

# Peer-to-peer e-consults save money for pediatric trauma patients

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Initial peer-to-peer e-consultations cost less than reflexive ambulance

transfer in most situations for pediatric orthopedic trauma patients, according to a study published online Nov. 3 in the *Journal of the American Academy of Orthopaedic Surgeons*.

Arlene R. Maheu, from Thomas Jefferson University in Philadelphia, and colleagues modeled the expected costs of a formal peer-to-peer telemedicine intervention designed to [triage](#) pediatric orthopedic transfers.

The analysis included 350 pediatric orthopedic trauma patients transferred to two in-network referral hospitals from outside facilities who were stratified into three groups: patients who required ambulance transfer, patients who required emergency department-level care but no ambulance transfer, and patients who did not require emergency department-level care.

The researchers found that the telemedicine triage strategy was cheaper than the transfer-all strategy (\$4,858 versus \$6,610). The telemedicine triage strategy remained cheaper than the transfer-all strategy across almost all possibilities for cost of a telemedicine visit and proportion of telemedicine-triaged [patients](#).

The analysis did not include additional potential benefits of triage before transfer, such as decreased length of time to completion of emergency department visit, cost to the family, and patient comfort and satisfaction. Additionally, the potential for misdiagnosis related to telehealth and its potential costs were not included.

"We revealed substantial cost savings for the [health care system](#) from implementing a telehealth platform for peer-to-peer consultation when considering patient transfer for musculoskeletal trauma," the authors write.

**More information:** Arlene R. Maheu et al, A Telemedicine Solution to Minimize Unnecessary Emergency Department Transfers for Low-acuity Pediatric Orthopaedic Patients: A Model for Cost Minimization, *Journal of the American Academy of Orthopaedic Surgeons* (2023). DOI: [10.5435/JAAOS-D-21-01201](https://doi.org/10.5435/JAAOS-D-21-01201)

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