Leveraging collaboration in pediatric multidisciplinary colorectal care using a telehealth platform

Joseph Lopez
**Title:** Leveraging collaboration in pediatric multidisciplinary colorectal care using a telehealth platform

**Authors:** Joseph J. Lopez MD, John M. Rosen MD, Alonso Carrasco MD, Julie A. Strickland MD, Christina Low Kapalu PhD, Anne-Marie Priebe DO, John M. Gatti MD, Christine N. Warner APRN, Wendy E. Lewis APRN, Mary E. Langston APRN, Maddie Jermain RN, Deanna L. Smith LCSW, Margaret Martin-McLain MSN, Rebecca M. Rentea MD

1Comprehensive Colorectal Center - Children’s Mercy Hospital– Kansas City, Kansas City, MO 64108, USA

**Abstract**

**Purpose:** Pediatric colorectal problems require complex multidisciplinary care. The COVID-19 health crisis has substantially shifted how this healthcare delivery can safely take place. We sought to track the characteristics of in-person (IP) and telehealth (TH) visits and subsequent satisfaction and utilization in this quality improvement project.

**Methods:** We present the multidisciplinary clinic experience from October 1, 2019 to August 31, 2020 in which patient volume, visit time length, patient satisfaction survey results, and frequencies of colorectal diagnoses seen before (October 1, 2019 through January 31, 2020) and during the present pandemic (February 1, 2020 through August 31, 2020). Microsoft Teams virtual meeting software was used for telehealth visits. The multidisciplinary clinic included colorectal surgery, urology, gynecology, gastroenterology, psychology, nutrition, and social work. The time between visits were spaced to avoid crowded waiting rooms, and telehealth visits booked in-between in-person visits. To facilitate communication between different providers and families, a unique secure electronic meeting link was created.
Results: A total of 383 patient visits were performed in the timeframe. The median patient age was 7.3 years (IQR 4-13). Before the pandemic, 152 (100%) in-person visits were performed. During the pandemic, 87 (37.7%) telehealth visits and 144 (62.3%) in-person visits were performed (Table 1). Seventy-four visits were interdisciplinary clinic visits, 17 of these using the telehealth platform. The median length of each telehealth visit was 25 minutes (IQR 15.5-30) while the median length of in-person visits was 45 minutes (IQR 30-45). Prior to the pandemic, the baseline median length of an in-person visit was 45 minutes (IQR 40-50).

Conclusion: Our experience shows MDC follow-up visits on a telehealth platform can be performed with efficiency and similar patient satisfaction as in-person visits. As the pandemic evolves and the telehealth platform becomes more accessible for patients and their families, a prospect for convenient, efficient, and safe healthcare delivery for this complex patient population exists.