

BACKGROUND

Texas Children's Hospital is one of the largest pediatric hospitals in the nation and has a high volume of patient visits. One issue that the Division of Plastic Surgery faces is patients' capacity to travel to the hospital for clinic visits. As a result, reduced compliance with postoperative follow ups has been identified. Telemedicine (TM) is an innovative way of providing visits to patients while removing the inconvenience of travel or the hindrance of cost for the family. Our division has initiated TM visits as an option for postoperative follow ups that fall within a certain subset of diagnoses that usually only require visual assessment of the surgical site.

METHODS

Our practice offers TM postoperative visits to patients that have had simple surgical procedures that have been defined by a fixed list of CPT codes (Table 1). If a family elects a TM visit, they are provided information on how to use the Vidyo application via a smart device. Visits are scheduled one to two weeks after surgery. The family then completes a survey following their encounter. The survey evaluates the following: patient experience, likelihood that they would care for a similar appointment again, and if they would recommend a virtual appointment to other families.

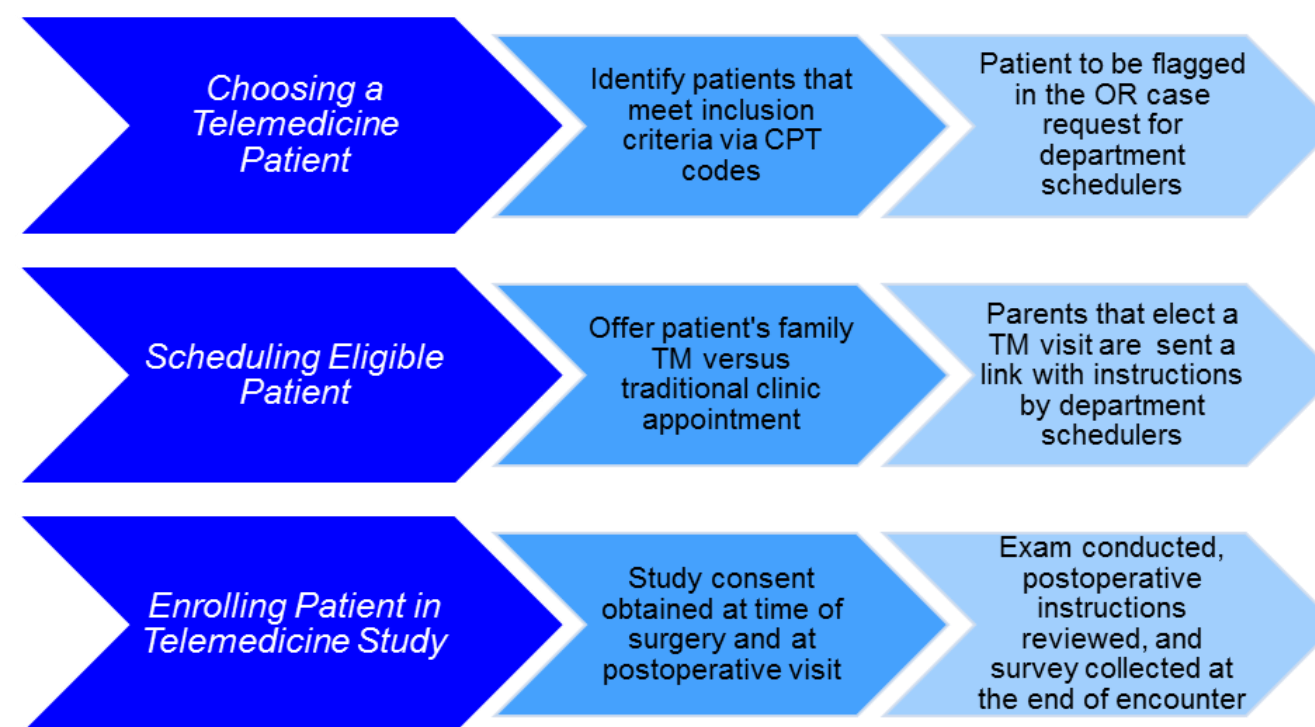


Figure 1: Telemedicine workflow used to discern who qualifies for a telemedicine postoperative visit and how follow up was arranged.

DATA

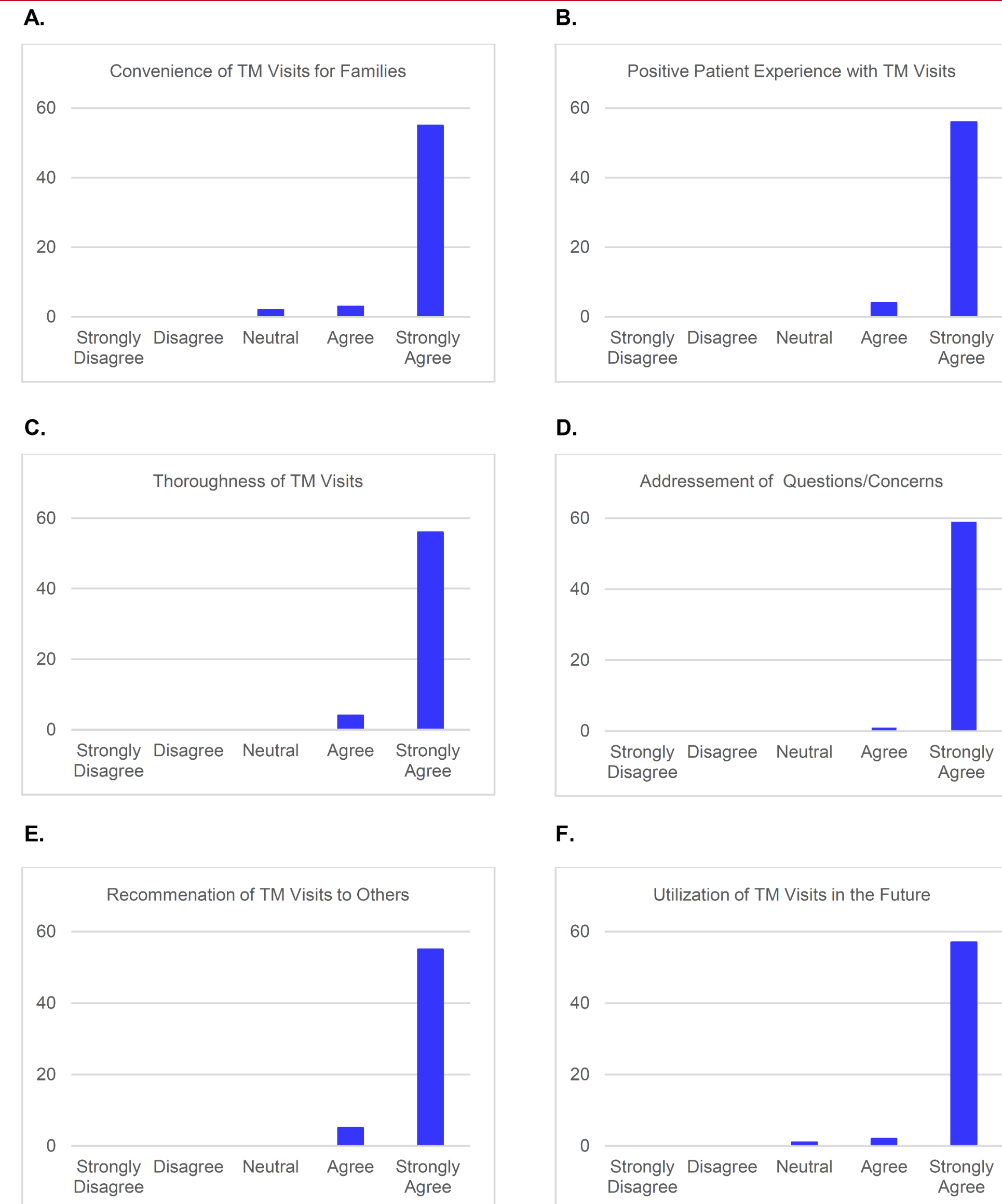


Figure 2: Survey data collected following postoperative telemedicine visit (n=60). Overall, family satisfaction was extremely positive with this encounter type. Most families reported that telemedicine was extremely convenient, 92% (A). In addition, a majority of families strongly agreed that the care provided was thorough and all questions/concerns addressed, 93% and 98% respectively (C and D). Lastly, families reported that they would either recommend telemedicine to others or utilize themselves in the future, 92% and 95% respectively (E and F).

PROCEDURES & CPT CODES

Excision of benign lesion (trunk, arms or legs)	11400	11403
	11401	11404
	11402	11406
Excision of benign lesion (scalp, neck, hands, feet)	11420	11423
	11421	11424
	11422	11426
Removal of skin tag	11200	
Adjacent Tissue transfer	14000	14040
	14020	14041
	14021	14300
Excision of ganglion cyst	25111	
Trigger finger release	26055	

Table 1: List of simple outpatient procedures and the respective CPT codes that act as inclusion criteria for study participants

RESULTS

The Division of Plastic Surgery has initiated a pilot program using this method of postoperative follow up for the procedures listed above. The initial response from families (n=60) has been overwhelmingly positive. A majority of families participating have reported the ease and thoroughness of the encounter; stating it did not interfere with their daily schedule, it was very convenient, and all concerns were addressed.

DISCUSSION

Our practice anticipates given the option for telemedicine visits will not only make postoperative follow ups more amenable for our families, but increase compliance rates and access to care. Subsequently, our division foresees this option will assist in decreasing the risk of missed infections or other surgical complications that may occur postoperatively, as seen with this small cohort of patients.