Surgical Yield: Are Virtual Consults Effective?

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BACKGROUND & OBJECTIVE

Determine the effectiveness of virtual visits as a modality for initial surgical consults. A multi-disciplinary team comprised of physicians, clinical, and other administrative team members was formed to define goals, objectives, and methods for a successful shift from face-to-face to virtual consults. The team determined that virtual consults retained their integrity, resulting in a beneficial surgical consult to drive surgical yield.

METHODS

A define, measure, analyze, improve, control (DMAIC) framework was used to identify improvement opportunities followed by a plan, do, study, act (PDSA) approach to apply changes. The intent was to ensure that initial surgical consults retained their integrity, resulting in a beneficial virtual medical assessment of the patient’s appropriateness and readiness for surgery. Although traditionally surgical assessment is performed in person, there was no change in protocols. These requirements could be met as effectively for virtual consults as for face-to-face.

RESULTS

As the pandemic progressed, opportunities for initial consults via telehealth expanded rapidly due to the public health emergency. Mayo Clinic adapted and rapidly scaled mature virtual care services in response to the pandemic, with the following results:

1. Before implementing a virtual consult strategy, healthcare institutions will need to consider what types of initial surgical consults to ensure effective use of virtual modalities, the geographic, demographic, and medical assessment of the patient’s appropriateness and readiness for surgery.

2. As the Public Health Emergency reaches its end, healthcare institutions will need to consider how best to continue offering virtual care in alignment with evolving licensure regulations and reimbursement requirements.

3. Before implementing a virtual consult strategy, healthcare institutions will need to consider how best to continue offering virtual care in alignment with evolving licensure regulations and reimbursement requirements.

4. As the Public Health Emergency reaches its end, healthcare institutions will need to consider how best to continue offering virtual care in alignment with evolving licensure regulations and reimbursement requirements.

5. It is anticipated that, post pandemic, patients will continue to expect virtual consults as an option. Healthcare institutions may continue to offer virtual consults as an option.

CONCLUSIONS

• Opportunities for further assessment variations in viral surgical yield could include referral source and patient indication, which may help better understand potential patient centered care, including virtual modalities.

• It is anticipated that, post pandemic, patients will continue to expect virtual consults as an option. Healthcare institutions may continue to offer virtual consults as an option.

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REFERENCES


