

# Study shows potential benefit of telehealth visits for postoperative care

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Most veterans undergoing general surgical operations of low complexity preferred telehealth (video or telephone) follow-up than visiting a clinic, and data suggested that telehealth visits may help identify veterans requiring in-person assessment or further care, according to a study published online by *JAMA Surgery*.

There is increasing interest in telehealth as a means to improve access to care and decrease costs associated with patients traveling for traditional face-to-face encounters. This is especially important in the Veterans Health Administration patient population. Michael A. Vella, M.D., of the Veterans Affairs Medical Center and Vanderbilt University, Nashville, and colleagues conducted a study to measure the quality of telehealth visits and the preferences for post-operative general surgical care among veterans with regard to telephone, [video](#), and in-person postoperative visits.

From May to July 2014, the researchers selected a sample of veterans undergoing operations of low complexity amenable to postoperative telehealth evaluation. Each eligible veteran was evaluated at 3 sequential visits: telephone, in-person, and video that addressed 4 domains (general recovery, follow-up needs, wound care needs, and complications). After completing all 3 types of visits, veterans were asked about their preferences regarding them.

Thirty-five veterans agreed to participate, and 23 veterans completed all 3 types of visits. There was 100 percent agreement across all 3 types of

visits in the domains of general recovery and follow-up needs. Percentage of agreement for wound needs and complications was 96 percent, reflecting a possible infection reported during a telephone call that was not present during the in-person clinic or video visit. One veteran had a wound infection that was detected during telephone and video visits and confirmed during the in-person visit. There were no instances in which a wound or postoperative complication was not detected by telephone or video.

The majority of veterans (69 percent) preferred a telehealth visit (39 percent preferred the telephone, and 30 percent preferred video). Veterans who preferred telehealth visits traveled farther than those who preferred in-person visits (162 vs 75 miles).

"The data suggest that telehealth visits, either by [telephone](#) or video, can identify veterans requiring in-person assessment or further care. A telehealth follow-up program with further evaluation of patient outcomes is being trialed at our facility. This has implications for waitlist management, costs, and access to care for [veterans](#) and the Veterans Affairs health care system," the authors write.

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