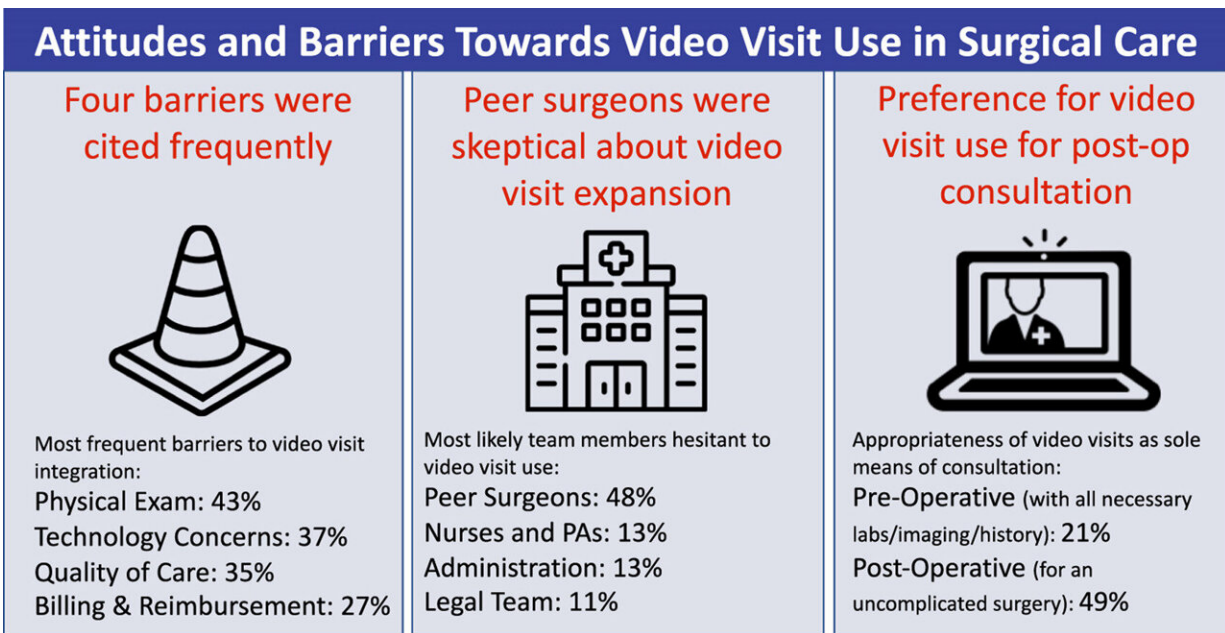


# Pre-op visits by video? Most surgeons say no—but are open to post-op telehealth

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Graphical abstract. Credit: *Surgery* (2024). DOI: 10.1016/j.surg.2024.03.033

Surgery may seem like the ultimate telehealth-proof medical discipline. After all, a surgical team can't operate on someone over a video connection.

But what about the appointments that patients have in their surgeon's office weeks before and after their operations?

A new study shows that most surgeons aren't ready to meet their patients virtually for pre-op appointments, even if the patients have had all the necessary tests, imaging scans and measurements that inform surgeons' decisions.

However, half of surgeons are open to converting some of their post-op appointments to [telehealth](#) visits, the study finds.

The findings, [published](#) in the journal *Surgery* by a team from Michigan Medicine, the University of Michigan's academic medical center, suggest many surgeons see too many barriers to converting more of their office visits to virtual care.

Except urologists. In fact, 88% of the urologists who responded to the survey said they use telehealth with at least some patients, and a third use it for 5% of their patient care or more. The percentages were much lower for surgeons in other fields and overall.

## **Informing future care and policy**

The study is the first major survey of telehealth attitudes among surgeons, and the first to compare telehealth views across multiple surgical specialties.

Although the 170 surgeons who completed the survey are only a small fraction of tens of thousands currently practicing, the study's authors suggest the results could help inform clinic and hospital administrators as well as surgeons.

They also hope to inform policymakers who are currently debating the future of paying physicians and other providers for virtual care under Medicare and Medicaid, by either extending or replacing rules passed during the start of the COVID-19 pandemic that prompted a rapid pivot

to telehealth in other kinds of care.

U-M medical student Ashwin Kulkarni, B.S., worked on the survey with Chad Ellimoottil, M.D., M.S., medical director of virtual care for the U-M Medical Group and a telehealth researcher at the U-M Institute for Healthcare Policy and Innovation.

"With surgery, patients will almost always have two or three post-op appointments, as well as pre-op appointments," Kulkarni said. "Turning at least one of those into a telehealth encounter could make things easier for patients and their loved ones," especially those who must travel long distances to reach their surgeon's office or have mobility, transportation, caregiving and schedule challenges.

In all, 47% of surgeons said offering telehealth options would align with the goals of providing patient-centered care.

## **Pre-op vs. post-op**

Urologists, of which Ellimoottil is one, may have more readily adapted telehealth into their practices because of the non-surgical medication-based options they can now offer patients, the researchers note.

But when the researchers asked surgeons to share their attitudes about using telehealth for part of the care of a patient having the most common surgical operation in their specialty, urologists were least likely to disagree with the idea of operating on a patient they had only seen virtually before the day of surgery, at 44%, followed by otolaryngologists at 42%.

Only 17% of general surgeons and 22% of orthopedic surgeons felt comfortable with this idea.

When it comes to post-surgical follow-up appointments, where surgeons assess how the surgical wound is healing and how effective the operation was, surgeons were more open to having at least one telehealth appointment.

If the operation itself went off without complications, 49% of all surgeons who answered the survey said they could consider doing some of the post-op care virtually. However, the percentage agreeing with this idea by specialty ranged from 77% of otolaryngologists down to 20% of [orthopedic surgeons](#).

When asked for the reasons they were not comfortable with video visits, surgeons mentioned four primary concerns: a lack of a physical exam (43%), technology concerns (37%), hesitation around quality of patient care (35%), and billing/reimbursement issues (27%).

"The uncertainty about the future of reimbursement rates that still hangs over the field of telehealth, because federal-level policies have been temporary to date, may be a major factor in surgeons' decision-making about investing in changing their protocols to allow for more video visits," says Ellimoottil, who last fall was called to testify before a Senate subcommittee about Medicare policies related to telehealth.

The new study shows surgeons' concerns over virtual pre-op visits were pronounced. But Ellimoottil and colleagues [previously published a paper](#) based on data from Michigan Medicine patients showing that there was almost no difference in care plans for hundreds of new urology surgery patients who were seen by video or in-person before their operation.

The team behind the new paper is also working on a study of the impact of telehealth video visits before and after surgery on the total cost of a patient's surgery-related care.

For more about telehealth research at U-M visit [ihpi.umich.edu/telehealth-research-and-policy](https://ihpi.umich.edu/telehealth-research-and-policy).

In addition to Kulkarni and Ellimoottil, the study was done by Anagha B. Thiagarajan, B.S., Ted A. Skolarus, M.D., M.P.H. and Sarah L. Krein, Ph.D.

**More information:** Ashwin J. Kulkarni et al, Attitudes and barriers toward video visits in surgical care: Insights from a nationwide survey among surgeons, *Surgery* (2024). [DOI: 10.1016/j.surg.2024.03.033](https://doi.org/10.1016/j.surg.2024.03.033)

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