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

Section of Interventional Radiology
Department of Radiology
University of Pennsylvania School of Medicine

Authors

Mandeep Dagli, Brian Park, Scott Trerotola

The authors have no financial disclosures or conflicts of interest relevant to this presentation

Background and Problem Statement

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

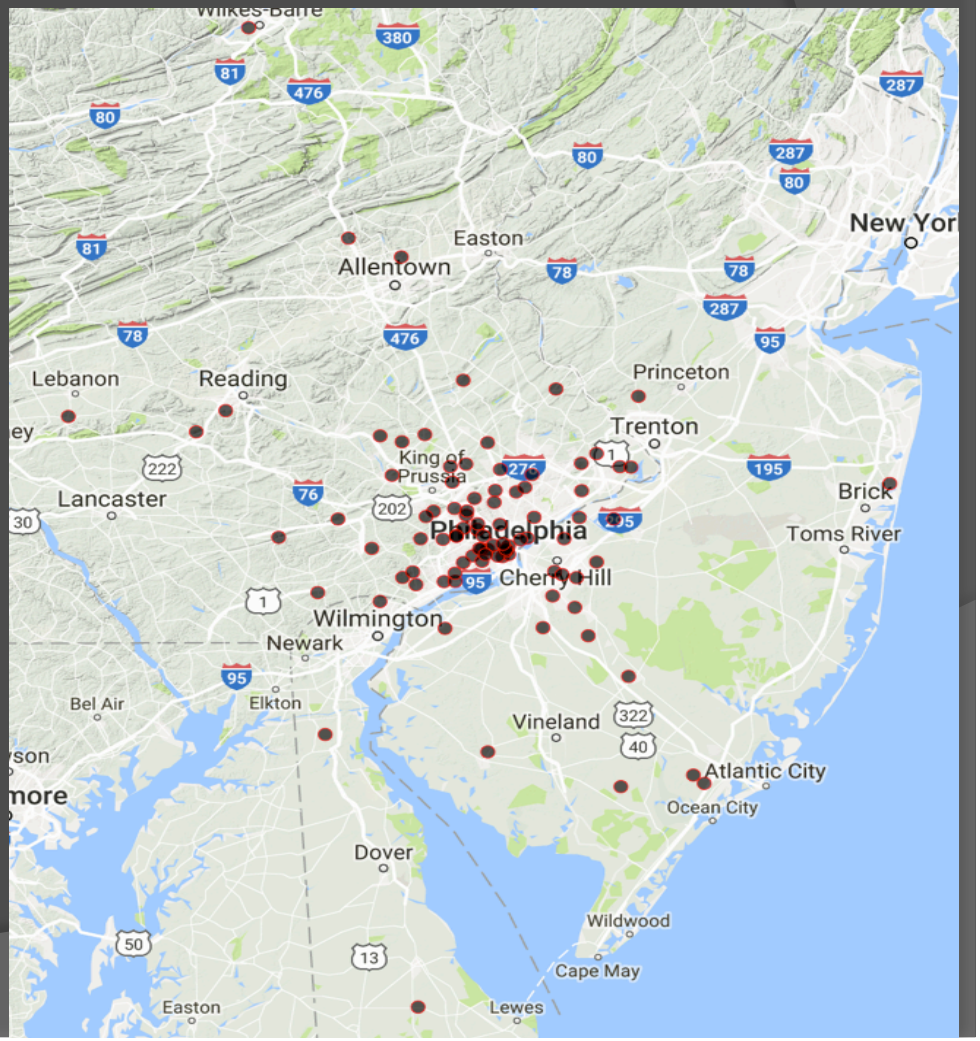
Port Incision Checks: Patient Baseline Data

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

Each dot represents the origin of one patient

(120 consecutive patients - 3 patients off map)



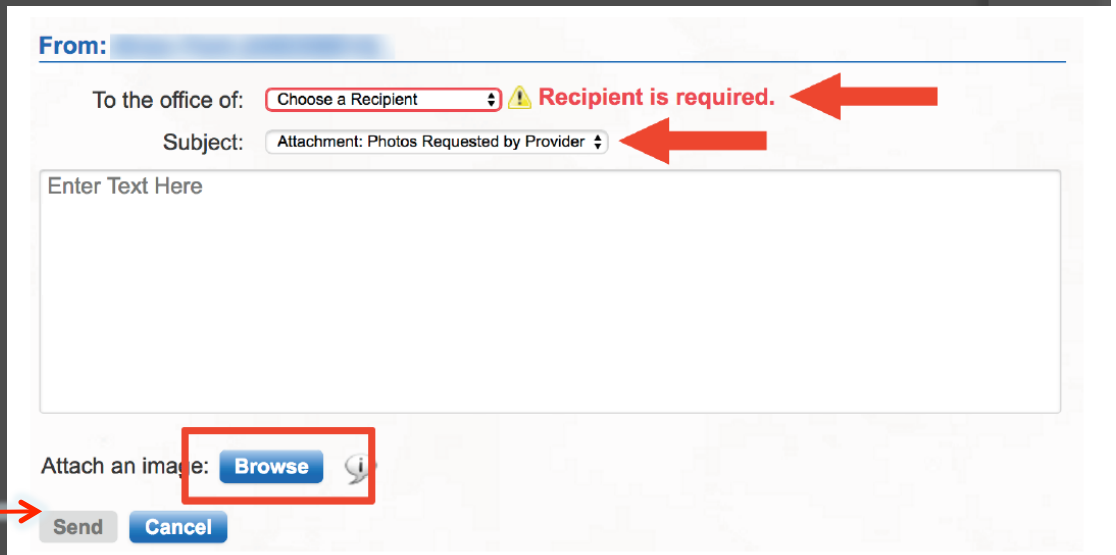
Objective

To assess the feasibility and impact of utilizing a secure EPIC patient portal to allow for virtual port site incision checks

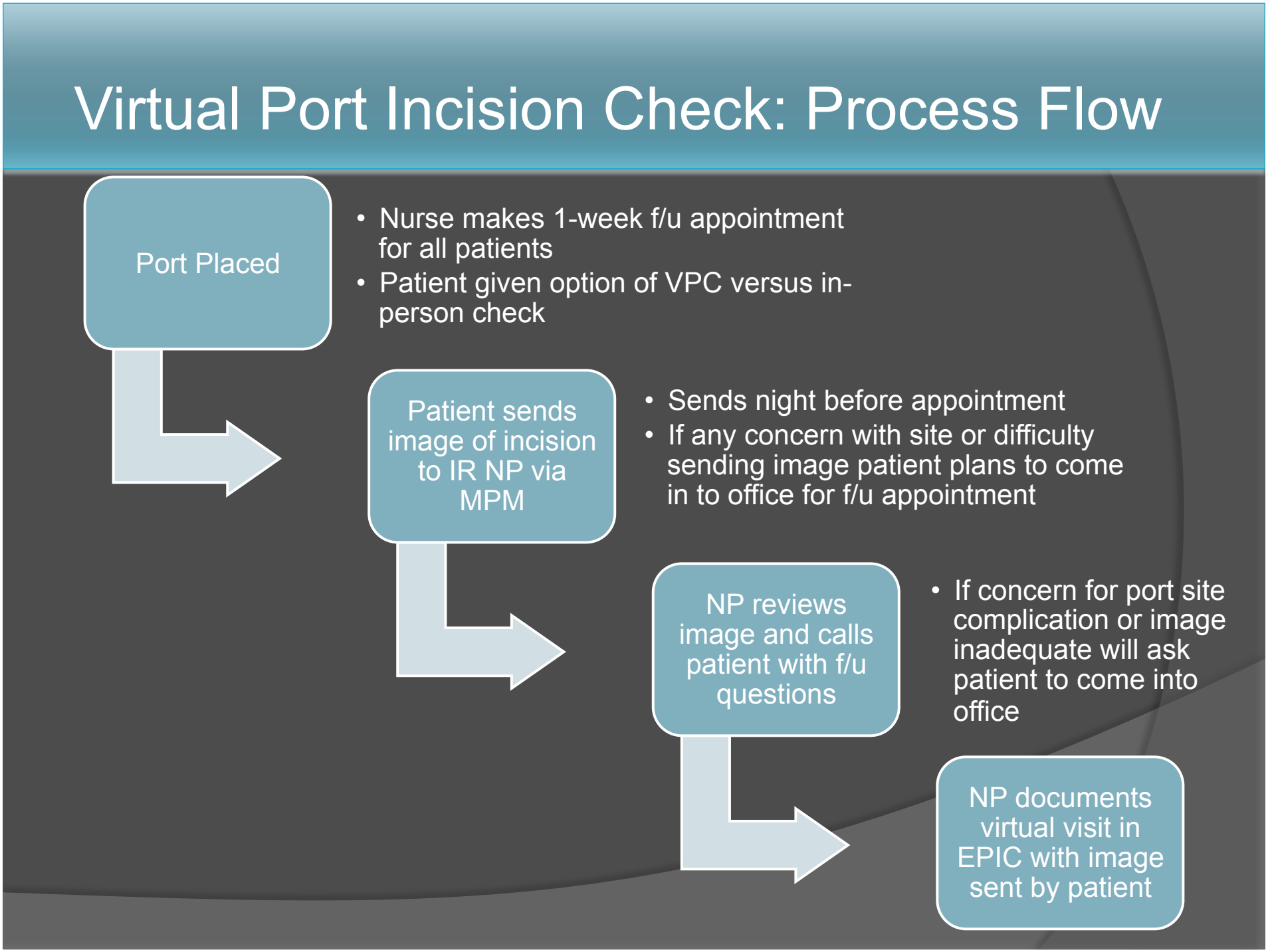
Virtual Port Incision Checks Using the EPIC Patient Portal

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



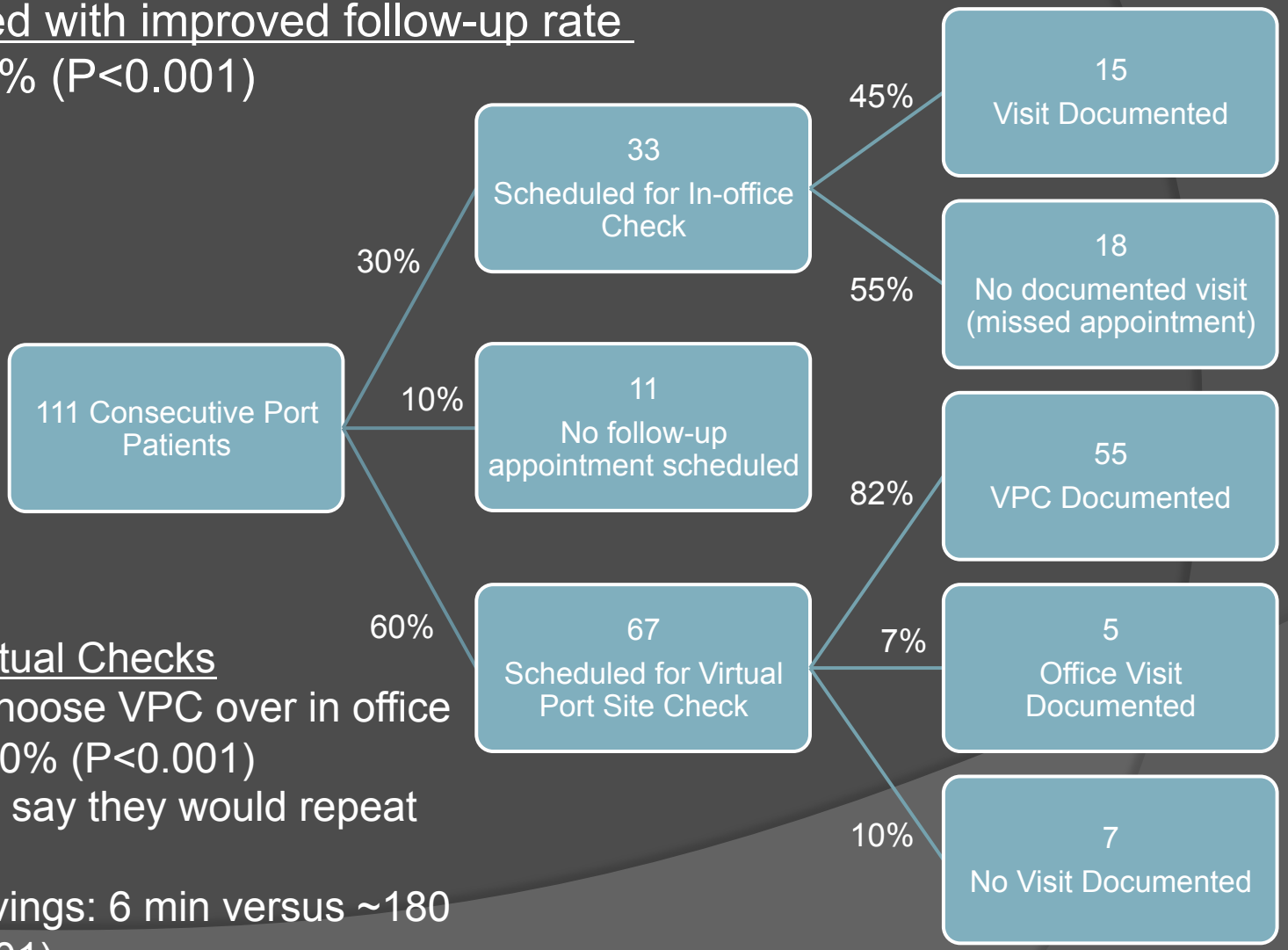
Virtual Port Incision Check: Process Flow



Pilot Data Results: 111 Consecutive Port Patients

VPC associated with improved follow-up rate

- 89% vs. 43% (P<0.001)

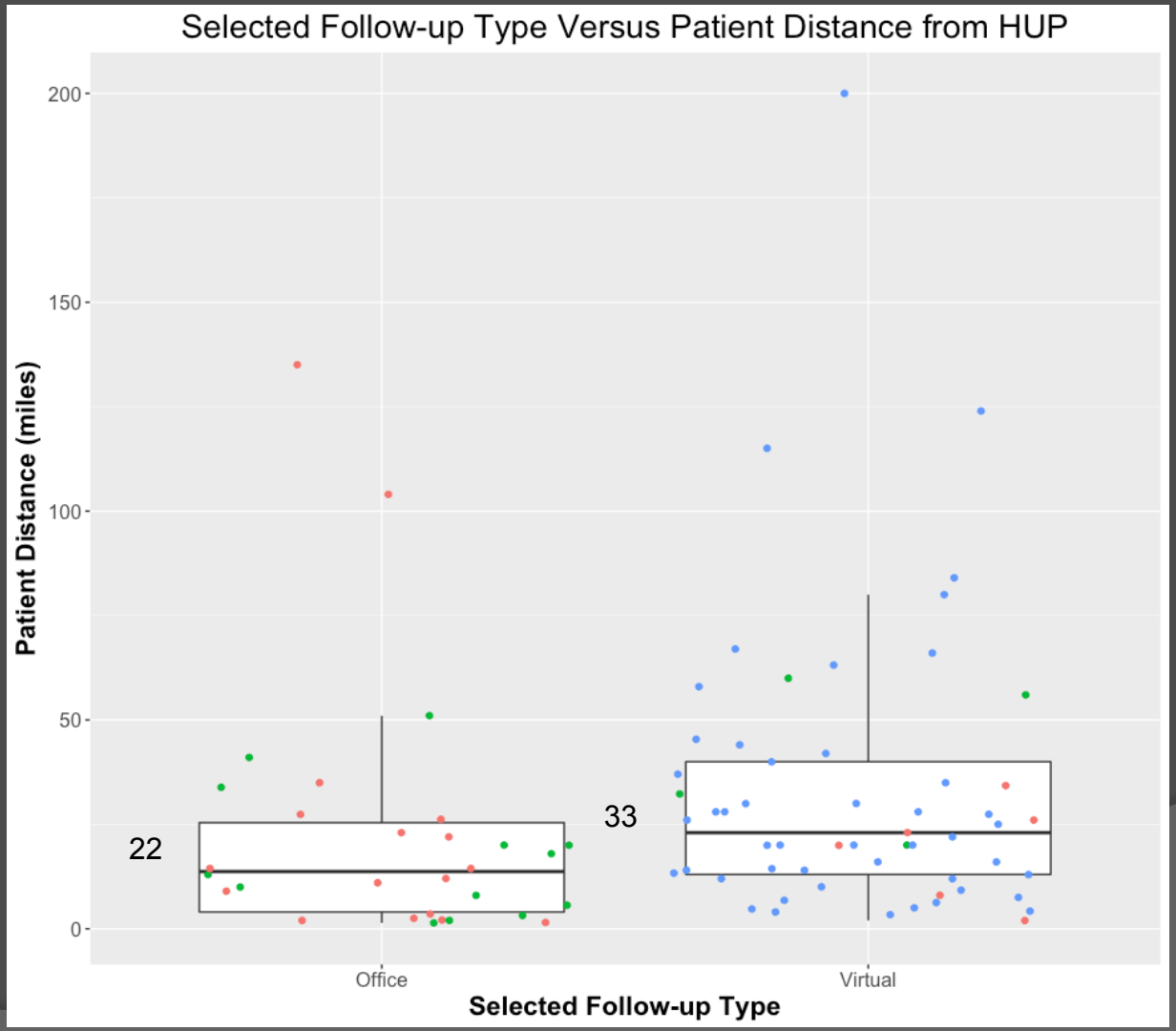


Patients Prefer Virtual Checks

- 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)

Relationship of Distance and Follow-up Type

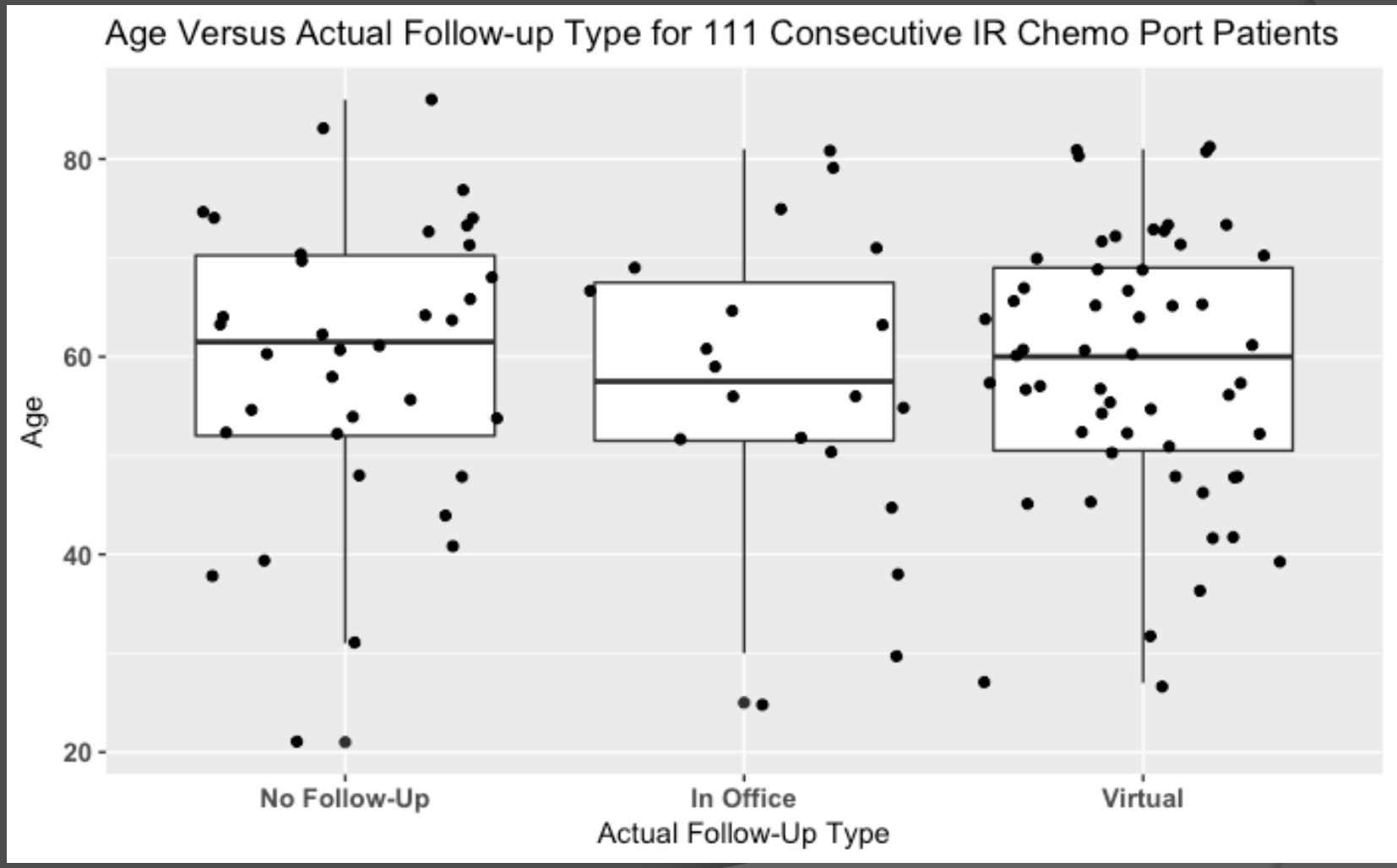
All follow-ups for patients living greater than 60 miles away were virtual



Actual F/U

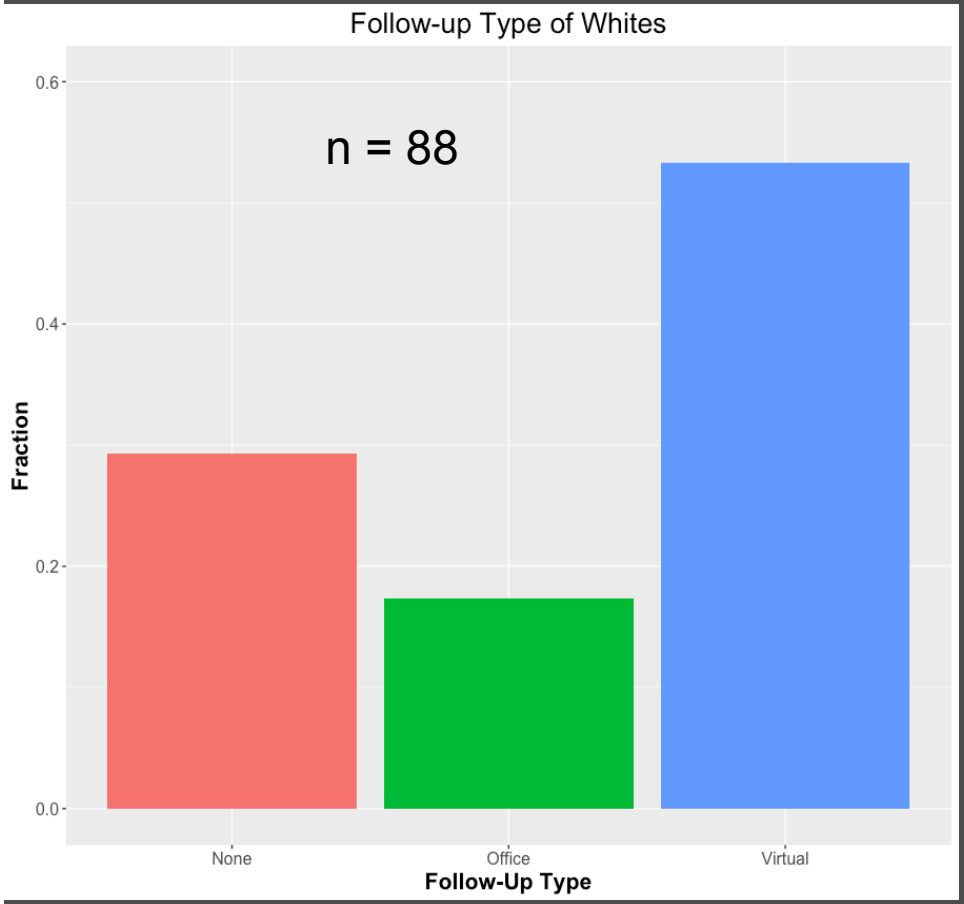
- No F/u
- VPC F/U
- Office F/U

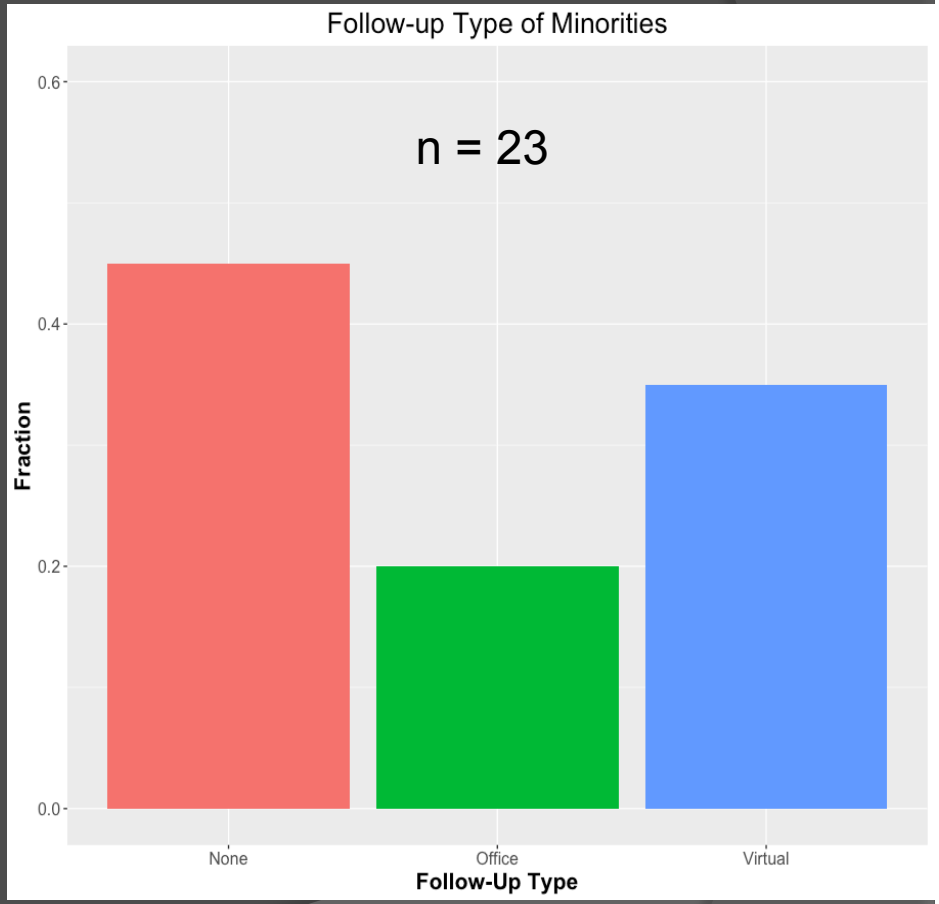
Is Age Associated with Follow-Up Type?



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.

References

- Palen et al. Comparing virtual consults to traditional consults using an electronic health record: an observational case-control study. BMC Medical Informatics and Decision Making, 2012, 12:65