

Value of 'audio only' Telehealth visits in enhancing provider and family experience of Pediatric Surgery patients.

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Introduction

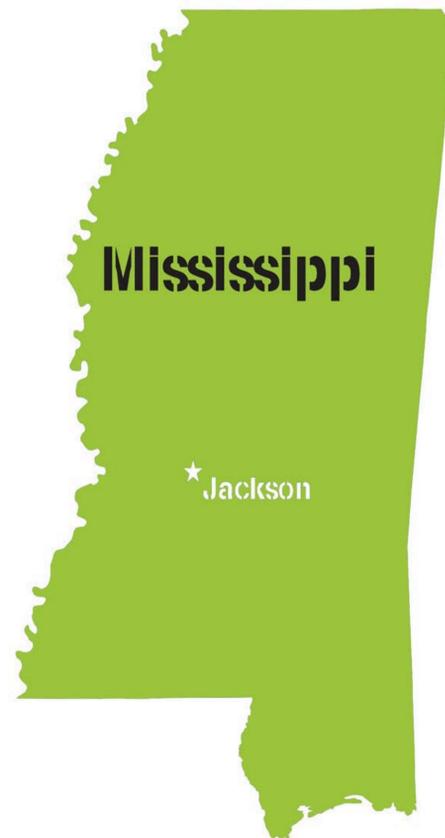
- The declaration of a federal public health emergency (PHE) in response to the COVID-19 pandemic and the resulting loosening of restrictions allowed reimbursement and thus utilization of 'audio only Telehealth (TH) visits' for providing much needed access to care.
- However, there is uncertainty on the future of 'audio' only visits post PHE. There is dearth of compelling data for such visits.
- We present an appropriate use case and data on the utility of 'audio' only visits for Pediatric Surgery patients.

Methods

- We performed a retrospective review of Pediatric Surgery outpatient encounters performed via 'audio only' from August 25, 2021, through July 20, 2022 at UMMC by a single Pediatric Surgeon.

Results

- **205 'audio only'** TH visits were performed for pediatric patients.
- **61%** of 'audio visits' were for post-operative follow ups (126/205) while **12.6%** (26/205) were for preoperative visits for elective surgery.



- **68 %** of patients lived more than **20 miles** from Jackson MS.
- **199.67 miles !** Avg distance to UMMC for these patients.
- Avg time to travel saved by 'Audio' visit: **3 hr, 29 mts.**
- Avg cost of gas saved by 'Audio' visits: **\$24**

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Results-Cont.

- common diagnosis included status/post (s/p) umbilical/inguinal hernia repair, s/p chemoport placement/removal, s/p laparoscopy appendectomy, myopathy, Hirschsprung's disease, hereditary spherocytosis, s/p laparoscopy cholecystectomy, and s/p muscle biopsy.

Conclusions

- 'Audio' only TH visits remain a valuable resource to help limit investment of time and money to families that live in rural communities far away from specialized tertiary care centers.
- Policy makers and payers should continue to reimburse for clinically appropriate 'audio' only TH visits beyond the PHE.

