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Telemedicine in Orthopaedic Oncology During the COVID-19 Pandemic: An Assessment of Patient Satisfaction

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Introduction

- Telemedicine provides the capability to deliver remote healthcare to patients
- The unprecedented emergence of the COVID-19 pandemic in March 2020 forced many institutions to expedite the implementation of telemedicine services to facilitate continued patient care at a distance

Objective

- To determine the patient satisfaction of telemedicine for outpatient clinic visits during the COVID-19 pandemic in a university-based orthopaedic oncology practice

Study Design

- Telemedicine outpatient visits from March 1 to June 1 
- Telephone survey from June 1-15 by research personnel 
- 93 patients identified (71 reached)

64 patients (90%) agreed to participate

Patient Cohort

Table 1. Patient Demographics

No. of Patients	64 (100)
Median Age (Range)	58 (7-88)
Sex	
Male	32 (50)
Female	32 (50)
Diagnosis	
Bone Sarcoma	10 (16)
Soft Tissue Sarcoma	15 (23)
Benign	19 (29)
Non-Sarcoma Cancer	10 (16)
Other	10 (16)
Median distance in miles of home from VUMC (range)	108 (9-706)
Median driving time in minutes to VUMC (range)	107 (16-600)
Median time in minutes had to take away from work/school for telemedicine visit (range)	60 (0-480)
Appointment Type	
New Patient	12 (19)
Follow up (cancer)	20 (31)
Follow up (not cancer)	9 (14)
Post-op (within 90 days)	23 (36)
Electronic Medium	
Computer	16 (25)
Phone	45 (70)
Tablet	3 (5)

Survey Results

How satisfied were you with:

Likert scale: Very Dissatisfied (VD), Dissatisfied (D), Neutral (N), Satisfied (S), Very Satisfied (VS)

**Median score reported in green

Median likert score for all 12 questions = **VS**

1. The length of time (# of days/weeks) you waited to be seen after scheduling your telemedicine visit? **VS**
2. The instruction you received prior to logging into your visit? **VS**
3. The actual login process on My Health at Vanderbilt? **VS**
4. The length of time you waited for the specialist after logging into your visit? **VS**
5. The audio quality? **VS**
6. The visual quality? **VS**
7. The length of time the specialist spent with you? **VS**
8. How well your privacy was respected? **VS**
9. The explanation of your condition and treatment by the specialist? **VS**
10. How well the specialist answered your questions? **VS**
11. The thoroughness and skillfulness of the specialist? **VS**
12. Your overall experience with your telemedicine visit? **VS**

Yes/No:

1. Would you use telemedicine again? **Yes, 94%**
2. If we weren't in a pandemic, would this affect your current opinion on using telemedicine? **Yes, 11%**
3. Would you be able to do this telemedicine visit while at work? **Yes, 64%**

Open Ended:

1. Could anything have been improved during your visit? **Yes, 25%**
2. What was the best aspect of using telemedicine for your visit? **"Convenience", 78%**
3. Can you foresee a scenario in which you would prefer an in-office visit over telemedicine? **Yes, 69%**
4. If bad or unexpected news was to be delivered during your visit, would you have a preference whether this is done over telemedicine or in an in-office visit? **Yes, 38%**
1. If you had to pay for your telemedicine visit out of pocket, how much would you be willing to pay for it? **Most common response = \$15-50 (copay) 7 patients would pay > \$100**

Head-to-Head Comparison:

Compared to an in-office visit, your telemedicine visit was **Better (B)**, **Same (S)** or **Worse (W)**, in regards to...?

Convenience	80% B, 16% S, 4% W
Time	77% B, 23% S, 0% W
Privacy	30% B, 67% S, 3% W
Assessment of condition	17% B, 67% S, 16% W
Overall quality	23% B, 69% S, 8% W

Survey Results

Head-to-Head Comparison Analysis

Better/Same/Worse responses were analyzed by 6 covariate groups:

- Age (under 50 vs. over 50)
- Gender (Male vs. Female)
- Diagnosis (Cancer vs. Not cancer)
- Distance (Under 100 miles vs. Over 100 miles)
- Electronic medium (Computer/tablet vs. Phone)
- Type of Visit (New Patient vs. Follow-Up vs. Post-op)



Convenience and Time: no difference by groups
Privacy

- **Patients under 50 years old** had a greater proportion of **Better** responses **50% (8/16) vs. 23% (11/48), P = 0.03**
- **New patients** had a greater proportion of **Better** responses **58% (7/12) vs. 28% (8/29) vs. 17% (4/23), P = 0.04**

Assessment of condition

- **Post-op patients** had a greater proportion of **Worse** responses **26% (6/23) vs. 10% (4/41), P = 0.05**

Overall quality

- **Patients over 50 years old** had greater proportion of **Worse** responses **10% (5/48) vs. 0% (0/16), P = 0.07**

Other Results

Audio/Visual problem?

- 89% None

Can you foresee a scenario in which you prefer an in-office visit over telemedicine?

1. **Non-cancer diagnosis** more likely than a cancer diagnosis **83% (24/29) vs. 57% (20/35), P = 0.03**
2. **Post-operative patients** compared to all other patients **87% (20/23) vs. 58% (24/41), P = 0.04**

Time Comparison?

- Mean telemedicine visit time = **40 mins**
- Mean estimated in-office visit time (includes travel) = **5 hrs**

Key Takeaways

CURRENT PROBLEM:

- There is a need to better understand the patient perception and satisfaction level of telemedicine visits in an orthopaedic oncology practice

WHAT THIS STUDY ADDS:

- **Patient opinions are quite favorable**, with **convenience and time** being the **greatest perceived advantages of telemedicine**
- **84% of patients** reported telemedicine visits as the **same or better than** in-office visits with regards to **convenience, time, privacy, assessment of condition and overall quality**
- **Physical assessment of condition** was the **most common reported need for improvement**, namely by immediate **post-operative patients**

FUTURE DIRECTION:

- A **standardized telemedicine musculoskeletal exam** for orthopaedic oncology patients may be useful to improve the assessment of physical condition in specific situations
 - **new soft tissue mass exam**
 - **local surveillance exam**
 - **post-op wound exam**

Disclosures

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