Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Elisabeth C. Sappenfield: Nothing to disclose; Tyler M. Muffly: Nothing to disclose; Rachel Rapkin: Nothing to disclose; Judette Louis: Nothing to disclose; Daniel Grow: Nothing to disclose; Cara King: Nothing to disclose; Thomas Rutherford: Nothing to disclose; Elena Tunitsky-Bitton: Nothing to disclose.

89 Withdrawn

90 Rate of conversion to televisits in a urogynecology practice during the COVID-19 pandemic

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OBJECTIVES: The COVID-19 pandemic led to a sudden change in provision of patient care. To reduce transmission of the virus, offices were closed for in-person visits and transitioned to televisits. We aimed to determine rate of conversion of scheduled in-person to televisits in a single provider urogynecology practice during the initial 11 weeks of the pandemic.

MATERIALS AND METHODS: This is a retrospective study of appointments scheduled between March 17 and May 29, 2020. During this time, non-emergent office visits were discouraged. The primary outcome was successful conversion rate of in-person visits to televisits (telephone or video), defined as appointments re-scheduled within 2 months of initial in-person visit. Variables including demographics, appointment characteristics, and time to rescheduled visit were extracted. Data were analyzed 14 weeks beyond the date of reopen.

RESULTS: There were 302 appointments for 276 patients were originally scheduled during 11 weeks. 47 (9.9%) appointments were newly scheduled televisits and 8 (1.7%) were emergent in-person visits, leaving 247 visits. There were 44 (17.8%) appointments were rescheduled as virtual visits; 30 (68.2%) video and 14 (31.8%) telephone. Of 203 non-converted visits, 45 (22.2%) could not be reached, 17 (8.4%) were cancelled by patients, 40 (19.7%) were cancelled by the physician, and 42 (20.7%) declined a televisit. Of those rescheduled to in-person visits when the office opened, 22 (10.8%) were completed, 14 (6.9%) were scheduled for a future date, and 23 (11.3%) cancelled. Converted visits were seen virtually 26.3 days (+/-34.43) after initial appointment, while non-converted patients were seen 77 days (+/- 81.26) later. Primary language was significantly different between the converted and non-converted visits (Table 1).

	Successful conversion n= 44	Did not have a virtual visit n=203	Total n=247	P value
Age (years)	58.9 (+/-15.2)	57.8 (+/-14.3)	58.0 (+/-14.4)	0.522[1]
Race				0.426[2]
White	23 (52.3%)	71 (35.0%)	94 (38.1%)	
Hispanic	5 (11.4%)	39 (19.2%)	44 (17.8%)	
Black	1 (2.3 %)	11 (5.4 %)	12 (4.9%)	
Asian	1 (2.3 %)	9 (4.4%)	10 (4.0%)	
Other	2 (4.5%)	16 (8%)	18 (7.3%)	
Declined	2 (4.5 %)	7 (3.4%)	9 (3.6%)	
Unknown	10 (22.7%)	50(24.6%)	60 (24.3%)	
Primary language				0.024[3]
English	30 (68.2%)	114 (56.2%)	144 (58.3%)	
Spanish	1 (2.3%)	25 (12.3%)	26 (10.5%)	
Other	0	3 (1.5%)	3 (1.2%)	
Unknown	10 (22.7%)	59 (29.1%)	69 (28.0%)	
Declines	1 (2.3%)	0	1 (0.4%)	
Arabic	2 (4.5%)	2 (0.9%)	4 (1.6%)	
Insurance Type				0.679[2]
Private	19 (43.2%)	82 (40.4%)	101 (40.9%)	
Medicaid	9 (20.4%)	59 (29.1%)	68 (27.5%)	
Medicare	13 (29.5%)	44 (21.7%)	57 (23.1%)	
Charity	1 (2.3%)	10 (4.9%)	11 (4.5%)	
Union	1 (2.3%)	2 (0.9%)	3 (1.2%)	
Unknown	1 (2.3%)	6 (3%)	7 (2.8%)	
Appointment type				0.078[2]
Follow-up	17 (38.6%)	52 (25.6%)	69 (28%)	
New patient	16 (36.3%)	91 (44.9%)	107 (43.3%)	
Post-op	5 (11.4%)	11 (5.4%)	16 (6.5%)	
Procedure/treatment	0	23 (11.3%)	23 (9.3%)	
Pre-op	1 (2.3%)	3 (1.5%)	4 (1.6%)	
Pessary follow-up	5 (11.4%)	23 (11.3%)	28 (11.3%)	
Reason Seen				0.503[2]
Bladder complaints	21 (47.7%)	90 (44.3%)	111 (44.9%)	
Prolapse	11 (25%)	71 (35%)	82 (33.3%)	
Defecatory dysfunction	1 (2.3%)	2 (1%)	3 (1.2%)	
Recurrent UTIs	4 (9.1%)	15 (7.4%)	19 (7.7%)	
Hematuria	0	5 (2.4%)	5 (2.0%)	
Pain	4 (9.1%)	12 (5.9%)	16 (6.5%)	
Post-op complications	3 (6.8%)	4 (2%)	7 (2.8%)	
Fistula	0	3 (1.5%)	3 (1.2%)	
Other	0	1 (0.5%)	1 (0.4%)	

CONCLUSION: Overall, our conversion rate to completed televisits was low. The only significant difference between the converted group and non-converted group was primary language. Our study can't fully capture reasons for this low conversion rate; additional contributing factors likely include staffing challenges in the office, technology access (providers and patients), impact of COVID-19 on patient family care responsibilities, language barrier, and non-urgent nature of visits.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Miriam C. Toaff: Nothing to disclose; Amythis Soltani: Nothing to disclose; Julia A. Youssef: Nothing to disclose; Sapphire Holness: Nothing to disclose; Cara L. Grimes: Provepharm, Hourly rate, Consultant; Johnson and Johnson, Hourly rate, Expert witness.

91 The prevalence of high fall risk among patients seen at an outpatient urogynecology pelvic health center

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OBJECTIVES: Urogynecologic problems and mobility issues are age related problems. Urinary urgency and incontinence often prompt trips to the restroom that may increase fall risk in this at- risk patient population. However, few studies have examined the actual prevalence of high fall risk patients in the ambulatory Urogynecological clinic setting. We screened 125 consecutive women presenting to an outpatient Pelvic Health Center for the prevalence and factors associated with high fall risk.

MATERIALS AND METHODS: The "3 Key Questions" from the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative were used to identify a patient's perceived fall risk. Answering "yes" to at least one of these "3 Key Questions" is considered a screen positive for high fall risk: 1) Have you fallen in the past year? 2) Do you feel unsteady when standing or walking? 3) Do you worry about falling? Sociodemographic and clinical measures were extracted from the medical record of screened patients and included age, ethnicity, number of prescriptions, BMI, primary diagnosis, and the