive burn care from regional burn centers, creating a burden on families and impairing outcomes. Recent federal policies in response to the COVID-19 pandemic have relaxed some of the barriers to virtual visits in the non-health care setting. We sought to review the experience of a comprehensive burn program in managing burn patients with a virtual platform.

Methods: A clinical quality database was maintained to evaluate virtual videoconference and in-person clinic visits for a comprehensive adult and pediatric burn program during the COVID-19 pandemic (March 2020 to August 2020). Virtual visits utilized a telemedicine platform that employs real-time audio and video communication. Demographic, burn severity, and visit quality data were recorded. Zip code data was also collected and then used to calculate the following estimated savings for the patient and their family: total miles, travel hours, driving costs, and wages.

Results: A total of 145 patients were included in this study with 96 (66.2%) male and 49 (33.7%) female. 91 (62.8%) were pediatric patients with a mean age of 6.2 ± 0.5 years and 54 (37.2%) were adult patients with a mean age of 40.4 ± 2.5 years. There were 320 total burn outpatient follow-up visits with 199 pediatric visits (40 virtual and 159 in-person) and 121 adult visits (24 virtual and 97 in-person). The majority of patients (73.1%) were treated as in-person visits while 6.9% had purely virtual visits, and 20.0% of patients had both virtual and in-person visits. The following savings were associated with virtual visits: 8562.6 total miles (average 133.8 ± 42.4), $6789.29 total driving cost (average $106.08 ± 33.61), 161.5 total travel hours (average 2.5 ± 0.7), and $4758.42 total wages lost to travel (average $74.35 ± 21.43). Technical issues were only reported in 14% of total visits (2.5% of pediatric virtual visits and 33.3% of adult virtual visits).

Conclusions: Outpatient virtual visits for burn care are a new frontier, driven by improvements in technology and reduced barriers to reimbursement. This study demonstrates that virtual visits are associated with major financial and temporal benefits for patients and their families. Technical issues remain an important barrier, particularly in the adult population. A clear understanding of this and other barriers may improve implementation of this new healthcare delivery paradigm.

62 The Essential Need of Having Dedicated Clinical Social Workers in Both the Burn Outpatient and Inpatient Setting

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Introduction: By providing holistic support to the entire patient, a licensed clinical social worker (LCSW) plays an essential role on a Burn Center multidisciplinary team. A majority of our burn population exhibit difficulties in navigating the complex array of psychosocial issues in regard to basic needs such as employment, food, housing, and transportation. While these needs can be addressed with inpatients, our patients who follow-up in Burn Clinic face additional challenges. A need was identified to have a dedicated LCSW in the outpatient setting.

Methods: As with the continued growth of inpatient admissions in our burn center, our burn clinic encountered an even higher number of new patients. With limited bandwidth, our burn LCSW was seeing both inpatient and clinic patients. Recognizing the need for additional support, the hospital's care management department approved a full-time outpatient Burn Clinic LCSW position. Their role will include trauma screens, mental health, and psychosocial support to patients in clinic rather than providing reactive support to the most acute patients.

Results: In FY2019, our Burn Center admitted 501 patients across a seven-state region. Our Burn Clinic saw 1132 patients with 1932 clinic visit encounters. In addition to seeing all admitted patients, our inpatient LCSW also saw 13.7% (n=155) of the clinic patients and had 175 documented encounters. Furthermore, 16.6% (n=188) of these clinic patients had a form of Medicaid Health Insurance.

Conclusions: The capacity to provide access and resources to our patients has been limited to the time of one LCSW. By hiring a dedicated Burn Clinic LCSW, we will be able to increase our patients' abilities to navigate barriers, while limiting unnecessary hospital resources with Emergency Department visits and readmissions. The clinic LCSW will assist by finding primary care physicians, transportation and housing needs, applying for disability, and accessing community resources such as our SOAR support group.