IMPROVING PATIENT SATISFACTION AND FOLLOW-UP COMPLIANCE WITH IR CHEMOTHERAPY PORT VIRTUAL INCISION CHECKS

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Problem

- Each year Penn IR places ~700 ports
- Each patient traditionally followed in clinic 1-week post intervention to assess wound healing
- Source of inconvenience to overburdened patients many of whom are sick and travelling from afar
In-office patients:

- Avg. distance travelled to Penn: 20 miles (range 1 – 200 miles)
- Avg. commute time: 53 min (range 10 – 150 min)
- Avg. time from leaving to returning home ~ 200 minutes
To assess the feasibility and impact of utilizing a secure EPIC patient portal to allow for virtual port site incision checks
Process Change:

Utilize the EPIC patient portal to allow patients to send a picture of their port site incision to the IR NP rather than coming in for an in-office visit.
Virtual Port Incision Check: Process Flow

Port Placed

- Nurse makes 1-week f/u appointment for all patients
- Patient given option of VPC versus in-person check

Patient sends image of incision to IR NP via MPM

- Sends night before appointment
- If any concern with site or difficulty sending image patient plans to come in to office for f/u appointment

NP reviews image and calls patient with f/u questions

- If concern for port site complication or image inadequate will ask patient to come into office

NP documents virtual visit in EPIC with image sent by patient
Pilot Data Results: 111 Consecutive Port Patients

VPC associated with improved follow-up rate
• 89% vs. 43% (P<0.001)

Patients Prefer Virtual Checks
• Most patients choose VPC over in office visits: 60% vs 30% (P<0.001)
• 96% of patients say they would repeat VPC
• Patient time savings: 6 min versus ~180 minutes (P<0.001)
All follow-ups for patients living greater than 60 miles away were virtual.
Is Age Associated with Follow-Up Type?

No significant association of age and actual follow-up type
Health Equity: Is Minority Status Associated with Follow-Up?

72% of whites with follow-up
55% of minorities with follow-up

Difference not statistically significant
Conclusion

• Replacing in-office incision checks with virtual incision checks utilizing a patient portal leads to significant improvements in patient time savings, satisfaction and follow-up rates.