

Telemedicine Workshop

03/09/2022

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SSA -Allowed GI impairments.

- GI hemorrhage requiring transfusion.
- Chronic Liver Disease/ Cirrhosis
- Inflammatory bowel disease
- Short Bowel Syndrome +TPN
- Weight loss due to any digestive disorder
- Liver transplantation



COVID-19 effect on GI practice

- Access
- Restricted endoscopy for weeks.
- Suboptimal care of patients with chronic GI issues.
- Telemedicine (Only choice)



Appointment Date

1/1/2020

12/31/2021



Institute

Digestive Disease & Surge...

Center

(All)

Epic Department

(All)

Provider Group

(Multiple values)

Provider

(All)

Refresh Date/Time

1/21/2022 6:51:31 AM

Date View

Month

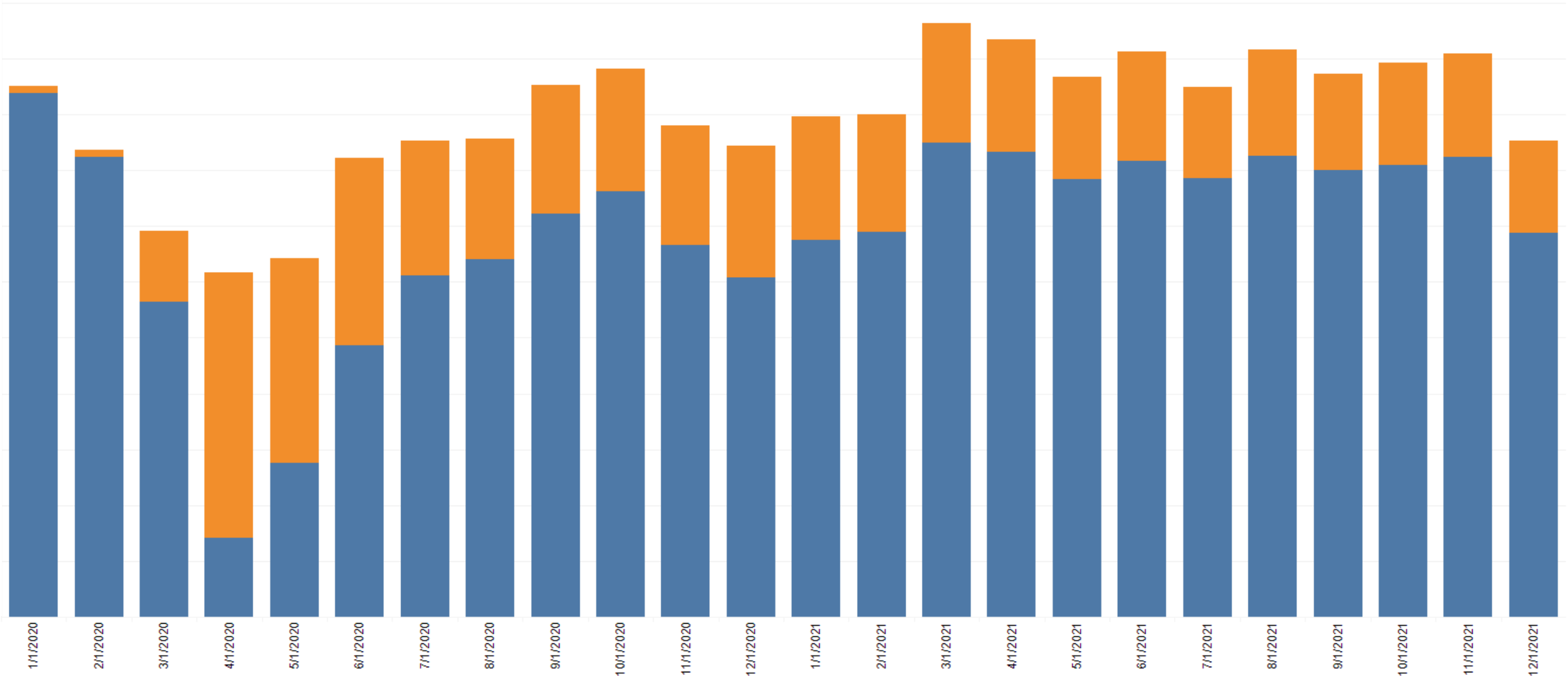
Visit Type View

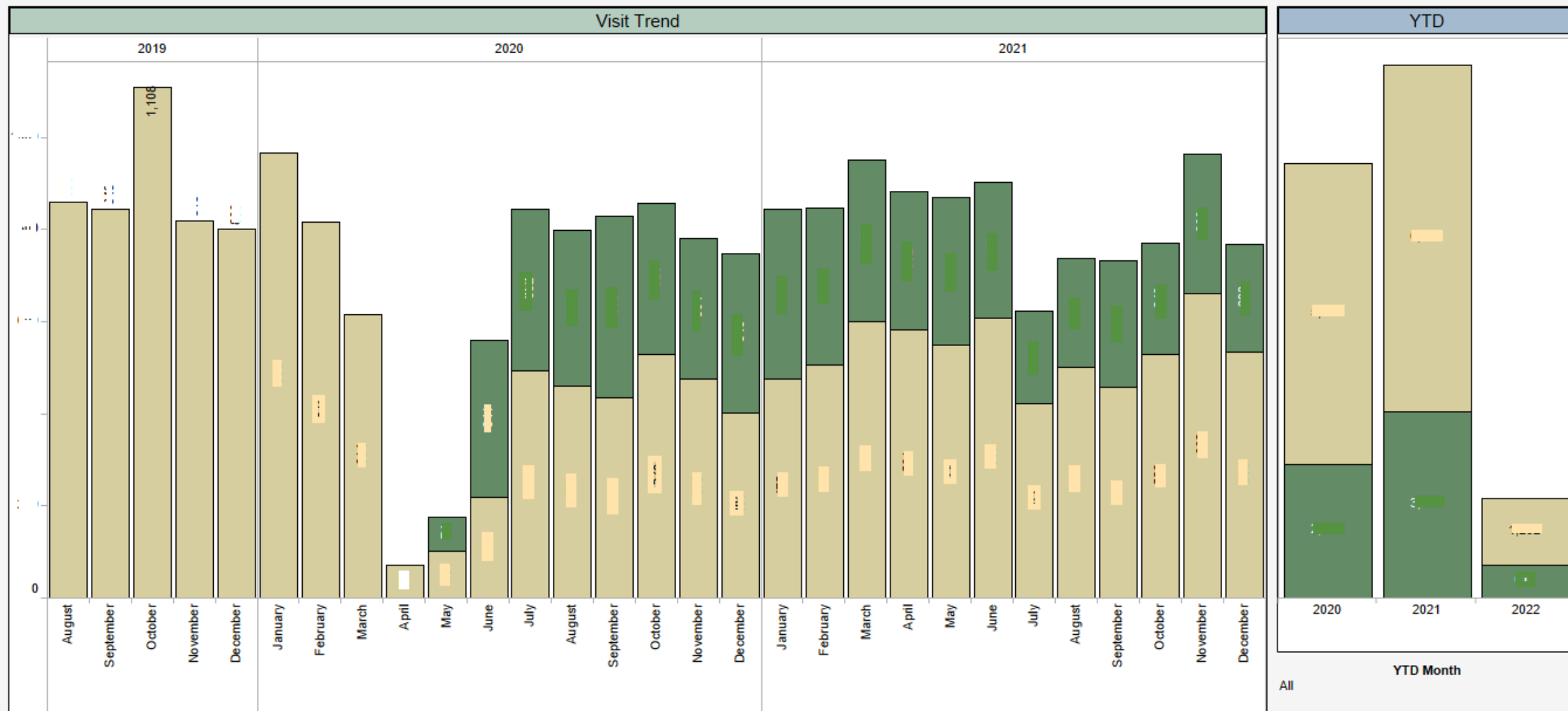
Appointment Type

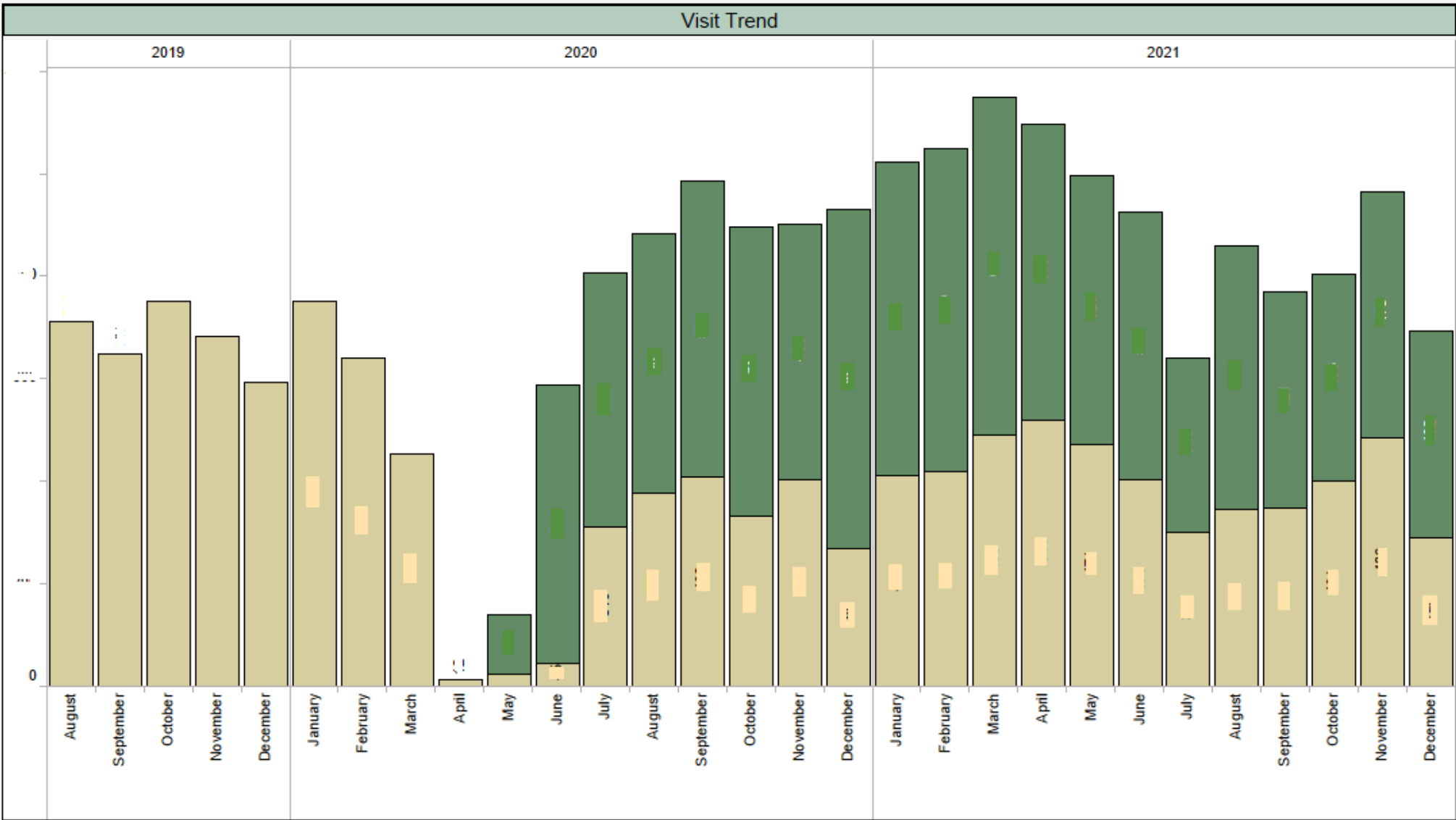
Legend

Synchronous Virtual Visits (SVV)

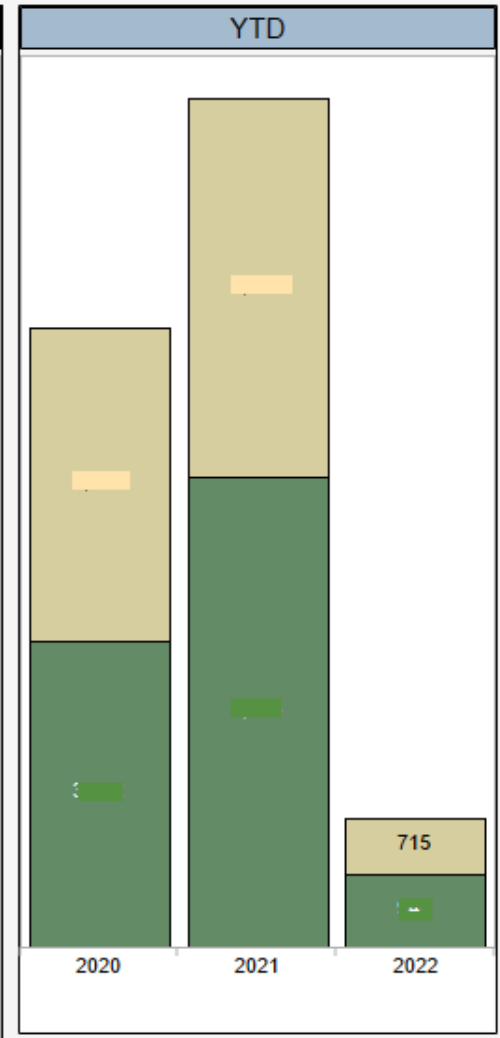
In Person







■ Virtual
■ In Person



[All](#)

YTD Month

What are the negatives ?

- End user restricted tech exposure.
- Technology limitations.
- Still need direct care for diagnosis and interventions.(Endoscopy, paracentesis)
- Need formal/ validated quality benchmarks.
- Does not guarantee timely care.



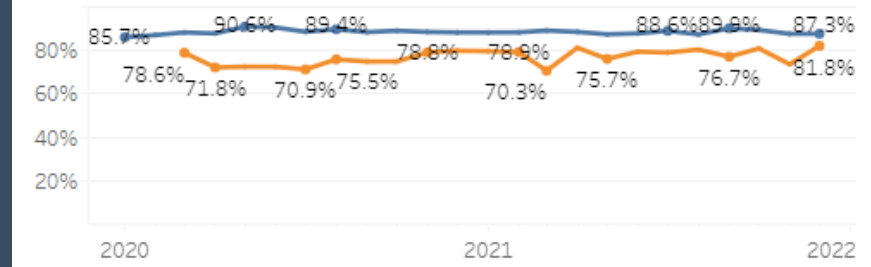
Patient experience

- DDSI focused
- This is the data on patients who responded to our survey.
- In comparison to in-person visits.

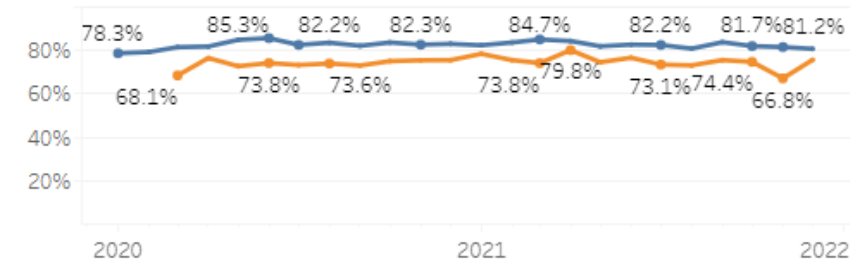


Discharge Date: 1/1/2020 to 12/31/2021
 Institute Name: Digestive Disease & Surgery Ins...
 Center Name: (All)
 Epic Department: (All)
 Visit Type: Office Visit (Blue), Virtual Visit (Orange)

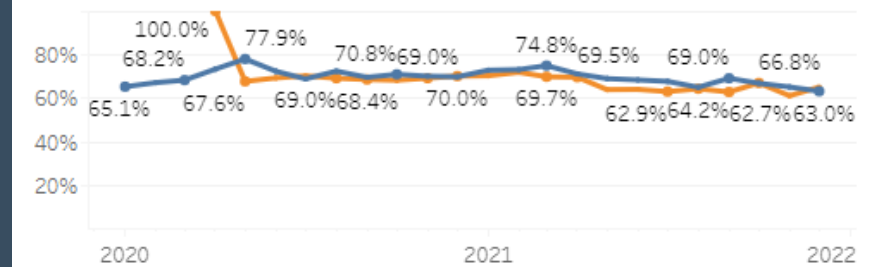
Likelihood of Recommend % TB



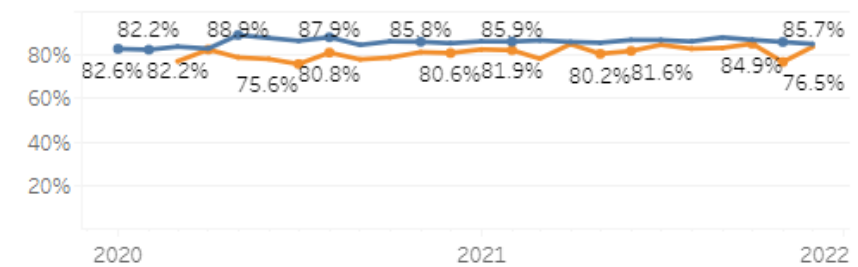
Ease of Getting Care % TB



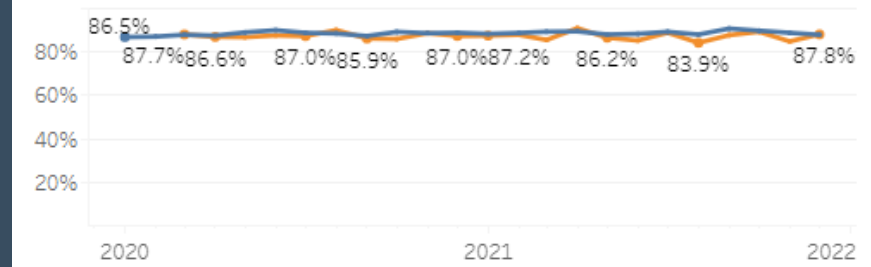
Appointment When Wanted % TB



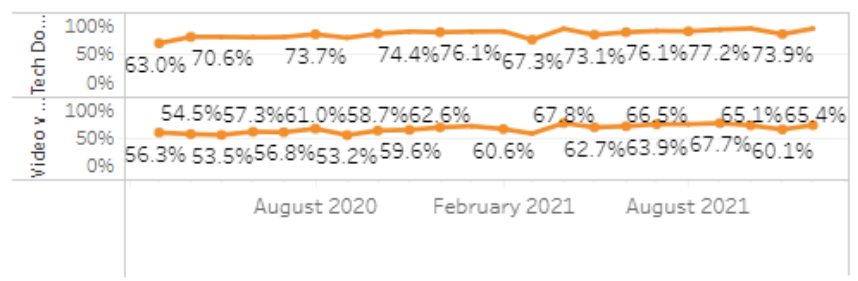
Teamwork % TB



Doc Comm Domain % TB



Technology Domain & Video vs In Person % TB (Virtual Only)



Current status

Hybrid Model (Inperson + VH)

Approximately 20-25 % of all visits are VH.

Certain sections in GI prefer VH (IBD , Hepatology, Bariatric / Nutrition, therapeutic endo.)

Patient feedback is quite positive.

Scope for improvement